

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

Interim Final

Date of Report September 30, 2018

Auditor Information

Name: Robert Lanier	Email: rob@diversifiedcorrectionalservices.com
Company Name: Diversified Correctional Services, LLC	
Mailing Address: PO Box 452	City, State, Zip: Blackshear, GA 31516
Telephone: 912-281-1525	Date of Facility Visit: September 5-6, 2018 (2 Certified Auditors Conducting the Audit)

Agency Information

GEORGIA DEPARTMENT OF CORRECTIONS		Governing Authority or Parent Agency (If Applicable): GEORGIA DEPARTMENT OF CORRECTIONS	
Physical Address: 300 Patrol Road		City, State, Zip Forsyth, GA 31029	
Mailing Address SAME AS ABOVE		City, State, Zip: Same as above	
Telephone: 478-992-5101		Is Agency accredited by any organization? <input type="checkbox"/> Yes <input type="checkbox"/> No Participating in ACA Accreditation Process	
The Agency Is:	<input type="checkbox"/> Military	<input type="checkbox"/> Private for Profit	<input type="checkbox"/> Private not for Profit
<input type="checkbox"/> Municipal	<input type="checkbox"/> County	<input checked="" type="checkbox"/> State	<input type="checkbox"/> Federal
Agency mission: . The Georgia Department of Corrections protects the public by operating secure and safe facilities while reducing recidivism through effective programming, education, and healthcare.			
Agency Website with PREA Information: www.dcor.state.ga.us			

Agency Chief Executive Officer

Name Gregory C. Dozier	Title: Commissioner
Email: Gregory.Dozier@gdc.ga.gov	Telephone: 404-651-4661

Agency-Wide PREA Coordinator

Name: Grace Atchison	Title: Statewide PREA Coordinator
Email: grace.atchison@gdc.ga.gov	Telephone: 478-992-5374

PREA Coordinator Reports to: Sharon Shaver, Director, Compliance	Number of Compliance Managers who report to the PREA Coordinator 82
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Facility Information

Name of Facility: WHITWORTH WOMEN'S FACILITY

Physical Address 414 Valley Hart Road, Hartwell, Georgia

Mailing Address (if different than above): PO Box 769, Hartwell, Georgia

Telephone Number: 706-856-2601

The Facility Is:	<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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Facility Type:	<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: <http://www.dcor.state.ga.us/Facilities>

Warden/Superintendent

Name: Jodi Ford	Title: Warden
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Email: Jodi.ford@gdc.ga.gpv	Telephone: 706-856-2605
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Facility PREA Compliance Manager

Name: Sheila Bracewell	Title: Deputy Warden Care and Treatment
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Email: Sheila.Bracewell@gdc.ga.gov	Telephone: 404-357-8069
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Facility Health Service Administrator

Name: Becky Glenn	Title: Nurse Manager
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Email: Becky.glenn@gdc.ga.gov	Telephone: 706-856-2628
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Facility Characteristics

Designated Facility Capacity: 442	Current Population of Facility: 434
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Number of inmates admitted to facility during the past 12 months	704
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Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 30 days or more:	704
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Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:	704
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Number of inmates on date of audit who were admitted to facility prior to August 20, 2012:			Male Facility at that time		
Age Range of Population:	Youthful Inmates Under 18: 0	Adults: 18-65			
Are youthful inmates housed separately from the adult population?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A/ep None	
Number of youthful inmates housed at this facility during the past 12 months :			0		
Average length of stay or time under supervision:			5-7 Years		
Facility security level/inmate custody levels:			Med/Min/Close		
Number of staff currently employed by the facility who may have contact with inmates:			127		
Number of staff hired by the facility during the past 12 months who may have contact with inmates:			15		
Number of contracts in the past 12 months for services with contractors who may have contact with inmates:			13		
Physical Plant					
Number of Buildings: 21		Number of Single Cell Housing Units: 7			
Number of Multiple Occupancy Cell Housing Units:		2			
Number of Open Bay/Dorm Housing Units:		7			
Number of Segregation Cells (Administrative and Disciplinary):		7			
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.): <u>Video monitoring equipment with DVR in housing units, central control, front entry, perimeter, food service area, and maintenance</u>					
Medical					
Type of Medical Facility:		12 Hour Coverage on Site			
Forensic sexual assault medical exams are conducted at:		Facility			
Other					
Number of volunteers and individual contractors, who may have contact with inmates, currently authorized to enter the facility:			13/200		
Number of investigators the agency currently employs to investigate allegations of sexual abuse:			81		

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 Whitworth Women's Facility was forwarded to the Georgia Department of Corrections PREA Coordinator six weeks prior to the on-site audit, for posting in the Prison. The PREA Coordinator was asked via email to the facility, to post the notices in areas accessible to offenders, staff, contractors, and visitors. The purpose of the posting of the Notice is to allow anyone with a PREA issue or concern, or an allegation of sexual abuse or sexual harassment to correspond, confidentially, with the Certified PREA Auditor. The facility confirmed posting. During the onsite PREA Audit, Notices of PREA Audit were observed posted everywhere in that facility; in every living unit and area of the prison, including the segregation unit. The auditor did not receive any communications from any staff, offender, visitor, contractor or volunteer as a result of posting the contact information for the PREA Auditor.

Pre-Audit Questionnaire/ Flash Drive Review: The facility forwarded a detailed flash drive to the auditor 30 days prior to the on-site audit. The reviewed flash drive contained the Pre-Audit Questionnaire, policies and procedures and a variety of documentation to support the facility's practices relative to Georgia Department of Correction's Policy and the PREA Standards. Samples of documentation were provided, and more were requested. 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 PREA Compliance Manager were always responsive to any request and assured the auditor the information would be made available.

Selection of Staff and Inmates: Prior to the audit, the auditor requested and received on the day of the on-site audit, a list of staff who would be assigned on 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. Specialized staff were identified, and selections made for those interviews. The Auditor also interacted and questioned 13 offenders in a variety of locations throughout the facility about their knowledge of PREA and their understanding of how to report allegations.

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 in both facilities. Additional list requested and received included inmates who were 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 offenders who reported victimization while in the Whitworth Facility or at another facility.

On-Site Audit Activities (September 5-6, 2018)

This audit was conducted by two (2) Certified PREA Auditors. By prior arrangement the auditor arrived at the facility at 0830 on September 5, 2018. Entering the facility, the auditor was required to undergo the standard security procedures, including scanning the auditor's belongings and walking through the metal detector. The auditor was greeted by the PREA Compliance Manager/Deputy Warden and introduced to the Warden. Following a brief discussion of the PREA and audit process, the auditor selected staff to be interviewed and began those interviews while awaiting the arrival of the Associate Auditor who is also Certified in both Adult and Juvenile Standards.

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 female 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.

Staff Interviews:

Randomly Selected Staff: Whitworth Women's Facility (12)

Using the current staffing roster, the auditor selected 12 random staff, ensuring that those selected represented a variety and cross section of positions, including:

- Teacher
- Correctional Officers (representing day shift, split shift and overnight shift)
- (1) Lieutenant (Officer in Charge)
- (1) Captain (Chief of Security)
- (2) General Population Counselors
- (2) Mental Health Licensed Professional Counselors

Specialized Staff: Whitworth Women's Facility and State Office Staff (27)

Following the Site Review, the auditor continued interviewing staff who were randomly selected from the Staffing Roster for all staff and randomly as well as specialized category staff including the following:

- Agency Head Designee (Previous Interview)
- Warden
- Deputy Warden of Security
- Contract Manager Designee (Previous Interview)
- Agency PREA Coordinator (Previous Interview)
- Assistant Agency PREA Coordinator (Previous Interview)
- PREA Compliance Manager/ Deputy Warden of Care and Treatment
- Intake Staff

- Staff Conducting Orientation
- Facility-Based Investigator
- Special Agent (Previous Interview)
- Incident Review Team Member
- Registered Nurse
- Staff supervising segregation
- Staff conducting the victim/aggressor assessments
- Upper level staff conducting unannounced rounds- (2)
- Human Resources Manager
- Contractor
- Retaliation Monitor
- First Responder
- Teacher
- Volunteer Coordinator/Chaplain
- Grievance Officer/Chief Counselor
- Hearing Officer
- Staff Assigning Dorm Placement
- Due Process Hearing Officer
- Administrative Staff Responsible for Background Checks and PREA Training of Contractors

Randomly Selected Inmates: (13)

A total of 13 randomly selected inmates were interviewed. These inmates were randomly selected from the facility's inmate alpha roster, by housing units. Care was taken to include young and old, all housing units, and racial and ethnic groups.

Targeted/Special Category Inmates: (13)

There were no youthful inmates nor were there any inmates in segregation for protection or as the result of being at imminent risk or for sexual victimization. There were no Limited English Proficient Offenders or any Transgender Offenders.

- (2) Cognitively Challenged
- (6) Reporting Prior Victimization
- (1) Reporting Victimization
- (4) LGB Offenders

Documents and Files Reviewed

- Facility Organizational Chart
- Whitworth Women's Facility Staffing Plan
- Eighteen (18) Pages of Log Book Entries for Unannounced PREA Rounds
- Local Operating Directive
- Twenty-Six (26) Certificates of Completion - PREA
- Eighteen (18) Day 1- In-Service Training Sheets (PREA)
- Thirty-Five Staff Signatures on Training Rosters for Day 1 Annual In-Service (PREA)
- Forty (40) Staff Training Records (Training History) Documenting PREA Training

- Forty (40) NIC Certificates documenting Communicating Effectively with LGBTI Inmates
- Forty (40) PREA Acknowledgment Statements Staff
- Forty (40) Acknowledgments of Watching the PREA Video
- Forty (40) Receiving information at intake
- Twelve (12) Months Intake Acknowledgments
- Forty (40) Victim/Aggressor Assessments
- Forty (40) Reassessments
- Thirteen (13) Investigation Packages
- Three (3) NIC Certificates documenting Specialized Investigations Training
- Seven (7) Certificates of Specialized Training for Medical
- Three (3) Certificates of Specialized Training for Mental Health Staff
- Ten (10) Grievances
- Ten (10) Volunteer Files
- Twelve (12) Monthly PREA Reports
- Referrals to Mental Health as a result of reporting prior victimization
- Twelve (12) Months Sexual Assault Sexual Harassment on PREA Acknowledgments
- PREA Brochures

Testing of Processes

During a site review of the facility, the auditor requested the PREA Compliance Manager test a PREA phone in each dorm building and leave a message asking the PREA Analyst to email the auditor the results. The auditor received confirmation that the messages sent from units A and B were received documenting the PREA Phones were operative and functioning appropriate and consistent with the dialing instructions.

Post Audit Activities: The auditor communicated with the facility requesting additional information and clarifying issues.

Site Review of the Entire Facility/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 auditor was accompanied on a complete site review by the Warden, Deputy Warden for Security, Deputy Warden of Care and Treatment/PREA Compliance Manager, the Georgia Department of Corrections Assistant PREA Coordinator and the Agency's PREA Coordinator. Whitworth Women's Facility is a neatly arranged complex in Hartwell, Georgia. The facility houses a capacity of 442 adult female felons, with medium or minimum-security classifications. The population on the first day of the audit was 440.

Offender demographics were as follows:

- Race:
- 3 Asian

- 2 Hispanic
- 319 White
- 116 Black

73% White
26% Black
1% Other

Security Level:

253 Minimum Security, 57%
187 Medium Security, 43%

Ages:

1 Offender = 18
101 Offenders in their 20's
197 Offenders in their 30's
100 Offenders in their 40's
39 Offenders in their 50's
2 Offenders in their 60's

STAFFING: The facility staffing plan states there are 109 staff at this facility. Security staffing allows for a minimum of one staff in each control room and one correctional officer assigned to the "floor", rotating between dorms providing supervision. The control room is also configured so that that staff can provide some visual observation of the offenders in the dorms as well. Interviews with the Warden and Deputy Warden for Security indicated that although they have some vacancies and staff out on Family Leave, the staffing is adequate for this facility.

SECURITY: (66)

Security Staffing at the facility includes the following:

- Warden
- 3 Deputy Wardens
- One (1) Captain
- Three (3) Unit Managers
- Four (4) Lieutenants
- Seven (7) Sergeants
- One (1) Medical Unit Manager
- Forty-five (45) Correctional Officers (10 Vacant)
- Four (4) Transport Officers

Administrative Staff

- Two (2) Secretaries
- One (1) HR Tech Supervisor
- One (1) Purchasing Assistant II
- Two (2) Financial Ops Generalists
- One (1) Admin Support III

Food Service Staff

- One (1) Food Service Manager
- One (1) Food Service Specialist II
- Six (6) Food Service Supervisors

Education Staff

- One (1) Teacher
- One (1) Instructor II
- One (1) Instructor II PT

Counseling Staff

- One (1) Behavioral Health Counselor Supervisor
- One (1) Behavioral Health Counselor III
- Two (2) Behavioral Health Counselor II
- One (1) Behavioral Health Counselor I

Mental Health Staff

- One (1) Psychologist
- Three (3) Mental Health Counselors
- One (1) Secretary

Medical Staff (Augusta University)

- One (1) Physician
- One (1) Nurse Manager
- Four (4) Registered Nurses
- Two (2) Licensed Practical Nurses
- One (1) Secretary

Other staff

- Two (2) Store Clerks
- One (1) Chaplain
- One (1) Librarian
- Two (2) Recreation Supervisors
- One (1) Cosmetologist
- Three (3) Maintenance
- One (1) Program Specialist III

Programs offered at this facility include:

- Academics – Adult Basic Education, Literacy Remedial, GED
- Counseling – Moral Recognition Therapy, Matrix, Relapse Group, Motivation for Change, RE-entry, Active Parenting, Family Violence

- The Outside Advocacy Organization, Harmony House, provides a Parenting Group and a Trauma Group
- Religious Activities
- Recreation
- Vocational/OJT including custodial maintenance, grounds maintenance, laundry, building maintenance, food preparation, cook apprentice, kitchen helper

Offenders also may be assigned to the following outside work details:

- Details in Three surrounding counties
- Details in Three surrounding cities
- Department of Transportation
- Department of Natural Resources

Whitworth Women's Facility is located on a neatly and well-maintained campus. Grounds were observed to be immaculate and buildings and dorms were orderly, neatly arranged, and clean.

The facility consists of seven open bay dorms and six isolation/segregation cells. The "B" Unit has four dorms housing up to 52 offenders in each dorm. The other living unit houses three dorms with totals of 80, 66 and 80.

Each dorm is equipped with cameras, a KIOSK, Phones with the PREA Hotline Numbers Painted on the walls, single occupancy showers with separate stalls and PREA Curtains, and toilets separated by ½ walls and all equipped with curtains affording privacy.

The following areas were a part of the site review:

- Administrative Area
- Warehouse
- Maintenance
- Chemical Area
- B Unit – all four dorms
- Administrative Segregation
- Education Building (Two Classes)
- Gym
- Cosmetology
- General Counselors Area
- Medical
- Dining Hall
- Main Unit Housing (Three Units)
- Library
- Laundry
- Intake
- Food Service/Kitchen/Storage Areas

As stated earlier, the entire facility and grounds was exceptionally clean, neat and well maintained. Housing units were open bay dorms with bunk beds that can be viewed from the control room. A roving officer goes through each housing unit at least every 30 minutes. Dorms contained PREA information

on the walls, at least one KIOSK for emailing family, designated staff, and the PREA Unit, multiple phones with instructions for reporting allegations of sexual abuse and sexual harassment to the PREA Unit, individual shower stalls separated by walls and equipped with privacy curtains, and toilets within separate stalls also equipped privacy curtains. Cameras are located in the dorms however none of them are in the shower/restroom areas. Informally interviewed offenders appeared relaxed and freely talked with the auditor about PREA, how they received PREA information on arrival and in orientation, and how to report sexual abuse or sexual harassment that happened to them or to others.

The administrative segregations cells had toilets inside the cell and single occupancy showers with privacy afforded while showering. There were no offenders in administrative segregation because of a PREA incident.

Cameras are strategically placed throughout the facility. The auditor also observed large mirrors mounted to mitigate viewing within blind spots. The facility has utilized mirrors freely to deter misbehavior. The Gym had two (2) cameras and large windows facilitated viewing in the offices in the Gym. Medical has two (2) cameras and again, offices have glass windows enabling viewing into the offices. The Dining Hall has four (4) cameras and the Serving Line is covered by a camera. Viewing into the library from the hall is enabled through a large window space. Intake has a camera. A camera in the hall would cover anyone entering the food service area. The Food Service Manager pointed out the windows in the cooler. She also related how she moved some food storage to facilitate viewing.

Staff were observed moving about supervising offenders and interactions between the officers and offenders was observed to be professional and relaxed.

*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: 6

115.11; 115.17; 115.31; 15.53; 115.61; 115.87

Number of Standards Met: 39

115.12; 115.13; 115.14; 115.15; 115.16; 115.17; 15.18; 115.21; 115.22; 115.32; 115.33; 115.34; 115.35; 115.41; 115.42; 115.43; 115.52; 115.54; 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; 115.81; 115.82; 115.83; 115.86; 115.88; 115.89; 115.401; 115.403

Number of Standards Not Met: 0

Summary of Corrective Action:

Issue: Although the services provided by the outside advocacy organization, Harmony House, are consistent with the standards, this organization goes above and beyond the call of duty by providing two groups for offenders at the facility. These groups are a parenting group and a trauma group. The agency has a memo confirming the services provided to the offenders at the facility and an interview with the Director, Harmony House, confirmed a close professional relationship with the facility and the multiple services they provide. However, offender interviews indicated that while offenders were aware that there were outside support organizations they were not aware specifically of Harmony House.

Corrective Action: The auditor requested the PREA Compliance Manager post all the required contact information in each living unit and take photos of the posted notices. On September 12, the information was provided to confirm offenders have been provided information related to the program and how to contact them.

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; Whitworth Women's Facility Standard Operating Procedures 208.06, PREA Staffing Plan; Georgia Department of Corrections Organizational Chart; Statewide PREA Structure (Organizational Chart depicting lines of authority and responsibility for the PREA Unit); Job Description Statewide PREA Coordinator; Warden's Designee List; Inmate Supervision Memo from Warden; PREA Brochures; Resident Handbook; Training Rosters with signatures documenting Day One In-Service Training (that includes PREA); Forty (40) Staff PREA Acknowledgment Statements; (20) Contractors PRE Acknowledgment Statements; Forty (40) Inmate PREA Acknowledgment Statements Organizational Chart; Zero Tolerance Posters located throughout the facility;

Interviews: Warden; Superintendent; PREA Coordinator, PREA Compliance Managers, (12) Randomly Selected Staff; Twenty-Seven (27) Specialized Staff, (13) Random Inmates, (13) Targeted Inmates.

Other: Observed posters throughout the facility; Painter PREA related posters; Inmate Tablets; Phones with dialing instructions, KIOSKS. Posters, KIOSKS and Phones were observed in all living units.

Policy Review: Georgia Department of Corrections (GDC) Policy 208.6, Prison Rape Elimination Act-PREA, Sexually Abusive Behavior Prevention and Intervention Program, is a comprehensive PREA Policy that not only details the agency's approach to prevention, detection, reporting and responding to

allegations of sexual abuse and sexual harassment but also integrates this information in a manner that flows logically and is easily understood. The policy affirms that the Department will not tolerate any form of sexual abuse or sexual harassment of any offender. Policy 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 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. This staff person was previously the agency's PREA Coordinator.

Additionally, the Department has appointed a Compliance Director, Statewide PREA Coordinator and an Assistant Agency Statewide PREA Coordinator with sufficient time and authority to develop, implement, and oversee the Department's efforts to comply with the PREA Standards in the GDC facilities. The Statewide PREA Coordinator has responsibility for the entire state. Both staff are experienced in adult corrections. They are heavily involved in training staff; whether it is training for the PREA Compliance Managers, Sexual Assault Response Team Members, or of staff first responders to mention a few. PREA Compliance Manager training and SART training is held consistently at least twice a year. The PREA Coordinator is training to be a POST Certified Instructor (Peace Officer Standards Training).

The reviewed Statewide PREA Structure documented that the Statewide PREA Coordinator reports directly to the Agency's Director of the GDC Compliance Unit however it also reflects that the coordinator also has access to the Commissioner of the Department and this is reflected in the dotted line from the PREA Coordinator up to the Commissioner. An interview with the PREA Compliance Manager indicated that the Director of Facilities is actively supporting the PREA Coordinator and PREA in all facilities.

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. A previous interview with the PREA Coordinator and the Assistant Statewide PREA Coordinator confirmed that they have sufficient time to perform their PREA related duties.

The PREA Unit appears to be heavily involved as well in capturing data for planning and other purposes. To that end, the agency and PREA Unit has a PREA Analyst assigned to the PREA Unit. His job is to collect and analyze the data that is submitted to the PREA Unit, on a monthly basis, by each facility. This staff also receives the calls from inmates on the Department of Corrections PREA Hotline. In working with the PREA Auditor, the PREA Analyst assists by retrieving information on all calls to the PREA Hotline from each facility prior to the on-site audit. He also assists the auditor by securing from the Georgia Department of Corrections Technical Section, rosters of disabled inmates, identifying the

inmate and his/her disability, enabling the auditor to select disabled inmates to interview during on-site visits. He keeps statistics for each facility and cumulatively for the agency that are used by the Department in analyzing issues related to PREA.

The agency has a designated staff responsible for ADA and has arranged for the GDC to utilize statewide contracts for inmates with disabilities. This state level position, also under the umbrella of the Office of Professional Standards, Compliance section, has also been actively involved in trying get GDC staff trained in ADA.

The PREA Unit has contracted with Just Detention in the past to assist in implementing PREA and is now under contract with the Moss Group to help the Department develop their Transgender Policy.

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

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 reviewed Whitworth Women's Facility Organizational Chart documented that the PREA Compliance Manager is a higher-level staff, the Deputy Warden of Care and Treatment, and this position is reflected on the facility's org chart. The Deputy Warden of Care and Treatment reports directly to the Warden, ensuring that the PREA standards and PREA issues get priority in attention. Because of her higher-level position, she has the responsibility and authority to implement PREA and to access the Warden frequently and throughout the day, as needed. Interviews with the PREA Compliance Manager (PCM) and the Warden confirmed the Warden fully supports the PCM and that she has both the responsibility and authority to implement and maintain PREA. The PREA Compliance Manager is an enthusiastic and knowledgeable individual who has a grasp of how to implement and maintain compliance with the PREA Standards.

Additionally, the facility has morning executive team meetings enabling communication. This is confirmed by interviews with the Warden, PREA Compliance Manager and staff. Monthly PREA Meetings are attended by the PREA Compliance Manager and the other members of the Sexual Assault Response Team.

The PREA Compliance Manager is very knowledgeable of PREA. It is evident too, from the documentation she has been able to provide, that she is committed to PREA and its implementation and maintenance (institutionalization) creating a culture of zero tolerance. When asked for information, this facility did not have to spend an inordinate amount of time providing what the auditor asked for.

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.

The agency's proactive approach to working towards preventing, detecting, responding and reporting PREA incidents was described by the PREA Coordinator and included the fact that they have been

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

Zero Tolerance is reinforced in the GDC prisons this auditor has audited. Inmates tell the auditor they have received this information in every facility they have been in and most have been transferred multiple times throughout the years. This is also reflected in multiple documents, including PREA Acknowledgment Statements for staff, contractors, volunteers and inmates. Posters were observed in every area of the building, and in every living unit.

The Offender Handbook (PREA) asserts that the GDC fully supports the Prison Rape Elimination Act and is committed to a zero-tolerance policy against sexual violence. The PREA section of the handbook begins telling what PREA is and why it was established. It asserts in the first paragraph that the GDC fully supports the guidelines set forth in the law. It also affirms there will be no retaliation against a staff or offender who has reported an allegation of sexual assault or sexual misconduct made in good faith.

Inmates, staff, contractors and volunteers are trained in the zero-tolerance policy. They acknowledge that in signed PREA Acknowledgment Statements. The facility provided 40 PREA Acknowledgment Statements documenting staff understanding zero tolerance and PREA as well as documentation of completion of Day 1, Annual In Service Training that includes PREA Training. Acknowledgement Statements for Employees and Unsupervised Contractors and Volunteers affirms that they have received training on the Department's Zero Tolerance Policy on Sexual Abuse and Sexual Harassment and that they have read to GDC Standard Operating Procedure 208.06, Sexually Abusive Behavior Prevention and Intervention Program. They also acknowledge that violation of the policy will result in disciplinary action, including termination or being banned from entering any correctional institution. 26 PREA Acknowledgment Statements for selected volunteers was also provided to the auditor in hard copy.

The agency appears to value training to assist in the agency's prevention efforts. The agency plans and provides additional training for Sexual Assault Response Team Members as well as ongoing training for PREA Compliance Managers. The Agency also requires all staff to complete, in addition to their regular PREA Training, the NIC Online Training Course, "Communicating Effectively with LGBTI Inmates."

Sexual Assault Team Members attend training at least semi-annually and often complete the NIC on-line Specialized Training for Investigating Sexual Abuse in Confinement Settings, in addition to the specialized training for their respective fields; i.e., Medical and mental health. Healthcare staff attend training in Nursing Protocols. A qualified staff in most or all the GDC facilities is trained as a staff advocate.

Offenders are provided PREA related information upon admission to the facility during the intake process. During Intake, offenders are advised of the zero-tolerance policy and how to report allegations of sexual abuse and sexual harassment.

Interviews: The PREA Compliance Manager/Unit Manager, has responsibilities for the entire treatment program at the facility but indicated she makes time for PREA but her additional duties are many. She was very knowledgeable of PREA and described how she implements and maintains the PREA standards. As Deputy Warden of Care and Treatment, she is in daily contact with the Warden and has the authority and responsibility to implement PREA.

One-hundred percent (100%) of the 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. Allegations and reports, regardless of the source, are required to be documented and investigated. They affirmed they receive training annually during in-service training (Day 1) and during shift briefings periodically. Training records documenting staff attending Day 1 Annual In-Service Training containing the PREA component were asked for and provided. Staff also are required by the PREA Unit to complete the National Institute of Corrections on-line training entitled: "Communicating Effectively and Professionally with LGBTI Offenders".

Residents, staff, contractors and volunteers are trained in the zero-tolerance policy. All 26 formally interviewed offenders as well as 13 informally interviewed offenders, during the site review, were aware the facility and GDC has a zero tolerance for all forms of sexual activity. All the interviewed inmates stated they received information about the zero-tolerance policy during intake and that that, along with ways to report, were explained by the intake, staff. Inmates knew how to report, knew there was no such thing as consensual sex, said they have posters all over the facility and that they received a PREA Brochure asserting the agency has a zero tolerance for all forms of sexual abuse and sexual harassment and retaliation for reporting or cooperating with an investigation.

Other: Zero Tolerance is reflected in multiple documents, including PREA Acknowledgment Statements for staff, contractors, volunteers and residents. Posters were observed in every building, every living unit and in areas like the barbershop, kitchen, education, the gym, medical, segregation and in the fire department and others. Posters and wall paintings observed throughout this facility continuously remind staff and inmates of the agency's zero tolerance for sexual abuse, sexual harassment, or sexual misconduct. The Ware Sate Prison PREA Staffing Plan affirmed the zero tolerance the facility has for any form of sexual abuse.

The facility provided twenty (20) PREA Acknowledgment Statements confirming staff have been trained in PREA and are aware the agency and facility has a zero tolerance for sexual abuse, sexual harassment and retaliation. 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. The auditor also reviewed personnel files of staff including newly hired staff, promoted staff, regular non-security staff, contractors and volunteers. Each of the pulled files contained the signed PREA Acknowledgement Statements and other documents indicating they have been informed multiple times about the agency's zero tolerance policy.

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 of the Statewide PREA Coordinator convinced the auditor that she is "hands on" and works with her facilities by monitoring and providing technical assistance. She was very knowledgeable of what was going on in her facilities. Too, she makes herself available throughout the on-site audits to provide additional information and/or clarification when needed. An interview with the Assistant PREA Coordinator confirmed he too is knowledgeable of PREA and with his institutional experience, is resourceful in helping the facilities with compliance issues. GDC has also provided the PREA Unit the position of "analyst" who collects data from monthly reports sent to the PREA Unit. He is also a valuable resource to auditors in that he can pull PREA reports from facilities; identify inmates who have called the PREA Hotline in the past twelve months; and can provide a roster identifying the disabled inmates in the prisons. The Agency has an Americans with Disabilities Coordinator who facilitates getting translators for inmates. The Warden demonstrated a commitment to PREA by designating his Deputy Warden of Care and Treatment, an intelligent and motivated young lady. 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.

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 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; Two (2) contracts promulgated by the GDC for the confinement of inmates; Pre-Audit Questionnaire.

Interviews: Warden; PREA Compliance Manager; PREA Coordinator; Previous interview with the Agency's Contract Manager Designee

Policy and Documents Review: 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.

Whitworth Women's Facility 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 contractor 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: Community Corrections and Rehabilitation, Administration, Chapter 12, PREA, Staffing Patterns and Resident Supervision; Reviewed Whitworth Women's Facility Staffing Plan; Pre-Audit Questionnaire; Local Operating Directive.

Interviews: Warden, Previous interview with the Agency PREA Coordinator, PREA Compliance Manager, (12) Random Staff; (27) Specialized Staff.

Other: Observations made during the site review and onsite audit of the Whitworth Women's Facility.

Policy Review: The reviewed PREA Policy, 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 a written staffing plan in accordance with the SOP, using Attachment 11, Staffing Plan Template. That template addresses all the items required for review by the PREA Standards.

To enhance the supervision and monitoring of offenders, policy requires that each facility will 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. In circumstances where the staffing plan is not complied with, the facility will document and justify all deviations on the Daily Post Roster. Facility Management is required to review those deviations on a regular basis, no less than annually, to identify the most common reasons for deviations. This information will be used to make adjustments, as necessary, to the facility staffing plan. Completed plans are required to be forwarded to the PREA Coordinator for review and approval.

Policy also requires that no less than annually, each facility must assess, determine and document whether adjustments are needed to the established staffing plan. Revised plans are also required to forward these to the PREA Coordinator for review and approval.

New or existing facility designs, modifications, and technology upgrades must include considerations of how they could enhance the Department's ability to protect offenders against sexual abuse.

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 at least once per week in all areas and these rounds are required to be documented in the Duty Officer

Log book. The auditor reviewed 22 pages of log book entries containing documentation of unannounced rounds being made. Interviews with a host of supervisory staff also confirmed unannounced PREA rounds being made.

Staffing Plan Review:

Whitworth Women's Facility

The staffing plan for Whitworth Women's Facility is addressed in their standard operating procedure PREA Staffing Plan. The staffing plan is predicated upon an operational capacity of 442 inmates. Georgia Department of Corrections staffing patterns are based on departmental staffing analyses, that determines the priority one posts (posts that are staffed 24/7) and other non-priority one posts and utilizing a factor allowing for staff absences due to leave, days off and training, determines the total number of staff necessary to staff those posts. The last staffing analysis was conducted by the Department in 2014.

Staffing is planned based on the mission of the facility, composition of the population, any substantiated incidents of sexual abuse, and other factors, including any findings of outside facility reviews or audits, and the availability of video monitoring to supplement staffing.

This 18-page document, with great specificity and detail describes the minimum staffing levels for each area of the facility. An interview with the Warden confirmed that the Department previously had completed a "staffing analysis" that prescribed the minimum staffing for this type of facility and the mission of the facility. Within those parameters, the administration has some discretion over the deployment of those positions. There are two primary shifts at this facility. The agency has determined that there will be two primary shifts; 6AM – 6PM and 6PM – 6AM and a split shift. The split shift works primarily during normal duty hours and staff on that shift perform multiple duties including, key control, tool control, laundry, and other duties They may be called on to supplement the staffing on a shift. Consideration also must be made for the outside details, again, consider the mission of this facility. Video monitoring is a vital and integral part of monitoring staff and offenders and to supplement and enhance supervision.

The formal plan, the Whitworth Women's Facility Staffing Plan, addresses each of the following:

- Generally Accepted Detention and Correctional Practices
- Findings of Inadequacy
- Physical Plant; including blind spots
- Staffing
- Institution Programs
- Inmate Transportation Considerations
- Composition of the Offender Population
- Any applicable State Laws, Regulations,
- Prevalence of Substantiated and Unsubstantiated Incidents of Sexual Abuse and Harassment
- Other Factors

The deployment of video is described in detail as well as in the plan when addressing each building and area of the compound. In addition to staff supervision and video monitoring, this facility has effectively utilized mirrors in multiple locations to mitigate blind spots and to facilitate viewing.

The staffing plan considers the composition of the inmate population and 70% of the staff are female.

The composition of the facility is as follows:

Security Level: Whitworth Women's Facility houses medium and minimum-security inmates and includes level 2 Mental Health inmates. Approximately 100 inmates must meet the criteria to work on Outside Details.

The facility has four (4) Gender specific security posts that are manned by female staff only. These include the back gate/shakedown building, transport, intake and kitchen.

The staffing plan determined to be adequate by the administration documented the following:

STAFF: 109

SECURITY: (66)

Security Staffing at the facility includes the following:

- Warden
- 3 Deputy Wardens
- One (1) Captain
- Three (3) Unit Managers
- Four (4) Lieutenants
- Seven (7) Sergeants
- One (1) Medical Unit Manager
- Forty-five (45) Correctional Officers (10 Vacant)
- Four (4) Transport Officers

Administrative Staff

- Two (2) Secretaries
- One (1) HR Tech Supervisor
- One (1) Purchasing Assistant II
- Two (2) Financial Ops Generalists
- One (1) Admin Support III

Food Service Staff

- One (1) Food Service Manager
- One (1) Food Service Specialist II
- Six (6) Food Service Supervisors

Education Staff

- One (1) Teacher
- One (1) Instructor II
- One (1) Instructor II PT

Counseling Staff

- One (1) Behavioral Health Counselor Supervisor
- One (1) Behavioral Health Counselor III
- Two (2) Behavioral Health Counselor II
- One (1) Behavioral Health Counselor I

Mental Health Staff

- One (1) Psychologist
- Three (3) Mental Health Counselors
- One (1) Secretary

Medical Staff (Augusta University)

- One (1) Physician
- One (1) Nurse Manager
- Four (4) Registered Nurses
- Two (2) Licensed Practical Nurses
- One (1) Secretary

Other staff

- Two (2) Store Clerks
- One (1) Chaplain
- One (1) Librarian
- Two (2) Recreation Supervisors
- One (1) Cosmetologist
- Three (3) Maintenance
- One (1) Program Specialist III

The staffing plan, with detail, describes the physical layout of the facility and the staffing required as well as the presence or absence of video monitoring to supplement staff supervision of inmates. Priority One Posts (Mandatory Posts to be covered 24/7) without fail are included in the plan.

The plan requires a “call back” plan in the event of staff shortages and is required for each Deputy Warden for their functional areas.

Video Monitoring is a part of the staffing plan and there are fifty-two (52) cameras at this facility. There are four (4) live viewing locations and these include the front entrance, main unit, control room, B Unit Control Room and Chief of Security Office. Officers in the control rooms review the camera monitors twenty-four seven according to a memo from the Warden dated August 7, 2018. In addition to the camera coverage the facility has 18 mirrors throughout the facility and grounds. A memo to all staff documented the areas where mirror coverage is available. Staff are advised they are expected to visually check the mirrors as they walk past these areas. Officers working in these areas are expected to make more frequent rounds as well to check on the areas.

Unannounced rounds are a part of the plan and requires all Duty Officers, Supervisors and Managers are required to conduct unannounced PREA rounds to identify and deter staff and/or offender sexual

abuse and harassment. The memo also requires that staff no alert other staff of these rounds. An additional Memo form the Warden reminds staff of how PREA rounds should be documented in the log books. These require identifying the specific areas checked and that all entries are documented in red ink.

Interviews: The Warden and Deputy Warden of Security indicated the staffing at the facility is adequate and that the minimum staffing levels are 7 staff on the day shift and six on the overnight shift. Priority one posts include the control rooms and at least one roving staff monitoring the open bay dorms. If there was a need to deviate from the staffing plan, staff may be held over, called in, or lessor priority posts may be closed. Administrative staff may also be required to pull a post if needed. Interviewed shift supervisors, the Warden and Deputy Warden for Security as well as staff serving as Duty Officer confirmed that they perform unannounced PREA rounds. The Warden described checks she conducts between the hours of 6PM and 6AM.

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, Whitworth Women’s Facility Pre-Audit Questionnaire, Reviewed Description of the Lee Arrendale State Prison that documented the prison houses Adult and Juvenile Female Felons/Probationers.

Interviews: Warden, Whitworth Women’s Facility, PREA Compliance Manager, PREA Coordinator, Deputy Warden Security, Interviews with 26 inmates (random and targeted; Interviews with staff from the Whitworth Women’s Facility, (39) staff, including both random and special category staff

Observations: Youthful offenders were not observed in any of the interviews nor were any youthful offenders observed during the site review.

Policy Review: The Georgia Department of Corrections PREA Policy requires that youthful offenders will not be placed in a housing unit in which the youthful offender will have sight, sound, or physical contact with any adult offender through the use of a shared dayroom or other common space, shower area of sleeping quarters. It also requires that in areas outside the housing units, staff must either maintain sight and sound separation between youthful offenders and adult offenders or provide direct staff member supervision when youthful offenders and adult offenders have sight and sound or physical contact. Policy requires efforts to be made by the institution to avoid placing youthful offenders in isolation to comply with this provision. Absent exigent circumstances, youthful offenders will not be denied large-muscle exercise and any legally required special education services to comply with this provision. They are also required to have access to other programs and work opportunities to the extent possible.

Document Reviews: The Pre-Audit Questionnaire documented that youthful offenders are not housed at either the Whitworth Women’s Facility. Information provided related to Mission of Lee Arrendale State Prison on the GDC website affirms that Arrendale houses both adult and juvenile felons and probationers.

Interviews: The Warden, PREA Coordinator and PREA Compliance Manger and randomly selected and specialized staff at the prison confirmed that there were no youthful offenders at this facility nor does the facility house them.

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.

This facility houses female offenders only. Staffing includes both male and female correctional officers providing supervision to the offenders. The facility prohibits male staff from conducting cross gender strip or pat searches absent exigent circumstances. These would have to be approved and documented. This was confirmed through reviewed policies, interviews with staff and with offenders, both randomly selected and targeted.

Policies and Documents Reviewed: Georgia Department of Corrections (GDC) Policy 208.6, Prison Rape Elimination Act, Sexually Abusive Behavior Prevention and Intervention Program; GDC Policy 226.01, Searches, 1.d; Training Module for In-Service Training for 2017; Pre-Audit Questionnaire; Memos from Warden Re: Cross Gender Searches; GDC website describing Whitworth Women's Facility.

Interviews: (12) Randomly selected staff, (13) Randomly selected inmates, (13) Special Category Inmates; (27) Specialized Staff, Warden, PREA Compliance Manager.

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

Policy Review and Document Review

Georgia Department of Corrections (GDC) 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. If there were any exigent circumstances, they are required to be documented. The reviewed Pre-Audit Questionnaire and interviews with staff and inmates confirmed that there has been no cross-gender strip or body cavity searches during the past twelve months.

The Women's Facility houses adult female offenders and is staffed with female (70%) and male (30%) officers providing direct supervision in the living units. Policy prohibits male staff from conducting strip searches and "pat or frisk" searches absent "exigent" circumstances that would have to be approved and documented.

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

Paragraph 2. Frisk or Pat Search requires the pat search will be conducted, when possible, by an officer of the same sex. However, male offenders may be frisk or pat searched by both male and female security staff. Instructions for conducting pat searches, including using the back of the hand and edge of the hand. Policy prohibits male staff from conducting pat searches of female inmates absent exigent circumstances that are documented. The reviewed PAQ and interviews with staff and offenders confirmed neither strip or pat searches are conducted by male staff.

GDC Policy 208.6, Prisons Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, 8. Limits to Cross-Gender Viewing and Searches, Paragraph F., 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.

The Pre-Audit Questionnaire for the prison documented that there has been no cross-gender searches, either strip, body cavity or pat searches during the reporting period. The previously reviewed training module for annual in-service training deals with search procedures in Paragraph C., Search Procedures. The following are required, as explained in the training module: 1) Staff must conduct searches in a professional and respectful manner (and never with the intent to harass or degrade the offender); 2) Male offenders may be pat searched by both male and female security staff; 3) Male offenders will only be searched by male security staff, except under exigent circumstances and are documented by an Incident Report, and 4) Transgender and intersex offenders' gender designation will

coincide with the prison assignment made during classification. Male staff are prohibited from conducting either strip or pat searches absent exigent circumstances that are documented.

Staff are trained to conduct cross-gender searches in exigent circumstances. Search training occurs during Basic Correctional Officers Training (BCOT), as newly hired correctional officers and in annual in-service training. Staff could demonstrate how to conduct a pat search using the back of the hand

The Warden issued a Memo to all security staff reaffirming, "all searches must be conducted in a professional and respectful manner and in the least intrusive manner possible as is consistent with security needs." The Memo prohibits searches conducted with the intent to harass or degrade an offender. Additionally, this Memo requires that female offenders will only be searched by female staff unless an exigent circumstance exists. If a male officer must conduct a search in an exigent circumstance, the Warden must be notified immediately, and an incident report completed. An additional Memo to all staff prohibits cross gender pat down searches unless exigent circumstances exist. These are required to be documented with an incident report completed.

GDC policies 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.

100% of the interviewed staff reported that inmates can shower, use the restroom and change clothing without staff viewing them. The auditor observed the showers and toilet areas in each of the dorms. Offenders shower in single occupancy showers separated with stalls and equipped with curtains for privacy. Restrooms are essentially separated by ½ walls and are equipped with curtains allowing offenders to use the restroom in privacy. 100% of the interviewed offenders related they are never naked in full view of staff while showering, using the restroom and when changing clothing.

An additional measure required by policy is for staff of the opposite gender to announce their presence when entering an inmate housing unit. The Warden issued a Memo to all staff reiterating that the PREA Policy clearly states that all staff must make announcements regularly regarding staff gender while in a living unit. An announcement is required when a male staff enters the housing area. When a male staff leaves his post and returns, he is required to announce his presence again.

Interviewed staff, randomly selected as well as specialized staff, affirmed that staff consistently announce their presence before entering the housing area. Interviewed offenders also confirmed that male staff announce their presence when entering the housing units. Signs are also located in each dorm and in other areas stating the male staff routinely work these areas. During the tour the auditor did not observe cameras in any restroom area or in any cell.

Interviews:

Whitworth Women's Facility houses adult female offenders 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. These searches would require the Warden's approval and would be documented. One-hundred percent (100%) of the interviewed random staff confirmed that male staff may conduct a pat search of a female inmate only in

emergencies, with approval and the circumstances documented. 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.

Interviews with 26 inmates from the prison representing every housing unit confirmed they have never been strip searched by a female staff. 100% of all interviewed inmates reported they have privacy while showering. Offenders also affirmed that male staff announce their presence when entering the housing units.

Observations: Inmates are housed in open bay dorms. Observations during the site review confirmed that inmates have privacy while showering and using the restroom. Curtains are used to provide privacy. Signs are posted in each living unit advising offenders that opposite gender staff work routinely in the living units.

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 9, Offenders with Disabilities, Who are Limited English Proficient, or Have Limited Reading Skills; Contract with Language Line Solutions; Instructions for Accessing Language Line; Memo from Warden, "Inmates with Disabilities/Limited Reading Skills; Warden Memo Re: Staff Interpreter; and PREA Brochures in English and Spanish;

Interviews: Randomly selected staff Whitworth Women's Facility; (12); Specialized Staff Whitworth Women's Facility; (27); Randomly Selected Inmates Whitworth Women's Facility; (13); Targeted Inmates Whitworth Women's Facility; (13); (Previously) State ADA Coordinator; Warden; PREA Compliance Manager; Medical Staff; (13) Targeted Disabled Offenders included: GED Teacher

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

Policy and Document Review:

Department of Corrections Policy 208.6, Prison Rape Elimination Act, Sexually Abusive Behavior Prevention and Intervention Program, A. Prevention Planning, Paragraph 9, Offenders with Disabilities ; Who are Limited English Proficient, requires the local PREA Compliance Manager to ensure that appropriate resources are available to offenders with disabilities and those who are LEP so they may understand the facility policies around reporting, preventing, detecting and responding to sexual abuse and sexual harassment.

That same policy in subparagraph b. asserts that the facility shall not rely on offender interpreters, offender readers, or other types of offender assistants, except in Exigent Circumstances where an extended delay in obtaining an effective interpreter could compromise the offender's safety, the performance of first response duties or the investigation of the offender's allegations.

The facility has an agreement with Language Line Solutions for providing telephonic interpretive services. The agency 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.

The agency has an Americans with Disabilities Act Coordinator. A previous interview with her confirmed the agency has plans in place for any contingency related to translation and interpretive services. Too, if assistance is needed in securing the services for a disabled offender, the facility can contact the ADA Coordinator who may expedite the rendering of those services.

The Warden issued a Memo to the Intake/Counseling Staff stating if an inmate transfers into the facility that has a disability or limited reading skills, the intake officer will read the PREA pamphlet to the inmate and ask the inmate if they have any questions regarding the pamphlet. The Intake staff is required then to report that to the PREA Compliance Manager who will conduct a one on one orientation which include the PREA orientation. The ADA Coordinator for the facility will also be notified. If the facility believes they cannot meet the needs of the inmate, the Statewide ADA Coordinator will be contacted for further assistance.

The Warden also issued a MEMO, "Staff Interpreter" notifies intake and counseling staff that if there is a need for an interpreter regarding a PREA allegation, they are required to attempt to use two identified staff; one who interprets Spanish and another who interprets Chinese. For other languages, staff are instructed to let the Warden or PREA Compliance Manager immediately and Language Line will be used to provide those services.

This facility also has an education program and highly qualified mental health staff who could assist if an inmate was not understanding/comprehending the intake information, especially that related to PREA information given at intake; during orientation or when making a report of sexual abuse or sexual harassment. The Facility' General Education Diploma teacher(s), and Adult Basic Education teachers may be called on to provide information to offenders in formats that will help them understand the intake and orientation material and that explaining the offender's rights to be free from sexual abuse and sexual harassment and how to report allegations of sexual abuse and sexual harassment. An interview with a GED/ABE instructor indicated that based on the mission of this campus, offenders with reading levels less than 6th grade would not be sent to this program however, if needed, the instructor could assist to ensure the offender understands the PREA related information and how to report.

Interviews:

An interview with the Agency's ADA Coordinator indicated the agency has a variety of interpretive services available and accessible to staff. These services included not only language line but also for the hearing and visually impaired as well. On sight American Sign Language is one of the services available. The Coordinator indicated if the facility had any disabled inmates needing interpretive services that they were unable to access; they are instructed to call her, and she will make those arrangements. She indicated that although the Georgia Department of Administrative Services has issued "Statewide" Contracts for interpretive services, the turn-around time may be longer than acceptable, so the facility can contact the ADA Coordinator to expedite those services.

Interviewed randomly selected staff stated consistently indicated they would not rely on an offender to translate for another offender and about ¾ of the interviewed staff were aware the facility had access to outside interpreters as well as a staff who can interpret 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.

This standard is rated exceeds. The Georgia Department of Corrections has a very thorough hiring and background check process. This includes asking applicants the PREA related prohibition questions on the Employment Verification Form, having the prospective employee complete an on-line integrity test (Correctional Staff only), conducting a Social Media Check (Correctional Staff only), conducting background checks annually on all correctional staff, on promotion, and every five years on non-security staff. Professional reference checks are required to applicants who have worked in institutional settings previously. The process for keeping up with contractor background checks and documenting them demonstrated management tools that should ensure that no contractor falls through the cracks. Volunteer background checks are conducted through the GDC State Office. Employees sign multiple PREA and PREA related documents. These include PREA Acknowledgement Statements, Standards/Code of Conduct Acknowledgments and Multiple Paged Acknowledgments that address conduct and Sexual Assaults.

Policy and Documents Reviewed: 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; Employee Standards of Conduct Acknowledgment Statement; Acknowledgment Statements (multiple page document); Applicant Packet; (12) Background Checks for New Hired Employees; Roster documenting Background Checks for Regular Employees; (3) Promoted Staff. Four Rosters documenting Annual Background Checks for Correctional Officers, Multiple Pages of Tracking Sheets documenting Background Checks for Contractors.

Interviews: Human Resources/Personnel Manager; Administration/Financial General Ops Staff; PREA Compliance Manager, Warden; Contractors

Observations: None that were applicable to this standard.

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 10, 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 contractor who may have contact with inmates.

Prior to hiring someone, the PREA Questions (as documented on the Employee Verification Form), asking prospective applicants the three PREA Questions, is required. Additionally, policy requires that all applicants and employees who may have contact with offenders directly are asked directly about previous misconduct, in written applications or interviews for hiring and promotions or written self-evaluations conducted as a part of reviews of current employees.

This policy asserts too, that employees have a continuing affirmative duty to disclose any such misconduct.

Criminal History Record Checks are required on all employees and volunteers prior to start date and again at least every five years. Policy requires a tracking system be implemented at each local facility to ensure the criminal history checks are conducted with the appropriate time frames, according to policy, for each person with access to the facility.

Security Staff in Georgia are Peace Officers Standards Trained and Certified and to maintain that certification, they are required to qualify in firearms annually. Prior to being certified, each officer is required to have another background check.

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 v. that material omissions regarding misconduct or the provision of materially false information will be grounds for termination.

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.

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

The hiring process includes applicants completing the following documents:

1) Criminal/Driver History Consent Form authorizing the Department to conduct criminal history background checks;

2) Job Preview Form, asking an applicant if he/she consents to be fingerprinted and have his/her background checked through the FBI and other law enforcement agencies during pre-employment screening and at any time during employment, provide a driver's history for the past seven years at his/her own expense and report a fellow law-enforcement officer who is breaking rules and regulations. A negative response to any of those questions excludes the individual for consideration.

3) Authorization for Release of Information for Employment Purposes; allowing the Department to secure criminal background information, character information from personal references and work record from former employers.

4) Interview Questions that include inquiry into any relatives employed in a prison, any close associations with anyone within the Federal or State prison system, any arrests and/or charges with any crime, pending charges, any time served in jail or prison for any reason, current status relative to probation, parole or other supervision, and any previous employment in a state agency.

5) Applicant Verification that asked the applicant to respond to the Three PREA questions. By signing the form, they are also verifying they understand that if they become subject to the PREA prohibitions in their current position or any subsequent position, they agree to notify the departmental management within 24 hours of their involvement. They again acknowledge they are consenting to allow the Department to conduct random criminal checks to ensure compliance with the federal standards. They also acknowledge they will be subject to termination or disqualification for employment.

6) Applicants complete the Acknowledgment Statement (with multiple questions) documenting understanding a variety of requirements including standards of conduct and the Sexual Assault Awareness Statement.

6) A Human Resources Form requests information related to social media accounts with Facebook, Instagram, Twitter and others.

7) Prospective Staff are now required to complete an online Integrity Test that poses ethical situations to the applicant to see how they would respond in given situations.

Reviewed personnel files for newly hired staff (within the past 12 months) indicated that all of them contained the required Employment Verification Forms documenting the PREA Prohibitions. 100% of them contained PREA Acknowledgments and Multiple Page Acknowledgements as well as Integrity Tests and Social Media Checks (where applicable). Promoted staff had updated background checks for their promotion and acknowledgment statements. Seventy-three staff background checks (annual correctional officer checks) were documented on four (4) Rosters. An additional roster documented all Non-Security PREA GCIC Checks in 2015 (these are the five-year checks).

Contractor background checks are conducted by the Administrative/Financial General Ops Staff. Documentation provided was very organized and background checks were documented not only on a master PREA GCIC Log, but all contractors were also identified, and background checks documented on a separate monthly page with the date due for the next background check. The Master Log documented 38 contractors and background check dates. This staff also trains the contractors in PREA and covers the following areas:

- PREA Policy
- Employee Awareness and Education
- Offender Awareness and Training
- Department Response to Sexual Assault or Sexual Misconduct
- Investigation

The auditor reviewed the background checks for ten (10) volunteers. Background checks are conducted by the State Office. The State Office provides the orientation training, although sometimes it is regionally conducted, to ensure volunteers are getting the same information on a consistent basis. The State Office also conducts the background checks and informs the facility when the volunteer has been approved. 100% of the ten volunteers had approved background checks.

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

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

Interviews: Interviews with a HR Staff, Volunteer Coordinator and the Administrative/Financial General Operations Staff indicated a process consistent with the requirements of the policy. All the reviewed files contained background checks that were current.

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

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

Policy and Documents Reviewed: Pre-Audit Questionnaire; Department of Corrections Policy 208.6, Prisons Rape Elimination Act, Sexually Abusive Behavior Prevention and Intervention Program, A, Prevention Planning, Paragraph 6.5.; Memo from the PREA Compliance Manager Re: Education Building and Electronic Surveillance

Interviews: Warden, PREA Compliance Manager; Deputy Wardens

Observations: None that were applicable to this standard.

Policy and Documents Review:

Department of Corrections Policy 208.6, Prisons Rape Elimination Act, Sexually Abusive Behavior Prevention and Intervention Program, A, Prevention Planning, Paragraph 6.5, 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 and a memo from the PREA Compliance Manager indicated that an education building with four classrooms was constructed since the last PREA Audit however the building, as of August 8, 2018, was not occupied pending Fire Marshall approval and the arrival of furnishings. Additionally, cameras were added to the recreation yard, front parking lot area, B Unit Counselor Hallway, B Unit entrance, Two cameras inside the gym.

Interviews:

An interview with the Warden and Deputy Wardens indicated the facility has added an educational building and cameras in the areas already identified. The Warden related that since the last PREA Audit, some cameras have been replaced and new ones added, resulting in a net gain of 4 additional cameras. To mitigate blind spots the facility has used large mirrors enabling staff conducting their movements and rounds to view.

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; SANE Call Roster/List; Memo from PREA Compliance Manager Re: Outside Victim Advocate, Harmony House, Royston, GA.; Procedure for SANE Nurse Evaluation Forensic Collection;; NIC Certificates Documenting Specialized Training for Medical Staff in treating sexual abuse victims; NIC Certificates Documenting Specialized Training for Behavioral Health Staff Working with Sexual Abuse Victims; NIC Certificates Documenting Specialized Training for Investigating Sexual Abuse in Confinement Settings.

Interviews: Sexual Assault Response Team Members; PREA Compliance Manager; Healthcare Staff; Mental Health Staff; SANE Nurse; Sexual Assault Support Center; Inmates reporting sexual abuse; Inmates disclosing sexual abuse during the intake assessment.

Observations: None applicable to this standard.

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 within the previous 72 hours or there is a strong suspicion that an assault may have been sexual in nature, a physical exam of the alleged victim is performed, and the Sexual Assault Nurse Examiner's protocol initiated.

The SANE exam is provided a no cost to the offender. This is confirmed in GDC Policy and in a Memo from the Warden. The memo from the Warden affirmed any forensic medical exams and any follow-up medical/mental health services that result from a PREA allegation will be at no cost to the victim. The offender consent must be obtained prior to initiating the SANE protocol.

All PREA information is confidential in nature and shall only be released on a need-to-know basis.

If a staff fails to report they may be banned from correctional facilities, or will be subject to disciplinary action, up to and including termination, whichever is applicable.

Medical staff are guided by the "Procedure for SANE Nurse Evaluation/Forensic Collection. These procedures provide a standardized protocol for collecting forensic evidence.

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 Warden/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/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 three (3) 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 SANE's Sexual Assault Exam and Evidence Collection Protocol. This extensive document provides a standardized process for conducting the forensic exam. It included the following: 1) Phase I Activities, including Triaging and Screening Medically; 2) Phase II, Securing consents, history and circumstances of assault; and 3) Phase III, describing the Routine physical exam and the process for collecting evidence, including observations, photos and other forensic exam processes.

GDC Policy also requires the PREA Compliance Manager, under the direction of the Warden/Superintendent to attempt to enter into an agreement or a Memorandum of Understanding with a rape crisis center to make available a victim advocate to inmates being evaluated for the collection of forensic evidence, upon request. If the facility cannot do so, efforts must be documented, and local staff shall be identified and specially trained to provide the service. Documentation of that training must be kept on file. 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, via an email from the PREA Compliance Manager, advises the General Populations Counselor, Mental Health Counselors and Sexual Assault Response Team, if an inmate requests an outside victim advocate can have access to Harmony House in Royston, Georgia. The memo indicates the Harmony House will provide emotional support services and various other services. The phone number and email address as well as a mailing address are provided.

The facility's Sexual Assault Response Team (SART) investigates allegations of sexual assault and sexual harassment. Multiple staff are educationally and professionally qualified to serve as a qualified staff advocate.

The auditor reviewed (6) certificates documenting mental health staff completing the specialized training for behavioral healthcare staff provided by the National Institute of Corrections.

There have been no allegations requiring or resulting in a needed forensic exam during the past 12 months.

Interviews: Interviews with the Warden, PREA Compliance Manager, Registered Nurse, and staff confirmed the process for collecting evidence following a report of sexual assault.

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 Review and Document Review: GDC Policy, 208.6, Prison Rape Elimination Act; GDC Standard Operating Procedure, IK01-0006, Investigation of Allegations of Sexual Contact, Sexual Abuse and Sexual Harassment; Pre-Audit Questionnaire; Reviewed 13 Investigation Packages; PREA Investigation Summary; 12 Notification of Results of Investigation; Referrals to Mental Health; PREA Initial Notification Forms; GDC 90 Day Offender Sexual Abuse Review Checklist; GDC Incident Report; NIC Certificates; Medical PREA Logs.

Interviews: Warden; PREA Compliance Manager; Facility-Based Investigator; 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). Offenders informally interviewed during the site review.

Discussion of Policy and Documents: The facility adheres to GDC Policy with regard to referring all allegations, regardless of their source, for investigation.

GDC Policy, 208.6, Prison Rape Elimination Act, requires that an administrative or criminal investigation is to be completed for all allegations of sexual abuse and sexual harassment. Allegations that involve potentially criminal behavior will be referred for investigation to the Office of Professional Standards. Policy further states that referral to OPS does not alleviate the facility from its responsibility of reaching a disposition on the administrative SART investigation.

If an investigation was referred to an outside entity, that entity is required to have in place a policy governing the conduct of such investigations. Investigations at this facility will be conducted by the SART and if the allegation appears criminal in nature, by the Office of Professional Standards Special Agents.

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

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

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

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

Facility-based investigations are conducted by a team of staff including a staff whose primary responsibility is to investigate, a staff whose primary role is mental health/staff advocate, and a medical staff. Upon receiving the complaint, the investigator initiates the investigation process.

The facility-based investigators at the Whitworth Women’s Facility have completed the NIC specialized training, “PREA-Conducting Sexual Abuse Investigations in Confinement Settings”. Criminal investigations are investigated by the designated or assigned Special Agent from the Regional Office. Allegations that do not appear criminal in nature are investigated by the local SART. The local SART includes the investigator, Deputy Warden of Care and Treatment and a member from security.

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.

Policy requires that substantiated cases of offender on offender and staff on offender sexual abuse are referred for criminal prosecution.

Discussion of Interviews:

100% of the 12 randomly selected staff and 100% of the 27 specialized staff interviewed staff appear to be well informed about PREA and the requirement for reporting everything and that includes anything suspected. Staff indicated they would take a report or allegation of sexual assault or sexual harassment seriously regardless of who made the allegation or how they received the information. They indicated that everything had to be investigated.

Staff stated they are trained and expected to make a verbal report immediately in a private manner and follow that up with a written report. They also, when asked, said they would also report a suspicion they might have than an offender may have been assaulted. These staff named multiple ways offenders could report. This appeared to reflect their PREA Training as well as the culture for reporting at this facility.

All the interviewed staff knew the SART team was responsible for conducting sexual abuse investigations and most were able to name the individual members of the SART.

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.

This standard is rated exceeds because of the numerous training opportunities not only offered but required. Once an employee is hired, he/she reviews the agency policy on sexual abuse and signs an

acknowledgment statement. Newly hired employees receive in preservice training a segment on PREA. Correctional Staff attend Basic Correctional Officer Standards Training and receive a segment on PREA. Staff attend annual in-service training and Day 1, includes PREA. Staff also reported receiving refresher training during shift briefings and through emails they receive from the administration. All staff are required to complete the NIC online training "Communicating Effectively and Professionally with LGBTI Inmates. The Sexual Assault Response Team attends specialized training at least twice a year. Investigators are required to complete the online NIC Training, Investigating Sexual Abuse in Confinement Settings. Medical and Mental Health Staff are required to complete the NIC Online training for medical and mental health providers. Both medical and mental health staff attend specialized training during each year as well as completing the required PREA Training at the facility. PREA Compliance Mangers attend training specific to their roles at least twice a year.

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 (40) PREA Acknowledgment Statements for Staff; (4) pages of training rosters documenting Day 1 Annual In-Service that includes PREA; Twenty (20) NIC Certificates documenting PREA Training-Annual In-Service; Reviewed NIC Certificates for Medical, Mental Health and the Investigators; (20) Certificates documenting NIC Training, Communicating Effectively and Professionally with LGBTI Offenders.

Interviews: Randomly selected staff from the prison (12), Special category staff from the prison (27); Warden; PREA Compliance Manager; Previous Interviews with the Agency PREA Coordinator and Assistant PREA Coordinator; Mental Health Director; Registered Nurse.

Observations: Staff were observed engaging professionally with inmates.

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.

Policy also requires that in-service training include gender specific references and training to staff as it relates to the specific population supervised. If a staff transfers in from a facility housing opposite gender offenders are required to receive gender specific training.

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/lesson plan for annual in-service 2017, covering the topics required by the PREA Standards and more.

The auditor reviewed (4) pages of training rosters documenting attending Day 1 Annual In-Service Training Records documenting PREA training and 20 Certificates of Training; PREA, Day I-Annual In-Service Training.

Forty (40) PREA Acknowledgement Statements for staff were reviewed. 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 completed the National Institute of Corrections On-Line Training entitled: Communicating Effectively and Professionally with LGBTI Inmates. Every interviewed staff related that in addition to annual in-service and Basic Correctional Officers Training they took the on-line NIC training "Communicating Effectively and Professionally with LGBTI Inmates. The auditor reviewed 20 Certificates documenting that training. Interviews with staff also confirmed receiving the training.

PREA Compliance Managers attend training at least twice a year. This was confirmed through reviewed training rosters and interviews with the PREA Compliance Manager and PREA Coordinator.

The Sexual Assault Response Team receives training on their roles in responding to allegations of sexual abuse at least twice or more a year. Specialized training is completed by SART members and medical staff. Training rosters were provided documenting the specialized training provided by GDC.

Healthcare Staff attend specialized training related to the Sexual Assault Protocols and response to a sexual assault and complete the NIC specialized training for medical care of sexual assault victims. They also are required to complete the NIC specialized training for medical providers.

Mental Health staff also are required to complete the NIC specialized training for behavioral health providers. Certificates documenting that training were provided.

PREA Related posters are prolific and painted on the walls in numerous locations throughout this facility.

Interviews: Interviews with staff, including those randomly selected and specialized, confirmed the PREA training required in policy and the PREA standards. Staff indicated they receive PREA Training on an on-going basis beginning the Pre-Service Training, then at Basic Correctional Officers Training (BCOT) at the GDC Training Academy in Forsyth, GA. Following that, staff received PREA training annually on Day 1 of annual in-service training. Staff at this facility were knowledgeable of PREA and responded to all questions with confidence and without hesitation. Every interviewed staff stated they were trained in all the topics required by the PREA Standards and beyond. They also indicated they receive training and refresher training from their PREA Compliance Manager. The PREA Compliance Manager and PREA Coordinator and Assistant Coordinator, confirmed that PREA Compliance Managers attend training at least twice a year and that members of the Sexual Assault Response Team attend more training at least twice a year.

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

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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; Ten (10) Volunteer packages containing documentation of their PREA Training and Background Checks.

Interviews: Contracted Employees, (1) Volunteer, Warden; PREA Compliance Manager

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 2, Volunteer and Contractor Training, requires all volunteers and contractors who

have contact with inmates receive a copy of the GDC PREA Policy, 208.6, and 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 who have contact with offenders/inmates 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 ten (10) PREA Acknowledgement Statements. The GDC Acknowledgment Statements are for Contractors of Volunteers. It acknowledges that they have received the appropriate training in accordance with the GDC PREA Policy 208.06 and 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.

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

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

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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; GDC PREA pamphlet; Forty (40) Prison Rape Elimination Act Orientation Video Acknowledgment Statements and forty (40) Orientation Checklists; Forty (40) Right to Know Acknowledgments; Posters throughout the facility; PREA related information painted on walls; PREA Acknowledgment sheet (documenting receipt of PREA Brochure/Pamphlet on admission during intake).

Interviews: One (1) Staff conducting intake; One (1) staff conducting orientation (inmate education); PREA Compliance Manager; Interviewed Inmates (26).

Policy and Documents Findings: DOC Policy 208.6, Prison Rape Elimination Act, Sexually Abusive Behavior Prevention and Intervention Program, C. Training and Education, Paragraph 3, Offender Education, requires notification of the GDC Zero-Tolerance Policy for Sexual Abuse and Harassment and information on how to report an allegation upon admission to the facility. In addition to verbal information, policy requires the inmate to be given a GDC PREA pamphlet.

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

The initial notification and the education are documented in writing by signature of the inmate and placed in offender's institutional file.

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

The PREA Education must include: 1) The Department's zero-tolerance of sexual abuse and sexual harassment; 2) Definitions of sexually abusive behavior and sexual harassment; 3) Prevention strategies the offender can take to minimize his/her risk of sexual victimization while in Department Custody; 4) Methods of reporting; 5) Treatment options and programs available to offender victims of sexual abuse and sexual harassment; 6) How an investigation begins and the general steps of an investigation; 7) Monitoring, discipline, and prosecution of sexual perpetrators; 8) The prohibition against retaliation; 9) Notice that male and female routinely work and visit housing area.

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

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

Residents confirm their orientation on 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 inmate signs a PREA Acknowledgment and initials the Orientation Checklist affirming they viewed the PREA Video, they understood it and that they had the opportunity to ask questions. 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 painted on walls reflecting the Department's zero tolerance for sexual abuse and harassment and contact information for inmate reporting of sexual abuse allegations.

Offenders arriving at the facility receive their initial PREA information from the intake officer. The intake officer related that the offenders receive this information within 30 minutes of arrival. Most of them have also received the PREA information while at GDC Diagnostics. That information includes more than notification of the facility's zero tolerance for all forms of sexual abuse or sexual harassment. Offenders are provided a copy of the brochure entitled, "Sexual Assault, Sexual Harassment, Prison Rape Elimination Act, How to Prevent it; How to Report it" The intake officer related she explains the information, telling offenders there is a zero tolerance for all forms of sexual abuse and sexual harassment, as well as how to report sexual abuse or sexual harassment and that there are only three occasions in which they will be naked (during an exam by a licensed medical professional, in the shower with the curtain pulled, and during strip searches).

Formal Orientation, is conducted by the General Population Counselor. The interviewed counselor conducting orientation stated she begins by asking the offenders what they know about PREA, then she indicated she explains zero tolerance and how to report it, including verbally, in writing and using the hotline, after which offenders watch the PREA Video. Following that orientation, offenders sign an acknowledgment form indicating they have received the information. They also sign an Orientation Checklist documenting having received the required information, including PREA.

The auditor reviewed twenty (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.

Interviews: Interviewed inmates consistently affirmed they received PREA information and later watched the PREA Video during orientation. The intake officer described her process for providing PREA information, including the zero-tolerance policy and how to report, and this information is provided within 30 minutes of arrival at the facility. Informal and formal interviews with offenders indicated they have received the PREA information and are aware of how to report allegations of sexual abuse and sexual harassment and that all forms of sexual activity are prohibited and that there is no such thing as consensual sex in the facility. The General Population Counselor described the orientation process and indicated information is provided orally and via the PREA Video.

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; (4) Certificates documenting specialized training provided by the National Institute of Corrections: Investigating Sexual Abuse in Confinement Settings; Pre-Audit Questionnaire.

Interviews: Warden; PREA Compliance Manager; Facility-Based Investigator; Office of Professional Standards Investigator; Special Agent; Agency PREA Coordinator and Assistant PREA Coordinator, previous interviews.

Observations: N/A

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 4 Specialized Training Investigations, requires all staff investigating sexual abuse/sexual harassment allegations must be specially trained in conducting sexual abuse/sexual harassment investigations in confinement settings.

This specialized training, required in policy, consists of being appropriately trained in conducting investigations in confinement settings. The training includes techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity Warnings, sexual abuse evidence collection in confinement settings, and the criteria and evidence required to substantiate a case for administrative action or prosecution referral. The Department is required to maintain documentation of that training.

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

The auditor reviewed four (4) Certificates documenting the specialized training provided by the NIC online.

The GDC provides additional training for investigators in Sexual Assault Response Team training that is provided several times a year. The reviewed curriculum for that training documented training that was comparable to or exceeded the NIC on-line training. Documentation in the form of training rosters were provided documenting SART training for 2018.

Office of Professional Standards Special Agents, according to an interviewed Special Agent, receive about 600 hours of investigator training provided by the Georgia Bureau of Investigations.

Interviews: An interview with the primary facility-based investigator confirmed the training received in the NIC on-line training. She described the training that included techniques for interviewing, Garrity and Miranda, evidence collection and other topics.

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; (4) National Institute of Corrections Certificates documenting specialized training: Medical Health Care for Sexual Assault Victims in Confinement Settings;(6) National Institute of Corrections Certificates documenting specialized training for Behavioral Health Care for Victims of Sexual Abuse.

Interviews: PREA Compliance Manager, Warden;

Observations: None applicable to this standard.

Discussions of Policy and Documents: The Pre-Audit Questionnaire documented 100% of the 17 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 5, Specialized Training: Medical and Mental Health Care, requires the GDC medical and mental health staff and GCHC staff are trained using the NIC Specialized Training PREA Medical and MH Standards curriculum. Certificates of Completion are required to be printed and maintained in the employee training file. Staff also must complete GDC's annual PREA in-service training.

The nurses at this facility do not conduct forensic examinations. The agency 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. If an inmate required care beyond the scope of the Prison Medical Unit, the inmate will be transported to the local hospital.

Discussion of Interviews:

All the interviewed medical and mental health staff confirmed medical staff attend annual in-service training and receive the same PREA Training as all other employees. Additionally; staff attend specialized training in response to sexual assault, including training in the Nursing Protocols. The Health Services Administrator indicated that all his staff except for two newly hired staff have completed the NIC specialized training for medical care of sexual abuse victims. Staff also complete the NIC on-line training, Communicating Effectively and Professionally with LGBTI Offenders. Medical staff also complete the SANE Nurse Procedures which are local operating procedures for responding to incidents of sexual abuse requiring the services of a sexual assault nurse examiner.

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; GDC Policy 208.06, Attachment 4; Policy 208.06, Prison Rape Elimination Act-PREA, Sexually Abusive Behavior Prevention and Intervention Program in paragraph 9; (20) Victim/Aggressor Instruments; (20) Victim/Aggressor Reassessment Instrument; Pre-Audit Questionnaire.; Referrals to Mental Health; Documentation of Retraining General Population Counselors in Referral Process.

Interviews: Staff conducting the victim/aggressor assessments; ID Staff and Classification Staff who make housing assignments; Warden; PREA Compliance Manager; (20) Inmates (Random and Targeted)

Policy and Documents Review: 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 offenders 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.

Paragraph 2 requires counselors to conduct a screening for risk of victimization and abusiveness, in SCRIBE, through use of Attachment 2 (the screening instrument).

This instrument, the Victim/Aggressor Classification Instrument, is administered by a counselor, within 24 hours of arrival at the facility.

The victim/aggressor assessments at the Whitworth Women's Facility are conducted by a mental health counselor (licensed professional counselor). Mental health counselors conduct several assessments during the intake process and these are conducted at intake after the inmate has been seen at medical, which is the inmates first stop after being admitted. The mental health counselors conduct the Victim/Aggressor Assessment and Mental Health Screening. Therefore, if an offender discloses prior sexual victimization, a mental health counselor talks with the offender and refers them for further follow-up. Samples of these referrals were reviewed, and they confirmed referral and being seen by a licensed professional counselor or higher-level mental health professional. The same process would occur if the inmate disclosed prior abusiveness.

Information from the assessment will be used to determine classification decisions with the goal of keeping separate those offenders at high risk of being sexually victimized from those at high risk of being sexually abusive.

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 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 offenders to disclose as much information as possible for the Department to provide the most protection possible under this policy. If an offender decides not to respond to questions relating to his level of risk, he/she may not be disciplined.

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.

The auditor reviewed 40 Victim/Aggressor Assessments and 40 Case Note entries documenting reassessments. These were documented and put into SCRIBE as required. The instrument used was the GDC's Victim/Aggressor Survey. Assessments were consistently documented the same day as admission.

Policy requires offenders whose risk screening indicates a risk for victimization or abusiveness is required to be reassessed when warranted due to an incident disclosure of sexual abuse or harassment and for all offenders within 30 days of arrival at the institution. A case note shall be entered in SCRIBE to indicate this review has been conducted.

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.

Policy 208.06, Prison Rape Elimination Act-PREA, Sexually Abusive Behavior Prevention and Intervention Program in paragraph 5, 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 Whitworth Women's Facility will make individualized determinations about how to ensure the safety of each offender.

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

The facility provided samples (40) of reassessments confirming that reassessments are now being done in compliance with policy.

Paragraph 6 states that in deciding whether to assign a transgender or intersex offender to a male or female facility and 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.

Offenders whose screenings indicate they have experienced prior sexual victimization or have a history of sexually assaultive behavior must be offered a follow-up meeting with medical or mental health counseling within 14 days of the screening.

Policy also requires that offenders who are at high risk for sexual victimization will not be placed in involuntary segregation based solely on that determination unless a determination has been made that there is no available alternative means of separation from likely abusers. This placement, including the concern for the offender's safety must be placed in SCRIBE case notes with documentation as to why no alternative means of separation can be arranged.

Offenders placed in segregation will receive services in compliance with GDC Policy, 209.06, Administrative Segregation. The facility will assign such offenders to involuntary segregated housing until an alternative means of separation from likely abusers can be arranged, and such an assignment will not ordinarily exceed 30 days.

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

Discussion of Interviews: Two mental health professionals conducting the victim/aggressor assessment described the process. According to them, the arriving offender goes to medical first and then the assessment is completed. The counselor said the following is being considered in the assessment: height, weight, age, first offense, physical or mental issues, non-violent or violent offense history, whether they have committed sexual offenses, whether they were previously victims of sexual abuse, and/or in an institution. According to the counselors, information about the inmate that is in SCRIBE (the inmate database) has already been reviewed. This information may include flags, criminal history, sexual behavior and other relevant information.

A reassessment is reportedly completed not later than 30 days and when an offender has been absent away from the facility for court. Examples of reassessments because of an offender going to court were also documented and provided to the auditor.

Interviewed inmates consistently confirmed they were asked these or similar questions during intake.

Staff also confirmed that reassessments are conducted at 30 days and any time there is a significant incident, or the inmate has been away from the facility overnight for court appearances, medical or other appointments in other facilities.

Most of the inmates indicated they were asked those questions again but could not say when that occurred.

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.

Policies and Documents Reviewed: DOC Policy 208.6, D. Screening for Risk of Victimization and Abusiveness, Paragraph 2. Use of Screening Information; Reviewed assessments (40); Reviewed reassessment (40); Pre-Audit Questionnaire; Memo from the Warden, "Dorm Stratification Plan"; Breakdown of the Women's Facility Bed Stratification.

Interviews: ID Staff; Classification Staff; Warden; Staff conducting the PREA Assessments, randomly selected inmates; (26) Interviewed inmates.

Policy and Documents Review: DOC Policy 208.6, D. Screening for Risk of Victimization and Abusiveness, D. Screening for Risk of Sexual Victimization and Sexual Abusiveness, requires that the information from the assessment be used to determine classification decisions with the goal of keeping separate those offenders at high risk of being sexually victimized from those at high risk of being sexually abusive.

Facilities will make individualized determinations about how to ensure the safety of each inmate. Locations of safe dorms must be identified in the facility's Local Procedure Directive and Coordinated Response Plan and in the staffing plan.

Paragraph 6, asserts that in deciding whether to assign a transgender or intersex offender to a male or female facility and in making other housing and programming assignments, the Department will consider on a case-by-case basis whether the placement would present management of security problems and in Paragraph 7, Policy requires placement and programming assignments for reach transgender and intersex offender shall be reassessed no less than every six months to review any threats to sexual safety of the offender.

Offenders whose screenings indicate they have experienced prior sexual victimization or have a history of sexually assaultive behavior are required to be offered a follow-up meeting with medical or mental health counseling within 14 days of the screening.

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

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

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

The Warden issued the Whitworth Women's Facility Bed Stratification Plan. This plan identifies the housing plan for each dorm. These included a designated dorm for PREA Aggressors. This is an open dorm for medium security level inmates and has a total of 80 beds. Another dorm is designated to for housing General Population, PREA Aggressors and outside detail inmates with medium security levels. This unit has a total of 52 beds. Other dorms house those who are primarily food service inmates. Three dorms house General Population Outside Detail Inmates. New intakes are housed primarily in a specific dorm as well. This dorm could house other offenders as well but is primarily for new intakes.

Housing assignments are made initially by ID staff who are required to review the offender's information in SCRIBE or that came with him and to look for previous flags indicating the offender has already been identified as a potential victim or aggressor. The ID staff also are required to consider other factors including gang affiliations. An interview with the ID staff confirmed inmates arrive at the facility from GDC Diagnostics. She related she goes into SCRIBE to review the offender's data, including any flags, and assigns offenders to Dorm 4, Intake. Following classification, the offender is primarily assigned based on work detail however offenders identified as potential or actual aggressors are assigned to either Dorm 2 or Dorm A.

The classification committee assigns offenders to programming and details, some of which are mandatory for specific offenders. Information is reportedly reviewed to make those decisions.

Transgender offenders, according to the staff, will be housed with non-aggressors. Staff also said transgender offenders can shower separately if they need to and their views for their own safety are taken into consideration.

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

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Policy and Document Review: Pre-Audit Questionnaires; Georgia GDC Policy, 208.06, IV.d.3 (a-d) Administrative Segregation; GDC Policy, 209.06, Administrative Segregation.

Discussion of Policy and Documents: The Pre-Audit Questionnaire documented the facility has 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.

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.

GDC Policy 209.06, Administrative Segregation, affirms that administrative segregation is utilized for offenders who are removed from general population, serving disciplinary sanctions, pending reclassification, pending transfer, pending protective custody review, and pending investigations. Protective Custody is available to offenders requesting or requiring protection from the general population and offenders in protective custody should be allowed to participate in as many as possible of the programs afforded the general population provided the participation does not threaten facility security. Deputy Wardens, Unit Supervisors, or Shift Supervisors can order immediate segregation

when it is necessary to protect the offender or others. Within 72 hours of placement, the Deputy Warden/Unit Supervisor will determine whether to return the offender to the appropriate housing unit or order the offender to remain in admin segregation. Once the Deputy Warden's 72-hour review has been completed, the Classification Committee will have 96 hours to complete the formal hearing. The results of the formal hearing are appealable. An exception to this is outlined in Paragraph G. Housing Exceptions, subparagraph 4. States that offenders likely to be exploited or victimized by others will be evaluated within 48 hours of placement. Paragraph H. identifies the conditions of administrative segregation. Offenders are to be afforded as many of the same privileges as those in general population as long as they do not present management or security issues. Offenders will have the same personal hygiene opportunities with the exception of showers (three times per week); same access to Chaplaincy Services; Laundry Services; Writing and receiving mail; Visitation; contact with the courts and legal counsel; access to reading materials; Food and bedding the same as general population offenders; Counselor services; Commissary; Access to health care; Exercise; Telephone; GOAL Devices, enabling them to communicate with staff inside the facility and outside individuals on the approved list via email on the device.

Discussion of Interviews: Interviews indicated that if an inmate could be separated and safely housed in other than segregated housing, she would be placed there. According to the Warden, placing an inmate in segregation would be a last resort but in the absence of other options the facility would protect the offender. Interviewed staff supervising segregated housing affirmed, as well, that the use of involuntary protective custody would be used as a last resort and may be used initially until a determination could be made regarding what is going on.

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 also allows inmates of the Whitworth Women's Facility to have personal Tablets (GOAL Devices) 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. Additionally, they have access to KIOSKS that enable them to report via a request to staff or by emailing the PREA Unit or emailing friends or family on their approved list. PREA phones are in every living unit/pod with instructions for

dialing. In addition to reporting outside the facility to the Ombudsman, inmates may report to Victim Services, to the PREA Unit, and via the agency's TIP Line.

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 (13) Investigation Packages.

Interviews: Twenty-Six (26) inmates, both randomly selected and targeted inmates; Thirteen (13) informally interviewed inmates during the site review; Twelve (12) randomly selected staff from the prison representing a cross section of positions; (27) Specialized Staff.

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. Offender Reporting, provides multiple ways for inmates to report. These include making reports in writing, verbally, through internal and external methods available, including 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.

A Memo dated July 18, 2017, from the PREA Compliance Manager to the Warden, explained that during orientation, a General Population Counselor discusses in depth the methods an offender has to report a PREA allegation. Inmates are told that they may report a PREA allegation by the following ways:

- To any staff member
- Call the hotline
- Report through the inmate's GOAL device
- Third Party Reporting
- A family member

If an offender has a hearing impairment or other disability that the facility cannot accommodate, the facility will contact the ADA Coordinator for the Georgia Department of Corrections.

The PREA Compliance Manager reminded staff, in a Memo dated, March 14, 2018, that inmates may report anonymously through the PREA Hotline, JPAY device, to any staff member, through a written letter through the institutional mail, and a third party may report for the inmate.

Staff have been instructed and trained to accept reports made both verbally and in writing from third parties and promptly document them. Inmates may file grievances as well, however the grievance system is not the appropriate way to report. If, however an inmate does file a grievance and that 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.

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.

Thirteen (13) reviewed investigations indicated reports were made primarily through JPAY (email either by their GOAL device or the KIOSK) and to staff.:

Discussion of Observation and Testing Processes: The GDC has installed at least one 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. The number is painted next to the inmate phones. Posted at the phones were instruction for dialing the PREA Hotline.

Multiple PREA related posters, primarily painted on the walls, were observed posted throughout the facility keeping PREA information continuously available to inmates.

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 aware of how to use the PREA Hotline for reporting. Inmates confirmed receiving the PREA Pamphlets.

The Agency's Assistant PREA Coordinator were asked to place calls using the PREA Hotline to test the phones. An email from the PREA Unit's PREA Analyst, documented that the calls were received.

Discussion of Interviews:

Interviewed staff confirmed that offenders can report verbally, in writing, anonymously and through third parties and that even a suspicion would be reported and investigated.

Interviews with 26 inmates at the prison, randomly selected and targeted confirmed that they understand and are aware of how to report sexual assault/abuse or sexual harassment. The majority of those interviewed named two to three ways to report. They most often mentioned they would report using the phone (hotline), report through JPAY or tell a staff or tell a family member.

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*)
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Policy and Documents Reviewed: The Whitworth Women’s Facility Pre-Audit Questionnaire; E. Reporting, 3. Offender Grievances, Eleven (11) investigation packages for investigations from 2017-2018; Revised GDC PREA SOP, 208.06

Interviews: Grievance Officer; Randomly selected staff; Randomly selected inmates; PREA Compliance Manager, Warden, PREA Compliance Manager, 26. Inmates, Randomly selected staff and Special category staff;

Discussion of Policies and Documents:

GDC Policy 208.6, E.3, Offender Grievances, states that all allegations of sexual abuse and sexual harassment are not grievable issues. There should be reported in accordance with methods outlined in the policy.

Prior to the change in the policy, with an effective date of March 2,2018, inmates did file grievances and those reviewed by the auditor were responded to by immediately turning them over to the Sexual Assault Response Team for investigation.

The policy changed effective March 2018 when this revision was included. \

The auditor reviewed 10 grievances, representing 10% of the total number of grievances filed in one year. None of the grievances contained any allegations of either sexual abuse or sexual harassment.

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

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Policy and Documents Reviewed: GDC Policy 208.6, PREA, Pre-Audit Questionnaire; GDC Policy IIA234-0001, Consular Notification, Memo designating staff advocates; Posters with outside reporting numbers and addresses; Inmate Handbook.

Interviews: PREA Compliance Manager, PREA Coordinator – Previous Interviews; Assistant PREA Coordinator – Previous Interviews, Counselors, twenty-six (26) interviewed inmates; Director, Harmony House

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. MOUs are required to be reviewed by GDC Legal staff prior to the MOU being effective. Advocates serve as emotional and general support, navigating the inmate through the treatment and evidence collection process.

The facility reached out to Harmony House, an outside advocacy center, who agreed to provide advocacy services for inmates requesting those services. This was followed up with an email from the PREA Compliance Manager to the General Population Counselors, Mental Health Counselors, and the SART Team. The memo affirmed that any inmate requesting an outside victim advocate related to sexual abuse can have access to Harmony House in Royston, Georgia. The memo states that the organization will offer emotional support services and various other services. The phone number, email address and mailing address are provided. Additionally, the Harmony House provides Trauma Group to the offenders at Whitworth Women’s Facility about twice a month.

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.

An interview with the Director of Harmony House confirmed that this organization provides both forensic exams and advocacy services to accompany inmates who are taken to the hospital emergency room. The agency also provides a 24/7 hotline and advocates are available 24/7. In addition to these services, the organization conducts two groups with the offenders at Whitworth Women’s Facility. These include a parenting group and a trauma group composed primarily of offenders who have been previously victimized. Offenders are provided a business card providing offenders with contact information for the staff. The Director also stated the organization links offenders with appropriate resources they may need in the community.

This standard is rated exceeds because of the multiple means for contacting an outside confidential and support services. Too, the involvement of the local Rape Crisis Center, Harmony House, in the life of the facility in providing parenting groups and trauma groups, is commendable.

Interviewed offenders were aware of services available outside the facility, but were not attuned to Harmony House specifically. They were aware of multiple ways to report and indicated they had access to family, attorneys, the Ombudsman and some Harmony House. To reinforce the availability of these services, the auditor requested that this information, be posted and offenders made aware of it. That information was provided on September 12, 2018.

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 Whitworth Women's Facility Pre-Audit Questionnaires; The Department's Website contains a section entitled: "How do I report sexual abuse or sexual harassment?"; Thirteen (13) 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: Randomly selected and Special category; Randomly Selected Staff; PREA Compliance Manager; Warden; Superintendent

Observations: Review of the Agency's Website

Discussion of Policy and Documents: The Georgia Department of Corrections and the Whitworth Women’s Facility provides multiple ways 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 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; 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 thirteen (13) of the incident and investigation reports for 2017-2018. Most of the reports were made by using the JPAY, emailing the PREA Unit. None of the allegations reviewed were made by third parties apart from the PREA Unit on receiving calls or emails from the inmates.

Discussion of Interviews: Interviewed staff named multiple ways offenders can report sexual abuse and sexual harassment, including anonymous and third-party reports. Third Parties would include other offenders, family members, attorneys, or the GDC Ombudsman. As with any report or allegation, they said they would be expected to complete a written report, following a verbal report, prior to the end of the shift. Offenders at this facility Inmates have access to phones to call home or to their attorney’s if they have one, to the KIOSKS to send JPAY Emails to family and anyone on their approved list and to staff, and to their Tablets known as GOAL devices. With the GOAL devices, inmates may, with on click notify the PREA Unit of any allegations of sexual abuse and sexual harassment. They may also send emails via the tablet to anyone on their approved list. Interviewed inmates reported they would most likely report to a staff or call the hotline. When asked if a family member or someone outside the facility could make a report for them, they indicated they could.

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 thirteen (13) investigation reports for 2017-2018; reviewed grievances filed in 2017-18, reviewed incident reports for 2017-2018.

Interviews: PREA Coordinator; PREA Compliance Manager; SART Leader; Randomly selected staff; Registered Nurse, Investigator; and Warden; Randomly selected inmates and Targeted inmates;

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.

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

Staff are trained to report all allegations, including suspicions. They receive this training in multiple venues including pre-service training, Basic Correctional Officer Training, Annual In-Service Training, periodic refresher trainings during shift briefing, and specialized training opportunities for the SART, investigators, medical and mental health staff. The auditor reviewed 20 PREA Acknowledgment Statements and training rosters.

In accordance with GDC SOP 208.06, all personnel at Whitworth Women's Facility are provided with PREA training which instructs them procedures for reporting any incidents that are in any way related to PREA. Staff is instructed through PREA training that any information obtained is limited to a need-to-know basis for staff, and only for the purpose of treatment, security, and management decisions, such as housing, work, education and programming assignments. Information is not to be indiscriminately discussed. Supervisors will always remind staff of this issue when staff report PREA-related issues to their supervisor.

The Employee's brochure, "Staff Guide on the Prevention and Reporting of Sexual Misconduct with Offenders" reminds staff of their duty to report any inappropriate staff/offender behavior immediately. It also states the presence of illegal and unethical behavior by staff compromises the security and safety of the agency. Staff that fail to report will be held accountable and sanctioned through dismissal. Staff are required to file an incident report to the appointing authority as required in policy.

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

Whitworth Women's Facility does not house Inmates under the age of 18. However, the facility is required to follow all State and Federal PREA policies and will comply with this standard in the event offenders under the age of 18 or inmate considered vulnerable are involved in a PREA-related issue. This will be done in accordance with GDC SOP 208.06 and in coordination with GDC Internal Investigations.

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

A memo from the Warden reminded staff that any staff can anonymously report an incident of sexual abuse or sexual harassment to any member of the Sexual Assault Response Team by letter or phone call. Anonymous letters may be placed in the staff member's institutional mail. Staff may also report to the Ombudsman's Office at the State Office in Forsyth, Georgia. The Employee Assistance Program is also available to staff. The phone number is provided to staff.

Following an allegation or report of sexual abuse required reporting notifications are outlined in the Coordinated Response Plan and the Sexual Abuse Incident Response Sheet.

If the facility receives a report from another facility that an offender was abused at Whitworth Women's Facility, the Warden would refer the allegation to the SART for investigation and cooperate with the reporting facility. If, on the other hand, a report is made at Whitworth concerning an allegation that an incident happened at another facility, the Warden of Whitworth notifies the Warden of the other facility and ensures that an investigation is underway or that one is initiated.

Thirteen (13) reviewed investigation reports documented reports being received and reported. Although the primary means of reporting was through the JPAY System, about ½ of the allegations were reported either to staff or from a third party.

Discussion of Interviews: 100% of the twelve (12) randomly selected staff related that inmates have multiple ways to report sexual abuse and sexual harassment and these included verbally, in writing, through third parties and anonymously. They also said they are required to report allegations regardless of how they were received and after a verbal report they would complete a written statement or report and that this had to be done before the end of their shift/before they leave the shift. As first responders, both interviewed security staff as well as non-security staff stated they would act to protect the victim and separate them and immediately notify their shift supervisor. SART staff stated they investigate all allegations again, regardless of how they were received. Staff are aware of the consequences for failing to report.

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;

Interviews: Warden; Grievance Officer; PREA Compliance Manager; Staff Supervising Segregation; Interviewed Randomly Selected Staff (12); Specialized Staff (27); Randomly Selected and Targeted Inmates (26)

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 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. 100% of the interviewed staff stated they would take an inmate's allegation of being at risk of imminent of sexual abuse very seriously and would act immediately. When asked what they would do if that allegation was made or if an inmate came to them and said they were fearful of going back into their dorm for fear of sexual abuse or sexual harassment, staff consistently stated they would act immediately, separate the offender from the alleged threat, keep that offender with them, and notify the shift supervisor and remain with the offender until someone made a decision about what to do with the offender. When pressed to see where the offender would likely be housed, staff stated, either in another dorm or placed temporarily in protective custody until an investigation could be completed to determine the risk. They did state, if the offending offender was identified, that inmate would most likely be the one placed in administrative segregation. I

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

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

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

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

Discussion of Policy and Reviewed Documents: DOC Policy, 208.6, Prison Rape Elimination Act, F., Official Response Following an Offender Report, Paragraph 2., Reporting to other Confinement Facilities, requires that in cases where there is an allegation that sexually abusive behavior occurred at another Department facility, the Warden/designee of the victim's current facility is required to provide notification to the Warden of the identified institution and the Department's PREA Coordinator. In cases alleging sexual abuse by staff at another institution, the Warden of the inmate's current facility refers the matter directly to the Office of Professional Standards Special Agent In-Charge and the Agency's PREA Coordinator. For the non-Department secure facilities, the Warden/Superintendent will notify the appropriate office of the facility where the abuse allegedly occurred and to the Agency's PREA Coordinator.

This notification must be provided as soon as possible but not later than 72 hours after receiving the allegation. Notification is documented. The facility head or Department office receiving the notification is required to ensure that the allegation is investigated in accordance with the PREA Standards.

The Pre-Audit Questionnaire documented that there were no allegations of sexual abuse or sexual harassment received from an inmate reporting that he had been abused at this facility however the Pre-Audit Questionnaire documented that the facility received one allegation that an inmate was abused at another facility. None of the eleven (11) reviewed investigations document reports received from other facilities.

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 their facility was sexually abused at this prison, they would initiate an investigation and cooperate with any investigation. They said the allegation would be treated as any other allegation and would be reported and investigated upon learning about it.

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”; PREA Local Procedure Directive and Coordinated Response Plan; Pre-Audit Questionnaire; SANE’s List; PREA Medical Log; Thirteen (13) Investigations 2017-18

Interviews: SART Members; Twelve (12) randomly selected staff from the prison; (27) Specialized Staff, including non-uniform staff first responders; Medical Staff, Investigator; PREA Compliance Manager; Twenty-Six (26) randomly selected and targeted offenders

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.

Staff at Whitworth have been provided first responder cards with specific instructions regarding responding to an allegation of sexual abuse. The cards were reviewed by the auditor.

The Sexual Assault Response Team will be notified and will implement the local protocol.

The reviewed Whitworth Women's Facility PREA Local Procedure Directive and Coordinated Response Plan serves as the Coordinated Response Plan and provides a step by step guide to actions staff must take in response to an allegation of sexual abuse. It also provides contract information for the Warden, PREA Compliance Manager, PREA Retaliation Monitor, PREA Compliance Manager Alternate, SART Security, SART Mental Health, SART Medical, Staff Training and Inmate Education.

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:

Twelve (12) out of twelve (12) randomly selected staff identified each step they would take in responding to a sexual assault or an allegation of sexual abuse or assault. These steps included separating the alleged victim from the alleged offender, notifying the shift supervisor, taking the alleged victim to medical, placing the alleged victim in a safe place or keeping the victim with them, placing the alleged perpetrator in a secure area, preferably without water, securing the scene, advising the alleged victim not to brush their teeth, eat, drink, shower, use the restroom or anything else that could compromise the evidence, and tell the alleged perpetrator not to do the same, and write a report of the incident. An interview with medical confirmed they would assess the offender for any injuries and attempt to protect the evidence until a forensic exam could be performed.

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, F. Official Response Following and Offender Report; Coordinated Response; local protocol, "Whitworth Women's Facility PREA Local Procedure Directive and Coordinated Response Plan; GDC Sexual Abuse Response Checklist (GDC 208.06, Attachment 6); Thirteen (13) reviewed investigation packages, PREA Medical Log; (12) PREA Monthly Reports

Interviews: Twelve (12) random staff; (27) Specialized Staff; Staff informally interviewed; Medical Staff; Twenty-Six (26) inmates randomly selected and targeted.

Policy and Documents Review: GDC Policy 208.06, Prison Rape Elimination Act-PREA, Sexually Abusive Behavior Prevention and Intervention Program, Coordinated Response, requires each facility to develop a written institutional plan to coordinate actions taken in response to an incident of sexual abuse, among staff first responders, medical and mental health practitioners, investigators and facility leadership. The plan must be kept current and include names and phone numbers of coordinating parties. The facility provided the Whitworth Women's Facility, PREA Local Procedure Directive and Coordinated Response.

The local protocol, "PREA Local Procedure Directive and Coordinated Response Plan" 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 thirteen (13) investigation reports for 2017-2018 documented the staff's responses upon being notified of an allegation of sexual abuse. The responses appeared consistent with the coordinated response plan. The Sexual Abuse Response form was completed and in each of the investigation files, regardless of the allegation.

Discussion of Interviews: 100% of all interviewed staff affirmed the actions they would take as a first responder. All units including security, medical, mental health, SART, and the administration explained their roles and responses to an allegation of sexual assault. The facility has a Sexual Assault Response Checklist and a Notification Form, similar to notifications in a traditional emergency plan.

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; Superintendent 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

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Policy and Documents Reviewed: GDC Policy 208.6, Prison Rape Elimination Act, Sexually Abusive Behavior Prevention and Intervention Program; Thirteen (13) Investigation Packages; 90 Day Offender Sexual Abuse Review Checklist (GDC Form); Memo from Warden, "Agency Protection Against Retaliation"

Interviews: Retaliation Monitor for Whitworth Women's Facility; Warden; PREA Compliance Manager

Discussion of Policy and Documents Review:

DOC Policy 208.6, Prison Rape Elimination Act, Sexually Abusive Behavior Prevention and Intervention Program, F.4, 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 or who has participated in a subsequent investigation will be subject to disciplinary action. Too, it requires the Department to protect offenders and staff who report sexual abuse or sexual harassment from retaliation.

Policy requires the Warden to designate a staff to serve as the facility retaliation monitor and identify them as such in the PREA Local Procedure Directive and Coordinated Response Plan.

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.

A memo from the Warden affirms that GDC has a zero-tolerance for retaliation toward any staff or offender who reports a sexual allegation in good faith and for participating in an investigation. Employees and/or offenders will be subject to disciplinary action/sanctions if found to have participated in retaliation toward any staff or offender. This memo requires that all staff and offenders who make an abuse allegation will be monitored for 90 days on a 30-day interval using the SOP 208.06, Attachment 8 and if there is a continuing need the monitoring will go beyond 90 days. If retaliation is identified the Warden will be notified immediately to take prompt action.

The retaliation monitor for the Whitworth Women's Facility is identified on the Local Operating Directive and is a member of the Sexual Assault Response Team.

Documentation was provided indicating 30-60-90-day monitoring of each item required by the GDC Policy and PREA Standards.

The Pre-Audit Questionnaire and interviews with the Warden, PREA Compliance Manager, Retaliation Monitor and offenders indicated that there have been no allegations of retaliation in the past 12 months.

Discussion of Interviews: An interview with the retaliation monitor indicated that she understands her role as monitor. She confirmed that she meets with each alleged victim every thirty days and that includes calling the offender into the office and asking specifically about her assessment about each of the items required to be monitored. To prevent retaliation, if a staff is involved, an assessment would be made to determine if the staff should be placed on some form of no contact with that specific offender. Offenders could be moved to another bed assignment or dorm assignment or detail.

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; Pre-Audit Questionnaire

Interviews: Warden, PREA Compliance Manager; Randomly Selected and Special Category Inmates; Staff Supervising Segregation; Randomly Selected and Specialized Staff.

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.

Policy requires that involuntary assignment to administrative segregation (protective custody) may be used to protect offenders. The Deputy Warden or Shift Supervisor can order immediate segregation when it is necessary to protect the offender or others.

The Deputy Warden assigns the offender to administrative segregation and documents the decision on Administrative Segregation Memo, Attachment 1. The Senior Officer present, in the absence of the Deputy Warden, may place an offender in Administrative Segregation with notification and approval of the Duty Officer. The documentation for placing the offender in PC is forwarded to the Deputy Warden for review.

Within 72 hours of placement, the Deputy Warden will determine whether to keep the offender in the placement or return the offender to an appropriate housing unit.

Once the Deputy Warden's 72-hour review has been completed, the Classification Committee will have 96 hours to complete the formal hearing. The results of the formal hearing are appealable. An exception to this is outlined in Paragraph G. Housing Exceptions, subparagraph 4. States that offenders likely to be exploited or victimized by others will be evaluated within 48 hours of placement. Paragraph H. identifies the conditions of administrative segregation. Offenders are to be afforded as many of the same privileges as those in general population as long as they do not present management or security issues. Offenders will have the same personal hygiene opportunities with the exception of showers (three times per week); same access to Chaplaincy Services; Laundry Services; Writing and receiving mail; Visitation; contact with the courts and legal counsel; access to reading materials; Food and bedding the same as general population offenders; Counselor services; Commissary; Access to health care; Exercise; Telephone; GOAL Devices, enabling them to communicate with staff inside the facility and outside individuals on the approved list via email on the device.

The reviewed Pre-Audit Questionnaire documented there were no inmates placed in involuntary protective custody during the past 12 months.

Discussion of Interviews:

Interviews with staff, including the Warden, PREA Compliance Manager and other staff indicated inmates are placed in Protective Custody when requested by the inmate. All the interviewed staff believed involuntary protective custody would be used only as a last resort. Staff stated inmates can be placed in another bunk, another dorm, or transferred to another facility. Staff, including the Warden, did relate that if placing the offender in Protective Custody was the only way to keep the offender safe, the move would be made, and it would be temporary.

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; Thirteen (13) Investigation Packets,

Interviews: Warden, PREA Compliance Manager; Facility-Based Investigator, SART Members; Previous interview with a Special Agent (OPS).

Discussion of Policy and Documents Reviewed: Georgia Department of Corrections Policy, 208.6, G. Investigations, describes the investigative process. It requires that all reports of sexual abuse or sexual harassment will be considered allegations and will be investigated. All reports include those made via J Pay, via email to the PREA Unit, verbally to staff, in writing, through inmates and other third parties, and those anonymously. This was confirmed through interviews with inmates, staff and reviewed investigation packages.

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

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

Investigations are initiated promptly, beginning with a facility-based investigator who has received the specialized training provided by the NIC. This was confirmed through reviewed investigation packages and interviews with randomly selected, specialized staff and facility-based investigators.

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

Credibility of the victim, suspect and witnesses is to be assessed on an individual basis and not determine by the person's status as an offender or staff member. An offender who alleges sexual abuse will not be required to submit to a polygraph exam or other truth-telling device as a condition for proceeding with the investigation of such an allegation.

The GDC PREA Unit receives investigation documents and advises if additional information was needed.

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

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

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

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

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

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

The Pre-Audit Questionnaire documented there were 11 allegations of either sexual abuse or sexual harassment during the past 12 months. The auditor reviewed thirteen (13) investigations. The investigations were documented and indicated a thorough process involving interviewing alleged victims, alleged aggressors,

A review of thirteen (13) investigation packages consistently contained the following:

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

Nine (9) of thirteen (13) Allegations were made via JPAY using the inmate GOAL tablets, emailing the PREA Unit. Four (4) of the allegations were made to staff of the facility. Two (2) of the allegations were made to staff at this facility regarding alleged harassment or abuse at another facility. These were investigated as required.

One (1) of the allegations was of sexual intercourse with a "supervisor" on a detail while at another facility. The allegation was referred to the Office of Professional Standards for investigation.

The remaining allegations were of some form of sexual harassment, most commonly another inmate making comments or otherwise making an inmate feel uncomfortable.

Six (6) allegations were unfounded.

Five (5) allegations were unsubstantiated.

Two (2) allegations were referred to OPS for investigation.

Discussion of Interviews: An interview with a facility-based investigator confirmed a thoughtful and thorough process, considering witness statements

and reviewing video and collaboration with the other SART members. Cameras do not have audio so if an inmate alleged the officer said something inappropriate, it would not be recorded however the investigator takes the alleged victims and aggressor's statements and follows the time line on video to see if what he sees is consistent with what the alleged victim and alleged aggressor are saying happened.

Investigations continue even if a staff terminates employment prior to the investigation being over and continues if the inmate moves to another facility or leaves this facility.

When the SART reviews the evidence, a decision is made based upon the preponderance of the evidence.

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. 13; Thirteen (13) Investigation Packages.

Interviews: Warden, PREA Compliance Manager; Facility-Based Investigator; 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. 13 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.

Discussion of Interviews: The SART Investigators 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 13 investigation packages containing GDC PREA Disposition Offender Notification Form; Reviewed GDC Notification Forms, Attachment 5, GDC 208.6; Pre-Audit Questionnaire.

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

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 or unsubstantiated or substantiated -forwarded to OPS.

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. The facility documents notification to the offender using the PREA Disposition Offender Notification Form. This form documents the allegation type, the disposition (unfounded, unsubstantiated, referred to the Office of Professional Standards-for investigation) and the action taken. The actions that may be take include the following:

- The staff member is no longer posted within the inmate's unit
- The staff member is no longer employed at the facility
- The staff member has been indicated on a charge related to sexual abuse within the facility
- The 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.
- Other

Definitions of unfounded, unsubstantiated, referred to OPS, substantiated are proved on the form. This form requires a witness as well as the SART member's signature.

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 13 Notifications to Inmates advising them of the outcome of the investigation. The reviewed notifications documented that notifications were made within a day or two of the conclusion of the investigation. The facility documented multiple efforts to get a Notification to an offender who had since been transferred. The reviewed emails requested the receiving facility notify the offender by providing her the PREA Disposition Offender Notification Form.

Discussion of Interviews: Interviews with the Facility-Based Investigator 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

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, H. Discipline, 1. Disciplinary Sanction for Staff; GDC Policy IVO14-001 Employee Standards of Conduct; 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 Thirteen (13) Incident reports and investigation reports.

Interviews: PREA Compliance Manager; Warden; Twelve (12) Randomly Selected Staff; (27) Specialized Staff

Discussion of Policy and Document Review: GDC Policy IV)14-001, Employee Standards of Conduct requires the employees of the GDC are required to adhere to higher standards of conduct than normally found in the generally community due to the important mission of GDC and its inherent responsibility to provide appropriate models of public safety to the citizens of Georgia. Subsequently, staff are given notification of the work rules and standards of behavior by which they will be governed.

Department of Corrections Policy, 208.6, Prison Rape Elimination Act, H. Discipline, 1. Disciplinary Sanction for Staff, requires that staff who engage in sexual abuse with an offender will be 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.

Violations of Department policy related to 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 and Deputy Warden of Security.

Staff complete the multi-page form, Acknowledgment Statements, and acknowledge the code of ethics/conduct in two separate places and they also acknowledge awareness of what constitutes sexual assault of a person in custody.

An additional acknowledgment statement, "Employee Standards of Conduct Acknowledgment Statement" acknowledges the employee has read the Department's Policy governing employee standards of conduct and as a condition of employment, the employee agrees to abide by the terms and conduction of this policy. Lastly, they are affirming they that any violations of this policy, including the standards of conduct, may be the basis for disciplinary action, including dismissal.

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 Thirteen (13) Investigation Packages. None of the investigations contained allegations against a staff member for sexual abuse or sexual harassment. The Pre-Audit Questionnaire documented no allegations against a staff member in the past twelve months.

There were no allegations resulting in disciplinary action against staff during the past 12 months.

Discussion of Interviews: Interviews with the Warden and the PREA Compliance Manager 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 may be placed on "no contact" status. That issue would be reviewed, and a determination made about the actions to take to keep the offender and officer separated. 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 eleven (11) Incident Reports and Investigation Packages; (40) Volunteer Packages containing (20) PREA Acknowledgment Statements and Standards of Conduct Acknowledgment Statements.

Interviews: PREA Compliance Manager; Warden; SART Leader; Volunteer Coordinator; Facility-Based Investigator

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.

Thirteen (13) investigation packages documenting allegations made during 2017-2018 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. Interviewed staff related that any volunteer or contractor who was alleged to have violated an agency sexual abuse or sexual harassment would be prohibited from coming into the prison and would have no contact at all with any inmate. 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; Thirteen (13) Reviewed Investigation Reports.

Interviews: Warden; Superintendent; 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 facility maintains a Sexual Activity Disciplinary Log identifying the DR Number, whether the activity was consensual or not and whether the incident was reported to the Sexual Assault Response Team.

Discussion of Interviews: Interviews confirmed that if an inmate had been involved in a violation of any agency sexual abuse policy, the inmate could be subjected to possible criminal prosecution and depending on the charge or violation, the inmate will be disciplined according to the inmate disciplinary code. There was only one allegation determined to be founded and that case involved an offender reporting having had sex with a "boss" on a detail where she was working. That case was referred to the Office of Professional Services for investigation by a Special Agent.

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 Questionnaires; Victim/Aggressor Assessment; Referrals to Mental Health (5).

Interviews: Registered Nurse; Mental Health Staff Conducting Victim/Aggressor Assessments; Warden; PREA Compliance Manager

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 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.

GDC Policy VG33-001, Program Services/Health Services, Mental Health, requires that during the initial screening, inmates will be assessed for a history of victimization by physical and/or sexual abuse. If an inmate reports a positive history of abuse and needs mental health services, that inmate will be referred for services and informed of treatment options. If an inmate reports a positive history but does not wish to receive services, the inmate will be informed they can make a request later. Paragraph F, of that policy (SOP) states that inmates at any time can request evaluation for treatment due to a history of abuse.

Inmates are screened by Mental Health using the GDC Mental Health Reception Screen Form. Question # 9 asks the inmate if she/he has a history of being a victim of abuse? Question #10 asks if the inmate has hurt another sexually? And if they have been charged with a sex offense. Question # 8 asks the inmate if she/he identifies as transgender or intersex? Instructions on the screening form states if an inmate endorses "yes" on questions #9 through 14, further inquiry is necessary to determine need for mental health series. Referrals document that the inmate will be seen within 14 days of the referral.

Prior to a referral to mental health, the inmate must consent for evaluation or treatment. The form entitled, "Consent to MH Evaluation or Treatment" discusses the limitations of confidentiality regarding mental health information maintained in medical and mental health files. Inmates are advised that if they are reporting sexual abuse, that must be reported to the Warden or his/her designee.

The referral form, "Mental Health Referral" identifies the reasons of specific questions or procedures requested and the staff requesting the consult.

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.

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.

Documentation was provided to confirm referrals as the result of the intake screening.

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. The facility provided Consents for the Release of Information for review.

Staff provided five (5) referrals to mental health for inmates making an allegation of sexual abuse or sexual harassment during the victim/aggressor assessment. Documentation included the mental health screening forms, "Mental Health Reception Screening Form". Offenders endorsed item number 9, Do you have a history of being a victim of abuse? Clinical impressions are recorded and if further mental health evaluation is needed, that block is checked and if no further mental health evaluation is needed, that block is checked. The facility then provided documentation on the "Mental Health Referral" form. The bottom half of that form records the Mental Health Evaluation Findings. If the offender states they do not need mental health services, that is recorded as well. Information is tracked on the Mental Health Referral Log as well. For offenders experiencing sexual abuse at the facility, the referral to mental health is documented on the Sexual Allegation Notification and Evaluation Log. There was one example of this occurring and the offender was referred and seen on the same date.

Discussion of Interviews: Interviews with medical and mental health counseling staff 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 within 14 days of the intake screening. The same would be provided for offenders who disclosed prior 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*)

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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; 13 Reviewed Investigation Packages; Reviewed 12 months of Medical PREA Logs

Interviews: Health Services Administrator, Interviews with Twelve (12) Randomly Selected Staff; Security and Non-Security First Responders; (27) Specialized Staff, 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.

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

The clinic at the facility is staffed with the following medical staff:

- Nurse Manager

- One (1) Mental Health Nurse
- Three (3) Registered Nurses
- Two (2) Licensed Practical Nurses
- One (1) Contracted Medical Doctor

The clinic is open 8AM – 4:30PM Monday through Friday

Pill call nurses are on site 6AM to 6PM

The Nurse Manager, who is also a representative on the Sexual Assault Response Team, described in detail medical's role in the event of a sexual assault. The Nurse Manager related if an offender was sexually abused medical would conduct a nursing assessment, take vitals, ask specifically what happened, ask about and assess any injuries, and if there were life threatening issues, the offender would be transported to Elbert Memorial Hospital. If there were no life-threatening issues, the offender would have a forensic exam conducted by a contracted SANE. Medical's role then would be to protect the evidence, insofar as possible, until the SANE arrived.

Mental health staff are well qualified Licensed Professional Counselors and they would be involved in conducting an assessment and trauma related services.

Decisions related to assessment and treatment for an abused offender are based on the professional judgment of the medical and mental health practitioners providing the services.

Confidentiality is maintained and based on a need to know basis.

Discussion of Interviews:

Interviews with staff confirmed that, as first responders, they would separate the victim from the perpetrator and get the victim to medical for treatment and an examination. Non-uniformed staff also could explain their roles as first responders. The Nurse Manager indicated that the SART process involves Physical Safety for the offender, being seen by medical to assess for trauma/injuries, bringing in mental health and for the SANE should be called. She also stated she would ask no questions beyond those necessary to assess the offender's physical status at the time and to determine if the offender needed to be transported to the hospital. Mental health counselors described their role in providing a mental health assessment and to offer trauma related counseling.

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*)

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Policies and Documents Reviewed: Procedure for Sane Nurse Evaluation/Forensic Collection; facility specific coordinated response plan (Local Procedure Directive); VH01-0001, Health Services – Physical Health; Pre-Audit Questionnaire; Memo from the Health Service Administrator re: Inmate Access Free; Thirteen (13) reviewed investigation packages.

Interviews: Health Services Administrator, PREA Compliance Manager; Warden;

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

GDC Policy VH01-0001, Health Services, D., Medical Evaluation of Suspected Sexual Abuse, requires the medical exam include a pelvic exam, evidence gathering, taking a gonorrhea culture and syphilis serology, HIV testing and counseling, prophylactic treatment for sexually transmitted disease if medically appropriate to the situation, and women at risk for pregnancy are tested and if pregnant the offender receives an explanation of the effects of medications the offender is on, related to the fetus, options are explained and if termination is desired, arrangements are made in accordance with GDC Policy's options are explained.

Offender victims of sexual abuse are offered STI prophylaxis on the recommendation of the Sexual Assault Nurse Examiner and authorized by the physician. Follow-up is provided, as needed and ordered, as well.

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.

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.

The auditor reviewed thirteen (13) investigation packages. The auditor requested, and the facility provided documentation to confirm the inmates as well as a sample of those reporting prior sexual victimization during intake were referred to mental health as required. Inmates have the option to refuse the follow-up and if so staff document that as well. Referral documentation was provided. The bottom portion of that form documented the dates and results of the follow-up as to whether additional services are to be provided or if they are not wanted, that is documented as well.

There were no allegations of sexual abuse that occurred at Whitworth Women's Facility however there was one case involving an offender coming into this facility from another facility, who requested a pregnancy test and then alleged she had had sexual intercourse with her detail "boss" while at another facility. Whitworth provided the pregnancy test.

Discussion of Interviews: Interviewed medical staff explained medical's role in responding to an allegation of sexual abuse as well as their role following a forensic examination. A prior interview with the Sexual Assault Nurse Examiner indicated a thorough and in-depth process. Following that exam, the SANE may ask that the offender receive STI Prophylaxis. The facility physician would have to approve the prophylaxis and the facility would provide it. Services, according to the Registered Nurse and Mental Health Director indicated, exceed those in the community.

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

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: 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; GDC Incident Review Forms; Investigation Packages (13); Pre-Audit Questionnaire

Interviews: Warden, Deputy Warden, PREA Compliance Manger; SART Leader, Facility-Based Investigator; Nurse Manager

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. This information is documented on the Sexual Abuse Incident Review Checklist. The second page of the review documents any corrective action for improvement or the reason for not doing so. Lastly, the Warden documents the review and comments as well as documenting the date the review was sent to the PREA Compliance Manager.

The reviews are conducted at the end 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).

The Warden issued a memo confirming the appointment of the Deputy Wardens of Security and Administration to serve on the Incident Review Team.

The auditor reviewed thirteen (13) investigation packages. Incident reviews are documented as required. They are documented on the GDC Incident Review Form that documents consideration and review of each of the required items in the PREA Standards and in GDC Policy.

The auditor reviewed the minutes of SART meetings for the past 12 months documenting review of the incident as well.

Discussion of Interviews: Interviews with the PREA Compliance Manager/Deputy Warden for Care and Treatment, Warden, Medical and Mental Health Staff and other members of the Sexual Assault Response Team, confirmed the facility does have a process for conducting incident reviews following an investigation.

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

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

This standard is rated exceeds because of the sophisticated reports the PREA Analyst generates in support of the PREA Audit process. In addition to the monthly reports of sexual abuse/sexual harassment submitted to the PREA Unit from which the Annual Report is compiled, the PREA Analyst secures a report of disabled residents/inmates for the auditor prior to each audit, enabling the auditor to identify residents who are hearing or visually impaired or otherwise disabled. Also, prior to each audit the PREA Analyst provides the auditor with a report of all calls to the PREA Hotline during the past twelve (12) months. Where names are associated with the hotline calls, these are provided to the auditor. At each facility the auditor collects the Monthly COMSTAT Reports submitted to the GDC, documenting multiple areas of facility operations, including major incidents. Too, each facility maintains color coded Monthly PREA Reports documenting the allegations received during a given month.

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

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

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

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

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

breaks down the data by facility. The 2017 report indicated there was a 21% increase in allegations reported and this was attributed to and the addition of county and private facility allegations, the improvement in reporting as well as the effect of increased staff and inmate education. The substantiated cases remained constant and an increase in the total number of allegations is influenced by process improvements and prevention training.

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

Statistics are provided for each GDC facility.

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

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

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

Standard 115.88: 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 Reviewed: Investigation Packages (13); Incident Reviews Georgia Department of Corrections 2017 Annual Report; Agency Website.

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

Policy and Document Review: The Georgia Department of Corrections requires each facility to conduct incident reviews after each sexual abuse allegation investigation if the allegations are founded or unsubstantiated. The purpose of this is to determine what the motivation for the incident was and to assess whether there is a need for corrective actions including additional staff training, staffing changes or requests for additional video monitoring technology or other actions to help prevent similar incidents in the future. The auditor reviewed thirteen (13) investigation packages. One-hundred percent (100%) of the investigation packages contained Sexual Abuse Incident Reviews that were conducted well within the required time frames. Interestingly enough, the facility also conducted Incident Reviews of allegations of sexual harassment investigations.

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

The reviewed annual report for 2017 affirms the agency is continuously improving the reporting and investigation methods to ensure the highest level of compliance, as well as swift corrective action when needed. The report also states the Georgia DOC continues to improve the processes of how PREA allegations are reported, investigated and tracked. The development, testing and implementation of a PREA allegation tracking method allowed for further breakdowns of allegations, along with detailed reporting from all GDC facilities, as compared to last year.

The reviewed 2017 annual report identified initiatives at each GDC facility to improve and enhance the facility and agency's approach to prevention, detection, responding and reporting sexual abuse and sexual harassment. Initiatives for the Department as well as the facilities were documented.

Annual reports are posted on the Georgia Department of Corrections website.

Standard 115.89: 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.

Policy 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; Pre-Audit Questionnaire.

Interviews: Previous Interview with Agency's Statewide PREA Coordinator; PREA Compliance Manager; Warden.

Policy and Document Review: 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 Document Review: 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 prison at any time the auditor requested it. During the site review, although the auditor was accompanied by the Warden, PREA Compliance Manager, Deputy Warden of Security, and Assistant PREA Compliance Coordinator (State Office), the auditor communicated and informally interviewed offenders, contractors, and other staff away from the Site Review Team. Additionally, the auditor was permitted access to any door or area requested.

The offenders at the facility appeared relaxed and engaged with staff and freely and uninhibited with the auditor. Staff were permitted to escort the auditor, again away from the Site Review Team, to areas under their supervision to explain to the auditor their areas of responsibility and to answer questions with privacy.

The staff at this facility appeared to be well-trained with regard to PREA. They were responsive to all the questions asked formally and informally and without hesitation. Staff appeared forthcoming and credible and provided the auditor with anything requested.

An office was provided for the auditor to conduct interviews with complete privacy. Private space was also provided for the assisting auditor for interviewing inmates. 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 drives primarily contained policies and examples of forms used by the GDC, however in a number of standards, documentation to demonstrate practice was provided. The auditor requested and received completed documentation and samples of documentation as identified and requested. The prison 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 PREA Notice was observed posted in virtually every area of the facility and throughout the Transition Center. The notice 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.

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 the 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 reviewed Agency Website contained all the Annual PREA Reports, the PREA Audit Reports for each facility, and a host of other informative information for viewers related to PREA and what the department was doing to attempt to protect all offenders from sexual abuse and sexual harassment.

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.¹ Auditors are not permitted to submit audit reports that have been scanned.² See the PREA Auditor Handbook for a full discussion of audit report formatting requirements.

Robert Lanier
Auditor Signature

September 30, 2018
Date

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

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