

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

Interim       Final

**Date of Report**    January 20, 2018

### Auditor Information

<b>Name:</b> Robert Lanier	<b>Email:</b> rob@diversifiedcorrectionalservices.com
<b>Company Name:</b> Diversified Correctional Services, LLC	
<b>Mailing Address:</b> PO Box 452	<b>City, State, Zip:</b> Blackshear, GA 31516
<b>Telephone:</b> 912-281-1525	<b>Date of Facility Visit:</b> December 11. 2018

### Agency Information

<b>Name of Agency:</b> Georgia Department of Corrections		<b>Governing Authority or Parent Agency (If Applicable):</b> N/A	
<b>Physical Address:</b> 300 Patrol Road		<b>City, State, Zip:</b> Forsyth, Ga. 31029	
<b>Mailing Address:</b> P.O. Box 1529		<b>City, State, Zip:</b> Forsyth, Ga 31029	
<b>Telephone:</b> 404-656-4661		<b>Is Agency accredited by any organization?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>The Agency Is:</b>	<input type="checkbox"/> Military	<input type="checkbox"/> Private for Profit	<input type="checkbox"/> Private not for Profit
<input type="checkbox"/> Municipal	<input type="checkbox"/> County	<input checked="" type="checkbox"/> State	<input type="checkbox"/> Federal
<b>Agency mission:</b> The Georgia Department of Corrections protects the public by operating secure and safe facilities while reducing recidivism through effective programming, education and healthcare.			
<b>Agency Website with PREA Information:</b> <a href="http://www.dcor.state.ga.us/Divisions/ExecutiveOperations/OPS">http://www.dcor.state.ga.us/Divisions/ExecutiveOperations/OPS</a>			

### Agency Chief Executive Officer

<b>Name:</b> Gregory Dozier	<b>Title:</b> Commissioner
<b>Email:</b> Gregory.dozier@gdc.ga.us	<b>Telephone:</b> 478-992-5374

### Agency-Wide PREA Coordinator

<b>Name:</b> Grace Atchison	<b>Title:</b> Statewide PREA Coordinator
<b>Email:</b> grace.atchinson@gdc.ga.gov	<b>Telephone:</b> 678 322 6066

<b>PREA Coordinator Reports to:</b> Office of Professional Standards, Director of Compliance	<b>Number of Compliance Managers who report to the PREA Coordinator</b> 24
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**Facility Information**

**Name of Facility:**      Pulaski State Prison

**Physical Address:**    370 Upper River Rd

**Po Box 839, Hawkinsville, GA, 31036**

**Telephone Number:**    4787836000

<b>The Facility Is:</b>	<input type="checkbox"/> Military	<input type="checkbox"/> Private for profit	<input type="checkbox"/> Private not for profit
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<input type="checkbox"/> Municipal	<input type="checkbox"/> County	<input checked="" type="checkbox"/> State	<input type="checkbox"/> Federal
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<b>Facility Type:</b>	<input type="checkbox"/> Jail	<input checked="" type="checkbox"/> Prison
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**Facility Mission:**    To protect the public by operating secure and safe facilities while reducing recidivism through effective programming, education and healthcare.

**Facility Website with PREA Information:**    Georgia Department of Corrections

**Warden/Superintendent**

<b>Name:</b> Sue Mickens	<b>Title:</b> Warden
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<b>Email:</b> sue.mickens@gdc.ga.gov	<b>Telephone</b> 478-783-6000
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**Facility PREA Compliance Manager**

<b>Carolyn Gilbert</b>	<b>Unit Manager</b>
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<b>Carolyn.gilbert @gdc.ga.gov</b>	<b>478-783-6000</b>
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**Facility Health Service Administrator**

<b>Name:</b> Tonya Kemp	<b>Title:</b> Health Services Administrator
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<b>Email:</b> tonya.kemp@gdc.ga.gov	<b>Telephone:</b> 478-783-6000
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**Facility Characteristics**

<b>Designated Facility Capacity:</b> 1223	<b>Current Population of Facility</b> 1169
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<b>Number of inmates admitted to facility during the past 12 months</b>	<b>737</b>
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<b>Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 30 days or more:</b>	<b>735</b>
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<b>Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:</b>	<b>737</b>
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<b>Number of inmates on date of audit who were admitted to facility prior to August 20, 2012:</b>		3613	
<b>Age Range of Population:</b>	<b>Youthful Inmates Under 18:</b> 0	<b>Adults:</b> <a href="#">Click or tap here to enter text.</a>	
<b>Are youthful inmates housed separately from the adult population?</b>		<input type="checkbox"/> Yes	<input type="checkbox"/> No
		<input checked="" type="checkbox"/> NA	
<b>Number of youthful inmates housed at this facility during the past 12 months:</b>		N/A	
<b>Average length of stay or time under supervision:</b>		3 months-life wop	
<b>Facility security level/inmate custody levels:</b>		Min, medium, close	
<b>Number of staff currently employed by the facility who may have contact with inmates:</b>		239	
<b>Number of staff hired by the facility during the past 12 months who may have contact with inmates:</b>		45	
<b>Number of contracts in the past 12 months for services with contractors who may have with inmates:</b>		71	
<b>Physical Plant</b>			
<b>Number of Buildings:</b> 25		<b>Number of Single Cell Housing Units:</b> None 0	
<b>Number of Multiple Occupancy Cell Housing Units:</b>		10	
<b>Number of Open Bay/Dorm Housing Units:</b>		2	
<b>Number of Segregation Cells (Administrative and Disciplinary):</b>		45	
<b>Description of any video or electronic monitoring technology (including any relevant information about where cameras are placed, where the control room is, retention of video, etc.):</b>			
See Schematics			
<b>Medical</b>			
<b>Type of Medical Facility:</b>		24-hour, 8 bed infirmary	
<b>Forensic sexual assault medical exams are conducted at:</b>		Pulaski State Prison	
<b>Other</b>			
<b>Number of volunteers and individual contractors, who may have contact with inmates, currently authorized to enter the facility:</b>		111	
<b>Number of investigators the agency currently employs to investigate allegations of sexual abuse:</b>		136	

# Audit Findings

## Audit Narrative

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

### Pre-Audit Activities

**Notice of PREA Audit:** The Notice of PREA Audit for the Pulaski State Prison was forwarded to the Georgia Department of Corrections PREA Coordinator on October 25, 2017, six weeks prior to the on-site audit, for posting in the Pulaski State Prison. The PREA Coordinator instructed via email to the facility, to post the notices in areas accessible to offenders, staff, contractors, and visitors. The purpose of the posting of the Notice is to allow anyone with a PREA issue or concern, or an allegation of sexual abuse or sexual harassment to correspond, confidentially, with the Certified PREA Auditor. Three inmates and the grandmother of an inmate corresponded with the auditor. During the onsite PREA Audit, Notices of PREA Audit were observed posted in multiple locations throughout the facility, accessible to staff, residents, contractors, visitors and volunteers.

**Pre-Audit Questionnaire/ Flash Drive Review:** The agency's PREA Coordinator, in an email to the PREA Compliance Manager of Pulaski State Prison, advised that the Pre-Audit Questionnaire and flash drive with Georgia Department of Corrections' policies and procedures, local operating procedures and directives, and other supporting documentation should be forwarded to the auditor not later than October 30, 2017, 41 days prior to the on-site audit. The reviewed flash drive did not contain much documentation to confirm practice but was replete with policies and procedures. The auditor developed and forwarded a comprehensive list of the documentation that would be needed for review during the on-site audit to assess practice. The PREA Coordinator and the PREA Compliance Manager and alternate were always responsive to any request and assured the auditor the information would be made available.

**Outreach to Outside Advocates:** The auditor contacted the Statesboro Regional Sexual Abuse Center to determine the interactions, if any, the center has had with the Pulaski State Prison. The Executive Director related the agency has not received any calls from any of the inmates at the prison. Her interactions were with the Director of Mental Health in developing a Memorandum of Understanding for the provision of advocacy and rape crisis services, if needed.

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

Additionally, the auditor requested and received, a list of inmates listed by housing units to enable the auditor to select inmates from each living unit. Additional list requested and received included inmates

who were transgender, disabled inmates, inmates who were sexually abused either at the facility or who disclosed prior victimization during their initial vulnerability assessment or at any other time, inmates who identified as being gay, bisexual, or lesbian, and those who were identified as mentally challenged inmates.

### **On-Site Audit Activities**

The auditor arrived at the facility at 0800 in the morning on December 11, 2017. Processing through the main gate included providing identification, signing in, and going through the metal detector, while the auditor's equipment and belongings went through the x-ray machine. Following a brief meet and greet with the Warden, PREA Compliance Manager, Director of Mental Health, Statewide PREA Coordinator, Assistant Statewide PREA Coordinator, the auditor was accompanied on a tour of the entire prison by the PREA Compliance Manager, Director of Mental Health and the Statewide PREA Coordinator and Assistant Statewide PREA Coordinator.

### **Site Review (Please refer for facility characteristics for a complete description of the facility)**

During the site review the auditor made numerous observations, including the posting of Notices of PREA Audits, PREA Related Posters and especially those providing reporting instructions, notices advising inmates that male staff routinely work in the facility, locations of showers and privacy issues, if any, grievances and grievance boxes, requests forms and boxes for requests, configuration of living units, capacities of dorms, observations of blind spots, camera deployment, the use of mirrors to mitigate blind spots, staffing levels, supervision of inmates, accessibility to telephones, accessibility to KIOSKS and Tablets, instructions for using the phones to report sexual abuse. The Deputy Warden has identified blind spots in critical areas and documented his request for 100 additional cameras. The auditor identified a blind spot in the food service area that could be mitigated by installing a mirror. The facility agreed to do that.

### **Staff and Contractor Interviews**

The auditor also informally interviewed numerous staff and contractors during the tour to assess such things as staff training, reporting allegations of sexual abuse and sexual harassment and first responding. Thirty-Six staff, representing a cross-section of positions, including correctional staff, food service staff, support staff, education staff, medical and mental health staff, maintenance staff, correctional industries staff, staff working in Identification, and an activity therapist.

Using a staffing roster, the auditor selected random staff, ensuring that those selected represented a variety and cross section of positions, including eight (8) Correctional Staff (Supervisory Staff and Correctional Officers); three (3) Food Services Staff, One (1) Secretary Car and Treatment; One (1) Warehouse Clerk; and One (1) Detail Officer.

In addition to the randomly selected staff, the auditor selected and interviewed thirty-one (31) special category staff, including the following: Warden, PREA Compliance Manager, Deputy Warden of Security, Deputy Warden of Administration, two (2) Staff how conduct intake; one (1) staff who conducts orientation, two (2) Staff who conduct victim/aggressor assessments, three (3) Upper level staff conducting unannounced rounds, one (1) Staff who supervises segregation, one (1) Health Services Administrator, one (1) Director of Nurses; one (1) Random medical staff (Nurse), one (1) Mental Health Director, one (1) facility based investigator, one (1) Staff providing notification to inmates,

four (4) Staff on the incident review team, three (3) Sexual Assault Team Members, one (1) Contractor, one (1) Volunteer Coordinator, one (1) Mental Health Clerk, one (1) Human Resource Manager, and one (1) Training Officer. The auditor also interviewed the Executive Director of the Statesboro Regional Sexual Abuse Center (Teal House).

## **Inmate Interviews**

Additionally, multiple inmates were informally interviewed. These interviews focused on such issues as staffing in the living units, searches, privacy while showering and using the restroom, and how to report allegations of sexual abuse and sexual harassment. Twenty-One interviewed inmates represented a cross-section of inmates, including inmates in the living units, on a variety of work details, in education, and segregation.

Twenty-three (23) inmates, randomly selected, from the facility's inmate roster by housing units, were interviewed. An additional seventeen (17) special category inmates were interviewed. These included the following: Two (2) Limited English Proficient Inmates; Three (3) Mentally Challenged inmates; One (1) Hearing Impaired inmate; Three (3) gay, bisexual or lesbian inmates, and Four (4) Transgender inmates, and Four (4) inmates who alleged sexual abuse or sexual harassment at the facility.

Two (2) inmates who corresponded with the PREA Auditor were interviewed. Additionally, the auditor asked the inmates for permission to talk with the Deputy Warden of Security and to allow him to respond to their issues. Both inmates related they had heard the Deputy Warden was an honest man and they said they would trust him and would like to be able to tell him their issues. The auditor arranged the conferences with the Deputy Warden who provided documentation on December 23, 2017 confirming the meetings with those inmates.

## **Testing of Processes**

During a tour of the facility, the auditor tested a PREA phone, observed a demonstration by an inmate's showing the auditor how she could email the Georgia Department of Corrections PREA Unit and family and friends using the KIOSK and observed another inmate demonstrating for the auditor how to email using her Tablet.

To understand how the facility provides newly admitted and transferred inmates information on the zero- tolerance policy and how to report, the auditor observed the intake process. Intake staff provided the inmates with a PREA brochure and told inmates the facility had a zero tolerance for sexual abuse and sexual harassment and how to report.

During the intake process, the victimization/aggressor screening process was also observed. The auditor also interviewed the Identification Staff and observed the process for ensuring victims and aggressors are not housed together. The system consists of identification cards of inmates by dorm and cell, with a color-coded dot representing either a victim or aggressor. The information is secured in a locked box accessible to the ID Staff.

## **Documents and Files Reviewed**

**Background Checks/PREA Related Questions/Professional References:** Background checks for twenty-five (25) Security Staff documenting annual checks, twenty (20) Newly Hired Staff (Security and

Non-Security) documenting their initial background checks; and eleven (11) regular/non-security background checks to confirm five--year checks. In examining the personnel files for all the above the auditor confirmed each file contained the PREA Questions asked of applicants, Professional References, PREA Acknowledgment Statements, Acknowledgment of Prohibitions Against Misconduct, and background checks.

The auditor selected forty (40) volunteer files to review. One-hundred percent (100%) of the reviewed files contained completed background checks. Most of the reviewed files contained two (2) to four (4) background checks.

## **Facility Staffing Plan Annual Review (2017)**

### **Facility Log Books and Duty Officer Log Books (10 Pages)**

#### **Staffing Rosters**

**Certificates of Training/PREA Acknowledgment Statements Staff:** The auditor reviewed 41 certificates documenting staff completing Day 1 of annual in-service training. Day 1 is the day for PREA training. Forty (40) of forty (40) reviewed personnel files contained PREA Acknowledgment Statements also indicated indicating staff were trained and that they understood the agency's zero tolerance policy and PREA.

**Communicating Effectively with LGBTI Inmates:** All staff are required to have attended Communicating Effectively and Professionally with LGBTI Inmates. Fifty-three (53) certificates confirming that training was reviewed.

**PREA Acknowledgment Statements Inmates:** Forty (40) Prison Rape Elimination Act Orientation Video Acknowledgment Statements were reviewed. Forty (40) Orientation Checklists were reviewed as well to document the PREA Training during Orientation.

**MOU with Statesboro Regional Rape Crisis Center:** Reviewed the agreement between the organization and the Pulaski State Prison for the provision of Rape Crisis Services, including providing an advocate.

**Certificates of Specialized Training: National Institute of Corrections (NIC):** Three certificates documenting specialized training provided by the NIC for Investigating Sexual Abuse in Confinement Settings.

**Certificates of Specialized Training: National Institute of Corrections (NIC):** The auditor selected fifteen (15) Annual Training Record Forms. All but one documented annual facility training. The Health Services Administrator provided forty (40) certificates confirming the NIC online specialized training entitled: PREA: Medical Health Care for Sexual Assault Victims in a Confinement Setting and Behavioral Health for Sexual Assault Victims in a Confinement Setting for all her staff except one, a newly hired staff.

#### **Victimization/Aggressor Assessments (40)**

## Victimization/Aggressor Reassessments (40)

**Grievances:** The auditor reviewed forty (40) grievances selected at random by the auditor. None of the grievances alleged sexual abuse, sexual misconduct or sexual harassment. Most of the grievances were related to property and medical issues.

**Incident Reports/ Investigations:** Eleven (11) Investigation Packages were reviewed. Eight (8) of those were determined to be unsubstantiated. Two (2) allegations were determined to be “unfounded” and one (1) investigation was referred to the Office of Professional Standards (OPS) for investigation.

**Notifications to Inmates:** Ten (10) of the eleven (11) Investigation Packages contained documentation confirming the inmates were notified of the results of the investigations. The investigation referred to the Office of Professional Standards did not have a notice however the inmates was informed the case was being referred to OPS.

**Incident Reviews:** Ten (10) of the eleven (11) Investigation Packages contained Incident Reviews.

Coordinated Response Plan: Reviewed plan.

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

### Follow-Up Required

1. Intake: Interviews with inmates indicated a mixed bag about whether PREA information is provided during intake; staff as well articulated several different versions of what is provided related to PREA. On admission, including transfers, inmates MUST be given information on the Zero Tolerance Policy AND information on how to report. Some staff said they give them a brochure; some said they explained and some said they did not. Inmates do not sign an acknowledgment at intake stating they understand.

Remediation: Develop a procedure that applies to all intake staff who are going to be giving this information.

Train those staff and document it on a training roster.

Documentation, including the training material used and a training roster documenting intake and orientation staff were retrained in GDC Policy and Procedures related to intake and orientation was provided on January 15, 2018.

2. Orientation: 90 or more percent of the inmates stated in their interviews the orientation process is given by inmates and not staff; that staff sit at a desk and do not or rarely interact with the incoming inmates. Inmates consistently reported that inmates also are getting them to sign other paperwork while the PREA Video is being played. Many said they were told by inmates to sign the PREA Acknowledgment Statements. Orientation staff said staff show the video and give inmates the opportunity to ask questions. Inmates were not complaining they were not given orientation by a staff



but when simply asked, they stated the above. Therefore, I cannot determine but I would recommend revisiting that process; including even watching video to see if staff are interacting with inmates and that inmates are not filling out papers while the video is playing etc.

Provide documentation that staff have been retrained in conducting orientation.

On January 15, 2018, the facility provided documentation to confirm that orientation staff have been retrained in the requirements for orientation in compliance with GDC Policy.

3. Reassessments: GDC requires reassessments at the end of 30 days following admission. These are to be done in the computer using the same procedures as the initial assessments. Staff indicated they had misinterpreted the policy related to re-assessments and understood they were only required if there was a change, or a significant event or victimization or abusiveness.

Remediation: Document that all staff performing the victimization/aggressor screening are retrained, and please provide a training roster with their signatures documenting the training. Provide the auditor a sample of 40 reassessments.

On January 19, 2018 the facility provided samples of 40 reassessments that were conducted in compliance with GDC Policy. Mental Health staff were retrained on GDC Policy related to conducting reassessments.

4. Outside Advocacy Organization - Inmates do not know who this is or how to access them.

Remediation: Provide inmates with the name of the organization providing outside advocacy services, provide the toll-free 24/7 contact number and mailing address and let inmates know the limits of confidentiality if they contact the organization.

Provide documentation that inmates have been made aware of the organization and how to contact them, and the limits of confidentiality; photos of posted information; and if included in the handbook or however else you want to provide it, if you do, forward to the auditor please.

On January 15, the facility provided a photo of the posting of the PREA pamphlet with the Victim Advocacy contact information. Contact information for the "Teal House" rape crisis center, also providing advocacy services to inmates, is now included on the PREA Pamphlet given to all inmates at intake.

5. Staff Training: The Training Officer agreed to provide the auditor 40 certificates of staff training documenting staff attended Day 1 In-Service Training this year to confirm staff training.

Remediation: The Training Officer provided the requested certificates December 19, 2017.

## SITE REVIEW

The auditor toured every area of the facility. Beginning in the Administrative Area, the auditor was impressed with the cleanliness and maintenance of this building. Housing multiple offices, a large conference room and a food services area where inmates prepare staff meals. The auditor informally interviewed three (3) inmates working in this food service area, all of whom knew about the zero-tolerance policy and multiple ways to report. They also related they received PREA information when they arrived at this facility. The Visitation area was a huge open space room equipped with cameras and windows in offices enabling viewing. Counselor's offices and Deputy Warden's office contains multiple windows enabling viewing. The Intake Area was equipped with cameras. PREA related signs were posted. There were windows in this area enabling viewing as well and curtains were on the shower room to provide privacy. The Intake Officer on duty explained the intake process and the PREA information provided incoming inmates. This information included how to access the hotline and how to report sexual abuse or sexual harassment. A segregation unit, houses a total of 96 inmates. PREA Posters were observed, phones are accessible to make reports of sexual abuse or sexual harassment and a KIOSK was observed as well. Inmates may make PREA reports via email to the GDC PREA Unit with one click. They may also email family and friends on their approved contact lists. Informal interviews with staff indicated they received initial PREA training at Basic Correctional Officers Training as newly hired employees and annually during in-service. They also related their duties as first responders. Every general population living unit was toured. They are all constructed the same except for D and K Building which are open bay style dormitory arrangements. In the other general population units each one houses a capacity of 120 inmates. There are double occupancy cells on the top tiers and triple occupancy cells on the bottom tiers. These are all "wet cells" and contain the commode/lavatory units. There are three single occupancy showers on each tier. All of them are furnished with curtains affording privacy while showering. Posters were observed in each living unit. Two to four phones were observed in the dorms. Each dorm had one to two KIOSKS from which inmates could report sexual abuse or sexual harassment via email to the GDC PREA Unit or to family members or friends on their approved lists. They may also file a grievance on the KIOSK, not having to go through any staff member. Multiple informal interviews with inmates in the general population dorms confirmed they understand zero-tolerance and know how they can report sexual abuse and sexual harassment. The laundry was an open space enabling the officer to view her 14 assigned inmates. The only blind spots observed were behind the large commercial dryers and the facility had installed mirrors to enable viewing behind them. An informal interview with the supervising officer indicated in the absence of cameras she positions herself where she can observe all the inmates working there. A storage room is locked, and an inmate restroom door was observed opened. The officer related it stays open and inmates are allowed in the restroom one at a time. The laundry room is also replete with windows. The kitchen is obviously a huge area but designed to have open space facilitating viewing. The office in the kitchen has windows that enable the staff in that office to view large portions of the kitchen. There are 13 food service staff assigned to the kitchen and the food services supervisor related there are 30 inmates assigned to two shifts; 3AM-1030AM and 10:30AM-6:30PM. Inmates were being actively supervised. The kitchen storage area was enclosed in a huge expanded metal (wire) cage enabling viewing. The auditor checked the coolers in the kitchen and all doors were secured with padlocks. The open bay dorms are housed in the K Building. There are four (4) pods or dorms (k-1,2,3 and 4) with an elevated control room in between. Each dorm houses 64 inmates. Each dorm is open and viewing into the dorm is facilitated by the almost floor to ceiling glass. The restrooms in these dorms are separated by half wall stalls and showers have curtains. The auditor toured the control room primarily for the purpose of seeing if the operator could view down into the restroom area and showers.

Staff, from this vantage point can only view the inmate's head while using the restroom. Interviewed inmates from the K Building indicated they have privacy while using the restroom and showering albeit minimal. Several inmates from K Building were informally interviewed and later inmates were formally interviewed. D Building consists of D-1,2,3, and 4. There is a day room also serving inmates in D Building. There are 72 inmates per pod in this living unit. The shower and restroom arrangement are similar to that of K Building.

The Education Area, according to staff, is staffed by four (4) teachers, two of whom are full time and two who are part time. Programs include GED, Literacy Remedial, and Adult Basic Education. There are two enclosed classrooms and a class being conducted in an open space in this area. This space is also open and staffed such that viewing and supervision of inmates is easy. Informal interviews were conducted with teachers and inmates in this area. All were familiar with PREA, zero-tolerance and how to report allegations of sexual abuse and sexual harassment.

Walking along the sidewalk the team met a maintenance staff. The auditor informally interviewed the maintenance staff who reported he has worked in maintenance for the past 23 years. He stated he attends the annual PREA Training, knows how to report allegations of sexual abuse and said that in addition to reporting sexual abuse and sexual harassment verbally, he would report it in writing as well.

The library is staffed by a part time librarian (29 hours per week). An informal interview with her indicated she is certified in Education Leadership, Middle Grades and Elementary (reading). She indicated she had been trained in PREA as a new employee and twice in class. She indicated she is a "proactive" individual and moves about the area supervising the inmates. The library space is open and book shelves are low enabling anyone to view anyone in that area. The law library, manned by three inmates, is easily viewable because of the glass windows in front of that space. The librarian stated she allows only one inmate in the restroom at a time.

During the tour KIOSKs were viewed in each living unit. KIOSKs enable inmates to report via email directly to the GDC PREA Unit. In addition to the KIOSK, GDC issues Tablets to inmates, also enabling them to report via email to the PREA Unit at any time, day or night. Too, if they choose to report through family, inmates have access on the KIOSK and Tablets via email. Video Visitation with approved individuals on the inmate's approved contact list, may be purchased and is available on the KIOSK. An inmate, during the tour, showed the auditor how he could access the PREA Unit via email using his Tablet.

The auditor observed telephones in each living unit.

PREA Posters and Notices of PREA Audit were posted in multiple areas of the facility, including all dormitories, dining areas, visitation areas, barber shop, administrative building, food services, gym and classroom areas. The auditor did not receive any letters from any inmate, staff, volunteer, contractor or intern.

Interviewed staff included the following: Twenty-One (21) random staff and Twenty-Three (23) special category staff including the Warden, Deputy Warden of Care and Treatment/PREA Compliance Manager; Captain of Security, Deputy Warden of Administration, the Health Services Administrator, Registered Nurse; Three (3) staff on the Incident Review Team, an OPS Investigator; Staff Supervising Segregation; Two (2) Staff conducting Victimization Screening; the Advocate/Retaliation Monitor; Training Officer; the Grievance Coordinator, Staff conducting Intake/orientation; Three (3) Human Resources Staff, including the Manager; Volunteer Coordinator, and the ACA Coordinator and Staff

Conducting Unannounced Rounds. Eleven (11) Staff were informally interviewed during the tour of the facility.

Forty-one (41) inmates were formally interviewed in the audit process. Selected at random from the inmate roster, inmates represented all the living units, including segregation. Twenty-Seven (27) random inmates were interviewed. Fourteen (14) Special Category inmates, including two (2) hearing impaired inmates, two (2) disabled inmates, a limited English Proficient inmate, One Gay inmate, four (4) inmates reporting prior victimization, One At-Risk for Sexual Abuse; and two (2) inmates reporting sexual harassment at this facility.

The facility reported they did not have any transgender or intersex inmates, nor did they have any inmates in house at the time who reported prior or current sexual victimization. The Agency's PREA Analyst provided the auditor an email confirming there were no transgender inmates at the facility at this time.

Following all the interviews, the auditor reviewed all the documentation requested in compliance with the PREA Auditor's Manual, including a review of grievances and investigation reports for the past twelve (12) months. Fifty (50) inmate grievances, pulled at random, were reviewed. There were no additional PREA related grievances and the most frequent grievance was the result of property issues. The facility reported and provided four (4) grievances were PREA related. All four grievances contained documentation confirming they were had been reported expeditiously and investigated by the SART. Twenty-five (25) investigation packets each containing the Investigative Summary, Witness Statements, Actions taken, Notification to Inmates of the outcome of the investigation, Incident Reviews following investigations and a host of other documents were reviewed.

An exit conference was conducted with the Warden, Agency PREA Coordinator, Agency Assistant PREA Coordinator PREA Compliance Manger, Deputy Warden of Security, Deputy Warden of Care and Treatment/PREA Compliance Manager, Deputy Warden of Administration, Health Services Administrator, Captain of Security, and a unit manager. The Warden and staff were complimented on their obvious efforts to provide a sexually safe environment. The PREA Compliance Manager and the entire executive team and staff were cooperative and forthcoming and provided the auditor access to anything he needed as well as to provide any documentation requested. The areas requiring corrective action were discussed and the corrective action plan has now been completed.

The facility's Personnel Manager was complimented for the enormous amounts of documentation she provided the auditor. The facility's hiring process, guided by GDC Policy, was commendable. The auditor reviewed files representing newly hired staff, staff who were promoted, five-year checks, and contractors. Documentation indicated applicants are asked the PREA related questions twice; that background checks are conducted prior to interviews because individuals with certain offenses would be excluded from employment. Security Staff are Peace Officers Standards Certified and must undergo annual background checks to be eligible to recertify in firearms. This facility indicated they are conducting the checks annually on all staff and contractors. Reviewed documentation indicated annual checks in a number of reviewed files. Too, the facility has the capacity to conduct "quick checks" of visitors by conducting electronic fingerprint checks at the "gate house" prior to allowing the visitor in the facility.

The facility was clean, orderly. Inmates were courteous and under supervision. Inmates who were interviewed, both formally and informally, understood the agency and facility's zero-tolerance for sexual misconduct, sexual abuse and sexual harassment. Inmates are afforded multiple ways to report, including telling a staff, dropping a note, filing a grievance (either in person or on the KISOK or Tablet),

emailing the PREA Unit any time day or night on their Tablets, calling the TIP line, emailing family members or friends on their approved list, writing the PREA Coordinator, telling a friend, telling their attorney's, and calling the PREA Hotline.

Staff were knowledgeable of PREA; indicated they were trained annually on it; and knew and understood their roles as first responders. They also indicated they would accept any report from any source, report it verbally to their supervisor and follow-up with either a written statement of an incident report prior to the end of the shift.

Several areas required additional work. Please see them in the corrective action sections. Staff can complete these within the 45 days prior to the issuance of a report.

Following the onsite audit, the auditor made additional requests for additional information and documents. These requests are documented in emails back and two. The PREA Compliance Manger and the Agency's PREA Coordinator were very responsive to any request made by the auditor.

## Facility Characteristics

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

The Pulaski State Prison is a prison operated by the Georgia Department of Corrections housing security levels from minimum to close female offenders between the ages of 20-82. The rated capacity of the facility is 1223 offenders and the population on the first day of the audit was 1169. Housing consists of four buildings with 48 double cells housing up to 96 offenders per building. Two buildings consist of single and double occupancy cells and house up to 106 offenders. One building, (isolation/segregation) houses up to 43 offenders in 30 cells. The intake unit is capable of housing 58. Two buildings have 96 double-bunked cells with a capacity of 192 per building.

All the housing units have cameras that are monitored in the offices of the Warden, Deputy Warden of Security, and the Security Chief.

The front entrance is staffed by one Correctional Officer 24/7. The area is monitored by two cameras.

The administrative building consists of fourteen (14) offices, a children's center (for inmates to visit with their children), a staff cosmetology area, class room, staff dining room, four (4) restrooms, the I.D. room and central control. Central control is staffed with a correctional officer 24/7. Admin Offices are in operation Monday through Friday 7:30AM – 4:30PM.

Medical consists of ten (10) offices, a pill call room, dental lab, lab exam rooms, one emergency room and one dialysis lab. There are no cameras in this area. One female correctional officer is assigned to medical. The infirmary consists of six (6) infirmary beds and two (2) acute care unit beds. Officers make continuous rounds in this area.

Security consists of six (6) offices, a shift briefing room, two restrooms. This area is staffed 24/7 by one (1) relieved lieutenant, one relieved sergeant, one (1) Deputy Warden of Security and support staff.

The library consists of several offices and a law library, general library and two bathrooms. Three counselors and a part time librarian have their offices here.

The education unit has four (4) offices, six (6) classes, and two (2) bathrooms. The area is staffed with an unrelieved correctional officer Monday through Friday and there are no cameras in this area.

Programs consist of six (6) offices, a chapel, two (2) group rooms, one (1) cosmetology classroom, four (4) bathrooms, two (2) office cubicles and the area is staffed by a female correctional officer and up to ten (10) support staff. There are no cameras located in the program areas.

A gym consists of two (2) offices, five (5) classrooms, one (1) recreation area and one (1) bathroom. There are five (5) support staff in the area as well as an assigned correctional officer. There are no cameras in this area.

Prison Industries has two (2) offices, a break room, two (2) tool rooms, one (1) shakedown room, a huge and spacious sewing floor and an inmate restroom. The area is staffed by three (3) female correctional officers and up to eight (8) support staff, 0530 to 1530 Monday through Thursday. This area does not have any cameras.

The laundry operates from 0630 to 2130 Monday through Friday. There is one (1) office in the laundry, one (1) alteration room and one (1) bathrooms. There is one correctional officer assigned to this area. There are up to fourteen (14) inmates working on the AM shift and twelve (12) on the evening shift. There are no cameras in this area however it appeared that staff could easily view behind the huge commercial dryers. The assigned staff related she continuously walks about keeping the inmates on guard.

The kitchen area consists of two (2) offices, two (2) dining halls, one (1) tool room, three (3) prep areas, one (1) storage area, one (1) cook are and two (2) bathrooms. This area is staffed by one officer and up to eight (8) support staff. The kitchen area is open from 0230 to 2000, seven (7) days per week. The kitchen area is equipped with cameras.

Dormitory E-1 consists of five (5) counselor offices, one (1) bathroom, four (4) separated halls, separated in the middle by twin officer stations. Each hall houses 24 inmates, for a dorm capacity of 96 inmates. Each of the 48 cells is double bunked. The main function of this program is the Residential Substance Abuse Treatment. Inmates in this unity are mandated by the Patrol Board to complete the intensive drug programming it provides. The dorm has one (1) female officer 24/7 and eight (8) cameras monitoring the unit.

Dormitory E-2, the "Honor Dorm" consists of two (2) counselor offices, four (4) TV Rooms and one (1) bathroom. There are four (4) separate halls, separated in the middle by the officer's stations. Each hallway houses 24 inmates, for a dormitory capacity of 96 inmates. Each of its 48 cells is double bunked. This dorm houses general population inmates who have been at Pulaski for at least one year and have not had any disciplinary reports within the past 13 months. To remain housed in this dorm, their conduct must remain clear and their behavior beyond reproach. The dorm has one (1) female officer 24/7 and there are eight (8) cameras monitoring the living unit.

Dormitory E-3 houses general population offenders. It consists of two (2) counselor offices, one (1) bathroom, and four (4) TV Rooms. This dorm contains four (4) separate halls, separated in the middle by twin officer stations. The dorm has 30 inmates assigned per hall making the dorm capacity of 120. Some of the rooms have been made into triple bunk rooms. There is one correctional officer assigned and eight (8) cameras enhance supervision.

Dormitory E-4 houses ages 50 and over, as well as general population. It consists of two (2) counselor offices, one (1) bathroom, and four (4) TV rooms. This dorm also contains four (4) separate halls, separated in the middle by twin officer stations. Each hallway houses 24 inmates for a dorm capacity of 96 inmates. There is one assigned officer and eight (8) cameras monitoring the housing unit.

Dormitory E-5, Faith Based and Character-Based Dormitory, consists of two (2) counselor offices, a bathroom, and four (4) TV rooms. This dorm contains four (4) separate halls, separated in the middle by twin officer station. Each hallway houses 24 inmates for a total of 96 inmates. The dorm has one correctional officer 24/7 and has eight (8) cameras monitoring the dormitory.

Dormitory E-6, has an A and B side. It is a general population dorm that consists of one (1) counselor's office, two (2) TV rooms, and two (2) Hallways. It has a capacity of 60 inmates, 30 per hall. The dorm triple bunks in every other room. A control room is located in between both sides. The dorm has one (1) bathroom, counselor's offices, TV rooms and has two (2) hallways that hold the capacity of 22 which puts 11 per hall. The dorm has two (2) received female officers 24. 7 and eight (8) cameras monitoring the dorm.

Dormitory E-7, houses general population inmates that have medical limitations that may require handicap accessible rooms, toilets and showers. They may also have medical helpers assigned to clean the dorm, and push inmates to their appointments in their wheelchairs. There is a counselor's office, two (2) TV rooms, two (2) hallways that each house 30 inmates for a total of 60 on that side. A control room separates the two sides and has a bathroom. C/D Side houses 30 inmates while D-Hall houses 16 inmates for a dorm total of 106. The dorm has one female officer 24/7 and eight (8) cameras monitoring the dormitory.

Dormitory E-8 houses general population inmates. B-side houses the prison industries inmates while the A-side houses inmates working on the kitchen detail. There are two (2) TV rooms and one (1) bathroom inside the control room that separates both sides. Each room has double bunks. The dorm has two (2) relieved female officers 24/7 and eight (8) cameras monitoring the dorm.

Dormitory E-9 houses general population inmates. It consists of two (2) counselor's offices; two (2) TV rooms and one (1) bathroom inside the control room that separates the sides. Each side has a total of 96 inmates per side for a total of 192 per building. Each room has double bunks. The dorm has two (2) female officers 24/7 and eight (8) cameras monitoring the dorm.

Dormitory F-1 houses inmates in Segregation/Isolation. It consists of one (1) office and is a 2-tier range housing fifteen (15) inmates on the top range and thirty-eight (38) on the bottom range. Two (2) of those cells are observation cells. The total number of inmates who may be housed here is forty-three (43). The dorm has two (2) female officers assigned 24/7 and four (4) cameras monitoring this side. A control room separates F-1 and F-2. F-2 houses inmates assigned to outside details. This is a 2 Tier dorm that houses 30 inmates on the top tier and twenty-eight (28) on the bottom tier. Each cell is double-bunked except for two (2) single man cells. The dorm houses a total of 58 and has one female officer assigned 24/7. There are four (4) cameras monitoring this side.

The Women's Health Services Building consists of an exam room, the doctor's offices, pill call room and two (2) bathrooms. There is at least one (1) officer assigned as needed for appointments.

The area where visitation is conducted is operated by at least one (1) female and one (1) male officer Saturday, Sunday and all observed State Holidays, 9AM-3PM. There are twelve (12) cameras monitoring during visitation hours and one that monitors 24/7. There are four (4) bathrooms and an open area for visitation.

The rear gate is run by a female officer five (5) days a week 7:30AM-1600. This building has one bathroom and a large shakedown area. There are no cameras in this area.

The warehouse/chemical/house detail and vehicle maintenance are operated by two (2) officers with at least four (4) maintenance staff and up to forty (40) inmates, Monday through Friday, 0730 to 1600. There are three (3) offices, two (2) bathrooms, storage areas and one (1) classroom. There are no cameras in this area.

The auditor observed cameras located in the living units/dormitories, kitchen, visitation, and other areas. Staff had installed mirrors as well throughout the facility to mitigate viewing in vulnerable areas. During the review, staff were asked where they had blind spots and they expeditiously showed the auditor if they had any. To, when staff indicated they had blind spots they related they move about randomly to deter any sexual activity.

During the site review, the auditor observed in each living unit (each dorm) three (3) to four (4) shower stalls on both upper and lower tiers, each separated by walls, providing single occupancy. Privacy was afforded by doors that closed. Informal interviews with inmates in the dorms confirmed they have privacy while showering and that they are not naked in full view of staff while showering or using the restrooms or dressing. Toilets are in each of the cells.

The Deputy Warden of Security has identified a large number of potential blind spots and has requested 100 additional cameras. An additional blind spot was identified during the site review. The blind spots in the "tray area" of the kitchen may be mitigated by installing two mirrors in the area. The Lead SART Member and PREA Compliance Manager agreed to install the mirrors.

PREA Related Posters were placed on walls and bulletin boards throughout the facility reminding inmates of zero tolerance and how to report sexual abuse or sexual harassment. Posters include phone numbers for inmates to call to make reports of sexual abuse or sexual harassment. These included the PREA Unit, Pardons and Parole, and the Georgia Department of Corrections TIP line.

Each dorm had at least one to two KIOSKS enabling inmates to file a PREA allegation via email directly to the Department's PREA Unit. Additionally, inmates may email family and friends who are on their approved visitor's lists. The segregation/isolation units have mobile phones and mobile KIOSKS enabling those inmates to access the KIOSK and phone.

Additionally, each inmate was issued a Tablet. The tablet can be synched to the KIOSK and inmates may make reports to the PREA Unit via email. Tablets also enable inmates to email family and friends on their approved lists.



Each dormitory has phones on the walls with dialing instructions for contacting the PREA Unit to make a report or allegation of sexual abuse or sexual harassment.

Pulaski State Prison has a total of 229 positions, twenty-six (26) of which are vacant. There are 155 security staff and those include the Warden, Deputy Warden of Security, two (2) Unit Managers, one (1) Security Chief, Seven (7) Lieutenants (1) vacancy, Twelve (12) Sergeants, Five (5) Portal Sergeants, One-Hundred Twenty-Seven (127) Correctional Officers (with 16 vacancies), one (1) Deputy Warden of Administration, two (2) Administrative Support Staff, one (1) Food Services Manager, one (1) Financial Ops Generalist, one (1) Finance Clerk, one (1) Purchasing Assistant, two (2) Supply/Warehouse Clerk (two (2) vacancies), one Part Time Store Keeper, one General Trades Tech, one (1) Mechanic, One (1) General Trades Tech 2 (one (1) vacancy), one (1) Food Services Spec 2 (one vacancy), one Food Services Spec and nine (9) Food Service Specialist Supervisors (one vacancy). The Warden's Organizational Chart of employees includes the following: three (3) Admin Support Staff, one (1) HR Specialist, one (1) HR Tech, one (1) Recruitment Lieutenant, and one (1) PSTI Instructor. Care and Treatment Staff include a Deputy Warden of Care and Treatment, two (2) support staff, one (1) Chaplain, one (1) Social Worker Non-Licensed, one (1) Medial Specialist, one (1) Rehab Counselor, twelve (12) Mental Health Counselors (one vacancy), one (1) Psychiatrist, one (1) Psychologist, two (2) Non-Licensed Social Workers, one (1) Activity Therapist, one (1) Behavioral Health Counselor Supervisor, seven (7) Behavior Health Counselors, one (1) Associate Counselor, two (2) Multi-Functional Officers, four (4) Administrative Assistants, four (4) Instructors, five (5) Vocational Instructors (three vacancies), one (1) RSAT Director, one (1) Clinical Supervisor and one (1) Behavior Health Counselor Contacted. Medical Staff include: one (1) Health Services Administrator, one (1) Administrative Assistant, three (3) Medical Records Clerks, two (2) Medical Directors, one (1) Director of Nursing, one (1) Assistant Director of Nursing, twelve (12) Registered Nurses, fourteen (14) Licensed Practical Nurses, two (2) Certified Nurses Assistants, and one (1) Nurse Practitioner. The following are assigned to Georgia Correctional Industries: one (1) GCI Manager, one (1) GCI Assistant Manager and seven (7) GCI Supervisors. There are fourteen (14) assigned Maintenance Staff. These include: one General Trades Supervisor, one General Trades Tech Supervisor, ten (10) General Trades Tech (2 vacancies), one (1) Administrative Support staff and one (1) mechanic.

## Summary of Audit Findings

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

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

**Number of Standards Exceeded:** 03

115.11; 115.17; 115.51

**Number of Standards Met:** 42

115.12; 115.13; 115.14; 115.15; 115.16; 115.18; 115.21; 115.22; 115.31; 115.32; 115.33; 115.34; 115.35; 115.41; 115.42; 115.43; 115.52; 115.53; 115.54; 115.61; 115.62; 115.63; 115.64; 115.65; 115.66; 115.67; 115.68; 115.71; 115.72; 115.73; 115.76; 115.77; 115.78; 115.79; 115.82; 115.83; 115.86; 115.87; 115.88; 115.89; 115.401; 115. 403

**Number of Standards Not Met:** 0

N/A

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

1. Intake: Interviews with inmates indicated a mixed bag about whether PREA information is provided during intake; staff as well articulated several different versions of what is provided related to PREA. On admission, including transfers, inmates MUST be given information on the Zero Tolerance Policy AND information on how to report. Some staff said they give them a brochure; some said they explained and some said they did not. Inmates do not sign an acknowledgment at intake stating they understand.

Remediation: Develop a procedure that applies to all intake staff who are going to be giving this information.

Train those staff and document it on a training roster.

Documentation, including the training material used and a training roster documenting intake and orientation staff were retrained in GDC Policy and Procedures related to intake and orientation was provided on January 15, 2018.

2. Orientation: 90 or more percent of the inmates stated in their interviews the orientation process is given by inmates and not staff; that staff sit at a desk and do not or rarely interact with the incoming inmates. Inmates consistently reported that inmates also are getting them to sign other paperwork while the PREA Video is being played. Many said they were told by inmates to sign the PREA Acknowledgment Statements. Orientation staff said staff show the video and give inmates the opportunity to ask questions. Inmates were not complaining they were not given orientation by a staff but when simply asked, they stated the above. Therefore, I cannot determine but I would recommend revisiting that process; including even watching video to see if staff are interacting with inmates and that inmates are not filling out papers while the video is playing etc.

Provide documentation that staff have been retrained in conducting orientation.

On January 15, 2018, the facility provided documentation to confirm that orientation staff have been retrained in the requirements for orientation in compliance with GDC Policy.

3. Reassessments: GDC requires reassessments at the end of 30 days following admission. These are to be done in the computer using the same procedures as the initial assessments. Staff indicated they

had misinterpreted the policy related to re-assessments and understood they were only required if there was a change, or a significant event or victimization or abusiveness.

Remediation: Document that all staff performing the victimization/aggressor screening are retrained, and please provide a training roster with their signatures documenting the training. Provide the auditor a sample of 40 reassessments.

On January 19, 2018 the facility provided samples of 40 reassessments that were conducted in compliance with GDC Policy. Mental Health staff were retrained on GDC Policy related to conducting reassessments.

4. Outside Advocacy Organization - Inmates do not know who this is or how to access them.

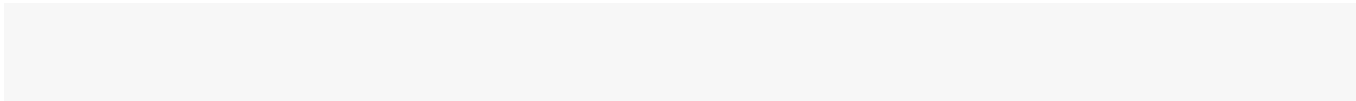
Remediation: Provide inmates with the name of the organization providing outside advocacy services, provide the toll-free 24/7 contact number and mailing address and let inmates know the limits of confidentiality if they contact the organization.

Provide documentation that inmates have been made aware of the organization and how to contact them, and the limits of confidentiality; photos of posted information; and if included in the handbook or however else you want to provide it, if you do, forward to the auditor please.

On January 15, the facility provided a photo of the posting of the PREA pamphlet with the Victim Advocacy contact information.

5. Staff Training: The Training Officer agreed to provide the auditor 40 certificates of staff training documenting staff attended Day 1 In-Service Training this year to confirm staff training.

Remediation: The Training Officer provided the requested certificates December 19, 2017.



## PREVENTION PLANNING

### Standard 115.11: Zero tolerance of sexual abuse and sexual harassment; PREA coordinator

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

#### 115.11 (a)

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

### 115.11 (b)

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

### 115.11 (c)

- If this agency operates more than one facility, has each facility designated a PREA compliance manager? (N/A if agency operates only one facility.)  Yes  No  NA
- Does the PREA compliance manager have sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards? (N/A if agency operates only one facility.)  
 Yes  No  NA

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

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

**Interviews:** PREA Coordinator; Warden; PREA Compliance Manager; Interviews with 14 Randomly selected staff; thirty-one (31) specialized staff; 41 randomly selected and special category inmates

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

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

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

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

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

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

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

The PREA Compliance Manager at the Pulaski State Prison is a Unit Director. She reports directly to the Chief Counselor who reports to the Deputy Warden of Care and Treatment. The PREA Compliance Manager was appointed to that role within the past six months. In addition, the prison's Mental Health Director has been active in implementing PREA for several or more years. She is actively involved in implementing PREA. She is assisted by the Mental Health Unit Director, a licensed professional counselor, who is also knowledgeable about PREA.

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

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

Zero Tolerance is reflected in multiple documents, including PREA Acknowledgment Statements for staff, contractors, volunteers and residents. Posters in this facility are neatly displayed behind frames and on attractive and orderly bulletin boards. Posters were observed in every building, every living unit and in areas like the barbershop and others.

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

Residents, staff, contractors and volunteers are trained in the zero-tolerance policy. The facility provided multiple PREA Acknowledgment Statements confirming staff have been trained in PREA. The PREA Acknowledgement Statements for Employees and Unsupervised Contractors and Volunteers affirms that they have received training on the Department's Zero Tolerance Policy on Sexual Abuse and Sexual Harassment and that they have read to GDC Standard Operating Procedure 208.06, Sexually Abusive Behavior Prevention and Intervention Program. They also acknowledge that violation of the policy will result in disciplinary action, including termination or being banned from entering any correctional institution.

**Discussion of Interviews:** Interviewed staff were all aware of the zero-tolerance policy and agency's zero tolerance for any form of sexual abuse, sexual assault, sexual harassment or retaliation. All of them stated they are trained to and required to report all allegations of sexual abuse or sexual harassment including suspicions. Staff indicated if they failed to report there would be sanctions. Allegations and reports, regardless of the source, are required to be documented and investigated.

All Interviewed residents indicated they were aware the facility and GDC has a zero tolerance for all forms of sexual activity.

This standard is rated “exceeds” because of the agency’s and the agency and this facility’s commitment to zero tolerance and to PREA. The Department has designated a Statewide Compliance Director with overall responsibility for implementing PREA. Additionally, the Department has designated a Statewide PREA Coordinator to oversee the implementation of PREA in the GDC facilities. In addition to these proactive measures, yet another staff has been designated as the Agency’s Assistant PREA Coordinator. Observations of the work the Statewide PREA Coordinator convinced the auditor that she is “hands on” and works with her facilities by monitoring and providing technical assistance. She was very knowledgeable of what was going on in her facilities. Too, she makes herself available throughout the on-site audits to provide additional information and/or clarification when needed. GDC has also provided the PREA Unit the position of “analyst” who collects data from monthly reports sent to the PREA Unit. The Warden demonstrated a commitment to PREA by designating his Deputy Warden of Care and Treatment, someone with multiple years of prison experience. She is a knowledgeable PREA Compliance Manager and reports directly to the Warden. Staff and inmates are aware of the zero-tolerance policy and of the agency’s approach to preventing, detecting, responding and reporting all suspicions, allegations, knowledge, or reports of sexual abuse, sexual harassment or retaliation. Posters observed throughout this facility continuously remind staff and inmates of the agency’s zero tolerance for sexual abuse, sexual harassment, or sexual misconduct.

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

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

#### 115.12 (a)

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

#### 115.12 (b)

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

### Auditor Overall Compliance Determination

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

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

### Instructions for Overall Compliance Determination Narrative

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

**Policy and Document Review:** Georgia Department of Corrections Policy, 208.6, Prison Rape Elimination Act, Sexually Abusive Behavior, Prevention and Intervention Program, A. Prevention Planning, Paragraph 2; Two (2) Agency Contracts; Pre-Audi Questionnaire.

**Interviews:** PREA Coordinator (Agency Director Designee);

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

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

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

## Standard 115.13: Supervision and monitoring

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

### 115.13 (a)

- Does the agency ensure that each facility has developed a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse?  Yes  No
- Does the agency ensure that each facility has documented a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse?  Yes  No



- Does the agency ensure that each facility's staffing plan takes into consideration the generally accepted detention and correctional practices in calculating adequate staffing levels and determining the need for video monitoring?  Yes  No
- Does the agency ensure that each facility's staffing plan takes into consideration any judicial findings of inadequacy in calculating adequate staffing levels and determining the need for video monitoring?  Yes  No
- Does the agency ensure that each facility's staffing plan takes into consideration any findings of inadequacy from Federal investigative agencies in calculating adequate staffing levels and determining the need for video monitoring?  Yes  No
- Does the agency ensure that each facility's staffing plan takes into consideration any findings of inadequacy from internal or external oversight bodies in calculating adequate staffing levels and determining the need for video monitoring?  Yes  No
- Does the agency ensure that each facility's staffing plan takes into consideration all components of the facility's physical plant (including "blind-spots" or areas where staff or inmates may be isolated) in calculating adequate staffing levels and determining the need for video monitoring?  Yes  No
- Does the agency ensure that each facility's staffing plan takes into consideration the composition of the inmate population in calculating adequate staffing levels and determining the need for video monitoring?  Yes  No
- Does the agency ensure that each facility's staffing plan takes into consideration the number and placement of supervisory staff in calculating adequate staffing levels and determining the need for video monitoring?  Yes  No
- Does the agency ensure that each facility's staffing plan takes into consideration the institution programs occurring on a particular shift in calculating adequate staffing levels and determining the need for video monitoring?  Yes  No  NA
- Does the agency ensure that each facility's staffing plan takes into consideration any applicable State or local laws, regulations, or standards in calculating adequate staffing levels and determining the need for video monitoring?  Yes  No
- Does the agency ensure that each facility's staffing plan takes into consideration the prevalence of substantiated and unsubstantiated incidents of sexual abuse in calculating adequate staffing levels and determining the need for video monitoring?  Yes  No
- Does the agency ensure that each facility's staffing plan takes into consideration any other relevant factors in calculating adequate staffing levels and determining the need for video monitoring?  Yes  No

### 115.13 (b)

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

### 115.13 (c)

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

### 115.13 (d)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

**Policy and Documents Reviewed:** Pulaski State Prison Pre-Audit Questionnaire; Georgia Department of Corrections Policy, 208.6, Prison Rape Elimination Act, Sexually Abusive Behavior Prevention and Intervention Program, A. Prevention Planning, Paragraph 3, Memo Documenting Staffing Plan to PREA Coordinator; Reviewed Staffing Plan; Memo Documenting Review of Staffing Plan by Facility Operations Deputy Director and PREA Coordinator; Diagrams of the entire prison; Camera List for Pulaski State Prison identifying locations throughout the prison; Memo from the Deputy Warden requesting additional cameras; Log Book pages documenting unannounced rounds

**Interviews:** Warden, PREA Coordinator, PREA Compliance Manager, Leader of Sexual Assault Response Team, Deputy Warden of Security, Randomly selected staff; Randomly selected inmates.

**Other:** Observations made during the on-site audit of Pulaski State Prison.

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

**Staffing Plan Review:** The staffing plan for the Pulaski State Prison is addressed in their local operating procedure. PREA Standard 115.13, Staffing Plan. The staffing plan is predicated upon a female population of up to 1211 female offenders. There is a total of 229 staff positions, 26 of which are vacant. Security staffing totals are 155; including a Warden, Deputy Warden of Security, two (2) Unit Managers, a Security Chief, seven (7) Lieutenants (with one vacancy), twelve (12) Sergeants (with one vacancy), five (5) Portal Sergeants and one-hundred twenty-seven (127) Correctional Officers (with 16 vacant positions). There is a total of twenty-four (24) staff assigned to administration, including support staff, food services staff, financial staff (to include purchasing). Maintenance staff (including a mechanic) and a store keeper (PT). The following are assigned to the Warden's Org Chart: Three (3) Administrative Staff, three (30) human resources staff, a recruitment lieutenant and a PSTI Instructor. Fifty-One (51) staff are assigned to Care and Treatment. These included a Deputy Warden, Two (2) support staff, Chaplain, Social Worker, Media Specialist, Rehab Counselor, twelve (12) Mental Health Counselors, a Psychiatrist, Psychologist, two (2) Non-Licensed Social Workers; an Activity Therapist, a Behavioral Health Counselor Supervisor, seven (7) Behavioral Health Counselors, an Associate Counselor, two (2) Multi-Functional Officers, four (4) Administrative Assistants, four (4) Instructors, five (5) Vocational Instructors (three vacancies), an RSAT Director, a Clinical Supervisor and a Behavior Health Counselor (Contracted). There are thirty-eight (38) medical staff, including a Health Services Administrator, Administrative Assistant, three (3) Medical Records Checks, two (2) Medical Directors, an Assistant Director of Nursing, twelve (12) Registered Nurses, fourteen (14) Licensed Practical Nurses, two (2) Certified Nurses Assistants and a Nurse Practitioner. The prison's Georgia Correctional Industries staff include the GCI Manager, Assistant Manager and seven (7) GCI Supervisors.

The plan describes the facility and states that there are twenty-four (24) buildings, ten (10) of which are housing units. The staffing plan states “a lot of the housing units have camera capabilities that are monitored in the offices of the Warden, Deputy Warden of Security, Unit Managers and Security Chief on an as needed basis.

The staffing plan states the staffing at Pulaski State Prison is adequately staffed for the facility’s posts. In the event of a staff shortage the facility implements that “call back” procedure to call in “off duty” staff. The roster is maintained in the central control room and in the shift supervisor’s office. The plan also requires “on duty” staff to remain on post/on duty until staff can be called in.

The plan described the staffing for the following posts: Front entrance, Administrative Building, Medical, Infirmary, Security, Library, Education, Programs, Gym, Prison Industries, Laundry, Kitchen, Dormitory E-1, E-2, E-3, E-4, E-5, E-6, E-7, E-8, E-9, F-1, Women’s Health Services Building, Visitation, Rear Gate and Warehouse.

There are 17 gender-specific posts manned by female staff only. All but one is a priority one post requiring 24/7 coverage. When a hospital post is required, it is a priority one gender specific post. Priority one posts are manned 24 hours a day 7 day a week.

If for any a reason at the beginning or during a shift, a priority one gender specific post can’t be covered, on duty staff will be required to stay over to man the post until the Chief of Security is notified. The Chief of Security will grant permission to contact off duty staff. In the event of a variation and the OIC receives permission to begin the call-in procedure, beginning with staff closest to the facility. In the event no one can be contacted, the OIC will contact the CERT team and call the facility transfer sergeant, as well as other facility supervisors to assist. Activities may have to be cancelled when it is necessary to cover a gender specific post. This would be, according to the plan, in emergency situations only.

The plan asserts that the facility has not had a situation that required a priority one gender specific post not being filled. All priority two and three posts will be pulled to fill priority one gender specific post with the gender required. Interviews with the Deputy Warden and Warden confirmed the facility does not operate without the minimum post requirements and that staff may be held over and called in to cover posts. Additionally, the Warden, stated she has a “split shift” in addition to the day and night shifts and these staff generally attend to special functions and supplement staffing levels during high need times. These may also be pulled to cover mandatory Priority 1 Posts.

Unannounced rounds are part of the staffing plan. Unannounced rounds are required to be conducted weekly by supervisory staff, including Sergeants, Lieutenants, Captain, Institutional Duty Officers, and Warden. Staff are prohibited from alerting staff when they arrive at the facility for duty rounds. In addition to reviewed unannounced rounds conducted by supervisory staff while on duty, the auditor reviewed pages from the Duty Officer’s Log confirming unannounced rounds being conducted.

The plan identified vulnerable areas as the: Rear Gate. This area is checked weekly by the rear-gate Lieutenant and documented at the back gate. No staff is allowed in this area without staff being present. The warehouse/chemical/horse detail/vehicle maintenance is run by two (2) officers. This area is required to be checked weekly by the back-gate Lieutenant and rounds documented at the back gate.

The plan is approved by the PREA Coordinator. The date of approval is documented as 12/13/2016.

**Discussion of Interviews:** Interviews with the Warden, Deputy Warden of Security, SART Leader, PREA Compliance Manager and previous interviews with the agency's PREA Coordinator confirmed the facility staffing plan prescribes the "adequate staffing levels" as determined essentially by the agency. The agency determines the numbers of positions to be allocated and the Warden and her staff have the responsibility to deploy those staff based on their identified posts, including Priority One Posts, for which there is no deviation. Priority One posts must be manned at all times. The Warden related in the event of transports, or staff calling out, the staff on post remain on post until properly relieved. Providing for those contingencies she also has a split shift from which she can draw to man any post when needed. Interviews with the Deputy Warden of Security confirmed the staffing levels required at the facility. Too, he explained how he assessed the facility to identify blind spots and areas needing cameras.

## Standard 115.14: Youthful inmates

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

#### 115.14 (a)

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

#### 115.14 (b)

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

#### 115.14 (c)

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

## Auditor Overall Compliance Determination

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

## Instructions for Overall Compliance Determination Narrative

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

**Policy and Documents Reviewed:** Georgia Department of Corrections PREA Policy, Pulaski State Prison Pre-Audit Questionnaire, Reviewed Description of Lee Arrendale State Prison; GDC Website.

**Interviews:** Warden, Pulaski State Prison, Deputy Warden for Security, Pulaski State Prison, PREA Coordinator, PREA Compliance Manager

**Policy Review:** The Georgia Department of Corrections PREA Policy requires that youthful offenders are sight and sound separated from adults.

**Document Reviews:** The Pre-Audit Questionnaire documented that youthful offenders are not housed at Pulaski State Prison. Information provided related to Mission of Lee Arrendale State Prison on GDC Lee Arrendale Website. The Lee Arrendale State Prison's mission is stated on the GDC Website. It affirms the following: "The Mission of Lee Arrendale State prison is to ensure public safety and effectively house offenders while operating a safe and secure facility and to provide housing for adult/juvenile female felons in addition to probationers sentenced to a residential substance abuse program. The facility also provides diagnostic services for female offenders statewide."

**Discussion of Interviews:** The Warden affirmed that the Pulaski State Prison does not house youthful female inmates. She related that youthful female prisoners will be housed at Lee Arrendale State Prison. This information was confirmed in interviews with the PREA Coordinator, PREA Compliance Manager, Health Services Administrator, mental health staff and randomly selected staff. None of the 41 interviewed inmates were youthful offenders.

**Observations:** Youthful offenders were not observed during a tour of the entire facility. Nor were youthful offenders among the randomly selected inmates who were interviewed.

## Standard 115.15: Limits to cross-gender viewing and searches

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

#### 115.15 (a)

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

#### 115.15 (b)

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

#### 115.15 (c)

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

#### 115.15 (d)

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

#### 115.15 (e)

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

#### 115.15 (f)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

**Policies and Documents Reviewed:** Georgia Department of Corrections (GDC) Policy 208.6, Prison Rape Elimination Act, Sexually Abusive Behavior Prevention and Intervention Program; GDC Policy 226.01, Searches, 1.d; Training Module for In-Service Training for 2017; Certificates of Day 1 Annual In-Service Training; Pre-Audit Questionnaire.

**Interviews:** Randomly selected staff, Randomly selected inmates, Special Category Inmates.

**Observations:** See below; observations made during the site visit and throughout the on-site audit period.

**Policy Review:** Pulaski State Prison houses adult female inmates and is staffed with female officers providing direct supervision in the living units and a minimal number of male officers who serve primarily control room duty, some of the work details and on the CERT Team. Male staff are prohibited by policy from conducting searches of females absent extreme emergencies. Department of Corrections (DOC) Policy, 208.6, Prison Rape Elimination Act, Sexually Abusive Behavior Prevention and Intervention Program, prohibits cross-gender strip or visual body cavity searches except in exigent circumstances or when performed by medical practitioners. The reviewed Pre-Audit Questionnaire and interviews with staff and inmates confirmed that there have been no cross-gender strip or body cavity searches during the past twelve months.

GDC Policy 226.01, Searches, 1.d., requires that strip search of females will be conducted by female correctional officers and that males will be strip searched by male correctional officers absent exigent



circumstances (escapes, riot, etc.) and only if a same gender officer is not available. Cross gender searches in exigent circumstances are required to be conducted with dignity and professionalism. Search policy requires in the event of exigent circumstances searches of the opposite gender conducted under exigent circumstances must be documented on an incident report. Pulaski State Prison is an all-female facility.

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

Policy prohibits staff from searching a transgender inmate for the sole purpose of determining the inmate's genital status. Staff are also required by policy to search transgender and intersex inmates in a professional and respectful manner.

Transgender and intersex offender's gender designation will coincide with the prison assignment made by classification (offenders at a female prison will be searched as a female and offenders at a male prison will be searched as a male offender). When checking the breast of an offender the back of the hand should be used to check the entire breast area and outside the clothing. The groin area should be searched with the edge of the hand. Since the groin area is a sensitive area of the body, both physically and emotionally, it should be searched carefully and with concern for the offender's privacy and dignity.

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

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

**Documents Review:** The Pre-Audit Questionnaire documented that there have been no cross-gender searches, either strip, body cavity or pat searches during the reporting period. The reviewed training module reminds them that inmates are less resistant when staff treat them with dignity.

Staff are trained to conduct cross-gender searches in exigent circumstances. The auditor reviewed forty (40) Certificates documenting Day 1, Annual In-Service Training.

**Discussion of Interviews:** The Pulaski State Prison houses adult female inmates only. One-hundred percent (100%) of the interviewed random staff affirmed that the female residents are strip-searched by female staff, unless there were emergency situations requiring it and if no other male staff were available. One-hundred percent (100%) of the interviewed random staff confirmed that male staff are not permitted to conduct a pat search of a female inmate. All the staff indicated they have been trained

to conduct cross-gender pat searches and that this training is conducted in a variety of venues including Field Training at the facility, at Basic Correctional Officer Training (new employees), in annual in-service and through reviewing GDC Policy and in-house training, including during shift briefing. The auditor asked some of the female officers to demonstrate the techniques they were trained in and all of them demonstrated the back of the hand techniques.

Staff are trained to conduct those searches in a manner designed to lessen the chances of the staff receiving an allegation from a resident. Interviewed staff reported they have been trained to conduct cross-gender pat searches. The reviewed training module (2017) for Annual In-Service, reminds staff that security staff must conduct searches in a professional and respectful manner and in the least intrusive manner possible, consistent with security needs. Staff are instructed that female staff may conduct strip and body cavity searches of male inmates only in exigent circumstances that are documented on an incident report.

When asked if the male on the CERT Team ever participates in pat or strip searches, all of the inmates stated he is not around when strip searches are conducted and that he does not conduct any pat searches.

Staff indicated, in their interviews, that staff of the opposite gender announce their presence saying things like “male on the floor”. They, as well as the interviewed inmates, related the staff working in the living unit also announces for the men. Most of the inmates affirmed that staff of the opposite gender announce their presence when entering the housing unit.

Interviews with 41 inmates representing every housing unit, including segregation confirmed they have never been searched by a male staff. Forty-One (41) of forty-one (41) interviewed inmates, as well as a number of informally interviewed inmates during the tour confirmed they have privacy while showering.

**Observations:** Very few male staff are employed at this facility and male staff do not work in the living units. Observations made during the site review/visit confirmed inmates have privacy while showering and are not naked in full view of staff of the opposite gender while changing clothes and using the restroom. Showers in all the living units were single occupancy showers separated by walls and all had doors on them enabling the inmate to shower with privacy. Commodes were observed in the cells however inmates indicated they were not in view of staff except when they make their counts and security checks. Signs alerting inmates that male staff work in the facility were observed at the entrance to living units. Too, during the site visit review, staff consistently were observed making announcements that male staff were coming into the unit.

## **Standard 115.16: Inmates with disabilities and inmates who are limited English proficient**

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

### **115.16 (a)**

- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency’s efforts to prevent, detect,

and respond to sexual abuse and sexual harassment, including: inmates who are deaf or hard of hearing?  Yes  No

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

**115.16 (b)**

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

### 115.16 (c)

- Does the agency always refrain from relying on inmate interpreters, inmate readers, or other types of inmate assistance except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the inmate's safety, the performance of first-response duties under §115.64, or the investigation of the inmate's allegations?  Yes  No

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

### Policies and Documents Reviewed:

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

**Interviews:** Randomly selected staff (20); Specialized Staff (20); Randomly Selected Inmates (20); Special Category Inmates (20).

**Observations:** Posting of PREA Brochures in English and Spanish; Dialing instructions for Reporting to the PREA Unit; Testing of Language Line in interviewing two LEP inmates.

**Policy Review:** Department of Corrections Policy 208.6, Prison Rape Elimination Act, Sexually Abusive Behavior Prevention and Intervention Program, A. Prevention Planning, Paragraph 6, Inmates with disabilities and inmates who are limited English proficient, requires the local PREA Compliance Manager to ensure that appropriate resources are made available to ensure the facility is providing

effective communication accommodations when a need for such an accommodation is known. It also prohibits the facility from relying on inmate interpreters, readers or other types of inmate assistants except in exigent circumstances where an extended delay in obtaining an effective interpreter could compromise the inmate's safety, the performance of first response duties or the investigation of the inmate's allegation.

**Document Review:** The facility provided the plan for providing access for disabled inmates, inmates who are deaf or hearing impaired, limited English proficient inmates and inmates who are blind or sight impaired. The plan, addressed in a Memo to all staff from the Warden, affirms staff are required to take reasonable action to ensure that available methods are utilized to communicate with all inmates with disabilities, and inmates with limited English language skills to have complete access to the facility's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. The memo then directs staff to the resources to use when needed. These included Language Line Solutions and two named bilingual staff. The plan for staff who are blind or sight impaired is that information will be provided by reading it to the inmate and providing it on audio. For the hearing impaired, inmates are given written materials. The memo also reiterates that inmate interpreters, readers, or other types of assistance will not be relied on except in cases of emergency in which there is a delay in obtaining an effective interpreter could compromise an inmate's safety.

The facility has a contract with Language Line Solutions to provide interpretive services for disabled and limited English proficient residents in making an allegation of sexual abuse. The Mental Health Director serves as the Operations Contact. The facility also provided Statewide Contract Information Sheets for a variety of translation and interpretive services. These included: Sign Language and Hearing and limited English proficiency interpreting (contact information is provided). The auditor reviewed the PREA Brochures in both Spanish and English.

**Discussion of Interviews:** Interviews with fourteen (14) random staff, indicated they would not rely on an inmate to provide interpretive services in assisting an inmate in making an allegation of sexual abuse. Most related they would rely on a bilingual staff however when asked about access to Language Line for professional interpretive services, staff were generally not aware this service was available not did they know how to access it or the procedures for accessing it. An interview with the PREA Compliance Manager indicated the information has basically been limited to shift supervisors. The auditor requested that the PREA Compliance Manager refresh staff on the availability of the Language Line Services and in the other ways residents who are disabled receive intake/orientation and how they may report allegations of sexual abuse and sexual harassment.

Interviews with the Health Services Administrator indicated she and her staff have access to Language Line Solutions when interpretive services are needed.

Two inmates who were hearing impaired were not completely deaf and were able to hear and understand the PREA Information presented during intake and orientation. The auditor had to speak louder but the inmates were able to hear and understand. They also were able to read written questions. Two limited English proficient inmates could not understand the auditor therefore Language Line was easily accessed and used to conduct the entire interviews with them. There were no visually impaired or blind inmates. None of the other interviewed inmates, both randomly selected and special category presented any disabilities or limited English proficiency requiring interpretive services.

Interviews with staff also indicated there are some bilingual staff who can translate for some limited English proficient residents as well as residents who are deaf or hard of hearing.

**Observations:** The auditor experienced the use of Language Line Solutions in interviews with two (2) limited English proficient interviews. Too, during the site visit review the auditor observed and tested the PREA Hotline. The PREA Hotline has a prompt to enable Spanish speaking inmates to access instructions how to proceed with reporting a PREA allegation and it informs the inmate to press one for English and two for Spanish.

## Standard 115.17: Hiring and promotion decisions

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

#### 115.17 (a)

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

#### 115.17 (b)

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

#### 115.17 (c)

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

#### 115.17 (d)

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

#### 115.17 (e)

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

#### 115.17 (f)

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

#### 115.17 (g)

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

#### 115.17 (h)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

**Policy and Documents Review:** Department of Corrections Policy 208.6, Prison Rape Elimination Act, Sexually Abusive Behavior Prevention and Intervention Program, A. Prevention Planning, Paragraph 7, Hiring and Promotion Decisions; GDC Applicant Verification form; Form SOP IV00312, Attachment 1), to a Criminal Background Check and a Driver History Consent; "Georgia Department of Corrections, Professional Reference Check, IV003-0001, Attachment 5; Reviewed Applicant Verification Forms; Reviewed Background checks for twenty-five (25) Security Staff documenting annual checks, twenty (20) Newly Hired Staff (Security and Non-Security) documenting their initial background checks; and eleven (11) regular/non-security background checks to confirm five--year checks; forty (40) reviewed volunteer files

**Interviews:** Human Resources/Personnel Manager; PREA Compliance Manager.

**Observations:** None that were applicable to this standard.

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



disclose any such misconduct. GDC Policy 208.06 requires in Paragraph e. that material omissions regarding misconduct or the provision of materially false information will be grounds for termination.

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

GDC requires applicants to disclose any disciplinary history involving substantiated allegations of sexual abuse and goes on to tell the applicant that GDC requires supporting documentation must be obtained prior to the applicant being hired. Applicants are told to inform the committee at this time if they “have anything against them.” The Clerk II questions asks, “What is PREA?” and also asks if the applicant has ever had a substantiated claim of sexual misconduct and asks if the applicant is aware they must disclose any substantiated claims about sexual misconduct.

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

**Document Review:** The auditor selected and reviewed the following: Background checks for twenty-five (25) Security Staff documenting annual checks, twenty (20) Newly Hired Staff (Security and Non-Security) documenting their initial background checks; and eleven (11) regular/non-security background checks to confirm five--year checks. In examining the personnel files for all the above the auditor confirmed each file contained the PREA Questions asked of applicants, Professional References, PREA Acknowledgment Statements, Acknowledgment of Prohibitions Against Misconduct, and background checks. The PREA Questions are documented on the GDC Form, Applicant Verification. The form affirms that the GDC must adhere to the United States Department of Justice Final Rule on the “National Standards to Prevent, Detect, and Respond to Prison Rape Under the Prison Rape Elimination Act Standards. It then asserts that GDC may not hire or promote anyone who may have contact with inmates, residents or offenders under supervision who answer ‘yes” to any of the PREA related questions. These questions were: 1) have you ever engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility or other institution? 2) Have you ever been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, or coercion, or if the victim did not consent or was unable to consent or refuse? And 3) Have you ever been civilly or adjudicated to have engaged in the activities described?

The GDC Applicant Verification form contains an acknowledgement that the applicant understands that if they do become subject to those prohibitions in their current or subsequent positions involving contact with persons in confinement or under supervision, they have an affirmative duty to report that within 24 hours. They also are acknowledging that if they become involved in such activity, they are subject to termination and if they falsely certify their eligibility for employment they are subject to termination or disqualification for employment for this falsification. The auditor, in reviewing personnel files, discovered letters in some of the files documenting staff reporting within 24 hours, arrests. The arrests were primarily speeding tickets and one was an insurance issue.

The HR Staff at Pulaski State Prison “run” the background checks of all staff and contractors. This computerized check includes a check of the Georgia Crime Information Center, the National Crime Information Center Fingerprint checks. A motor vehicle record check is done as well.

The auditor selected forty (40) volunteer files to review. One-hundred percent (100%) of the reviewed files contained completed background checks. Most of the reviewed files contained two (2) to four (4) background checks.

Every applicant has a background check completed prior to being interviewed. This was documented in multiple reviewed personnel files containing the applicant pool for a particulate position. An interview with the Warden indicated he wants background checks on all applicants prior to interview because he does not want to spend time interviewing someone who obviously cannot meet the minimum requirements for a position. Too, although the staff stated that all security (Peace Officer Standards Certified Staff) are background checked annually to coincide with their annual weapons qualifications the facility made the decision to background every staff annually. The facility also provided multiple rosters representing several hundred staff, documenting background checks. The signature of the appointing authority/designee verified the background checks.

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

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

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

The Pulaski State Prison also has the capability of conducting rapid checks at the front gate. The PREA Auditor questioned the front gate staff about the use of the rapid check. They demonstrated the instrument that scans the individual's fingerprint that renders results, according to staff, usually not later than ten (10) minutes. All Visitors are subject to being scanned by the Rapid ID as part of the security processing in the front bunker. Obvious individuals to be scanned are the visitors who have come to visit offenders. In addition, it is common for them to screen anyone who is not employed by GDC or a contractor that is not their normal one such as medical. Once they are scanned, the device will generate a hit or no hit. If it is a hit, staff are required to review the information to ensure that the

person does not have anything of concern, such as warrant, active probation/parole, or sex offender. If they are denied entry, they are to report this on the rapid id summary report to facility operations.

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

**Discussion of Interviews:** Interviews with the Personnel Manager indicated that all persons selected for employment or to provide services at the prison must consent in writing (Form SOP IV00312, Attachment 1), to a Criminal Background Check and a Driver History Consent to be conducted prior to officially hiring someone. It is determined or found that a potential employee or contractor has been found to have been in violation of any of the PREA Standards the individual is not eligible for hire.

**Observations:** Not applicable

## Standard 115.18: Upgrades to facilities and technologies

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

### 115.18 (a)

- If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect inmates from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later.)  
 Yes  No  NA

### 115.18 (b)

- If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect inmates from sexual abuse? (N/A if agency/facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.)  
 Yes  No  NA

### Auditor Overall Compliance Determination

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

## Instructions for Overall Compliance Determination Narrative

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

**Policy and Documents Reviewed:** Pre-Audit Questionnaire; Department of Corrections Policy 208.6, Prisons Rape Elimination Act, Sexually Abusive Behavior Prevention and Intervention Program, A, Prevention Planning, Paragraph 8; The Deputy Warden provided documentation, in a Memo to the GDC Female Services Director, on October 27, 2017,

**Interviews:** Warden, Deputy Warden of Security, PREA Compliance Manager

**Observations:** None that were applicable to this standard.

**Policy Review:** Department of Corrections Policy 208.6, Prisons Rape Elimination Act, Sexually Abusive Behavior Prevention and Intervention Program, A, Prevention Planning, Paragraph 8, requires all new or existing facility designs and modifications and upgrades of technology will include consideration of how it could enhance the Department's ability to protect inmates against sexual abuse. The PREA Coordinator must be consulted in the planning process. The Pre-Audit Questionnaire indicated there were no modifications to the existing facility. It did reflect there were additional cameras added to the facility during the past twelve months.

**Document Review:** The Deputy Warden provided documentation, in a Memo to the GDC Female Services Director, on October 27, 2017, that he has requested 100 additional cameras to cover areas of the compound he has determined need coverage to mitigate blind spots.

**Discussion of Interviews:** An interview with the Warden confirmed that there was an expansion made in the medical area to provide space for things like contracted imaging that comes on site. There have been no modifications to existing monitoring technology nor have there been any additional cameras since the last audit.

The Deputy Warden of Security, in an interview, stated he has identified potential blind spots and has requested an additional 100 cameras. The request was documented in the Memo to the GDC Female Services Director, on October 27, 2017.

## RESPONSIVE PLANNING

### Standard 115.21: Evidence protocol and forensic medical examinations

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

#### 115.21 (a)

- If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence

for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)  
 Yes  No  NA

#### 115.21 (b)

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

#### 115.21 (c)

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

#### 115.21 (d)

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

#### 115.21 (e)

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

#### 115.21 (f)

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

#### 115.21 (g)

- Auditor is not required to audit this provision.

#### 115.21 (h)

- If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? [N/A if agency attempts to make a victim advocate from a rape crisis center available to victims per 115.21(d) above.]  Yes  No  NA

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

**Policy and Documents Reviewed:** DOC Policy, 208.6, Prison Rape Elimination Act Sexually Abusive Behavior Prevention and Intervention Program, B. Responsive Planning; in Standard Operating Procedure 103.10 Evidence Handling and Crime Scene Processing and SOP 103.06, Investigations of Allegations of Sexual Contract, Sexual Abuse, Sexual Harassment of Offenders; GDC Policy VH07-001 Health Services, E., Medical Services Deemed Necessary Exempt from Fee; SANE Nurse Call Roster;

Medical PREA Log; Memorandum of Understanding from the Statesboro Regional Sexual Assault Center dated 12//7/17; Sexual Assault Nurse Examiner's Protocol; SANE Call Roster/List;

**Interviews:** Sexual Assault Response Team Members; Health Services Administrator; Interviews with the Director of Nursing; Assistant Director of Nursing; PREA Compliance Manger; Director of Mental Health; Twenty (20) Randomly selected staff; Interviews with Special Category Inmates; Interviews with Randomly selected inmates; Executive Director of the Statesboro Regional Sexual Assault Center.

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

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

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

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

Investigations are initiated when the Sexual Assault Response Team Leader is notified of an actual or allegation of sexual assault/abuse or sexual harassment. The SART initially investigates to determine if the allegation is PREA related. If there is a sexual assault, the SART leader informs the Superintendent who (or her designee) contacts the Office of Professional Standards (OPS) Investigator who will respond to conduct the criminal investigation. OPS is the office with the legal authority and responsibility to conduct investigations of incidents the victim and requiring the alleged perpetrator not to take any actions that would degrade or eliminate potential evidence and securing the area or room where the alleged assault took place and maintaining the integrity of evidence until the OPS investigator arrived. The OPS investigator may order a forensic exam. If a forensic exam is ordered, the facility's nurse or Health Services Administrator/designee uses the Sexual Assault Nurse Examiner's List and contacts them to arrange the exam. The list, entitled, "SANE Nurse Call Roster" with contact information for Satilla SANE Nurse Group was posted, provided to the auditor and reviewed. The Satilla SANE Nurses consists of four (4) registered nurses and an advocate. Upon completion of the exam the "rape kit" would be turned over to the OPS investigator. If the OPS investigator has not arrived, the SART leader secures the rape kit and initiates the chain of custody following a forensic exam.

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

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

The facility has a memorandum of understanding from the Statesboro Regional Sexual Assault Center. The Memorandum of Understanding is dated 12/7/17. Previously the facility utilized WINGS another sexual assault center, however WINGS is no longer operational. The MOU states the agency (Statesboro Regional Sexual Assault Center) will respond to requests from the facility to provide accompaniment for facility inmates; to provide “on-call” crisis counseling; respond to the facility to provide a SANE for comprehensive care, prophylaxis treatment for sexually transmitted diseases, timely collection of forensic evidence, and testimony, if necessary, in sexual assault cases of facility inmates; notify the PREA Coordinator or highest ranking staff available of all non-anonymous reports; maintain confidentiality as required by state standards for certified crisis counselors and agency policies; and provide training for facility staff. An interview with the Executive Director of the program confirmed the understanding between the facility and the Sexual Assault Center. The Center is a member of the Georgia Network for Ending Sexual Assaults. There are two full time advocates and twelve (12) volunteer advocates. Advocates are required, she said, to complete 30 hours of training and “shadowing” as a part of an on-the-job experience. In addition to providing an advocate to accompany the inmate through the forensic exam and beyond, if requested, the Center provides a Crisis Line that is available 24/7. Inmates, may, she indicated, contact the hotline to report sexual abuse or just to talk with an advocate about any past sexual abuse. She related the facility is a “confidential service agency”.

The facility’s Sexual Assault Response Team (SART) investigates allegations of sexual assault and sexual harassment. A facility Senior Counselor serves as advocate for inmate victims of sexual abuse. The Victim Advocate provided multiple certificates confirming that she has received training related to serving as an advocate. An interview with the Victim Advocate indicated her role would be to provide emotional support for the inmate who has been sexually assaulted. She also provided multiple certificates confirming her training to provide these services to inmate victims if an outside advocate should not be available.

**Discussion of Interviews:** An interview with an Office of Professional Standards confirmed the investigative process as well. The OPS investigator is an experienced former Police Chief with extensive training in conducting investigations. He related he has also completed the NIC online training; PREA: Conducting Sexual Abuse in Confinement Settings.

## **Standard 115.22: Policies to ensure referrals of allegations for investigations**

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

#### **115.22 (a)**

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



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

#### 115.22 (b)

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

#### 115.22 (c)

- If a separate entity is responsible for conducting criminal investigations, does such publication describe the responsibilities of both the agency and the investigating entity? [N/A if the agency/facility is responsible for criminal investigations. See 115.21(a).]  Yes  No  NA

#### 115.22 (d)

- Auditor is not required to audit this provision.

#### 115.22 (e)

- Auditor is not required to audit this provision.

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

**Policy and Documents Review:** GDC Policy, 208.6, Prison Rape Elimination Act; GDC Standard Operating Procedure, IK01-0006, Investigation of Allegations of Sexual Contact, Sexual Abuse and Sexual Harassment;

**Document Review:** Pre-Audit Questionnaire; PREA Investigation Summary; Notification of Results of Investigation; Referrals to Mental Health; PREA Initial Notification Form; Forms documenting SART receiving grievances alleging sexual abuse or sexual harassment; GDC 90 Day Offender Sexual Abuse Review Checklist; Notes Confirming Retaliation Monitoring; GDC Incident Report; NIC Certificates for the Chief Counselor, Captain, and PREA Compliance Manager

**Interviews:** Randomly selected and special category staff; informally interviewed staff during the audit; randomly selected inmates; special category inmates (see narrative for breakdown of interviewed staff and inmates).

**Discussion of Policy and Documents Reviewed:** GDC Policy, 208.6, Prison Rape Elimination Act, requires that an administrative or criminal investigation is to be completed for all allegations of sexual abuse and sexual harassment. Allegations that involve potentially criminal behavior will be referred for investigation to the Office of Professional Standards. If an investigation was referred to an outside entity, that entity is required to have in place a policy governing the conduct of such investigations. The local Sexual Assault Response Team is responsible for the initial inquiry and subsequent administrative investigation of all allegations of sexual abuse or sexual harassment with limitations. In cases where allegations are made against staff members and the SART inquiry deems the allegation is unfounded or unsubstantiated by evidence of facility documentation, video monitoring systems, witness statement or other investigative means, the case can be closed at the facility level. No interviews may be conducted with a staff member nor a statement collected from the accused staff without first consulting the Regional SAC. All allegations with penetration and those with immediate and clear evidence of physical contact, are required to be reported to the Regional SAC and the Department's PREA Coordinator immediately upon receipt of the allegations. If a sexual assault is alleged and cannot be cleared at the local level, the Regional SAC determines the appropriate response upon notification. If the response is to open an official investigation, the Regional SC will dispatch an agent or investigator who has received special training in sexual abuse investigations. Evidence, direct and circumstantial, will be collected and preserved. Evidence includes any electronic monitoring data; interviews with witnesses; prior complaints and reports of sexual abuse involving the suspected perpetrator. When the criminal investigation pertaining to an employee is over it is turned over to the Office of Professional Standards to conduct any necessary compelled administrative interviews. The credibility of a victim, suspect or witness is to be assessed on an individual basis and not determined by the person's status as offender or staff member. Offenders alleging sexual abuse will not be required to submit to a polygraph or other truth telling device as a condition for proceeding with the investigation of the allegation. After each SART investigation all SART investigations are referred to the OPS for an administrative review.

GDC Standard Operating Procedure, IK01-0006, Investigation of Allegations of Sexual Contact, Sexual Abuse and Sexual Harassment, thoroughly describes the expectations for reporting allegations including initial notifications, general guidelines for investigations and investigative reports. This policy asserts that allegations of sexual contact, sexual abuse and sexual harassment filed by sentenced offenders against departmental employees, contactors, vendors or volunteers be reported, fully investigated and otherwise treated in a confidential and serious manner. Staff are required to cooperate with the investigation and GDC policy is to ensure that investigations are conducted in such a manner

as to avoid threats, intimidation or future misconduct. Policy requires “as soon as an incident of, sexual contact, sexual abuse or sexual harassment (including rumors, inmate talk, kissing etc.) comes to the attention of a staff member, the staff member is required to immediately inform the Warden/Superintendent, and/or the Institutional Duty Officer, and/or the Office of Professional Standards Unit verbally and follow up with a written report. Failure to report allegations of sexual contact, sexual abuse or sexual harassment may result in disciplinary action, up to and including dismissal.

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

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

The auditor conducted previous interviews with an Office of Professional Standards (OPS) investigator and an on-site interview with a facility based Sexual Assault Response Team Investigator. The OPS Investigator, who has had extensive investigating experience as a former law enforcement officer and Chief of Police. The Office of Professional Standards investigators have arrest powers and handle those cases that appear to be criminal in nature. He related that once an allegation is made, the Regional Officer Staff is notified, after which it goes to the Special Agent In Charge who assigns the case to a Special Agent and notifies OPS Investigations. He described his role in ensuring the scene is secured, interviewing the victim, staff, witnesses, reviewing videos and getting medical records. He related if an employee involved in an allegation of sexual abuse resigned or terminated his/her employment prior to the conclusion of an investigation, the investigation would continue. Too, if an inmate who is an alleged abuser is transferred to another facility or terminated or otherwise discharged from the program, the investigation, according to the investigators would continue.

Facility-based investigations are conducted by a team of staff including a staff whose primary responsibility is to investigate, a staff whose primary role is mental health/staff advocate, and a medical staff. Upon receiving the complaint, the investigator initiates the investigation process. An interview with the facility based investigator confirmed he has completed the on-line NIC Specialized Training: PREA: Conducting Sexual Abuse Investigations in Confinement Settings. He described a comprehensive investigation process, including the evidence he would collect and consider, including statements from the alleged victim and alleged perpetrator/aggressor, statements from any witnesses, reviewed video, where available, shift and staff rosters, and any other evidence that might be relevant to the investigation. The credibility of the witness would be based on the evidence only and without any bias. In this facility, all the SART members have completed the Specialized Training for Investigating Sexual Abuse Investigations in Confinement Settings.

If, upon receiving an allegation or report of sexual abuse, the preliminary evidence indicates a criminal act, the investigator contacts the Office of Professional Standards who will dispatch an OPS PREA Investigator or another OPS Investigator who is available. The role of the facility-based investigator then is to support the OPS investigator in any way possible.

Randomly selected staff, staff informally interviewed during the tour, and specialized staff stated consistently they were required to report all allegations of sexual abuse or sexual harassment, including suspicions, reports, knowledge or allegations. They said they are required to report immediately to their immediate supervisor and when asked about having to document the report they indicated they would be required to complete a written statement or an incident report completed prior to the end of their shift. Also, when asked, they confirmed they also would accept any report from any source and treat it seriously, reporting it just as any other report or allegation. Staff were aware that the SART will initially investigate all allegations of sexual abuse or sexual harassment.

Fifty-five (55) interviewed residents, including those randomly selected, specialized as well as inmates informally interviewed during the site review and during the on-site audit period.

The auditor reviewed eleven (11) investigation packages.

The investigation packages consistently contained the following:

- 1) PREA Investigation Summary
- 2) Notification of Results of Investigation
- 3) Referrals to Mental Health
- 4) GDC 90 Day Offender Sexual Abuse Review Checklist
- 5) Notes Confirming Retaliation Monitoring on the Retaliation Monitoring Forms
- 6) GDC Incident Report
- 7) Counseling Witness Statement

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

## TRAINING AND EDUCATION

### Standard 115.31: Employee training

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

#### 115.31 (a)

- Does the agency train all employees who may have contact with inmates on its zero-tolerance policy for sexual abuse and sexual harassment?  Yes  No
- Does the agency train all employees who may have contact with inmates on how to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures?  Yes  No
- Does the agency train all employees who may have contact with inmates on inmates' right to be free from sexual abuse and sexual harassment  Yes  No

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

#### 115.31 (b)

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

#### 115.31 (c)

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

#### 115.31 (d)

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

## Auditor Overall Compliance Determination

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

## Instructions for Overall Compliance Determination Narrative

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

**Policy and Document Review:** Georgia DOC Policy, 208.6, Prison Rape Elimination Act, Sexually Abusive Behavior Prevention and Intervention Program, C. Training and Education; Reviewed Certificates of Training (41) documenting Day 1 of Annual In-Service Training; Fifty-Three (53) Certificates documenting NIC On-Line Training: Communicating Professionally with LGBTI Inmates; Fifty-six (56) reviewed personnel files containing PREA Acknowledgment Statements.

**Interviews:** Field Training Officer; Randomly selected staff, special category staff

**Observations:** None applicable for this audit.

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

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

The auditor reviewed 41 certificates documenting staff completing Day 1 of annual in-service training. Day 1 is the day for PREA training. Fifty-six (56) of fifty-six (56) reviewed personnel files contained PREA Acknowledgment Statements also indicated indicating staff were trained and that they understood the agency's zero tolerance policy and PREA. These statements affirm the employee has

received training on the Department's Zero Tolerance Policy on Sexual Abuse and Sexual Harassment and that they have read the GDC Standard Operating Procedure 208.06, Sexually Abusive Behavior Prevention and Intervention Program. They also affirm they understand that any violation of the policy will result in disciplinary action, including termination, or that they will be banned from entering any GDC institution. Penalties for engaging in sexual contact with an offender commit sexual assault, which is a felony punishable by imprisonment of not less than one nor more, than 25 years, a fine of \$100,000 or both.

All staff are required to have attended Communicating Effectively and Professionally with LGBTI Inmates. Fifty-three (53) certificates confirming that training was reviewed.

PREA Compliance Managers attend training at least twice a year. The Sexual Assault Response Team receives training at least annually on their roles in responding to allegations of sexual abuse. Specialized training is completed by SART members and medical staff and all staff are required to have completed the specialized NIC Training, Communicating Effectively with LGBTI Inmates.

PREA Related posters are prolific and posted in numerous locations throughout this facility and in this facility the posters and notices are placed neatly and conspicuously in frames and on neatly maintained bulletin boards.

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

**Discussion of Interviews:** An interview with the Facility Training Officer, a Lieutenant and certified POST Instructor, indicated that staff receive PREA Training during their Facility Orientation, during Basic Correctional Officer Training, and in annual in-service training. He also indicated staff are trained, as well, in search procedures, including searching with the back edge of the hands. He related staff receive the training at BCOT and must perform the technique and afterwards receive it as a refresher during annual in-service training. He indicated that all the PREA topics are covered at BCOT and during annual in-service training, including during the on-line annual in-service training.

Interviews with twenty-one (21) random staff and twenty-three (23) special category staff interviewed, confirmed they receive PREA Training annually during annual in-service training. Staff, both during formal and informal interviews, easily discussed their understanding of zero tolerance, their responsibility to accept and report all allegations, regardless of how they received them and to report them immediately to their shift supervisor, their roles and responsibilities as first responders, and actions to take if an inmate told them they were at risk for imminent sexual abuse. They also said they receive it during shift briefings and through emails and communications from the PREA Compliance Manager. Staff stated that security staff attend Basic Correctional Officer Training, for newly hired Correctional Officers and that there is a block of instruction on PREA. They also stated they receive it from their Field Training Officer during their on-site on-the-job training. When specifically asked if they were trained in each of the topics required by the standards, staff reviewed the topics and confirmed they were trained in all those topics. Fifteen (15) staff who were informally interviewed during the tour of the facility were aware of the zero- tolerance policy and how to report allegations of sexual abuse and sexual harassment.

## Standard 115.32: Volunteer and contractor training

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

### 115.32 (a)

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

### 115.32 (b)

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

### 115.32 (c)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

**Policy and Documents Reviewed:** DOC Policy, 208.6, Prison Rape Elimination Act, Sexually Abusive Behavior Prevention and Intervention Program, C. Training and Education, Paragraph 3, Volunteer and Contractor Training; memo from the GDC Transitional Services Coordinator; twenty-five (25) PREA Acknowledgement Statements.

**Interviews:** Volunteer Coordinator; Contracted Employees, Warden



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

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

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

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

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

**Discussion of Interviews:** An interview with the Volunteer Coordinator, the Pulaski State Prison Chaplain, indicated that potential volunteers must be processed and certified through one of the regional offices, Leesburg, Atlanta and Reidsville. The Volunteer Coordinator enters a training request date on the agency volunteer training website and the volunteer has a completed background check conducted by the regional office followed by their training. The Statewide Volunteer Coordinator conducts the training of all volunteers, according to the Chaplain. The purpose of this is to ensure the information provided to potential volunteers is consistent. Upon completing the background check and training the volunteer is issued an identification badge that enables the volunteer to enter the facility. The information is then sent back to the facility Volunteer Coordinator. To renew the badge, which is required annually, the volunteer must undergo another background check.

## Standard 115.33: Inmate education

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

#### 115.33 (a)

- During intake, do inmates receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment?  Yes  No
- During intake, do inmates receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment?  Yes  No

#### 115.33 (b)

- Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from sexual abuse and sexual harassment?  Yes  No
- Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from retaliation for reporting such incidents?  Yes  No
- Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Agency policies and procedures for responding to such incidents?  Yes  No

#### 115.33 (c)

- Have all inmates received such education?  Yes  No
- Do inmates receive education upon transfer to a different facility to the extent that the policies and procedures of the inmate's new facility differ from those of the previous facility?  
 Yes  No

#### 115.33 (d)

- Does the agency provide inmate education in formats accessible to all inmates including those who are limited English proficient?  Yes  No
- Does the agency provide inmate education in formats accessible to all inmates including those who are deaf?  Yes  No
- Does the agency provide inmate education in formats accessible to all inmates including those who are visually impaired?  Yes  No
- Does the agency provide inmate education in formats accessible to all inmates including those who are otherwise disabled?  Yes  No
- Does the agency provide inmate education in formats accessible to all inmates including those who have limited reading skills?  Yes  No

#### 115.33 (e)

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

#### 115.33 (f)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

**Policy and Documents Reviewed:** DOC Policy 208.6, Prison Rape Elimination Act, Sexually Abusive Behavior Prevention and Intervention Program, C. Training and Education, Paragraph 4, Offender Education; Pulaski State Prison, Local Operating Procedure, Inmate Education; GDC PREA pamphlet;

Forty (40) Prison Rape Elimination Act Orientation Video Acknowledgment Statements and forty (40) Orientation Checklists.

**Interviews:** Staff conducting intake; staff conducting orientation (inmate education); PREA Compliance Manager; Mental Health Director; Twenty-one (21) randomly selected inmates from every housing unit; Nine-teen (19) special category inmates.

**Discussion of Policy and Documents: Reviewed:** DOC Policy 208.6, Prison Rape Elimination Act, Sexually Abusive Behavior Prevention and Intervention Program, C. Training and Education, Paragraph 4, Offender Education, requires notification of the GDC Zero-Tolerance Policy for Sexual Abuse and Harassment and information on how to report an allegation at the receiving facility. This is required to be provided to every resident upon arrival at the facility. It also requires that in addition to verbal notification, offenders are required to be provided a GDC PREA pamphlet.

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

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

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

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

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

Education, according to GDC policy requires the facility to maintain documentation of offender participation in education sessions in the offender's institutional file. In each housing unit, policy requires that the following are posted in each housing unit: a) Notice of Male and Female Staff routinely working and visiting housing areas; b) A poster reflecting the Department's zero-tolerance (must be posted in common areas, as well, throughout the facility, including entry, visitation, and staff areas.

Residents confirm their orientation on several documents

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

The reviewed Pulaski State Prison, Local Operating Procedure, Inmate Education, requires notification of the GDC Zero Tolerance Policy for Sexual Abuse and Sexual Harassment and information on how to

report an allegation, upon arrival at the facility. It also requires that, in addition to verbal notification, inmates will be provided a GDC PREA pamphlet.

The Pulaski State Prison, Local Operating Procedure, Inmate Education, also requires PREA education that includes the Speaking Up Video. Training is to be conducted during orientation, which occurs within 72 hours of an inmate's arrival at this facility. The LOP also requires an opportunity for any questions. If an inmate is non-English speaking, the Language Line is available. If an inmate has a disability, appropriate staff are to be used to ensure that the inmate understands the PREA policy. The LOP requires the inmate to acknowledge by signature receipt of the initial notification and of the PREA Orientation.

The inmate signs a PREA Acknowledgment and initial the Orientation Checklist affirming they viewed the PREA Video. By signing the Video Acknowledgment, inmates affirm that they have viewed and understood the video on PREA. The form briefly tells them if they need to make a report to dial "PREA" (7732) or report to a staff member. It also tells the inmate to speak to a case manager or other staff if they have further questions. Inmates acknowledge on the Offender Orientation Checklist the following: 1) Classification, Disciplinary and Grievance Process; 2) Inmate Handbook; 3) Review of Rules, Regulations and Departmental Procedures; 4) How to access counselors, sick call etc.; and 5) PREA Video. Inmates also acknowledge, by signature, that they received the formal orientation and were given the opportunity to ask questions and that they understand they will be accountable for any violations.

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

Forty (40) Prison Rape Elimination Act Orientation Video Acknowledgment Statements and forty (40) Orientation Checklists confirming once again that the inmate received the PREA education were reviewed. The auditor reviewed forty (40) Counseling Orientation Checklists confirming receipt of the PREA Information including receipt of the inmate handbook. The handbook is located on the inmate's tablet and KIOSK and accessible to the inmate at any time.

**Discussion of Interviews:** The staff responsible for providing the initial PREA information to inmates upon arrival at the facility and upon transfer from another facility or program is the Mental Health Clerk. In an interview, she related she gives the inmates the PREA brochure and allows them to ask questions. The PREA brochure contains information about the agency's zero tolerance policy and provides inmates multiple ways to report. This information, according to the mental health clerk, is provided on admission and just prior to the victimization/aggressor assessment.

The officer responsible for conducting orientation was interviewed and indicated that orientation is conducted every Monday. She indicated she secures a bus list to ensure everyone who arrived during the week are in attendance. The process, she indicated, includes handing out PREA related pamphlets, and watching the PREA Video. She also indicated she stops the video periodically to ask if there are any questions. She also asserted she tells them how they may report allegations of sexual abuse and sexual harassment or retaliation for reporting, by using the PREA Hotline, to staff, through third parties, and via language line. She also asserted that the video was "closed captioned" for the hearing impaired.

Interviews with inmates resulted in a “mixed bag” of information about how the initial PREA information is provided upon admission. Inmates related they either did not get a PREA Pamphlet and for those who said they did, related they were not given any information verbally.

Inmates consistently reported that inmates conduct orientation and staff, if present, sit at a desk and do not participate. They indicated the PREA Video is played however a number of them said while the video was being played the inmate trainers were having the newly assigned inmates complete paperwork.

Because there were different versions among staff as to how the initial PREA information is provided during intake and the inmates indicating consistently that they may or may not receive a PREA Pamphlet and may or may not have received any of the information verbally, it is recommended that the facility develop a local operating procedure to identify who will present the information, what will be presented, and how it will be documented.

Too, because of the high percentage of inmates relating that the orientation process is conducted by inmates without staff intervention or involvement and that at times while the video is played, the inmate trainers are requiring inmates to complete additional orientation paperwork it is recommended that staff be retained in conducting orientation. It would be helpful if a SOP was developed for ensuring a consistent process for orientation.

The facility provided documentation as a part of their Corrective Action Plan that intake staff and staff conducting orientation have been retrained in Georgia Department of Corrections Policy

Interviews with forty (40) inmates, including an inmate who was hearing impaired, two Limited English, and four mentally challenged inmates who were physically impaired (hearing impaired) as well as all of the other 34 inmates who were interviewed related they did receive the PREA information during intake and time frames prior to receiving the PREA Video and orientation ranged from receiving it the same day to within a week of arrival. Inmates affirmed they were told about the agency's rules against sexual abuse and sexual assault, that they had the right to be free from sexual abuse and sexual harassment, and how to report it if it happened to them or someone else. The two limited English proficient inmates stated the PREA information was in Spanish. The four mentally challenged inmates indicated staff read the information as necessary to them. The other inmates had no issues in understanding the PREA information given them during intake and orientation.

## **Standard 115.34: Specialized training: Investigations**

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

#### **115.34 (a)**

- In addition to the general training provided to all employees pursuant to §115.31, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators have received training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)  Yes  No  NA

### 115.34 (b)

- Does this specialized training include techniques for interviewing sexual abuse victims? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).]  Yes  No  NA
  
- Does this specialized training include proper use of Miranda and Garrity warnings? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).]  Yes  No  NA
  
- Does this specialized training include sexual abuse evidence collection in confinement settings? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).]  Yes  No  NA
  
- Does this specialized training include the criteria and evidence required to substantiate a case for administrative action or prosecution referral? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).]  Yes  No  NA

### 115.34 (c)

- Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).]  Yes  No  NA

### 115.34 (d)

- Auditor is not required to audit this provision.

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

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

**Interviews:** Office of Professional Standards Investigator; Facility-Based Investigator

**Observations:** The auditor observed the intake process and observed the Mental Health Clerk provide the inmate with a PREA Brochure and tell the inmate about zero tolerance and how to report.

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

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

Three staff at the facility have completed the online NIC course: PREA: Investigating Sexual Abuse in Confinement Settings. These included the Mental Health Director, Lead SART Member, Medical Staff and the Captain., who are all members of the Sexual Assault Response Team. The auditor interviewed the Deputy Warden of Security who is also an investigator. He very thoroughly described every facet of the investigation process.

The Specialized Training provided by the National Institute of Corrections: PREA: Conducting Sexual Abuse Investigations in Confinement Settings was documented in certificates issued by the National Institute of Corrections. These were reviewed by the auditor.

**Discussion of interviews:** In a previous interview with an OPS investigator, the investigator related that as an OPS investigator he is responsible for any assigned investigations, including PREA, however he related OPS has an agent who is the primary PREA investigator. He also described the training he had received and with multiple years of experience as a law enforcement officer and Chief of Police he was very knowledgeable of the investigatory process.

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

## **Standard 115.35: Specialized training: Medical and mental health care**

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



### 115.35 (a)

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

### 115.35 (b)

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

### 115.35 (c)

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

### 115.35 (d)

- Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.31?  Yes  No
- Do medical and mental health care practitioners contracted by and volunteering for the agency also receive training mandated for contractors and volunteers by §115.32?  Yes  No

### Auditor Overall Compliance Determination

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

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

### Instructions for Overall Compliance Determination Narrative

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

**Policy and Documents Reviewed:** Pre-Audit Questionnaire, Department of Corrections Policy, 208.6, Prison Rape Elimination Act, Sexually Abusive Behavior Prevention and Intervention Program, C. Training and Education, Paragraph 6, Specialized Training: Medical and Mental Health Care; Pre-Audit Questionnaire; National Institute of Corrections Certificates documenting specialized training: Medical Health Care for Sexual Assault Victims in Confinement Settings (20); Behavioral Health Care for Victims of Sexual Abuse in Confinement Settings (15); Training Rosters.

**Interviews:** Health Services Administrator, Director of Nurses, Assistant Director of Nurses, Mental Health Director.

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

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

An interview with the Health Services Administrator (HSA) indicated the following constitutes the medical staffing at Pulaski State Prison:

- Health Services Administrator, RN
- One (1) Director of Nurses
- One (1) Assistant Director of Nurses
- Three (3) Nurse Practitioners
- Registered Nurses/Licensed Practical Nurses
- One (1) Certified Nursing Assistant
- One (1) Medical Director
- One (1) Physician's Assistant
- One (1) Dentist
- One (1) Dental Hygienist
- One (1) Dental Assistant
- One (1) Psychologist
- One (1) Psychiatrist

Mental Health Staff include:

- Director of Mental Health
- Psychologist
- Psychiatrist
- Twelve (12) Mental Health Counselors
- Two (2) Non-Licensed Social Workers
- Seven (7) Behavioral Health Counselors

The facility provided fifteen (15) Annual Training Record Forms. All but one documented annual facility training. The auditor also reviewed (40) certificates confirming the NIC online specialized training entitled: PREA: Medical Health Care for Sexual Assault Victims in a Confinement Setting and Behavioral Health for Sexual Assault Victims in a Confinement Setting.

The nurses at this facility do not conduct forensic examinations. The agency has contracts with Sexual Assault Nurse Examiners who would come to the facility to conduct the exam. The facility provided the List of SANEs, which documents the contact information for the SANES. The HSA indicated that if an inmate required treatment for serious injuries, the inmate would be transported to the Cordele, Georgia emergency room.

**Discussion of Interviews:** The HSA confirmed in an interview and through a memorandum to the auditor, that all her staff, except a newly hired staff, who is scheduled for the course, have completed the NIC on-line training, Medical Care of Sexual Abuse Victims in Confinement Settings. The Mental Health Director also confirmed her staff have completed the NIC Specialized Training for Behavioral Health Care of Victims of Sexual Abuse in Confinement Settings. Mental health staff also complete the annual training related to PREA, required of all other staff

The HSA also stated in an interview that all the health care staff have completed and continue to complete the same PREA Training provided to regular staff. She provided multiple annual training rosters for her staff and stated her staff are required to complete annual in-service training, just like any regular employee.

## SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS

### Standard 115.41: Screening for risk of victimization and abusiveness

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

#### 115.41 (a)

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

#### 115.41 (b)

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

#### 115.41 (c)

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

#### 115.41 (d)

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (1) Whether the inmate has a mental, physical, or developmental disability?  Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (2) The age of the inmate?  Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (3) The physical build of the inmate?  Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (4) Whether the inmate has previously been incarcerated?  
 Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (5) Whether the inmate's criminal history is exclusively nonviolent?  
 Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (6) Whether the inmate has prior convictions for sex offenses against an adult or child?  Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (7) Whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming (the facility affirmatively asks the inmate about his/her sexual orientation and gender identity AND makes a subjective determination based on the screener's perception whether the inmate is gender non-conforming or otherwise may be perceived to be LGBTI)?  Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (8) Whether the inmate has previously experienced sexual victimization?  Yes  No

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (9) The inmate's own perception of vulnerability?  Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (10) Whether the inmate is detained solely for civil immigration purposes?  Yes  No

#### 115.41 (e)

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

#### 115.41 (f)

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

#### 115.41 (g)

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

#### 115.41 (h)

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

#### 115.41 (i)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

**Policy and Documents Reviewed:** Department of Corrections Policy 208.6, Prison Rape Elimination Act, Sexually Abusive Behavior Prevention and Intervention Program, D. Screening for Risk of Sexual Victimization and Abusiveness, Paragraph 1. Screening for victimization and abusiveness, Victim/Aggressor Classification Instrument; Policy 208.06, Prison Rape Elimination Act-PREA, Sexually Abusive Behavior Prevention and Intervention Program in paragraph 9.; Victim/Aggressor Assessments (40); Victim/Aggressor Reassessments.

**Interviews:** PREA Compliance Manager; Warden; Mental Health Director/Unit Manager; Interviews with four (4) counselors who conduct victim/aggressor assessments; Interviews with 41 inmates.

**Observation:** The auditor observed the intake process and the initial victim/aggressor assessment being conducted.

### Discussion of Policy and Documents:

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

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

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

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

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

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

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

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

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

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

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

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

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

Policy 208.06, Prison Rape Elimination Act-PREA, Sexually Abusive Behavior Prevention and Intervention Program in paragraph 9, requires the Warden to designate a safe dorm or safe beds for offenders identified as highly vulnerable to sexual abuse. The location of these safe beds must be identified in the Local Procedure Directive, Attachment 9 and the Staffing Plan. The facility has designated a dorm to serve as a safe dorm, housing potential or actual victim of sexual assault. The Dooly State Prison will make individualized determinations about how to ensure the safety of each offender.

In making housing assignments for transgender or intersex offenders, the Department will consider on a case-by -case basis, whether a placement would ensure the offender's health and safety and whether the placement would present management or security problems. Also, in compliance with the PREA Standards, placement and programming assignments for each transgender or intersex offender will be reassessed at least twice a year to review any threats to safety experienced by the offender.

Policy also requires that offenders who are at high risk for sexual victimization will not be placed in involuntary segregation unless an assessment of all available alternatives have been made, and determination has been made that there is no available alternative means of separation from likely abusers. If an assessment cannot be conducted immediately, the offender may be held in involuntary segregation no more than 24 hours while completing the assessment. The placement, including the concern for the offender's safety must be noted in SCRIBE case notes documenting the concern for the offender's safety and the reason why no alternative means of separation can be arranged. Inmates would receive services in accordance with SOP 209-06, Administrative Segregation. The facility will assign residents to involuntary segregated housing only until an alternative means of separation from likely abusers can be arranged. The assignment will not ordinarily exceed thirty days.

**Discussion of Interviews:** Interviews with three (3) staff (assigned to mental health) who conduct the risk screening indicated that once a resident arrives, the victimization/aggressor assessment is conducted during the intake process. One staff meets the inmates as they arrive and are being processed into the prison. Inmates are taken into a room in intake to afford a degree of privacy where the staff asks relevant PREA Questions. The remaining PREA issues on the instrument are assessed by review of the information on the inmate contained in SCRIBE. The purpose of going into SCRIBE is to get accurate information.

Staff use the GDC Form PREA Sexual Victim/Sexual Aggressor Classification Screening and the questions are asked orally. The staff stated they cannot require an inmate to answer any of the



questions on the assessment nor can residents be disciplined for not doing so. The screening form considers things such as: 1) Prior victimization, 2) Weight, 3) Age, 4) Body type, 5) Disability, 6) Mental issues, 7) First incarceration or not, 8) Criminal history that is non-violent, 9) Sexual offenses, 10) Sexual abuse against adults, children etc., 11) Current offense, and 12) Prior convictions for violence. Staff also related that instead of stature the department instruments populate information in the system to assign a score for body mass index.

If an inmate endorses the 1<sup>st</sup> question regarding being a victim previously in an institutional setting, the resident is identified as a Risk for Victimization. If a resident endorses the first question on the abusive scale he is designated as at Risk for Abusiveness. She also informed the auditor the scores that would result in a designation of being a potential victim or abuser.

Reassessments, according to staff, are not routinely completed. The Mental Health Director indicated the facility's understanding of the policy is that a reassessment will be conducted only when a significant event occurs, including a PREA incident. The GDC assessment instrument is not used to document reassessments.

After consulting with the agency's PREA Coordinator and Assistant PREA Coordinator the interpretation is that a reassessment is required for all inmates not later than 30 days following admission. Staff were advised of this during the exit conference and a corrective action plan developed.

The facility provided, on January 19, 2018, forty (40) reassessments using the Department's Victim/Aggressor Instrument. Staff stated they were confused about the policy and understood it to say conduct a reassessment after an incident of sexual abuse/abusing; a significant event and disciplinary actions. Staff have been retrained on the GDC Policy.

The majority of the 41 inmates who were interviewed, stated they were asked the questions from the assessment including: 1) were you in jail or prison previously? 2) were you sexually abused previously 3) do you identify yourself as gay, bisexual or transgender? and 4) do you feel like you will be a victim of sexual abuse while in this facility? These responses indicated they were administered the Victim/Aggressor assessment. Inmates did not recall having been asked those questions after the initial assessment. Staff indicated they did not conduct reassessments unless there was a significant incident, the inmate was victimized or abused someone; or was involved in a significant disciplinary event. A corrective action plan was developed; staff were retrained in GDC Policy and now are using the GDC Assessment Form and conducting reassessments.

## **Standard 115.42: Use of screening information**

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

#### **115.42 (a)**

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

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

#### 115.42 (b)

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

#### 115.42 (c)

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

#### 115.42 (d)

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

#### 115.42 (e)

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

#### 115.42 (f)

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

#### 115.42 (g)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

**Policy and Documents Reviewed:** DOC Policy 208.6, D. Screening for Risk of Victimization and Abusiveness, Paragraph 2. Use of Screening Information; Staffing Plan Designating Safe Housing; memo from the Warden to all staff, in May 1, 2017, designating safe housing unit(s)

**Interviews:** Warden; Staff conducting Victim/Aggressor Assessments; ID Staff; Classification Staff

**Discussion of Policies and Documents:** DOC Policy 208.6, D. Screening for Risk of Victimization and Abusiveness, Paragraph 2. Use of Screening Information, requires that information from the risk

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

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

A memo from the Warden to all staff, in May 1, 2017, designated Dorm G-2 as a "safe dorm" for inmates who have been identified as being at risk of possible sexual victimization. This same memo, designates J-2, Administrative Segregation Unit to house alleged perpetrator during initial investigation period. Too, based on investigation findings and/or recommendations, Inmate Affairs and the PREA Coordinator, inmates may be transferred to alternate facilities.

**Discussion of Interviews:** ID staff make the initial housing assignments for newly assigned inmates. The classification committee meets and considers the victim/aggressor assessment and review the inmate's record in detail after which they assign the inmate to housing; programs and work details.

## Standard 115.43: Protective Custody

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

#### 115.43 (a)

- Does the facility always refrain from placing inmates at high risk for sexual victimization in involuntary segregated housing unless an assessment of all available alternatives has been made, and a determination has been made that there is no available alternative means of separation from likely abusers?  Yes  No
  
- If a facility cannot conduct such an assessment immediately, does the facility hold the inmate in involuntary segregated housing for less than 24 hours while completing the assessment?  Yes  No

#### 115.43 (b)

- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Programs to the extent possible?  Yes  No
- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Privileges to the extent possible?  Yes  No
- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Education to the extent possible?  Yes  No
- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Work opportunities to the extent possible?  Yes  No
- If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document: The opportunities that have been limited?  Yes  No
- If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document: The duration of the limitation?  Yes  No
- If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document: The reasons for such limitations?  Yes  No

#### 115.43 (c)

- Does the facility assign inmates at high risk of sexual victimization to involuntary segregated housing only until an alternative means of separation from likely abusers can be arranged?  Yes  No
- Does such an assignment not ordinarily exceed a period of 30 days?  Yes  No

#### 115.43 (d)

- If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document: The basis for the facility's concern for the inmate's safety?  Yes  No
- If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document: The reason why no alternative means of separation can be arranged?  Yes  No

#### 115.43 (e)

- In the case of each inmate who is placed in involuntary segregation because he/she is at high risk of sexual victimization, does the facility afford a review to determine whether there is a continuing need for separation from the general population EVERY 30 DAYS?  Yes  No

### Auditor Overall Compliance Determination

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

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

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

**Policy and Document Review:** Pre-Audit Questionnaire; Georgia GDC Policy, 208.06, IV.d.3 (a-d) Administrative Segregation; Reviewed (11) Investigation Packages; Pulaski Coordinated Response Plan; Warden's Email confirming there were no inmates placed in involuntary segregation during the past 12 months.

**Interviews:** Warden, Deputy Warden of Security; Staff supervising segregation; Randomly selected staff; Mental Health Director; PREA Compliance Manager; and Special Category Inmates who disclosed victimization.

**Discussion of Policy and Documents:** The Pre-Audit Questionnaire documented the facility did not place any inmate in involuntary segregation/protective custody during the past twelve months. The Pre-Audit Questionnaire documented that there were no inmates at risk of sexual victimization who were assigned to involuntary segregated housing in the past 12 months for longer than 30 days while awaiting alternate placement.

Georgia GDC Policy, 208.06, IV.d.3 (a-d) Administrative Segregation, requires that offenders at high risk for sexual victimization are not placed in involuntary segregated housing unless an assessment of all available alternatives has been made and a determination has been made that there is no available alternative means of separation from likely abusers. If an assessment cannot be conducted immediately, the offender may be held in involuntary segregation no more than 24 hours while completing the assessment. This placement, including the concern for the inmate's safety is noted in SCRIBE case notes documenting the concern for the offender's safety and the reason why no alternative means of separation can be arranged. The inmate will be assigned to involuntary segregated housing only until an alternative means of separation can be arranged. Assignment does not ordinarily exceed a period of 30 days.

If possible, inmates (according to the Pulaski Coordinated Response Plan) will use Dorm E-7A/B as safe housing. E-7A/B houses inmates with medical issues and who are general population inmates.

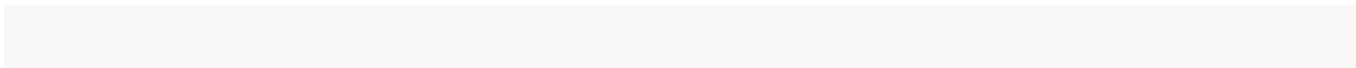
Inmates are assigned to involuntary segregated housing only until an alternative means of separation from likely abusers can be arranged and such an assignment does not ordinarily exceed a period of 30 days. If the facility uses involuntary segregation to keep an inmate safe, the facility documents the basis for their concerns for the inmate's safety and the reason why no alternative means of separation can be

arranged. Reviews are conducted every 30 days to determine whether there is a continuing need for separation from the general population.

The auditor reviewed eleven (11) investigation packages. None of the packages documented any inmate being placed in involuntary segregated housing for protection. Inmates were separated but not placed in involuntary segregated housing.

**Discussion of Interviews:** If an inmate was placed in segregated housing for protection staff related they would have access to programs, privileges, education or work opportunities and if restricted the facility documents what has been restricted, the duration of the limitation and the reasons for the limitations. Specifically, the staff supervising segregation stated they inmate would receive education, if they were in education, from the teachers; they would be escorted to testing; receive an hour a day of recreation; have access to sick call, to attend appointments, to have visitation, and access to mental health, with reviews conducted by mental health every 7 days. Inmates would also have their Tablets with them in Protective Custody, enabling them to access education, to email family and friends on their approved visitors list, and have access to the law library. This was indicated through an interview with the staff supervising segregation.

Interviews with the Warden and PREA Compliance Staff indicated that inmates are not automatically placed in protective custody/ administrative segregation. The Warden indicated the alleged perpetrator would be placed in segregation pending investigation but, if possible, the alleged victim would be housed in a less restrictive environment. They related the inmate, if possible, would be placed in the safe dorm if there was room and if there were no issues regarding safety from other inmates. Too, the inmate may be placed on the opposite side of the camp (there is an east and west side), or the inmate may be transferred to another facility. None of the interviewed inmates related they were held involuntarily in protective custody because of a PREA related issue.



## REPORTING

### Standard 115.51: Inmate reporting

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

#### 115.51 (a)

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

### 115.51 (b)

- Does the agency also provide at least one way for inmates to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency?  Yes  No
- Is that private entity or office able to receive and immediately forward inmate reports of sexual abuse and sexual harassment to agency officials?  Yes  No
- Does that private entity or office allow the inmate to remain anonymous upon request?  Yes  No
- Are inmates detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security?  Yes  No

### 115.51 (c)

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

### 115.51 (d)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

This standard is rated exceeds because the Georgia Department of Corrections(GDC) provides not only multiple ways to report but allows residents of the Pulaski State Prison to have personal Tablets enabling them to report allegations of sexual abuse with privacy and anytime they decided to without



anyone knowing. They can do this by emailing the PREA Unit with one click and sending an email to family or others and requests to staff.

**Policy and Documents Reviewed:** Policy, 208.6, Prison Rape Elimination Act, Sexually Abusive Behavior Prevention and Intervention Program, E. Reporting, 1. Inmate Reporting; The GDC policy (208.06, 2. Offender Grievances); Standard Operating Procedure 227.02, Statewide Grievance Procedures; brochure entitled, "Sexual Assault, Sexual Harassment, Prison Rape Elimination Act (PREA), Reporting is the First Step; PREA related posters; "Sexual Assault and Sexual Harassment Prison Rape Elimination Act (PREA) How to Prevent it; How to report it"; GDC Policy IIA23-0001, Consular Notification; Eleven (11) Investigation Packages.

**Interviews:** Forty (40) inmates, both randomly selected and special category; Twenty (20) randomly selected staff representing a cross section of positions, including eight (8) Correctional Staff (Supervisory Staff and Correctional Officers); three (3) Food Services Staff, One (1) Secretary Car and Treatment; One (1) Warehouse Clerk; and One (1) Detail Officer; PREA Compliance Manager; as well as special category staff from medical and mental health.

**Observations:** Kiosks in each dormitory; Phones in each dorm with dialing instructions; Testing a PREA Phone, Inmates with Tablets; Multiple Posters related to PREA, including how to and to whom to report allegations of sexual abuse; mobile phone and kiosk for inmates in segregation.

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

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

The GDC policy (208.06, 2. Offender Grievances), requires that the facility allow offenders a full and fair opportunity to file grievances regarding sexual abuse to as to preserve their ability to seek judicial redress after exhausting administrative remedies. The procedures governing grievances are addressed

in Standard Operating Procedure 227.02, Statewide Grievance Procedures. All grievances received are to be forwarded to the local SART for handling in accordance with the local response protocol.

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

GDC Policy IIA23-0001, Consular Notification affirms it is the policy of GDC that the Consulate General of an inmate's native country be kept informed as the inmate's custody status or occurrences to the Vienna Convention on Consular Relations. Inmates will be provided information on how to access Foreign Consular Offices in the United States. This information is available for download at <http://www.state.gov/s/cpr/ris/fco> This policy prescribes the GDC's responsibility for notification and that the inmate be informed of such notification. Foreign National inmates are allowed visitation with representatives from the Consulate General of his/her native country. The visit must be scheduled at least 24 hours in advance unless the Warden approves a shorter time period.

Five (5) of eleven (11) reviewed investigation reports for 2016-2017 documented reports made by JPAY (Tablets). The other reports were made either by reporting to a staff or by writing a statement.

Inmates have access to visitation, to make phone calls, to visitation with their legal counsel if they have one, phone calls to their legal counsel, to communicate via legal correspondence, to drop a note to any staff, file request forms to see medical, their counselors or others.

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

The Georgia Department of Corrections has not only provided multiple ways to report but have also given inmates tools with which to report. These tools include a phone for reporting, a KIOSK for reporting to the GDC PREA Unit and to family and friends on their approved visitors list, access to filing a grievance via the KIOSK, phones with instructions for dialing to report an allegation of sexual abuse, grievance forms, request forms to contact medical and the administration and a TABLET enabling inmates to email, file a grievance, and to email the GDC PREA Unit with one click.

**Discussion of Observation:** The GDC has installed a KIOSK in each dorm. On the KIOSK, according to staff and interviewed inmates, the inmate can access the resident handbook, notify the GDC PREA Unit, email facility members and/or friends on their approved visitors list and access video visitation. In addition to the KIOSK, the department issues a TABLET to each inmate enabling him to participate in educational programming but also from the TABLET, the inmate can email the PREA Unit with one touch, and email requests to staff and/or friends on their approved visitation lists. A mobile phone and kiosk were observed in the segregation unit.

Phones were observed on the walls of each dorm. Posted at the phones were instruction for dialing the PREA Hotline.

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

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

Inmates are provided the brochure entitled, "Sexual Assault and Sexual Harassment Prison Rape Elimination Act (PREA) How to Prevent it; How to report it". This brochure advises inmates that reporting is the first step. The hotline number is provided. The brochure tells inmates they may report allegations to any staff member or write to any of the following: Statewide PREA Coordinator (Address provided); the Ombudsman (Address and phone number provided) or to the Director of Victim's Services (Address provided). Reviewed investigation packets indicated inmates were well aware of how to use the PREA Hotline for reporting. Inmates confirmed receiving the PREA Pamphlets.

**Discussion of Interviews:** Interviews with 40 inmates confirmed that they understand and are aware of how to report sexual assault/abuse or sexual harassment. The majority of those interviewed named 2-3 ways to report. They most often mentioned they would report using the phone (hotline) or tell as staff. They did acknowledge they have access to the KIOSK for reporting and that they have tablets that they can use to email family and friends on their approved list as well as sending an email to the GDC PREA Unit.

## Standard 115.52: Exhaustion of administrative remedies

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

### 115.52 (a)

- Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address inmate grievances regarding sexual abuse. This

does not mean the agency is exempt simply because an inmate does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse.  Yes  No  NA

#### 115.52 (b)

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

#### 115.52 (c)

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

#### 115.52 (d)

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

#### 115.52 (e)

- Are third parties, including fellow inmates, staff members, family members, attorneys, and outside advocates, permitted to assist inmates in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.)  
 Yes  No  NA

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

#### 115.52 (f)

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

#### 115.52 (g)

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

#### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

**Policy and Documents Reviewed:** The Pulaski State Prison Pre-Audit Questionnaire; GDC Policy, 227.02, Statewide Grievance Process; Page 5 of the Statewide Grievance Policy, Paragraph 4.; Paragraph F. Emergency Grievances Procedure; DOC Policy, 208.6, Prison Rape Elimination Act, Sexually Abusive Behavior Prevention and Intervention Program, F. Reporting, Paragraph 2, Inmate Grievances, investigation packages for investigations from 2016 -2017; reviewed forty (40) grievances.

**Interviews:** Grievance Officer; Randomly selected staff; Randomly selected inmates; PREA Compliance Manager.

**Observations:** Not applicable for this standard.

**Discussion of Policies and Documents:** The Pre-Audit Questionnaire documented there were no grievances alleging either sexual abuse or sexual harassment during the past twelve (12) months; therefore, there were no grievances requiring a final decision within 90 days (115.52 (d)-3 nor were there any grievances involving extensions because a decision was not reached within 90 days. If a grievance alleged sexual abuse or sexual harassment it is turned over to the Sexual Assault Response Team for investigation and ceases being processed as a grievance.

GDC Policy explains the agency and facility grievance process. Upon entering the GDC, each offender is required to receive an oral explanation of the grievance procedure and receive a copy of the Resident Handbook, which includes instructions about the procedure.

GDC Policy, 227.02, Statewide Grievance Process, specifies the areas where grievance forms may be accessed. It also affirms that offenders are not prohibited from assisting other offenders from filling out any forms related to the process. Policy provides that an offender may file a grievance on behalf of another inmate if the allegation involves sexual abuse. The Policy and local operating procedures allow another inmate to file a grievance on behalf of another inmate.

Too, the following procedures pertain to reporting allegations of sexual abuse or sexual harassment via the grievance process: 1) Page 5 of the Statewide Grievance Policy, Paragraph 4., Asserts that the offender is not required to attempt an informal resolution before filing a grievance; 2) Inmates may submit the grievance without having to submit it to the staff who is the subject of the complaint 3) Inmates may seek assistance from third parties and third parties can file grievances on behalf of the inmate 4) If a third party files a request on behalf of an inmate, the victim must agree to have the

request filed 5) If the inmate declines to have the request processed on his behalf, GDC will document the inmate's decision as part of the SART or Internal Investigation report. Staff will also assist offenders who need special help (because of such things as language barriers, illiteracy, or physical or mental disability) filling out the grievance forms if requested by the inmate.

Emergency Grievance procedures, as discussed in, requires that emergency grievances must be immediately referred to the Grievance Coordinator (or Duty Officer if after hours), such as allegations of sexual abuse and other PREA Concerns. The Grievance Officer/Duty Officer must determine if the Grievance fits the definition of an emergency grievance. If it does, the Grievance Officer/Duty Officer must immediately take whatever action necessary to protect the health, safety or welfare of the offender, and provide an initial response within 48 hours. This information is required to be documented and DOC Policy, 208.6, Prison Rape Elimination Act, Sexually Abusive Behavior Prevention and Intervention Program, F. Reporting, Paragraph 2, Inmate Grievances, requires the facility to allow inmates a full and fair opportunity to file grievances regarding sexual abuse to preserve their ability to seek judicial redress after exhausting administrative remedies.

In situations where an inmate uses the grievance process to report an allegation of sexual abuse, the Department does not require the inmate to attempt to resolve the incident informally before filing a grievance the offender must be given a written response to his Emergency Grievance within 5 calendar days.

In doing due diligence to determine if any of the regularly filed grievances met the criteria for an allegation of sexual abuse or sexual harassment, the auditor randomly pulled and reviewed forty (40) grievances filed in the facility's grievance files to determine if any were PREA related and if so to determine if they were referred as an emergency grievance. After examining each of the forty (40) reviewed grievances, the auditor found no PREA related grievances.

The auditor reviewed eleven (11) investigation packages for investigations from 2016 -2017 and none of the reports made were through the grievance process.

**Discussion of Interviews:** An interview with the grievance officer confirmed that an inmate may file a grievance alleging sexual abuse and that upon receipt of such a grievance, the staff is required to immediately refer the grievance to the Sexual Assault Response Team (SART) for investigation. Three interviewed members of the SART confirmed that process. None of the SART could recall any grievances alleging sexual abuse or sexual harassment during the past twelve (12) months. Staff were aware that inmates could report sexual abuse or sexual harassment through the grievance process. They indicated that if they received a grievance they would turn it over to the inmate's counselor. Interviewed inmates, when asked, indicated, they could file a grievance to report sexual abuse or sexual harassment however most preferred the option of telling a staff or calling the PREA Hotline or emailing the GDC PREA Unit on their tablet or on the KIOSK.

## **Standard 115.53: Inmate access to outside confidential support services**

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

#### **115.53 (a)**

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

### 115.53 (b)

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

### 115.53 (c)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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



**Policy and Documents Reviewed:** GDC Policy 208.6, PREA, MOU between the Pulaski State Prison and the Statesboro Regional Sexual Assault Center, dated 12/12/2017; Pulaski State Prison Pre-Audit Questionnaire; GDC Policy IIA234-0001, Consular Notification.

**Interviews:** PREA Compliance Manager, PREA Coordinator, Mental Health Director, Forty (40) interviewed inmates; Executive Director Statesboro Regional Sexual Assault Center.

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

GDC Prisons are often located in areas with limited or non-existent resources, including outside confidential support services. In response to that need the facility asked Just Detention International to help develop and secure these services for a number of prisons experiencing that issue. Just Detention International, according to interviews with the Agency's PREA Coordinator, brought together the PREA Compliance Staff and Rape Crisis Centers and Outside Advocacy Organizations throughout the state to attempt to pair specific prisons up with an outside agency. In response to the lack of resources, the GDC trained a staff advocate(s) to accompany inmates during forensic exams if requested. The Victim Advocate serves as a member of the Sexual Assault Response Team. Documentation was provided to confirm the advocate completed the Specialized Training provided by the National Institute of Corrections. The SART Leader is a Master's Level Licensed Professional Counselor and serves as the SART advocate.

The facility had to find another advocacy organization after WINGS was unable to serve the prison. Staff were successful in securing a MOU with the Teal House in Statesboro. This facility offers a hotline 24/7 for anyone who needs to access support services, including talking with an advocate, can contact them. The facility has posted the contact information however inmates are not aware of this service. The facility agreed to post the contact information, including the 24/7 hotline number and to inform inmates of the services the Teal House would provide. The MOU contains provisions for inmates to contact Center 24/7 through their crisis line. According to the Executive Director, inmates can call them 24/7 to talk about any past sexual assault experience they may have had as well as any recent sexual abuse. The facility has two (2) full time advocates and twelve (12) volunteer advocates. The advocate is also available to the prison if necessary. Advocates receive 30 hours of training, according to the Executive Director and the Teal House (Statesboro Sexual Assault Center is, according to the Executive Director, a member of the Georgia Network to End Sexual Assault.

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

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

the inmate be informed of such notification. Foreign National inmates are allowed visitation with representatives from the Consulate General of his/her native country.

**Discussion of Interviews:** The facility originally relied on an organization called WINGS to provide outside advocacy services. Unfortunately, that resource became unavailable. As a proactive response to the potential need for an advocate the Georgia Department of Corrections, Pulaski State Prison, has trained and qualified staff who can serve as advocates. The Sexual Assault Team Leader is a Master's Level, Licensed Professional Counselor. Additionally, two back-ups have been trained to serve as staff advocates. An interview with the Executive Director of the Teal House (Sexual Assault Center) indicated the facility has a total of 14 advocates; 12 volunteers and two (2) full time. Advocates, according to the Executive Director, are required to have 30 hours of training. The organization, she stated, is a member of the Georgia Network to End Sexual Assault.

Inmates were not aware of the outside advocacy services nor were they aware of how to contact them.

**Corrective Action Required:** Remediation: Provide inmates with the name of the organization providing outside advocacy services, provide the toll-free 24/7 contact number and mailing address and let inmates know the limits of confidentiality if they contact the organization.

Provide documentation that inmates have been made aware of the organization and how to contact them, and the limits of confidentiality; photos of posted information; and if included in the handbook or however else you want to provide it, if you do, forward to the auditor please.

On January 15, 2018 the facility provided documentation confirming the contact information for the Teal House has been provided to inmates and included in the PREA brochure given to all inmates upon admission. Additionally, the brochure with contact information has been posted enabling inmates to have access to that information if needed.

## Standard 115.54: Third-party reporting

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

#### 115.54 (a)

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

### Auditor Overall Compliance Determination

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

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

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

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

**Policy and Documents Reviewed:** Georgia Department of Corrections Policy, 208.6, PREA; The Pulaski State Prison Pre-Audit Questionnaire; GDC Policy, 227.02, Statewide Grievance Process; The Department's Website contains a section entitled: "How do I report sexual abuse or sexual harassment?"; Eleven (11) Reviewed Investigation Packages; The brochure entitled, "Sexual Assault, Sexual Harassment, Prison Rape Elimination Act – How to Prevent It and How to Report It"; Reviewed PREA Related Brochures; PREA Related Posters

**Interviews:** Forty (40) inmates, randomly selected and special category; Twenty (20) Randomly Selected Staff; PREA Compliance Manager

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

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

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

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

The auditor reviewed eleven (11) of the incident and investigation reports for 2016 through 2017. The majority of those reports were made via the PREA Hotline; Email to the PREA Unit and telling a staff.

**Discussion of Interviews:** Staff were asked to name the ways inmates could report allegations of sexual abuse. Most of the staff named third parties as ways for reporting. They understood third parties could be friends, relatives, and other inmates. They also indicated, in their interviews, that they would accept a report from any source, including third parties. They also stated they would treat it like any other allegation. They would report it immediately to their immediate supervisor and document the report either on a statement or an incident report.

When inmates were asked to name multiple ways they could report internally and externally, one of the ways they mentioned was through third parties. They did not all refer to them as third parties but most mentioned that family members or relatives could report for them. Too, they acknowledged that other inmates could report for them as well.

Inmates have access to email through their issued TABLET or through the KIOSK. They can email anyone on their approved visitors list; they can video visit via the KIOSK, and send an email to the GDC PREA Unit.

## OFFICIAL RESPONSE FOLLOWING AN INMATE REPORT

### Standard 115.61: Staff and agency reporting duties

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

#### 115.61 (a)

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

#### 115.61 (b)

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

#### 115.61 (c)

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

#### 115.61 (d)

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

#### 115.61 (e)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

**Policy and Document Review:** Department of Corrections Policy, 208.6, Sexually Abusive Behavior Prevention and Intervention Program, F. Official Response Following and Inmate Report, 1. Staff and Department Reporting Duties; the reviewed Sexual Assault/Sexual Misconduct Prison Rape Elimination Act (PREA) Education Acknowledgment Statement; and investigation reports for 2016 through 2017;

**Interviews:** PREA Coordinator; PREA Compliance Manager; SART Leader (Director of Mental Health); Deputy Warden of Security; Twenty (20) randomly selected staff; Health Services Administrator; Director of Nurses; Assistant Director of Nurses; Investigator; and Warden.

**Discussion of Policy and Documents Reviewed:** Department of Corrections Policy, 208.6, Sexually Abusive Behavior Prevention and Intervention Program, F. Official Response Following and Inmate Report, 1. Staff and Department Reporting Duties, requires staff who witness or receive a report of sexual assault, sexual harassment, or who learn of rumors or allegations of such conduct, must report information concerning incidents or possible incidents of sexual abuse or sexual harassment to the supervisor on duty and write a statement, in accordance with the Employee Standards of Conduct. The highest-ranking supervisor on duty who receives a report of sexual assault or sexual harassment, is required to report it to the appointing authority or his/her designee immediately. The supervisor in charge is required to notify the PREA Compliance Manager and/or SART Leader as designated by the Local Procedure Directive. Appointing authorities or his/her designee may make an initial inquiry to determine if a report of sexual assault, sexual harassment, is a rumor or an allegation. Allegations of sexual assault and sexual harassment are major incidents and are required to be reported in compliance with policy. Once reported, an evaluation by the SART Leader/Team of whether a full response protocol is needed will be made. Appointing authorities or designee(s) are required to report all allegations of sexual assault with penetration to the Office of Professional Standards (OPS) Special Agent In-Charge and the Department's PREA Coordinator immediately upon receipt of the allegation. OPS will determine the appropriate response. Staff, failing to comply with the reporting requirements of DOC Policy, may be banned from correctional facilities or will be subject to disciplinary action, up to and including termination. If an alleged victim is under the age of 18, the Department reports the allegation to the Department of Family and Children Services, Child Protection Services Section. Staff are not to disclose any information concerning sexual abuse, sexual harassment or sexual misconduct of an offender, including the names of the alleged victims or perpetrators, except to report the information as required by policy, or the law, or to discuss such information as a necessary part of performing their job.

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

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

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

**Discussion of Interviews:** Interviewed staff affirmed they are expected and required to report any allegation of sexual abuse or sexual harassment. They stated they would report it verbally to their immediate supervisor. When asked if they would have to document those reports they said they had to do an incident report or a statement within 24 hours, but the expectation is that the report is done prior

to leaving the shift. Asked if they would report something they suspected, as a result of recognizing, for example, that an inmate's demeanor etc. indicate he is not acting as he usually does, they said they would and that they are required to report anything. They said they would take reports from other inmates, by family members, dropped notes, or verbally made to them and in any way the report came to them. When asked what would happen if they failed to report, most of them related they would be disciplined and may be terminated.

## Standard 115.62: Agency protection duties

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

#### 115.62 (a)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

**Policy and Documents Reviewed:** GDC Policy 208.06, Prison Rape Elimination Act- PREA, Sexually Abusive Behavior Prevention and Intervention Program, Paragraph 2., Facility Protection Duties; SOP 209.06, Administrative Segregation; the Pre-Audit Questionnaire; Email from Mental Health Director asserting that Pulaski State Prison has not had any inmates placed in Protective Custody due to a PREA allegation.

**Interviews:** Warden; Grievance Officer; PREA Compliance Manager; Twenty (20) randomly selected staff; Special Category Staff; 41 Inmates.

**Discussion of Policy and Documents:** GDC Policy 208.06, Prison Rape Elimination Act- PREA, Sexually Abusive Behavior Prevention and Intervention Program, Paragraph 2., Facility Protection Duties, requires that upon learning of a sexual abuse, staff are to separate the alleged victim and abuser and ensure the alleged victim has been placed in safe housing which may be protective custody

in accordance with SOP 209.06, Administrative Segregation. If the inmate victim is placed in administrative segregation, a note is placed in SCRIBE indicating the reason for the placement. If the offender remains in Administrative Segregation for 72 hours, ensure that the Sexual Assault Response Team has again evaluated the victim within 72 hours. Again, a note is to be entered SCRIBE indicating the reason for continued placement. The care and treatment member of SART is responsible for documenting the reasons in SCRIBE. If the alleged perpetrator is an offender and if the alleged perpetrator has been placed in Administrative Segregation in accordance with SOP 209.06, Administrative Segregation, again, a case note documenting the reason for placement is completed and documented in SCRIBE. If the offender remains in Administrative Segregation for 72 hours, the SART evaluates the offender again within 72 hours and if continued placement is required, the reasons are documented in SCRIBE. The care and treatment staff from the SART is responsible for the documentation. If the alleged perpetrator is a staff member, the staff member and alleged victim are separated during the investigation period. The staff member may be reassigned to other duties or other work area; transferred to another institution, suspended with pay pending investigation or temporarily banning the individual from the institution, whichever option the appointing authority deems appropriate. Staff are instructed, if applicable, they are to consult with the SART, Regional Director, the Department's PREA Coordinator or the Regional SAC within 72 hours of the reported incident to determine how long the alleged victim or perpetrator should remain segregated from the general population and document the final decision in the offender's file with specific reasons for returning the offenders to the general population or keeping the offenders segregated and ensure the SART has evaluated the victim within 24 hours of the report. Once a determination has been made that there is sufficient evidence of sexual assault, staff ensure closure of the matter by serving notice of adverse action or banning the staff member, making housing and classification changes if the perpetrator is an offender, and update the victim's offender file with incident information. The Warden identified safe housing for inmates. The safe housing for victims or potential victims is E-7 A/B.

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

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

Staff consistently stated they would take immediate action, upon learning that a resident was at risk. Staff stated they would keep the resident with them, notify their immediate supervisor and keep the resident with them until the supervisor decided about where to house the resident.

An interview with the Grievance Officer confirmed there were no grievances alleging imminent sexual abuse during the past twelve months. The auditor reviewed forty (40) grievances. None of the reviewed grievances alleged that an inmate was at risk of imminent sexual abuse.

None of the 41 interviewed residents stated they had ever been at risk of imminent sexual abuse.

## **Standard 115.63: Reporting to other confinement facilities**

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

### **115.63 (a)**



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

#### 115.63 (b)

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

#### 115.63 (c)

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

#### 115.63 (d)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

**Interviews:** Warden; Deputy Warden; PREA Compliance Manager, SART Members

**Discussion of Policy and Reviewed Documents:** DOC Policy, 208.6, Prison Rape Elimination Act, Sexually Abusive Behavior Prevention and Intervention Program, 3. Reporting to other Confinement Facilities, requires that in cases where there is an allegation that sexually abusive behavior occurred at another Department facility, the Warden/designee of the victim's current facility is required to provide notification to the Warden of the identified institution and the Department's PREA Coordinator. In cases alleging sexual abuse by staff at another institution, the Warden of the inmate's current facility refers the matter directly to the Office of Professional Standards Special Agent In-Charge. For the non-Department secure facilities, the Warden/Superintendent will notify the appropriate office of the facility

where the abuse allegedly occurred. For non-Department facilities, the Warden/designee(s) contacts the appropriate office of that correctional Department. This notification must be provided as soon as possible but not later than 72 hours after receiving the allegation. Notification is documented. The facility head or Department office receiving the notification is required to ensure that the allegation is investigated in accordance with the PREA Standards.

The Pre-Audit Questionnaire and interviews with the Warden, Deputy Warden, and PREA Compliance Manager confirmed there were no allegations received from other facilities that an inmate was sexual abused or sexually harassed while at Pulaski State Prison.

**Discussion of Interviews:** Interviews with the PREA Compliance Manager and the Warden confirmed they are aware of the policy requiring reporting to other facilities upon receiving an allegation of sexual abuse that occurred in another facility. They also indicated if they received an allegation from another facility that an inmate, while assigned to Pulaski State Prison, was sexually abused at this prison, they would initiate an investigation and cooperate with any investigation.

## Standard 115.64: Staff first responder duties

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

#### 115.64 (a)

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

#### 115.64 (b)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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**Policy and Documents Review:** Georgia DOC Policy, 208.6; local protocol, "PREA Reporting Process"; Pre-Audit Questionnaire; SANE's List; PREA Medical Log; Eleven (11) Investigations 2-16-2017; Mem from Warden Designating SART Members; Certificates of Completion, "Evaluation and Treatment of Sexual Assault".

**Interviews:** Three (3) SART Members; fourteen (14) randomly selected staff; Health Services Administrator, Director of Nursing; Assistant Director of Nursing; Investigator; PREA Compliance Manager. Informal Interviews with 15 staff selected during the site review.

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

The Sexual Assault Response Team will be notified and will implement the local protocol. The Warden issued an Memorandum to all staff designating the following as members of the SART: Warden; Deputy Warden of Security; Deputy Warden of Care and Treatment; Unit Manager; and Captain; Mental Health

Unit Manager. Two staff have been trained in the Evaluation and Treatment of Sexual Assault, a six-hour course, conducted by the GDC Senior Clinical Director. This was confirmed by reviewing the Certificates documenting the training.

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

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

**Discussion of Interviews:** Interviews with the members of the Sexual Assault Response Team indicated that the team consisted of a Lead SART Member (Mental Health Director), an investigator (Captain or Lead Member), the Health Services Administrator and a counselor/case manager. The Chief Counselor and the Captain have completed the NIC On-Line Training, PREA: Investigating Sexual Abuse in Confinement Settings. The Health Services Administrator has completed the specialized training provided by the NIC On-Line as well for healthcare for victims of sexual abuse in confinement settings. Team members described the SART process. If there is a sexual assault, the investigating agency is the Office of Professional Standards and the role of the SART is to initially secure the crime scene and all potential evidence, including asking the victim not to use the restroom, drink or eat anything, shower, use the restroom or brush their teeth and instructing the alleged perpetrator to refrain from the same. Once the OPS investigator is on site the SART's role is to cooperate with the investigator with any requests.

All staff, including the non-security staff, are potential first responders. All the interviewed staff, including medical and other non-security staff (counselors, Warden, PREA Compliance Manager etc.) described the actions they would take in response to a sexual assault. Consistently they reported they would first separate the victim from the alleged aggressor and keep the victim safe. They would report the incident to their immediate supervisor, treat the room or area as a crime scene, ensuring no one comes in or out and request the victim not take any actions that would jeopardize collection of evidence, including showering, bathing, changing clothing, brushing teeth, using the restroom and requiring the alleged perpetrator to not take any actions to degrade or eliminate potential evidence and ensure the resident victim gets to medical or medical comes to him. Non-custody staff have been trained in first responding. They described the steps they would take in response to being informed a resident had been sexually assaulted. Sexual Assault Nurse Examiners will come to the facility to conduct the Forensic Exam. The facility has a list of SANEs who are to be called in response to a sexual assault. The list contains the contact information for all SANEs.

## Standard 115.65: Coordinated response

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

### 115.65 (a)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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**Policy and Documents Reviewed:** GDC Policy 208.06, Prison Rape Elimination Act-PREA, Sexually Abusive Behavior Prevention and Intervention Program, Paragraph 5, Coordinated Response; local protocol, "PREA Reporting Process"; GDC Sexual Abuse Response Checklist (GDC 208.06, Attachment 6); Eleven (11) reviewed investigation packages, PREA Medical Log.

**Interviews:** fourteen (14) staff, randomly selected from a staff roster and representing a cross section of employees, both security and non-security; fifteen (15) security and non-security, informally interviewed during the site visit, four (4) members of the SART, Health Services Administrator, Director of Nursing and Assistant Director of Nursing

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

The local protocol, "PREA Reporting Process" describes the actions taken by the First Responders, notification of the OIC/Duty Officer, Warden's Notification, the actions of the Sexual Assault Response Team Leader, medical involvement and mental health involvement. SART conducts the initial investigation. Duties of each SART member are identified and include duties for the SART Team

Leader-Security, the Counselor, and Health Services. Lastly the SART Investigation Process is detailed. This document serves as the facility's coordinated response plan. The plan went out to all staff from the Warden.

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

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

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

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

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

A review of all the investigation reports between 2016 and 2017 documented the staff's responses upon being notified of an allegation of sexual abuse.

Staff have been trained in first responding. These included both custody staff and non-custody staff. Training rosters documented ninety-one (91) staff being trained in the coordinated response plan.

**Discussion of Interviews:** The auditor interviewed at least fourteen (14) staff, randomly selected from a staff roster and representing a cross section of employees, both security and non-security; fifteen (15) security and non-security, informally interviewed during the site visit; four (4) members of the SART, Health Services Administrator, Director of Nursing and Assistant Director of Nursing. All the interviewed staff articulated their roles in responding to an allegation of sexual assault.

## **Standard 115.66: Preservation of ability to protect inmates from contact with abusers**

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

#### **115.66 (a)**

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

## 115.66 (b)

- Auditor is not required to audit this provision.

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

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

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

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

## Standard 115.67: Agency protection against retaliation

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

#### 115.67 (a)

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

### 115.67 (b)

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

### 115.67 (c)

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

### 115.67 (d)



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

#### 115.67 (e)

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

#### 115.67 (f)

- Auditor is not required to audit this provision.

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

**Policy and Documents Reviewed:** DOC Policy 208.6, Prison Rape Elimination Act, Sexually Abusive Behavior Prevention and Intervention Program; Eleven (11) Investigation Packages; 90 Day Offender Sexual Abuse Review Checklist (GDC Form)

**Interviews:** Retaliation Monitor; Warden; PREA Compliance Manager

**Discussion of Policy and Documents Review:** GDC Policy 208.6, Prison Rape Elimination Act, Sexually Abusive Behavior Prevention and Intervention Program, affirms the agency has a zero tolerance for any form of retaliation and is committed to protecting inmates or staff who report sexual abuse and sexual misconduct or sexual harassment from retaliation. Policy requires that anyone who retaliates against a staff member or an offender who has reported an allegation of sexual abuse or sexual harassment in good faith is subject to disciplinary action. Policy requires a staff be identified to monitor for retaliation. Additionally, policy provides multiple protection measures including: housing changes for inmates, transfers, removal of alleged staff or inmate abusers from contact with victims and emotional support for inmates or staff who fear retaliation. Monitoring is required to be conducted for at least 90 days following a report of abuse. Monitoring will include monitoring the conduct and treatment

of inmates and staff to see any changes to indicate possible retaliation and to remedy any retaliation. Monitoring includes: review of inmate disciplinary reports, housing or program changes, negative performance reviews or reassignments of staff etc. Monitoring may continue beyond 90 days if the initial monitoring indicates the need for it. Periodic status checks of inmates will be conducted. The obligation for monitoring terminates if the allegation is unfounded. Policy requires that monitoring is documented on the GDC Form 90 Day Offender Sexual Abuse Review Checklist. The checklist is completed for each inmate being monitored.

The auditor reviewed ten (10) investigation packages. Packages consistently contained the GDC Retaliation Monitoring Sheets.

**Discussion of Interviews:** The auditor interviewed the facility's Retaliation Monitor. She told the auditor she would meet with the offender as soon as she learned that an allegation has been made. She related that she will meet with the inmate and explain who she is and what she does as retaliation monitor. She states she advises the inmate if he feels he is being retaliated against in any manner to contact her. She also stated she tells the inmate she will be meeting with him every 30 days up to 90 and beyond if needed.

The retaliation monitor indicated and documented on numerous reviewed investigation packages that if the victim was an inmate she would monitor a number of things including the following: 1) Offender Disciplinary Report(s) History Review; 2) Offender Housing Unit Placement Reviews; 3) Offender Transfer(s) Placement Reviews; 4) Offender Work Performance Review; 5) Offender Schedule Review; and 6) Offender Case Note(s) Review. Personal contact is made at 30 days, 60 days and 90 days. These checks are documented on the 90 Day Offender Sexual Abuse Review Checklist (GDC Form) In addition to initialing each item checked the monitor documents by signature, title and date the 30, 60 and 90- day checks. The Retaliation Monitor also documents the inmate's comments after contacting him on the GDC Monitoring Form, documenting 30,60 and 90 -day checks. The auditor reviewed 10 investigations conducted between 2016 and 2017. The GDC 90 Day Offender Sexual Abuse Review Checklist was documented in all the applicable cases. There were no cases in which a staff member was involved in the need for retaliation monitoring.

The Warden related that she has a zero tolerance for any form of retaliation and any staff or inmate involved in any retaliatory behavior would be disciplined and if it was a staff involved in retaliation the presumptive discipline would be termination.

## Standard 115.68: Post-allegation protective custody

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

#### 115.68 (a)

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

#### Auditor Overall Compliance Determination

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

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

### Instructions for Overall Compliance Determination Narrative

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

**Policy and Documents Reviewed:** Department of Corrections Policy, 208.6, Prison Rape Elimination Act, Sexually Abusive Behavior Prevention and Intervention Program, D. Screening for Risk of Sexual Victimization and Abusiveness, 3. Protective Custody; Memo from Warden Stating there were no inmates housed in involuntary segregation as a result of sexual assault or sexual harassment.

**Interviews:** Warden, PREA Compliance Manager; Mental Health Director; Randomly Selected and Special Category Inmates

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

**Discussion of Interviews:** Interviews with the Warden, PREA Compliance Manager, and Mental Health Director indicated that involuntary protective custody or the use of administrative segregation to house and protect a victim of sexual abuse would be a last resort and lessor options would be tried, if the inmate could be safely housed there. The Warden designated a safe dorm, a dorm housing primarily medically challenged inmates. The Warden indicated the perpetrator would be placed in segregation and if necessary to protect the inmate; the victim would be placed there during the investigation. The mental health director related there have been no inmate victims placed in involuntary segregation during the past twelve (12) months.

If a victim was placed in involuntary segregation for protection, interviewed staff stated the inmate would receive programming, visits from medical and mental health, recreation and any mandated education while in protective custody and if any of those services were not provided, the reasons would be documented in the logbook.

## INVESTIGATIONS

### Standard 115.71: Criminal and administrative agency investigations

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

#### 115.71 (a)

- When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? [N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).]  Yes  No  NA
- Does the agency conduct such investigations for all allegations, including third party and anonymous reports? [N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).]  Yes  No  NA

#### 115.71 (b)

- Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations as required by 115.34?  Yes  No

#### 115.71 (c)

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

#### 115.71 (d)

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

#### 115.71 (e)

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

#### 115.71 (f)

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

#### 115.71 (g)

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

#### 115.71 (h)

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

#### 115.71 (i)

- Does the agency retain all written reports referenced in 115.71(f) and (g) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years?  Yes  No

#### 115.71 (j)

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

#### 115.71 (k)

- Auditor is not required to audit this provision.

#### 115.71 (l)

- When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct administrative or criminal sexual abuse investigations. See 115.21(a).)  Yes  No  NA

## Auditor Overall Compliance Determination

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

## Instructions for Overall Compliance Determination Narrative

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

**Policy and Documents Reviewed:** Georgia Department of Corrections Policy, 208.6, G. Investigations; PREA Investigation Summary; Sexual Abuse Incident Review Checklist; Notification of Results of Investigation; Referrals to Medical and Mental Health (including the statements made by medical and counseling staff); PREA Initial Notification Form; Forms documenting SART receiving grievances alleging sexual abuse or sexual harassment; GDC 90 Day Offender Sexual Abuse Review Checklist; GDC Incident Report; Memo from Warden designating SART members; Reviewed NIC Certificates; Coordinated Response Plan; Pre-Audit Questionnaire.

**Interviews:** Warden, PREA Compliance Manager; Deputy Warden of Security; SART Members

**Discussion of Policy and Documents Reviewed:** Georgia Department of Corrections Policy, 208.6, G. Investigations, describes the investigative process. Appointing authorities or his/her designee may make the initial investigation inquiring to determine if a report of sexual abuse or sexual harassment is a rumor or an allegation. The Local Sexual Assault Response Team is responsible for initially inquiring and subsequent investigation of all allegations of sexual abuse or sexual harassment with limitations. In cases where allegations are made against staff and the SART deems the allegation is unfounded or unsubstantiated by evidence of facility documentation, video monitoring systems, witness statements, or other investigative means, the case can be closed at the facility level. The Appointing Authority or designee(s) are required to report all allegations of sexual abuse with penetration and those with immediate and clear evidence of physical contact, to the OPS Special Agent In-Charge and the Department's PREA Coordinator immediately upon receipt of the allegation. If an investigation cannot be cleared at the local level, the Special Agent In-Charge determines whether to open an official investigation and if so, dispatches an investigator who has received special training in sexual abuse investigations. When criminal investigations involving staff are completed, the investigation is turned over to the Office of Professional Standards to conduct any necessary compelled administrative reviews. After each SART investigation, all substantiated cases are referred to the OPS Criminal Investigations Division while all unsubstantiated SART investigations are referred to the Office of Professional Standards for an administrative review. The Department follows a uniform protocol for obtaining usable physical evidence for administrative proceedings and criminal prosecution. Investigations are required to be prompt and thorough, including those reported by third parties or

anonymously. Administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse. Reports are documented and include descriptions of physical and testimonial evidence, reasoning behind the credibility of assessments and investigative facts and findings. Criminal investigations are documented in written reports that contain thorough descriptions of physical, testimonial, and documentary evidence and copies of all documentary evidence when feasible. Substantiated allegations of conduct that appears to be criminal are referred for prosecution. The departure of the alleged abuser or victim from the employment or control of the Department does not provide a basis for termination of the investigation.

The Warden provided the auditor with a memo designating the members of the prisons' Sexual Assault Response Team. The team consists of a lead member who initiates the investigation, medical staff, and mental health staff who may serve as a facility-based advocate.

A review of 10 investigations between 2016-2017 indicated there were a total of 10 reports or allegations. Only one of the investigations involved alleged sexual abuse and physical violence to secure oral sex; several involved allegations of inappropriate touching and the remaining allegations involved inappropriate comments.

The investigation packages consistently contained the following:

- PREA Investigation Summary
- Witness Statements
- Notification of Results of Investigation
- Referrals to Mental Health (including the statements made by medical and counseling staff)
- Mental Health Confidentiality Forms
- Mental Health Case Notes
- PREA Initial Notification Form
- GDC 90 Day Offender Sexual Abuse Review Checklist
- GDC Incident Report

Although the allegations were made in a variety of ways, the most common way to report was via the JPAY email. The next most common way for reporting was through written letters or statements.

The facility provided Certificates of Specialized Training for the Mental Health Director and Captain.

**Discussion of Interviews:** An interview with a facility based investigator confirmed the Sexual Assault Response Team will conduct an initial investigation of all allegations of sexual abuse and sexual harassment. This investigator was knowledgeable of the investigative process. He related that allegations, regardless of the source, are investigated. He described, in detail, how he would initiate an investigation, the initial action he would take, the evidence collection process, and how he would make a determination as to whether the allegation is substantiated, unsubstantiated or unfounded. He indicated he would use the preponderance of the evidence. He also related he would not terminate an investigation because a staff terminated his/her employment by resigning nor would he terminate an investigation if the inmate was transferred from the facility. The investigator completed the NIC Specialized Training: PREA: Investigating Sexual Abuse in Confinement Settings. He also related that once an incident appears criminal the Office of Professional Standards (OPS) Investigators are brought in to conduct the investigation. The OPS investigators are trained to conduct sexual abuse investigations and empowered with arrest powers.

SART is the initial responding investigatory body whose purpose is essentially to respond to the allegation, ensure the potential crime scene is protected and potential evidence on residents is protected and to determine if a sexual assault occurred. If it appears that a sexual assault has taken place, SART notifies the Office of Professional Standards Investigators, who have the legal authority and responsibility to conduct criminal investigations and they will instruct the SART further actions to take. In cases of sexual assault, OPS will generally be the investigating unit. Office of Professional Standards Investigators are certified and have arrest powers. They will usually handle the more serious allegations. SART is capable of and may interview alleged victims, perpetrators and witnesses, review videos and collect evidence and then determine whether the incident meets the requirements for a PREA case and whether the allegation is substantiated or not.

Interviews with the members of SART confirmed the investigatory process.

Interviews with facility staff, both those randomly selected and special category, confirmed they all knew the SART conducts sexual abuse investigations in this facility.

## Standard 115.72: Evidentiary standard for administrative investigations

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

#### 115.72 (a)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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**Policy and Documents Reviewed:** The Georgia Department of Corrections Policy 208.06, Prison Rape Elimination Act-PREA, Sexually Abusive Behavior Prevention and Intervention Program, Section G. 14; Ten (10) Investigation Packages.

**Interviews:** Warden, Deputy Warden of Security; Mental Health Director; PREA Compliance Manager; SART Members.

**Discussion of Policy and Documents Reviewed:** The Georgia Department of Corrections Policy 208.06, Prison Rape Elimination Act-PREA, Sexually Abusive Behavior Prevention and Intervention Program, Section G. 14, requires that there shall be no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated.

The Deputy Warden of Security is a facility based investigator, along with his counterparts on the Sexual Assault Response Team. He has completed the NIC On-Line Training, PREA” Investigating Sexual Abuse in Confinement Settings”. The Captain, who is also an Investigator, has completed the NIC Online Training for investigating Sexual Abuse in Confinement Settings. The SART Investigator related that the standard of investigation used to substantiate an allegation of sexual abuse is the preponderance of the evidence.

## Standard 115.73: Reporting to inmates

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

### 115.73 (a)

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

### 115.73 (b)

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

### 115.73 (c)

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

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

#### 115.73 (d)

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

#### 115.73 (e)

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

#### 115.73 (f)

- Auditor is not required to audit this provision.

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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**Policy and Documents Reviewed:** GDC Policy 208.06, Prison Rape Elimination Act – PREA, Sexually Abusive Behavior Prevention and Intervention Program, G.15; Reviewed 25 investigation packages; Reviewed GDC Notification Form, Attachment 5, GDC 208.6; Pre-Audit Questionnaire.

**Interviews:** Warden, PREA Compliance Manager; Sexual Assault Response Team Leader

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

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

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

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

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

The auditor reviewed 10 investigation packages. All the reviewed investigation packages but one contained the required Notification to the inmates of the outcome of the investigation into their allegations of sexual abuse or sexual assault.

**Discussion of Interviews:** Interviews with the SART Leader and other members of the SART confirmed the SART would be responsible for notifying a resident of the outcome of an investigation. Notification is documented on the GDC Notification Form, Attachment 5, GDC 208.6. The Warden, in an interview, confirmed the notification process.

## DISCIPLINE

### Standard 115.76: Disciplinary sanctions for staff

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

#### 115.76 (a)

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

#### 115.76 (b)

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

#### 115.76 (c)

- Are disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories?  Yes  No

#### 115.76 (d)

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

#### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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**Policy and Documents Reviewed:** Department of Corrections Policy, 208.6, Prison Rape Elimination Act, H. Discipline, 1. Disciplinary Sanction for Staff; GDC Sexual Assault/Sexual Misconduct Prison Rape Elimination Act (PREA) Education Acknowledgment Statement for Employees and Unsupervised Contractors and Unsupervised Volunteers; Reviewed Pre-Audit Questionnaire; Reviewed Ten (10) incident reports and investigation reports.

**Interviews:** PREA Compliance Manager; Warden; Deputy Warden of Security; Director of Mental Health;

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

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

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

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

Staff, as a part of their PREA training sign a GDC Sexual Assault/Sexual Misconduct Prison Rape Elimination Act (PREA) Education Acknowledgment Statement for Employees and Unsupervised Contractors and Unsupervised Volunteers contains a warning that any violation of the policy will result in disciplinary action, including termination, or that they will be banned from entering any correctional

institution. Furthermore, it assets that staff understand that in accordance with Georgia Law, O.C.G.A. 16-6-5.1, certain correctional staff members who engage in sexual contact with an offender commit sexual assault, a felony punishable by imprisonment of not less than one nor more than 25 years, a fine of \$100,000.00 or both. Staff acknowledge that an offender cannot consent to sexual activity. The auditor reviewed multiple PREA Acknowledgment Statements signed by employees and contractors.

The auditor reviewed 10 Investigation Packages. None of the reviewed packages contained allegations of sexual activity/misconduct between an inmate and a GDC Staff member. There were no allegations of inappropriate comments and harassment by staff.

**Discussion of Interviews:** Interviews with administrative staff indicated that the agency has a zero-tolerance policy for sexual abuse and sexual harassment. If a staff was involved in an allegation of sexual abuse the staff would be placed on no-contact with that resident or placed on administrative leave. If the allegations were substantiated, the staff would be banned from all GDC facilities and the presumptive disciplinary action is termination.

## Standard 115.77: Corrective action for contractors and volunteers

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

#### 115.77 (a)

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

#### 115.77 (b)

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

### Auditor Overall Compliance Determination

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

## Instructions for Overall Compliance Determination Narrative

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

**Policy and Documents Reviewed:** DOC Policy, 208.06, Prison Rape Elimination Act, Sexually Abusive Behavior Prevention and Intervention Program, Paragraph #2. Contractors and Volunteers; GDC Sexual Assault/Sexual Misconduct Prison Rape Elimination Act (PREA) Education Acknowledgment Statement for Employees and Unsupervised Contractors and Unsupervised Volunteers; Pre-Audit Questionnaire; Reviewed ten (10) Incident Reports and Investigation Packages.

**Interviews:** PREA Compliance Manager; Warden; Director of Mental Health/SART Leader; Volunteer Coordinator.

**Discussion of Policies and Reviewed Documents:** DOC Policy, 208.06, Prison Rape Elimination Act, Sexually Abusive Behavior Prevention and Intervention Program, Paragraph #2. Contractors and Volunteers, requires that any contractor or volunteer who engages in sexual abuse will be prohibited from contact with inmates and will be reported to law enforcement agencies, unless the activity was clearly not criminal and to relevant licensing bodies.

The facility is required to take appropriate remedial measures and to consider whether to prohibit further contact with inmates in the case of any other violation of Department sexual abuse or sexual harassment policies by a contractor or volunteer.

Contractors and Volunteers, as a part of their PREA training sign a GDC Sexual Assault/Sexual Misconduct Prison Rape Elimination Act (PREA) Education Acknowledgment Statement for Employees and Unsupervised Contractors and Unsupervised Volunteers contains a warning that any violation of the policy will result in disciplinary action, including termination, or that they will be banned from entering any correctional institution. Furthermore, it assets that staff understand that in accordance with Georgia Law, O.C.G.A. 16-6-5.1, certain correctional staff members who engage in sexual contact with an offender commit sexual assault, a felony punishable by imprisonment of not less than one nor more than 25 years, a fine of \$100,000.00 or both. Staff acknowledge that an offender cannot consent to sexual activity.

The Pre-Audit Questionnaire documented that there were no allegations of sexual abuse or sexual harassment against any contractor or volunteer during the past 12 months. This was confirmed as well through interviews with the Warden, PREA Compliance Manager, and SART Leader. Ten (10) investigation packages documenting allegations made during 2016-2017 were reviewed. None of the reviewed investigation packages contained any allegations against a contractor or a volunteer.

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

## Standard 115.78: Disciplinary sanctions for inmates

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

#### 115.78 (a)

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

#### 115.78 (b)

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

#### 115.78 (c)

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

#### 115.78 (d)

- If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to require the offending inmate to participate in such interventions as a condition of access to programming and other benefits?  Yes  No

#### 115.78 (e)

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

#### 115.78 (f)

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

#### 115.78 (g)



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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

*compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

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

**Interviews:** Warden; PREA Compliance Manager; SART Leader; SART Members; Staff Supervising Segregation

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

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

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

Reports made in good faith upon a reasonable belief that the alleged conduct occurred shall not constitute false reporting or lying, even if the investigation does not establish sufficient evidence to substantiate the allegation. However, following an administrative finding of malicious intent on behalf of

the offender making the report, then the offender will be subject to disciplinary sanctions pursuant to a formal disciplinary process in accordance with SOP 209.01, Offender Discipline.

The Pre-Audit Questionnaire documented there were no inmates subject to disciplinary action during the past twelve (12) months. The allegations made by inmates, according to the Sexual Assault Response Team were unsubstantiated or unfounded therefore disciplinary sanctions could not be imposed. Interviews did confirm that an inmate who violated a sexual abuse policy would be charged with a crime by the Office of Professional Services Investigator, who has arrest powers, and referred to the prosecutor for prosecution for the offense. If the violation was less than sexual abuse it would be treated as a rule violation and the inmate would be provided a “due process” hearing. Prior to sanctions being imposed the officers are required to consider past history as well as any mental or developmental issues. Sanctions may include an increase in the inmate’s security level, disciplinary segregation, loss of store, phone, visitation, receiving packages from family and others.

## MEDICAL AND MENTAL CARE

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

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

##### 115.81 (a)

- If the screening pursuant to § 115.41 indicates that a prison inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening?  Yes  No

##### 115.81 (b)

- If the screening pursuant to § 115.41 indicates that a prison inmate has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison.)  Yes  No  NA

##### 115.81 (c)

- If the screening pursuant to § 115.41 indicates that a jail inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening?  Yes  No

#### 115.81 (d)

- Is any information related to sexual victimization or abusiveness that occurred in an institutional setting strictly limited to medical and mental health practitioners and other staff as necessary to inform treatment plans and security management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law?  Yes  No

#### 115.81 (e)

- Do medical and mental health practitioners obtain informed consent from inmates before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the inmate is under the age of 18?  Yes  No

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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**Policy and Documents Reviewed:** GDC Policy 208.06, Sexually Abusive Behavior Prevention and Intervention Program, I., Medical and Mental Health Care; Pre-Audit Questionnaire; Victim/Aggressor Assessment; Referrals to Mental Health; Mental Health Case Notes

**Interviews:** Health Services Administrator, Director of Nursing; Assistant Director of Nursing; Director of Mental Health; Executive Director, Teal House; Mental Health Counselors; Staff Conducting Victim/Aggressor Assessments

**Observations:** Intake Process; Victim/Aggressor Assessment Process

**Discussion of Reviewed Policy and Documents:** GDC Medical Policies are specific and voluminous regarding health care. Health Care services are provided through a contract. The GDC Policy, 208.06, Sexually Abusive Behavior Prevention and Intervention Program I, Medical and Mental Health Care requires that the GDC provide prompt and appropriate medical and mental health services in compliance with 28 CFR 115 and in accordance with the GDC Standard Operating Procedures. The auditor reviewed 30 referrals to mental health for inmates alleging sexual abuse or sexual harassment, including prior victimization. The referral process is expedited by the fact the mental health staff conduct the victim/aggressor assessments during the intake process. Prior to the provision of services, based on referrals, documentation, including Informed Consent/Confidentiality Forms, are explained and signed by inmates. Case notes were provided documenting the inmates who were referred were offered follow-up mental health services. Two of the reviewed referrals and follow-up case notes documented that the inmate refused the services indicating they did not need counseling for their reported or prior victimization.

If the screening process indicates an offender has previously perpetrated sexual abuse whether it occurred in an institutional setting or in the community, staff ensure that the offender is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening. Reviewed investigation files consistently had documented referrals to mental health at Central State Prison.

The Pre-Audit Questionnaire and interviews with staff confirmed there were no inmates who disclosed prior abusiveness. Staff were aware that if they had made a disclosure the same procedures for referral would occur.

Care is taken to protect reported information. Information reported by offenders related to prior victimization or abusiveness that occurred in an institutional setting is limited to medical and mental health practitioners and other staff, as necessary, to inform treatment plans and security and management decisions, including housing, bed, work, education and program assignments or as otherwise required by Federal, State or local law.

Interviews with medical and mental health staff indicated that they obtain and document informed consent from offenders before reporting information about prior sexual victimization that did not occur in an institutional setting. None of the interviewed inmates reported prior victimization.

The auditor requested and reviewed fifteen (15) referrals to mental health for inmates disclosing prior victimization. The reviewed referral forms documented whether the inmate wanted follow-up or not; and in those cases where the inmate accepted the referral, inmates were seen by mental health on the same day or next. Mental health staff are conducting the screening so they have knowledge of disclosures quickly.

**Discussion of Interviews:** Interviews with medical and counseling staff, as well as staff responsible for intake screening and screening for risk of victimization and/or abusiveness, indicated inmates are screened for prior victimization. Policy requires, and staff, stated in interviews, if the screening indicates that an offender has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, staff ensure the offender is offered a follow-up meeting with a medical or mental health practitioner usually the same day or next and well within 14 days of the intake screening.

**Observations:** The auditor interviewed staff conducting the victim/aggressor process and while making those observations, there were no inmates disclosing prior victimization or abusiveness.

## Standard 115.82: Access to emergency medical and mental health services

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

### 115.82 (a)

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

### 115.82 (b)

- If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do security staff first responders take preliminary steps to protect the victim pursuant to § 115.62?  Yes  No
- Do security staff first responders immediately notify the appropriate medical and mental health practitioners?  Yes  No

### 115.82 (c)

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

### 115.82 (d)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

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

**Interviews:** Health Services Administrator, Director of Nursing; Assistant Director of Nursing; Mental Health Director; Mental Health Counselor; Interviews with Randomly Selected Staff; Security and Non-Security First Responders and Interviews with Inmates who reported prior sexual abuse.

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

The facility provided the Medical PREA Log maintained by medical staff. This document logs the date of the incident, reported within 72 hours, Transport to ER, Inmate consent signed, SANE notified, Time notified, Date Exam scheduled, Date exam completed, time SANE arrived, Sane Conducting the Exam, Company Chain of Command for Rape Kit, and Date the rape kit is accepted by security.

The Pulaski State Prison has mental health staff, including the Mental Health Director who is a licensed professional counselor, who can serve as a victim advocate in the absence of an outside advocate or who can accompany the resident during any forensic exam, if requested.

**Discussion of Interviews:** The facility Health Services Administrator indicated, in an interview, that medical's responsibility would be to treat any emergency once an inmate is brought to medical following a sexual assault, medical will conduct a preliminary examination for major injuries. The Sexual Assault Nursing Protocol is initiated. The Satilla Sexual Assault Response Team is contacted and typically they arrive within 6-8 hours to conduct the examination. The rape kit is turned over to security and the chain of evidence is documented on a log chain of custody.

The Health Services Administrator related there have been no allegations requiring a forensic exam during the past twelve (12) months.

Interviews with staff confirmed that, as first responders, they would separate the victim from the perpetrator and get the victim to medical for treatment and an examination. Dooly State Prison has medical staff on duty 24/7.

## **Standard 115.83: Ongoing medical and mental health care for sexual abuse victims and abusers**

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

#### **115.83 (a)**

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

#### **115.83 (b)**

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

#### **115.83 (c)**

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

#### **115.83 (d)**

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

#### **115.83 (e)**

- If pregnancy results from the conduct described in paragraph § 115.83(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if all-male facility.)  Yes  No  NA

### 115.83 (f)

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

### 115.83 (g)

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

### 115.83 (h)

- If the facility is a prison, does it attempt to conduct a mental health evaluation of all known inmate-on-inmate abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners? (NA if the facility is a jail.)  Yes  No  NA

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

**Interviews:** Health Services Administrator; Director of Nursing; Assistant Director of Nursing

**Discussion of Policy and Documents Reviewed:** The agency's "Procedure for Sane Nurse Evaluation/Forensic Collection" provides specific actions required when an inmate alleges sexual abuse/assault. It also requires that following a SANE Examination, the facility provider or designee is responsible for ordering prophylactic treatment for STIs. A follow up visit by a clinician is required three working days following the exam. The facility has a facility specific coordinated response plan (Local Procedure Directive) that specifies the actions for first responders; Sexual Assault Response Team, Medical and Mental Health. GDC Policy requires that victims of sexual abuse are provided health care



services, including the forensic exam at no cost to the victim. This is confirmed through review of the GDC PREA Policy as well as interviews with medical staff. GDC Policy requires that the facility attempt to conduct a mental health evaluation of all known resident on resident abusers within 60 days of becoming aware of such history and offer treatment as appropriate.

**Discussion of Interviews:** The Health Services Administrator, Director of Nursing and Assistant Director of Nursing articulated medical's explained medical's role in responding to an allegation of sexual abuse. If an inmate came to the clinic with substantial injuries of an emergency nature, would be taken to the hospital for emergency treatment and the SANE would either go to the hospital to conduct the forensic exam or the SANE at the hospital would conduct it. A "Sexual Assault/Rape Kit" would be sent to the hospital to be completed there. If an inmate is not provided information on sexual transmitted infection prophylaxis at the hospital the facility can offer it to the inmate and it can be ordered by the facility's physician. If pregnancy results from an incident of sexual assault, the inmate is advised of options available.

## DATA COLLECTION AND REVIEW

### Standard 115.86: Sexual abuse incident reviews

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

#### 115.86 (a)

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

#### 115.86 (b)

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

#### 115.86 (c)

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

#### 115.86 (d)

- Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse?  Yes  No

- Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility?  Yes  No
- Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse?  Yes  No
- Does the review team: Assess the adequacy of staffing levels in that area during different shifts?  Yes  No
- Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff?  Yes  No
- Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.86(d)(1) - (d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager?  Yes  No

### 115.86 (e)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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**Policy and Documents Review:** GDC Policy 208.06, Prison Rape Elimination Act-PREA, Sexually Abusive Behavior Prevention and Intervention Program J. Data Collection and Review, 1. Monthly Sexual Abuse and Sexual Assault Program Review; Monthly Sexual Abuse and Sexual Assault Program Review; Reviewed Investigations; Pre-Audit Questionnaire

**Interviews:** Warden; SART Leader; SART Members

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

This policy requires that the members of the incident review team consist of the PREA Compliance Manager, SART and representatives from upper level management, line supervisors and other staff members, as designated by the Warden of the facility. The Warden provided a memo designating the members of the SART for the prison.

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

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

**Discussion of Interviews:** Interviews with the PREA Compliance Manager/Deputy Warden for Care and Treatment, Warden, Health Services Administrator and other members of the Sexual Assault Response Team, confirmed the facility does have a process for conducting incident reviews following an investigation. The PREA Compliance Manager described the membership of the team as well as the things the team would be looking at in that review.

## Standard 115.87: Data collection

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

#### 115.87 (a)

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

### 115.87 (b)

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

### 115.87 (c)

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

### 115.87 (d)

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

### 115.87 (e)

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

### 115.87 (f)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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**Policies and Documents Review:** GDC Policy 208.06, Prison Rape Elimination Act, Sexually Abusive Behavior Prevention and Intervention Program, J.3; Georgia Department of Corrections Annual Report;

**Interviews:** PREA Coordinator (previous interview); PREA Compliance Manager; Warden

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

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

The auditor reviewed the most recent Georgia Department of Corrections Annual Report. The Agency issues annual PREA reports and posts them on the GDC Website. The auditor reviewed the 2016 Georgia Department of Corrections Prison Rape Elimination Annual Report. The report was detailed and comprehensive. The report indicated that the Georgia DOC has 34 prisons, 13 transitional centers, 9 probation detention centers, 5 substance abuse and integrated treatment facilities and 4 private prisons. Data is collected from each of the facilities and aggregated. Georgia DOC compiles and investigates PREA allegations in 4 major categories including 1) Staff on inmate Abuse, 2) Staff on Inmate Harassment, 3) Inmate on Inmate Abuse, and 4) Inmate on Inmate Harassment. The report provided data regarding the total number of allegations from all facilities and then it breaks the allegations down into those that were substantiated, unsubstantiated and unfounded. A chart then breaks down the data by facility. The 2016 report indicated there was a 18.7% increase in allegations reported and this was attributed to better reporting. An increase in substantiated cases was noted and attributed to better trained investigators. The report concluded with a breakdown of PREA related initiatives in each of the Georgia Department of Corrections facilities. Statistics are provided for each GDC facility.

In addition to the monthly PREA statistical report submitted by each facility; the facility also submits to GDC, a Monthly COMSTAT Report, providing statistics on a multitude of topics, including PREA incidents.

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

## Standard 115.88: Data review for corrective action

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

#### 115.88 (a)

- Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas?  Yes  No
- Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis?  Yes  No
- Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole?  Yes  No

#### 115.88 (b)

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

#### 115.88 (c)

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

#### 115.88 (d)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

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

**Interviews:** Agency PREA Coordinator; PREA Compliance Manager

**Discussion of Policies and Documents Reviewed:** The Georgia Department of Corrections requires each facility to conduct incident reviews after each sexual abuse allegation investigation if the allegations are founded or unsubstantiated. The purpose of this is to determine what the motivation for the incident was and to assess whether there is a need for corrective actions including additional staff training, staffing changes or requests for additional video monitoring technology or other actions to help prevent similar incidents in the future. The auditor reviewed thirty-three (33) investigation packages. One-hundred percent (100%) of the investigation packages contained Sexual Abuse Incident Reviews that were conducted well within the required time frames.

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

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

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

## **Standard 115.89: Data storage, publication, and destruction**

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

### **115.89 (a)**

- Does the agency ensure that data collected pursuant to § 115.87 are securely retained?  
 Yes    No

### **115.89 (b)**

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

#### 115.89 (c)

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

#### 115.89 (d)

- Does the agency maintain sexual abuse data collected pursuant to § 115.87 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise?  Yes  No

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

**Policies and Documents Reviewed:** GDC Policy 208.06, Prison Rape Elimination Act -PREA, Sexually Abusive Behavior Prevention and Intervention Program, VI. Record Retention of Forms Relevant to this Policy,

**Interviews:** PREA Coordinator (previous interview); PREA Compliance Manager; Warden

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

GDC Policy 208.06, Prison Rape Elimination Act -PREA, Sexually Abusive Behavior Prevention and Intervention Program, VI. Record Retention of Forms Relevant to this Policy, requires that the retention of PREA related documents and investigations will be securely retained and made in accordance with



this policy and policy in VI.1, Sexual abuse data, files and related documentation requires they are retained at least 10 years from the date of the initial report.

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

## AUDITING AND CORRECTIVE ACTION

### Standard 115.401: Frequency and scope of audits

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

#### 115.401 (a)

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

#### 115.401 (b)

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

#### 115.401 (h)

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

#### 115.401 (i)

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

#### 115.401 (m)

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

#### 115.401 (n)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

Policy and Documents Reviewed: GDC Policy, 208.06, Prison Rape Elimination Act-PREA, Sexually Abusive Behavior Prevention and Intervention Program, K. Audits; Notices of PREA Audit

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

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

The auditor was provided complete and unfettered access to all areas of the facility. Space in an office was provided for the auditor to conduct interviews with complete privacy. When additional documentation was requested it was provided expeditiously.

The auditor received information on the flash drive prior to the on-site audit. The flash drive primarily contained policies and examples of forms used by the GDC, subsequently the auditor requested and received completed documentation and samples of documentation as requested. The facility promptly

provided whatever was asked for by the auditor and following the on-site audit, as information was requested the PREA Compliance Manager and the PREA Coordinator provided it, and again, expeditiously

The audit resulted in identification of several issues that required remediation. Remediation commenced during the audit and continued after the on-site audit and culminated in the facility providing the required documentation on January 19, 2018.

The PREA Notice was observed posted in virtually every area of the facility. The notice, posted in both Spanish and English, contained contact information for the auditor. The auditor did not receive any correspondence as a result of the notice posting. During the tour of the facility the auditor informally talked with inmates and staff. None of the residents requested to talk with the auditor in private. Interviews were conducted in complete privacy and every resident chosen for interviews participated in the interviews. The audit was free to move about the facility at will, providing the opportunity for any resident to communicate with the auditor, if they needed to.

Three inmates communicated with the auditor. The auditor interviewed each one and was able to assist the inmates in working with the facility's Deputy Warden, who formerly served as the Agency's Assistant Statewide PREA Coordinator. Inmate's stated they were happy to have this communication with the Deputy Warden and they had confidence in him and that he would be someone they would trust and would work with.

## Standard 115.403: Audit contents and findings

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

#### 115.403 (f)

- The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports within 90 days of issuance by auditor. The review period is for prior audits completed during the past three years PRECEDING THIS AGENCY AUDIT. In the case of single facility agencies, the auditor shall ensure that the facility's last audit report was published. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or in the case of single facility agencies that there has never been a Final Audit Report issued.)  Yes  No  NA

#### Auditor Overall Compliance Determination

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

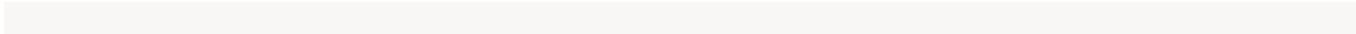
**Does Not Meet Standard** (*Requires Corrective Action*)

**Instructions for Overall Compliance Determination Narrative**

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

The GDC PREA Coordinator ensures that all PREA Reports are published on the agency’s website within 90 days of the completion of the report. Reports for all facilities for all reporting periods are posted on the agency’s website and easily accessible to the public.

The auditor reviewed the Agency’s website and reviewed a sample of PREA reports as well as annual reports that were posted on the website.



## AUDITOR CERTIFICATION

I certify that:

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

### Auditor Instructions:

Type your full name in the text box below for Auditor Signature. This will function as your official electronic signature. Auditors must deliver their final report to the PREA Resource Center as a searchable PDF format to ensure accessibility to people with disabilities. Save this report document into a PDF format prior to submission.<sup>1</sup> Auditors are not permitted to submit audit reports that have been scanned.<sup>2</sup> See the PREA Auditor Handbook for a full discussion of audit report formatting requirements.

Robert Lanier \_\_\_\_\_

January 20, 2018 \_\_\_\_\_

**Auditor Signature**

**Date**

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

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