

PREA AUDIT REPORT Interim Final
ADULT PRISONS & JAILS

Date of report: July 11, 2017

Auditor Information			
Auditor name: Robert Lanier			
Address: P.O. Box 452 Blackshear, GA 31516			
Email: rob@diversifiedcorrectionalservices.com			
Telephone number: (912) 281-1525			
Date of facility visit: June 14, 2017			
Facility Information			
Facility name: Turner Residential Substance Abuse Treatment Center			
Facility physical address: 514 South Railroad Ave. Sycamore, GA 31790			
Facility mailing address: <i>(if different from above)</i> Click here to enter text.			
Facility telephone number: (229) 567-4301			
The facility is:	<input type="checkbox"/> Federal	<input checked="" type="checkbox"/> State	<input type="checkbox"/> County
	<input type="checkbox"/> Military	<input type="checkbox"/> Municipal	<input type="checkbox"/> Private for profit
	<input type="checkbox"/> Private not for profit		
Facility type:	<input checked="" type="checkbox"/> Prison	<input type="checkbox"/> Jail	
Name of facility's Chief Executive Officer: Gwendolyn Meriweather			
Number of staff assigned to the facility in the last 12 months: 61			
Designed facility capacity: 232			
Current population of facility: 200			
Facility security levels/inmate custody levels: Medium			
Age range of the population: 18-70			
Name of PREA Compliance Manager: Jamaine Nixon		Title: Counselor	
Email address: jamaine.nixon@gdc.ga.gov		Telephone number: (229) 567-4301 Ext. 222	
Agency Information			
Name of agency: Georgia Department of Corrections			
Governing authority or parent agency: <i>(if applicable)</i> Click here to enter text.			
Physical address: 300 Patrol Road Forsyth, GA 31029			
Mailing address: <i>(if different from above)</i> P.O. Box 1529 Forsyth, GA 31029			
Telephone number: (478) 992-2999			
Agency Chief Executive Officer			
Name: Gregory C. Dozier		Title: Commissioner	
Email address: Gregory.dozier@gdc.ga.gov		Telephone number: (404) 656-4661	
Agency-Wide PREA Coordinator			
Name: Grace Atchison		Title: Statewide PREA Coordinator	
Email address: grace.atchison@gdc.ga.gov		Telephone number: (678) 332-6066	

AUDIT FINDINGS

NARRATIVE

The on-site PREA Audit of Georgia Department of Corrections (GDC), Turner RSAT Program in Sycamore, Georgia was conducted on June 13th. Six weeks prior to the on-site audit the auditor provided the Notice of PREA Audit. Contact information was provided to enable anyone desiring to correspond with the PREA Auditor regarding any PREA related issue to write the auditor. The auditor received one letter from an inmate who had made allegations that had been reported but found to be unsubstantiated. The Auditor met with the inmate during the interview portion of the PREA Audit. The inmate had made an allegation against a staff as a result of a pat search. The auditor explained the investigation process and explained that the auditor was not here to reinvestigate an allegation however in the discussion, the inmate indicated that since his report that was unsubstantiated he had several witnesses who stated they would come forward. The auditor requested permission to report this to the Agency PREA Assistant PREA Coordinator and was granted that permission. The Assistant PREA Coordinator very professionally talked with the inmate and indicated he would report this information to the Office of Professional Services Investigators who may want to talk with these alleged witnesses.

The facility provided documentation to confirm the notices were posted. During the onsite audit PREA Notices were seen posted throughout the facility. Three weeks prior to the on-site audit the facility provided a "flash drive" containing policies, procedures, forms and other documentation related to PREA and to support compliance with the PREA Standards. The auditor reviewed all the information accessible on the flash drive and requested additional information for clarification and to support the facility's practices. The auditor asked the facility to have the additional documentation available at the on-site audit. The auditor and facility PREA Compliance Manager communicated prior to the audit and worked together to develop an itinerary for the on-site audit. When additional information was requested it was provided expeditiously. The agency is to be commended for the support the Assistant PREA Coordinator provided during the on-site audit and after. This state office staff person was valuable in providing clarification and additional information during the audit. It was very helpful to have him present to provide clarification and documentation when needed from the state level.

By prior agreement the auditor arrived at the facility at approximately 0500 hours. The entrance to the facility is controlled through the control room. Visitors sign in, provide photo id and go through a metal detector. A camera and a mirror are located in the reception area of the facility. There are multiple PREA posters in the reception area. Posters affirm the "Sexual Abuse is Not a Part of Your Sentence". Another poster names six ways to report allegations of sexual abuse and yet another says, "If You See Something Say Something" and has the TIP Line number enabling anyone to report, including visitors. The administration area obviously contains a number of offices and two conference rooms. The records room was locked and secured and a notice on the door limited access. Additional offices included the Superintendent's Office, Assistant Superintendent's Office, Chief of Security, Counselor, secretary, mail room and medical. Break the Silence Posters were on the walls down the main corridor. A camera also provides a view down the main hall. A large multipurpose room located next to a conference room provides a wide-open view of the room. The room is "well illuminated" and the floors are highly shined. There is a camera in this room as well.

Following random interviews, the Superintendent, accompanied by the Agency's Assistant PREA Coordinator, Assistant Superintendent and Chief of Security and PREA Auditor, conducted a tour of the facility. There are four dorms in this facility. One dorm is designated as the dorm where residents scoring higher for abusiveness are housed and another dorm has been identified as the dorm where potential victims are housed. Three dorms house up to 48 residents and one has a maximum capacity of 57. All the dorms are general population dorms. A secure control room contains the equipment and technology typically maintained in a control room. Video cameras are monitored from the control room. The segregation unit has four (4) cells. Posted in the segregation unit are PREA posters, the PREA Pamphlet and the Notice of PREA Audit. The shower in segregation has a curtain and restrooms are in the cells. There are no cameras in the cells. Dorms are open bay style. They have showers separated by stalls and all of them had curtains. Restrooms have stalls separated by half walls enabling inmates to have privacy. Each dorm has a camera with zoom capability. The dining hall has some cameras and the kitchen has two. Storage rooms were locked and secured. The laundry has an officer on duty anytime an inmate is working in there.

The door has to remain open when residents are working in there. Multiple informal interviews, with staff and residents, were conducted during the tour.

Please note that the words detainees and residents are used interchangeably in this report. The detainees are probationers sentenced to the RSAT program as a condition of their probation status.

DESCRIPTION OF FACILITY CHARACTERISTICS

The Turner Residential Substance Abuse Treatment Facility (RSAT) is located near a rural residential area at 514 South Railroad Avenue in Sycamore, Georgia, a rural part of South Georgia. The RSAT was originally built in 2004 and opened for inmates in 2006 as a pre-release center. In 2012, the facility's mission was changed into a six-month residential substance abuse treatment facility targeting high risk; high need offenders with a history of substance abuse. The facility has a rated capacity of 232 beds, with a current population of 200 during the onsite audit. The average detainee population is approximately 200 detainees. The facility has four open bay dormitories with a capacity of between 48 and 57 detainees. Showers afford privacy through stalls and shower curtains and restrooms with half walls. There are four (4) segregation cells. The shower area in segregation has curtains and commodes are in the individual cells. The facility houses predominately medium classification custody detainees. The Treatment Center offers a variety of programs including general education diploma, individual and group counseling in a therapeutic community setting, general recreation and various worship services.

The substance abuse treatment program is operated, via contract, by Spectrum Health Services staff.

SUMMARY OF AUDIT FINDINGS

The Turner Residential Substance Abuse facility was audited using the PREA Standards for Prisons, Jails, and Lockups. The audit process and methodology included the following: 1) Review of the PREA Standards for Community Confinement Facilities 2) Offering residents, staff, visitors, contractors and volunteers the opportunity to correspond with the PREA Audit confidentially by providing and having the facility post the Notice of PREA Audit six (6) weeks prior to the on-site audit. 3) Reviewing policies, procedures, including statewide policies and procedures as well as local operating procedures and supporting documentation provided on the flash drive prior to the on-site audit 4) Requesting additional information to support practice and/or clarifications of provided documentation 5) Communicating with the PREA Compliance Manager to understand facility practice as well as policies and procedures 6) Conducting the on-site PREA Audit to include interviewing randomly selected and specialized staff. During this audit, the auditor interviewed six (6) detainees and eight (8) specialized staff. Additional interviews were conducted with a Sexual Assault Nurse Examiner who also ensures an advocate is available to provide emotional support to an inmate during the forensic exam.

Forty-three standards were reviewed applying the verbiage of the standard. Four (4) of the standards were rated a “not applicable”. These included: 115.12, Contracting with other entities for the confinement of inmates; 115.14, Youthful Inmates; 115.18, Upgrades to facilities and technologies; 115. 66, Preservation of ability to protect inmates from contact with abusers. Six (6) standards were rated “exceeds”. These include: 115.11, Zero Tolerance; 115.13, Supervision and Monitoring; 115.17, Hiring and Promotion Decisions; 115.34, Specialized Training, Investigations; 115.35, Specialized Training, Medical and Mental Health; and 115.51, Inmate Reporting. Two of the standards were rated “not applicable”. Forty-three standards were reviewed. Three standards were rated “not applicable”. Thirty-three (33) standards were rated “meets”.

Number of standards exceeded: 6

Number of standards met: 33

Number of standards not met: 0

Number of standards not applicable: 4

Standard 115.11 Zero tolerance of sexual abuse and sexual harassment; PREA Coordinator

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

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

This Standard is rated exceeds the standard based on the agency's commitment to PREA by providing multiple higher level staff to implement PREA in the state. Georgia Department of Corrections Policy 208.6, Prison Rape Elimination Act-PREA, Sexually Abusive Behavior Prevention and Intervention Program, is comprehensive and not only details the agency's approach to prevention, detection, reporting and responding to allegations of sexual abuse and sexual harassment but also integrates this information in a manner that flows logically and easily understood. The policy affirms that the Department will not tolerate any form of sexual abuse or sexual harassment of any offender perpetrated by any staff, contractor or volunteer. Policy states that the Department has a zero tolerance for all forms of sexual abuse, sexual harassment and sexual activity among inmates. It further indicates the purpose of the policy is to prevent all forms of sexual abuse, sexual harassment and sexual activity among inmates by implementing provisions of the PREA Standards to help prevent, detect and respond to sexual abuse in confinement facilities. It is evident that the Georgia Department of Corrections takes the sexual safety of offenders seriously. The Georgia Department of Corrections appointed a Director of Compliance who is ultimately responsible for the Department's compliance with PREA, ADA and ACA. Additionally, the Department has appointed a statewide PREA Coordinator and an Assistant Agency PREA Coordinator with sufficient time and authority to develop, implement, and oversee the Department's efforts to comply with the PREA Standards in the DOC facilities. Previous interviews with the PREA Coordinator indicated she is one of the most knowledgeable PREA Coordinators I have had the pleasure of working with. She is not just knowledgeable of PREA but she brings to the table experience in adult facilities prior to her appointment. The Assistant PREA Coordinator is also a very knowledgeable and experienced staff person who brings a wealth of knowledge about facility operations to the PREA arena. This individual has an unusual grasp on PREA and having had multiple years of experience in the prison system understands the operational issues and how best to implement the standards in correctional facilities and programs. The agency also has an analyst assigned to the PREA Unit whose job is to collect and analyze the data submitted on a monthly basis by each facility. Additionally, the Warden or Superintendent at each institution is charged with ensuring that all aspects of the agency's PREA Policy are implemented. They are also required to develop a Local Procedure Directive for response to sexual allegations. The Directive must reflect the institution's unique characteristics and specify how each institution will respond to sexual allegations and the notification procedures followed for reports of sexual allegations. Wardens and Superintendents also are required to assign an Institutional PREA Compliance Manager, who also has sufficient time and authority to develop, implement and oversee the facility efforts to comply with the PREA Standards. The Resident Handbook advises offenders that the Department of Corrections has a zero-tolerance policy toward the sexual abuse of offenders and is committed to the prevention, detection and punishment of sexual abuse. Signs posted throughout the facility again, emphasize the agency's zero tolerance for all forms of sexual abuse, sexual misconduct and sexual harassment or retaliation for reporting or cooperating with an investigation. This agency is committed to sexual safety. Evidence of their proactive approach was described by the PREA Coordinator and included the fact that they are working with Just Detention International in seeing how offenders might be used to conduct PREA Classes; working with statewide advocate groups in recruiting advocates; by having the Moss Group review their PREA Policy and by providing additional training for Sexual Assault Response Team Members as well as training for PREA Compliance Managers. The Agency also requires all staff to complete the NIC Online Training Course, "Communicating Effectively with LGBTI Inmates."

The Superintendent, has appointed a counselor as the PREA Compliance Manager. An interview with the PREA Compliance Manager confirmed she is knowledgeable of PREA and a staff who takes PREA seriously. She indicated to the auditor that she has the complete support of the Superintendent and staff and of the PREA Coordinator who is accessible to her on site periodically and almost always via phone or email. The Superintendent is a “hands on” individual who is also “hands on” relative to implementing and maintaining the PREA Standards.

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. They all also stated they are trained to and required to report all allegations of sexual abuse or sexual harassment including suspicions. Staff indicated if they failed to report there would be sanctions.

Zero Tolerance posters are posted throughout the facility. Multiple signs are posted beginning in the reception area and even in segregation. These posters cover a variety of topics and give viewers an affirmation that the facility does not tolerate any form of sexual activity and provides multiple ways to report. Acknowledgement statements and resident handbooks contain information affirming the agency and facility’s zero tolerance for any form of sexual activity, or retaliation for reporting.

Residents, staff, contractors and volunteers are trained in the zero-tolerance policy. The facility provided multiple training rosters and PREA Acknowledgment Statements confirming staff have been trained in PREA. Interviewed residents stated they are aware the facility has a zero tolerance for all forms of sexual activity.

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

Standard 115.12 Contracting with other entities for the confinement of inmates

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

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

This Standard is rated “not applicable”. Georgia Department of Corrections Policy, 208.6, Prison Rape Elimination Act, Sexually Abusive Behavior, Prevention and Intervention Program, A. Prevention Planning, Paragraph 2, requires the Department to ensure that contracts for the confinement of its inmates with private agencies or other entities, including governmental agencies, shall include in any new contract or contract renewal the entity’s obligation to adopt and comply

with the PREA Standards and that any new contract or contract renewal shall provide for Department contract monitoring to ensure that the contractor is complying with the PREA Standards.

The Turner Residential Substance Abuse Treatment facility does not contract for the confinement of offenders.

The Agency PREA Coordinator provided the auditor two contracts the agency promulgated for the confinement of inmates 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 DOC has the right to monitor for compliance.

Standard 115.13 Supervision and monitoring

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

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

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

The Facility provided the “Staffing Plan” for Turner RSAT, dated 11/1/2016. The staffing plan is predicated on a designed capacity of 200 male offenders 18 years old and above (Adult Offenders) sentenced by the state of Georgia to complete an in house residential Substance Abuse Treatment Program. The RSAT is a nine- month program which includes substance abuse programming which includes substance abuse counseling, Substance Abuse programming educational opportunities and case management counselors. The Superintendent provided a memo stating that the Turner RSAT is adequately staffed to cover all Priority One designated posts and affirmed the facility is following the approved staffing analysis with minimum posts deviations and no Priority One deviations. The staffing plan is an 18 pages document that with great specificity and detail describes each living unit and the deployment of staff in those areas and any camera coverage. Priority posts are identified as well as lesser priority posts that may be pulled to ensure all priority one posts are covered as required. There are three gender specific posts. The plan requires that if, for any reason at the beginning of the shift or during a shift, a priority one post or a gender specific post cannot be manned, on duty staff have to remain on post until the Chief of Security arranges for someone to be called in. Until then lesser priority post can be “pulled”. The Superintendent stated the facility has had not had any issues covering all priority one and gender specific posts.

To be proactive, the facility has also, in the staffing plan, identified vulnerable areas and how the facility monitors these areas to deter sexual activity. The facility provided documentation to identify priority one and two posts. Video coverage in

the facility is minimal and the Superintendent has requested additional cameras for the laundry, press room, warehouse and additional cameras for the living units.

An interview with the Superintendent indicated that the GDC Central Office basically determines adequate staffing based on staffing analyses and the facility administration determines how to deploy them to ensure adequate staffing. The staffing plan is reviewed annually. The Superintendent also related if there were "call ins" she can pull from her split shift staff. She also related the facility has an "on call" schedule put out monthly so staff can see the days they may be called in if there is the potential for or an actual deviation from the staffing plan which has not happened for any priority one post. Interviews with staff indicated that priority one posts are always covered.

The staffing plan requires unannounced PREA rounds. A memo from the Superintendent also stated Shift Supervisors, Superintendent, Assistant Superintendent and Duty Officer conduct unannounced rounds in all living units to identify and deter sexual abuse and sexual harassment by staff and detainees. These unannounced rounds take place on weekends and holidays. These are required to be logged in the dorm logbooks and the duty officer logbooks. The facility provided documentation to indicate that unannounced PREA rounds are being conducted.

115.14 Youthful Offenders

The facility does not house youthful offenders. Youthful offenders are housed in a designated prison. This was confirmed through interviews with the Agency PREA Coordinator and the PREA Compliance Manager.

Standard 115.14 Youthful inmates

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

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

This standard is rated "not-applicable". The facility does not house youthful offenders. Youthful offenders are housed in a designated prison. This was confirmed through interviews with the Agency PREA Coordinator and the PREA Compliance Manager.

Standard 115.15 Limits to cross-gender viewing and searches

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

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

corrective actions taken by the facility.

Department of Corrections (DOC) Policy, 208.6, Prison Rape Elimination Act, Sexually Abusive Behavior Prevention and Intervention Program, prohibits cross-gender strip or visual body cavity searches except in exigent circumstances or when performed by medical practitioners. The facility houses male offenders and cross gender pat searches are permitted. Staff are trained to conduct those searches in a manner designed to lessen the chances of the staff receiving an allegation from a resident. These are required to be documented. Policy prohibits staff from searching a transgender inmate for the sole purpose of determining the inmate's genital status. Staff are also required by policy and the facility's local operating procedure to search transgender and intersex inmates in a professional and respectful manner.

Interviewed staff, including random staff as well as specialized staff, stated female staff do not strip search or conduct body cavity searches of inmates in this facility absent exigent circumstances. They are trained and permitted to conduct cross-gender pat searches. Staff related they have been trained to conduct cross-gender pat searches. Staff also stated they were trained to conduct searches and that included searching transgender and intersex inmates in a respectful and professional manner. They stated they have been trained to search everyone showing respect and being professional. One hundred (100%) per cent of the interviewed inmates stated that female staff never do strip or body cavity searches. Inmates, who were interviewed related they have never been strip searched by a female staff however they have been pat searched by them.

The reviewed training module (2017) for Annual In-Service, reminds staff that security staff must conduct searches in a professional and respectful manner and in the least intrusive manner possible, consistent with security needs. Staff are instructed that female staff may conduct strip and body cavity searches of male inmates only in exigent circumstances that are documented on an incident report. Transgender and intersex offender's gender designation will coincide with the prison assignment made by classification (offenders at a female prison will be searched as a female and offenders at a male prison will be searched as a male offender). When checking the breast of an offender the back of the hand should be used to check the entire breast area and outside the clothing. The groin area should be searched with the edge of the hand. Since the groin area is a sensitive area of the body, both physically and emotionally, it should be searched carefully and with concern for the offender's dignity.

The facility provided eight (8) of 2017 training rosters confirming staff received annual in-service training that includes "search" training. Interviewed staff confirmed they have been trained to conduct cross-gender searches, including "pat searches".

Interviews with staff confirmed cross-gender strip searches do not occur and although female staff may conduct a "pat search" of a male detainee, the practice is to use a male staff to do that unless one is not readily available. Most of the detainees who were interviewed related they have never been strip or pat searched by a female staff. Interviewed female staff stated they were trained to conduct pat searches of males but in practice it does not happen often. Too, they indicated they were trained to conduct cross-gender searches and that this occurs annually during annual in-service training.

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

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

A tour of the facility and interviews with staff confirmed the showers have shower curtains providing privacy while inmates shower. Commodes have half walls also enabling privacy. There are no cameras located in the shower/restroom areas. All

the interviewed detainees stated they have privacy while showering, using the bathroom and when dressing. They also stated that female staff do not come into the restroom/shower area.

An additional measure required by policy is for staff of the opposite gender to announce their presence when entering an inmate housing unit. Notices are prominently posted advising inmates that female staff routinely work and visit inmate housing areas. Interviewed staff, randomly selected as well as specialized staff, affirmed that staff consistently announce their presence before entering the housing area. A memo dated 12/18/16, from the PREA Compliance Manager, reminded staff to announce their presence when entering the housing units. They were told to announce, "female on the range". All the interviewed staff stated that female staff always announced their presence. Most of the interviewed detainees stated, in their interviews, that female staff announce their presence. The remaining few said they do announce their presence and some are better than others.

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

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

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

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

The facility provided the contract they have with Language Line for interpretive services. The Superintendent issued a Memorandum dated April 7, 2017, identifying the staff who are authorized to call Language Line Solutions and the toll-free number is provided. During the tour of the facility, medical staff had the Language Line Solutions number posted for easy access for the medical staff who might need those interpretive services.

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

The reviewed Pre-Audit Questionnaire and interviews with staff and residents confirmed that the facility has not had any occasions during the past twelve (12) months where an inmate interpreter was used to report an allegation of sexual abuse.

Interviews with staff, including those randomly selected and specialized, indicated there are no disabled residents in the facility requiring interpretive services/translation services. The majority of the staff indicated they would allow another inmate to interpret and were not aware of the availability of Language Line as a resource or how to access it. The auditor recommended additional refresher training for staff in the agency policy on relying on resident interpreters and how to access Language Line. The Superintendent immediately had staff refreshed on the agency's policy as well as how to access

Language Line Solutions when they need interpretive services. A memo to staff and training rosters confirmed the staff were trained that they are not to rely on inmate interpreters except in an emergency. Staff were trained that they are to use Language Line.

Standard 115.17 Hiring and promotion decisions

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

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

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

The Superintendent provided the auditor examples of background checks. Prison, jail, lockup, community confinement facility, juvenile facility, or other institution? 2) Have you ever been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force or coercion, or if the victim did not consent or was unable to consent or refuse? And 3) Have you been civilly or administratively adjudicated to have engaged in the activities described? Examples of the GDC Professional Reference Checks was provided. Lastly the facility provided documentation to indicate the facility conducts Motor Vehicle Record Checks as well as checks of the Georgia Crime Information Center and the National Crime Information Center. PREA Acknowledgment Statements were also included. Documentation was provided for contractors, staff promotions and volunteers. Additionally, the staff stated that all security (Peace Officer Standards Certified Staff) are background checked annually to coincide with their annual weapons qualifications. Non-certified staff are checked every five years.

Standard 115.18 Upgrades to facilities and technologies

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

relevant review period)

- Does Not Meet Standard (requires corrective action)

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

This Standard is rated “not-applicable”. Department of Corrections Policy 208.6, Prisons Rape Elimination Act, Sexually Abusive Behavior Prevention and Intervention Program, A, Prevention Planning, Paragraph 8, requires all new or existing facility designs and modifications and upgrades of technology will include consideration of how it could enhance the Department’s ability to protect inmates against sexual abuse. The PREA Coordinator must be consulted in the planning process.

The Superintendent, in an interview, indicated there have been no modifications to the existing facility nor have there been any upgrades to the monitoring technology. She has made requests for additional cameras however and will definitely be included in any plans for the deployment of the cameras.

Standard 115.21 Evidence protocol and forensic medical examinations

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

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

DOC Policy, 208.6, Prison Rape Elimination Act Sexually Abusive Behavior Prevention and Intervention Program, B. Responsive Planning, describes the agency’s expectations regarding the evidence protocols and forensic examinations. Facilities are required to follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions. DOC’s response to sexual assault follows the US Department of Justice’s Office on Violence Against Women publication, “A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents” dated April 2013, or the most current version. The Department requires that upon receiving a report of a recent incident of sexual abuse, or a strong suspicion that a recent serious assault may have been sexual in nature, a physical exam of the alleged victim is conducted and the Sexual Assault Nurse Examiner’s protocol initiated. The Department has promulgated a Local Procedure Directive encompassing the procedures related to responding to victims of sexual assault and the victim is provided the opportunity for a forensic exam as soon as possible. Forensic exams are provided at no cost to the victim. An additional document, “Procedures for SANE Nurse Evaluation/Forensic Collection” provides step by step details of the responsibilities of healthcare providers in responding to an allegation of sexual assault. Beginning with the Initial Report of Sexual Abuse or Sexual Assault, the protocol requires medical staff to conduct an initial assessment of the offender to determine if there is any evidence of physical trauma requiring immediate medical intervention in accordance with good clinical judgment. They are required to immediately initiate all necessary urgent/emergent treatment for bleeding, wounds and other trauma Nursing staff complete the Nursing Protocol Assessment form for alleged Sexual Assaults and clinicians will document this in the progress notes. Then, if clinically

indicated the staff will initiate the arrangements to transfer the offender to the designated emergency facility for continued treatment and collection of forensic evidence.

A Memo from the Assistant Superintendent to all staff, dated April 17, 2017, reminds staff that the Turner RSAT takes all PREA victims to their host facility, Wilcox State Prison, to see the SANE Nurse. The SANE nurse contact information is provided.

Policy also requires the PREA Compliance Manager to attempt to enter into an agreement with a rape crisis center to make available a victim advocate to inmates being evaluated for the collection of forensic evidence. It also requires an administrative or criminal investigation of all allegations of sexual abuse and sexual harassment. Allegations involving potentially criminal behavior will be referred to the Office of Professional Standards (OPS). The facility has trained SART members to serve as advocates for resident victims of sexual abuse. The reviewed curriculum is extensive and equips the SART members to serve as advocates in the absence of an outside advocate. The facility provided a Memorandum, dated April 7, 2017 to all staff reminding them that the Victim Advocate for Turner RSAT is a Counselor (name provided). The facility has an agreement for advocacy services with Behavioral Health Services of South Georgia, Valdosta, Georgia. Phone numbers and mailing addresses were provided to the residents.

An interview with a facility investigator indicated she has completed the National Institute for Corrections Specialized Training for Investigators: Conducting Sexual Abuse Investigations in Confinement Settings. Additionally, she has received specialized training in investigations through SART Training. Too, she indicated that she receives SART training annually.

The Pre-Audit Questionnaire and interviews with both staff and inmates confirmed there have been no allegations or incidents requiring a forensic examination during the twelve (12) months.

Standard 115.22 Policies to ensure referrals of allegations for investigations

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

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

DOC Policy, 208.6, Prison Rape Elimination Act, requires that an administrative or criminal investigation is to be completed for all allegations of sexual abuse and sexual harassment. Allegations that involve potentially criminal behavior will be referred for investigation to the Office of Professional Standards. If an investigation was referred to an outside entity, that entity is required to have in place a policy governing the conduct of such investigations. DOC Standard Operating Procedure, IK01-0006, Investigation of Allegations of Sexual Contact, Sexual Abuse and Sexual Harassment, thoroughly describes the expectations for reporting allegations including initial notifications, general guidelines for investigations and investigative reports. Policy requires "as soon as an incident of, sexual contact, sexual abuse or sexual harassment (including rumors, inmate talk, kissing etc.) comes to the attention of a staff member, the staff member is required to immediately inform the Warden/Superintendent, and/or the Institutional Duty Officer, and/or the Internal Investigations Unit verbally and follow up with a written report.

The Pre-Audit Questionnaire and interviews with staff and inmates indicated that there were no allegations of either sexual abuse or sexual harassment during the past twelve (12) months.

The facility investigator was very knowledgeable of the investigatory process. This investigator has completed the SART Training for investigators as well as the specialized training for investigators through the National Institute of Corrections. The SART training is provided annually.

The investigation process she described was consistent with the PREA Standards. She indicated, in an interview that an investigation involving a staff member would continue even if the employee terminated his/her employment prior to the conclusion of an investigation. If the inmate was transferred to another facility or if the resident is released the investigation would continue. If the investigator substantiated the case she would refer it to the Office of Professional Standards investigators who would conduct the criminal investigation. Too, if there was penetration, she stated, the case would be moved on up to the Office of Professional Standards for investigation.

The reviewed policies, training curricula, PREA Acknowledgement Statements and multiple PREA related posters as well as interviews with staff, both those who were random and those who are specialized, confirmed that this agency expects staff to report all suspicions, knowledge, reports or allegations of sexual abuse or sexual harassment and that these are to be investigated. There are several layers of investigation beginning with the SART and as needed, the Office of Professional Standards Investigators. Those interviews confirmed the agency's zero tolerance for all forms of sexual abuse and sexual harassment.

Randomly selected staff and specialized staff stated consistently they were required to report all allegations of sexual abuse or sexual harassment, including suspicions, reports, knowledge or allegations. They said they are required to report immediately to their immediate supervisor followed up with a written statement/incident report completed prior to the end of their shift. They said they also would accept any report from any source and treat it seriously, reporting it just as any other report or allegation. Staff were aware that the SART will initially investigate all allegations of sexual abuse or sexual harassment. It is the job of the SART to determine, based on reviewed evidence, if the allegation is PREA related. If so, they continue the investigation. The Office Professional Standards may also be involved in the investigation, especially if the case involves a staff and the allegations appear criminal.

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

Standard 115.31 Employee training

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

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

Georgia DOC Policy, 208.6, Prison Rape Elimination Act, Sexually Abusive Behavior Prevention and Intervention Program, C. Training and Education, requires annual training that includes the following: The Department's zero-tolerance policy, how to fulfill their responsibilities under the sexual abuse and sexual harassment prevention, detection, reporting and response policies and procedures, inmate's right to be free from sexual abuse and sexual harassment, the right of inmates and employees to be free from retaliation for reporting sexual abuse and sexual harassment, the dynamics of sexual abuse and

sexual harassment victims, how to detect and respond to signs of threatened and actual sexual abuse, how to avoid inappropriate relationships with inmates, how to communicate effectively and professionally with inmates, including lesbian, gay, bisexual transgender, intersex or gender non-conforming inmates ; how to avoid inappropriate relationships with inmates and how to comply with relevant laws related to mandatory reporting of sexual abuse and sexual harassment. New employees receive PREA Training during Pre-Service Orientation. Staff also receive annual in-service training that includes a segment on PREA. In-service training considers the gender of the inmate population.

The facility provided the training curriculum covering the topics required by the PREA Standards and more. The facility also provided multiple pages of computerized training rosters confirming staff received their required PREA Training. Multiple reviewed PREA Acknowledgment Statements also indicated staff were trained and that they understood the agency's zero tolerance policy and PREA.

Staff at this facility have been PREA Trained. Every staff who was interviewed stated they were trained in each one of the topics that were required by the PREA Standards. They also related, when asked how they have received PREA Training related that as new employees they receive a block of PREA Training at Basic Correctional Officers Training (BCOT); then at annual in-service, which has some training in class and some on-line. Additionally, then staff said they receive refresher training during shift briefings from time to time. What was clear was that staff understood the agency's zero tolerance for all forms of sexual abuse, sexual harassment and retaliation for reporting; keeping detainees safe; responding to allegations of sexual abuse; and the importance for protecting the evidence. Multiple PREA related posters and memos from the Superintendent keep PREA in the forefront of thought for staff.

In addition to all the basic and required PREA training, the agency requires all staff to complete the NIC online training, Professional Communications with LGBTI inmates.

The Sexual Assault Response Team is provided training at least annually; PREA Compliance Managers receive training at least annually and at least one staff, a counselor, has been trained to serve as a victim advocate.

Standard 115.32 Volunteer and contractor training

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

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

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

Contractors go through the same PREA training that regular employees undergo.

An interview with a volunteer and a contracted health care provider indicated they were trained in the zero- tolerance policy and how to report sexual abuse, sexual harassment or retaliation. A “Spectrum” contracted employee indicated that he and his staff attend annual in-service training, watch the PREA Video, and sign an acknowledgment that they understand the training they received.

Multiple acknowledgment statements were provided for review. These documented that the individual had received training on the Department’s Zero Tolerance Policy and that they have read the GDC Standard Operating Procedures, 208.6, Sexually Abusive Behavior Prevention and Intervention Program. Volunteers and contractors are also acknowledging that they understand if they witness and inappropriate behavior, including that of a sexual nature or if someone reports it to them, they are to report it to a nearby supervisor. Specifically, the Volunteer/Contractor Acknowledgment Statement affirms the following:1) Understanding the GDC has a zero-tolerance policy prohibiting visitors, contractors and volunteers from having sexual contact of any nature with offenders. 2) Understanding that they are not to engage in sexual contact with any offenders, while visiting a correctional institution and if they witness sexual contact offender to offender, or if someone reports it to them, they will immediately report it to a Corrections employee; 3) If they violate the agreement they will be permanently banned from entering all GDC correctional institutions and the GDC may then pursue criminal prosecution.

A telephone interview with a facility volunteer confirmed the PREA training he received. He stated he was trained that the agency has a zero tolerance for all forms of sexual abuse and sexual harassment. He also stated he was trained to report everything to a correctional officer.

Standard 115.33 Inmate education

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

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

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

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

Additionally, inmates continuously receive information related to PREA through posters reflecting the Department's zero tolerance for sexual abuse and harassment and contact information for inmate reporting of sexual abuse allegations.

A staff conducting the initial intake stated detainees arrive on Mondays and as soon as they get off the bus, he gives them a copy of the PREA Pamphlet and goes over it with them. He said he also tells them about zero tolerance and ways they can report sexual abuse and sexual harassment.

An interview with the PREA Compliance Manager (PCM) indicated that inmates arrive on Monday and will receive their orientation on Wednesday. At that time detainees watch the PREA Video. She related she uses the Facilitator's Guide and showed me the script for that. She related at each pause she discusses the information the detainees have just seen on video. Detainees are allowed to and given time to ask any questions they may have. Having seen the video and having had PREA information at their previous facilities, most of the detainees have no questions. Detainees are also given a copy of the detainee handbook.

Detainees are required to document that they have received the facility's rules against sexual abuse and sexual harassment. Inmates document that they have received the PREA video and facility's rules against sexual abuse and sexual harassment. Lastly they sign an orientation form acknowledging the items on the orientation checklist, one of which is PREA.

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

Interviews with detainees confirmed they were provided the facility's rules against sexual abuse and sexual harassment during orientation which they said occurred either the same day or within a few days but during the same week. They also indicated they received information about the facility's rules against sexual assault and sexual harassment, understood they had the right to report it and that they had a right not to be punished for reporting it. They consistently said they received written PREA information, received information from the Resident Handbook, watched the PREA video, and were given the opportunity to discuss and ask questions related to any PREA topic or issue.

All of the detainees knew the facility has a zero tolerance for any form of sexual activity. They indicated they would mostly use the PREA Hotline to report or to a staff. They also reported that PREA related posters are located throughout the facility, keeping PREA in the forefront.

Standard 115.34 Specialized training: Investigations

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

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

DOC Policy 208.6, Prison Rape Elimination Act, Sexually Abusive Behavior Prevention and Intervention Program, C. Training and Education, Paragraph 5. Specialized Training Investigations, requires the OPS to ensure all investigators are appropriately trained in conducting investigations in confinement settings. That training includes techniques for interviewing

sexual abuse victims, proper use of Miranda and Garrity Warnings, sexual abuse evidence collection in confinement settings, and the criteria and evidence required to substantiate a case for administrative action or prosecution referral. The Department is required to maintain documentation of that training.

The facility investigator reported receiving specialized training through the Georgia Public Safety Training Center in addition to the National Institute of Corrections Specialized Training for Investigating Sexual Abuse in Confinement Settings. This investigator gave a direct and concise explanation of the investigative process. He indicated that SART is notified and responds once an incident occurs or an allegation is made. He related his role would be to interview the inmate and if there was touching or penetration he would get the inmate to medical, notify the SANE nurses, notify OPS investigators, ensure the victim and abuser are separated, secure the area and protect the evidence. He related that the SANE collects the evidence and turns the kit over to the OPS investigators. He related that initially the same process would happen for sexual harassment allegations. After interviewing the alleged victim, the investigator related OPS would be notified and if it involved a staff and was substantiated, administrative action may be required.

Standard 115.35 Specialized training: Medical and mental health care

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

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

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

An interview with the medical staff indicated that, in addition to the PREA Training all staff receive, medical and mental health staff receive specialized training. Designated medical staff also serve on the SART Team and receive additional training as a SART member. Two of the interviewed staff related that their role, as soon as they are aware of an incident of sexual abuse, is to ask the inmate what happened for treatment purposes only, to provide any emergent need for treatment, call the SANE and Mental Health staff, make notifications, stay with the inmate, protect the evidence and the chain of evidence.

The facility provided documentation of completing the specialized training for medical health practitioners for two medical/healthcare staff. The facility has one full time Licensed Practical Nurse and one part time Registered Nurse. Both had documented their specialized training. There are no mental health staff at this facility. Mental health services would be provided by the Valdosta State Prison.

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

Standard 115.41 Screening for risk of victimization and abusiveness

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

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

Department of Corrections Policy 208.6, Prison Rape Elimination Act, Sexually Abusive Behavior Prevention and Intervention Program, D. Screening for Risk of Sexual Victimization and Abusiveness, Paragraph 1. Screening for victimization and abusiveness, requires all inmates be assessed during intake screening and upon transfer to another facility for their risk of being sexually abused by other inmates or sexually abusive toward other inmates. This instrument, the Victim/Aggressor Classification Instrument, is administered by a counselor, within 72 hours of arrival at the facility. Information from the screening will be used to inform housing, bed assignment, work, education and program assignments. Policy requires that screening is documented in SCRIBE. The screening process considers minimally, the following criteria to assess inmate's risk of sexual victimization: Whether the inmate has a mental, physical, or developmental disability; the age of the inmate; the physical build of the inmate; whether the inmate has been previously incarcerated; whether the inmate's criminal history is exclusively nonviolent; whether the inmate has prior conviction for sex offenses against an adult or child; whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex or gender nonconforming; whether the inmate has previously experienced sexual victimization; the inmate's own perception of vulnerability and whether the inmate is detained solely for civil immigration purposes. It also considers prior acts of sexual abuse, prior convictions for violent offenses and history of prior institutional violence or sexual abuse, as known by the Department, in assessing inmates for risk of being sexually abusive. The document, Victim/Aggressor Classification Ratings instructs the assessor that if question #1 is answered yes, the offender will be classified as a Victim regardless of the other questions. This will generate 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. If question #1 is answered on the Sexual Aggressor Factor Rating the offender 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. In situations where the instrument classifies the offender as Victim and Aggressor, the assessor is required to thoroughly review the offender's history to determine which rating will drive the offender's housing, programming etc. This must be documented in the offender SCRIBE case notes, with an alert note indicating which the controlling rating is.

Reassessments are conducted when warranted and within 30 days of arrival at the facility based upon any additional information and staff will reassess when warranted due to a referral, incident of sexual abuse or receipt of additional information bearing on the inmate's risk of sexual victimization or abusiveness. Inmates are not disciplined for not answering questions. Information derived during the process is limited to a need to know basis for staff, only for the purpose of treatment, security and management decisions including housing and cell assignment as well as work, education and programming assignments.

An interview with staff who conduct the risk screening indicated they screen inmates on the day they arrive at the center. The screener/assessor stated the counselor gets a weekly list of detainees coming to the facility. This staff related they check the offender database, SCRIBE, to see if there were any flags on the offenders SCRIBE page. Additionally, the staff administering the assessment goes back and reviews any previous assessments and looks under all court cases. The staff ask PREA Audit Report

the questions on the SVAT and reviewing SCRIBE to verify information. Staff also consider whether the detainee is young, disabled or elderly and considers other physical and mental factors.

Staff indicated the assessment process includes considering previous victimization, incidents, previous history, any court documents, rap sheets etc. any flags already in SCRIBE, and review if information in SCRIBE. Too, the screener reminded the auditor that inmates have come from diagnostics so they will have a screening assessment in SCRIBE, which they review. Staff also related that instead of stature the department instruments populates information in the system to assign a score for body mass index.

If an inmate disclosed prior victimization, the inmate would be offered a follow-up with mental health. This facility does not have mental health staff so, according to the counselor, the detainee would be taken to Valdosta State Prison for a follow-up meeting with mental health. There were no inmates reporting prior victimization during the past twelve months. This was confirmed through reviewing the Pre-Audit Questionnaire, reviewed samples of VSAT assessments, and interviews with the Superintendent.

The facility provided a sample of the Victim/Aggressor Classification instrument that populates to generate the Offender PREA Classification Details.

Interviewed inmates related to the auditor, when asked, they were asked the questions from the SVAT questionnaire including: 1) were you in jail or prison previously? 2) were you sexually abused previously 3) do you identify yourself as gay, bisexual or transgender? and 4) do you feel like you will be a victim of sexual abuse while in this facility? These responses indicated they were administered the Victim/Aggressor assessment. All the interviewed detainees related they felt safe in the facility and some said more than safe and happy to be a facility like this.

Samples of SVAT screenings were provided for review.

Standard 115.42 Use of screening information

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

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

DOC Policy 208.6, D. Screening for Risk of Victimization and Abusiveness, Paragraph 2. Use of Screening Information, requires that information from the risk screening is used to inform housing, bed, work, education and program assignments, the goal of which is to keep separate those inmates at high risk of being sexually victimized from those at high risk for being sexually abusive. Wardens and Superintendents are required to designate a safe dorm (s) for those inmates identified as vulnerable to sexual abuse. Facilities will make individualized determinations about how to ensure the safety of each inmate. In the event the facility had a transgender inmate, the Department requires the facility to consider on a case by case basis whether a placement would ensure the inmate's health and safety and whether the placement would present management or security problems. Placement and program assignments for each transgender or intersex inmate is to be reassessed at least twice a year.

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

The Turner Residential Substance Abuse Treatment Center Local Procedure Directive identified and designated A Dorm as the aggressor dorm and C as the safe dorm for potential victims and victims, if any. The directive also stated that inmates with serious predation history or at risk for sexual victimization are identified through the classification process.

The staff who makes initial housing assignments related they look at PREA issues in Scribe, review any Security Threat Groups, consider the detainee's age. Assignments are done following that SCRIBE review. All the dorms are open bay style and the bays can be observed from the centralized control room. This staff also related that all the dorms are general population dorms and if an aggressor and a victim have to be housed in the same open bay dormitory the potential victim will be bedded up front closer to the security station and in the first three beds that would be in camera view. Counselors conduct the SVAT to identify potential victims and aggressors and are required to advise and inform classification if they need to make adjustments in the dorms or between dorms. An interview with a counselor who administers the SVAT indicated that ID makes the initial dorm assignments and then the counselor may change that dorm or bed assignment based on the SVAT results. They also stated the ID staff review SCRIBE before making that initial assignment. The SVAT is administered the same day the detainee arrives, according to staff, therefore dorm and bed assignments can be made expeditiously.

Interviews with the Superintendent indicated she would require that any potential victim or actual victim be placed in the front of the dorm, closer to the security station and in view of the security station.

Standard 115.43 Protective custody

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

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

Georgia DOC 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.

Additionally, inmates placed in segregated housing for this purpose have access to programs, privileges, education or work

opportunities and if restricted the facility documents what has been restricted, the duration of the limitation and the reasons for the limitations.

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.

Interviews with staff indicated that victims would not be placed involuntary protective custody unless there were no alternative means of keeping them safe. The Superintendent has identified safe housing and the preference would be that the detainee would be placed there. A memo dated April 7, 2017, Safe Unit for Detainees, designated safe units for those detainees identified as victim(s) or perpetrator(s) for immediate separation. Perpetrators will be housed in B-38 segregation unit at this facility during the initial investigation. Victims will be housed in C Dormitory (with 24- hour surveillance) during the initial investigation. Detainees may be transferred, as well, based on the investigation or the recommendation of Inmate Affairs and the PREA Coordinator.

The Pre-Audit Questionnaire and interviews with staff confirmed there were no allegations of sexual abuse resulting in an inmate being placed in segregated housing.

Standard 115.51 Inmate reporting

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

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

Georgia DOC Policy, 208.6, Prison Rape Elimination Act, Sexually Abusive Behavior Prevention and Intervention Program, E. Reporting, 1. Inmate Reporting, provides multiple ways for inmates to report. These include making reports in writing, verbally, through the inmate PREA Hotline and by mail to the Department Ombudsman Office. Inmates are encouraged to report allegations immediately and directly to staff at all levels. Reports are required to be promptly documented. The Department has provided inmates a sexual abuse hotline enabling inmates to report via telephone without the use of the inmate's pin number. If an inmate wishes to remain anonymous or report to an outside entity, he may do so in writing to the State Board of Pardons and Paroles, Office of Victim Services (address provided). Staff have been instructed to accept reports made both verbally and in writing from third parties and promptly document them. Inmates may file grievances as well. Once a grievance is received and determined to be PREA related, the grievance process ceases and an investigation begins. Third Party reports may be made to the Ombudsman's Office or in writing to the State Board of Pardons and Paroles, Office of Victim Services (address provided). The inmate handbook instructs inmates to report sexual assault to staff or call the confidential GDC Sexual Assault Hotline. The number for the hotline is provided in the handbook and posted on the walls. Additionally, the inmate is provided the mailing address for the Inmate Advocate Sexual Assault Intervention and Prevention Program. The phone number and mailing address is provided. Inmates are provided the brochure entitled, "Sexual Assault and Sexual Harassment Prison Rape Elimination Act (PREA) How to Prevent it; How to report it". This brochure advises inmates that reporting is the first step. The hotline number is provided. The brochure tells inmates they

may report allegations to any staff member or write to any of the following: Statewide PREA Coordinator (Address provided); the Ombudsman (Address and phone number provided) or to the Director of Victim's Services (Address provided). Reviewed investigation packets indicated inmates were well aware of how to use the PREA Hotline for reporting.

Staff are trained to accept reports from any source and to report suspicions as well. Verbal reports are made immediately upon becoming aware of an incident or upon receipt of a report followed by a written report as soon as possible but not later than the end of the shift.

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

Posters throughout the facility inform residents of ways to report sexual abuse and sexual harassment.

This standard is rated exceeds because the Department and Facility provide inmates with multiple ways to report both internally and externally, with several or more outside agencies who can accept reports. These include the Ombudsman; PREA Coordinator; Victim Services; TIP Line and the outside Rape Crisis Center. They have access to phones to call the toll free PREA Hotline; visitation with approved visitors; phone calls to family and attorneys and through the TIP Line.

Standard 115.52 Exhaustion of administrative remedies

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

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

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

DOC Policy, 208.6, Prison Rape Elimination Act, Sexually Abusive Behavior Prevention and Intervention Program, F. Reporting, Paragraph 2, Inmate Grievances, requires the facility to allow inmates a full and fair opportunity to file grievances regarding sexual abuse to preserve their ability to seek judicial redress after exhausting administrative remedies.

The Policy and local operating procedures allow another inmate to file a grievance on behalf of another inmate. Too, the following procedures pertain to reporting allegations of sexual abuse or sexual harassment via the grievance process: 1) Inmates may submit the grievance without having to submit it to the staff who is the subject of the complaint 2) Inmates may seek assistance from third parties and third parties can file grievances on behalf of the inmate 3) If a third party files a request on behalf of an inmate, the victim must agree to have the request filed 4) If the inmate declines to have the request

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

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

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

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

None of the interviewed inmates mentioned the grievance process as one of the ways they would report however when asked, they indicated they could use the grievance process but it would not be one of the preferred ways.

Standard 115.53 Inmate access to outside confidential support services

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

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

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

The facility has developed an agreement with the Behavioral Health Services of South Georgia located in Valdosta, Georgia. The Behavioral Health Services of South Georgia agrees to provide the following to detainees from the Turner RSAT program: 1) Behavioral health assessment; 2) Individual recovery planning; 3) Psychiatric services and; 4) Nursing assessment. The agency is accredited by CARF. Detainees are provided the phone numbers to access the Georgia Crisis Access Line 24 hours a day, 7 days a week. Numbers for the Tift Clinic, Cook Clinic and Lowndes Clinic are provided.

Inmates of the Turner RSAT also have access to phones to call the PREA Hotline, addresses to contact the State Board of Pardons and Parole, Victim Services and the Ombudsman. They also have access to their attorneys if they have one via phone, legal mail and through visitation and to family via the phone, mail and during visitation.

The RSAT also has trained staff members (on the SART) who can serve as victim advocates. These staff provided documentation of their victim advocacy training.

Interviewed detainees, when asked if they were aware of any outside services for dealing with sexual abuse if they ever needed it, stated they were sure there were some agencies providing services and they thought the services would be counseling. One detainee identified the Behavioral Health Services as such an agency. When told about Behavioral Health Services, detainees stated they probably received the information but because they have not needed it, they did not pay attention to it. Although the detainees had access to that information, the auditor requested the facility conduct a refresher with the detainees to inform them once again. The Superintendent provided confirmation the refresher training was provided. The refresher was conducted immediately after the onsite audit and the Superintendent provided the confirmation the following Monday.

Standard 115.54 Third-party reporting

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

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

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

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

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

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

When asked how they could report detainees named multiple ways they could report internally and externally about half of them used the words third parties”. When asked specifically, the remaining detainees indicated family and friends could report for them. Too, they indicated other detainees could report for them as well.

Standard 115.61 Staff and agency reporting duties

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

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

Department of Corrections Policy, 208.6, Sexually Abusive Behavior Prevention and Intervention Program, F. Official Response Following and Inmate Report, 1. Staff and Department Reporting Duties, requires staff who witness or receive a report of sexual assault, sexual harassment, or who learn of rumors or allegations of such conduct, must report information concerning incidents or possible incidents of sexual abuse or sexual harassment to the supervisor on duty and write a statement, in accordance with the Employee Standards of Conduct. The highest-ranking supervisor on duty who receives a report of sexual assault or sexual harassment, is required to report it to the appointing authority or his/her designee immediately. The supervisor in charge is required to notify the PREA Compliance Manager and/or SART Leader as designated by the Local Procedure Directive. Appointing authorities or his/her designee may make an initial inquiry to determine if a report of sexual assault, sexual harassment, is a rumor or an allegation. Allegations of sexual assault and sexual harassment are major incidents and are required to be reported in compliance with policy. Once reported, an evaluation by the SART Leader/Team of whether a full response protocol is needed will be made. Appointing authorities or designee(s) are required to report all allegations of sexual assault with penetration to the OPS Special Agent In-Charge and the Department’s PREA Coordinator immediately upon receipt of the allegation. OPS Investigations 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 stated, when asked what the agency required of them regarding reporting allegations of sexual abuse or sexual harassment they stated they report everything. They indicated the posters said, “See Something Say Something.” Staff are mandated reporters and acknowledged they have been trained to take seriously and report any and all knowledge, reports, suspicions or allegations of sexual abuse. Staff stated they are required to report everything immediately to their immediate supervisor. When asked they stated they have to make a written report/incident report or statement following a verbal report as soon as possible but prior to the end of their shift. When asked, staff said they would accept reports from third parties or any other source, including anonymous reports. The reviewed Sexual Assault/Sexual Misconduct Prison Rape Elimination Act (PREA) Education Acknowledgment Statement affirms staff’s understanding they are to report anything they witness or that is reported to them.

Standard 115.62 Agency protection duties

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

- Does Not Meet Standard (requires corrective action)

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

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 Turner RSAT PREA Local Procedure Directive is the facility's specific Coordinated Response Plan. It identifies actions to take in the event of a sexual assault. The Coordinated Response Plan includes an action stating that staff are required to ensure the alleged victim is housed separately from the alleged perpetrator. It also requires the alleged victim place in involuntary protective custody only after other alternatives have been exhausted to ensure the safety of the victim and if applicable, place the alleged perpetrator in administrative segregation. If the alleged perpetrator is a staff member the first responder is required to separate the staff from the alleged victim. If applicable, staff are required to consult with the SART, Regional Director OPS 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 decisions with specific reasons for returning the offender to the general population or keeping offenders segregated. The Superintendent has identified safe housing for inmates. These are identified in the Coordinated Response Plan.

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

Interviewed staff confirmed there have been no detainees subject to a substantial risk of imminent sexual abuse during the past twelve months. Staff stated that, upon learning that a detainee was at risk they would separate the detainee from the threat. They indicated they would take that resident to a safe dorm and notify their supervisor or they would keep the detainee with them until the supervisor decided about where the detainee could be placed to keep him safe.

Standard 115.63 Reporting to other confinement facilities

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

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

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

The reviewed Pre-Audit Questionnaire and interviews with staff confirmed there have been no allegations made at this facility that a detainee was sexually abused at another facility nor have there been any allegations reported to the Turner RSAT from another facility that an inmate was sexually abused while at the Turner RSAT.

Interviews with the PREA Compliance Manager and the Superintendent confirmed they are aware of the policy requiring reporting to other facilities upon receiving an allegation of sexual abuse that occurred in another facility. They also indicated if they received an allegation from another facility that a detainee, while assigned to the Turner RSAT, was sexually abused at this facility, they would initiate an investigation and cooperate with any investigation. The Superintendent stated if the facility received an allegation that an incident had occurred at Turner RSAT she would get with the SART, and the SART leader would call the SART leader from the other facility and start the investigation. She indicated the Turner SART would pull tape, ask if there were witnesses, do an incident report, notify OPS and cooperate with the investigation.

Standard 115.64 Staff first responder duties

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance

determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

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

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

Turner RSAT issued and provided the Turner RSAT PREA Local Operating Directive which details the roles of first responders. The initial first response may be from a custody staff who is on duty or a non-custody staff. Following the report of an alleged or actual sexual assault the Sexual Assault Response Team is notified and responds. This concept ensures that an investigator, medical staff and advocate as well additional members will be present to provide response as a team. The SART Team has been trained and is trained at least annually in their response and investigative responsibilities.

Interviews confirmed that random and specialized staff have been trained in and are aware of their responsibilities as first responders. Staff easily stated the actions they would take in responding to the incident or allegation. Staff said they would first separate the victim from the alleged aggressor and keep the victim safe. They would report the incident to their immediate supervisor, secure the crime scene, and request the victim not take any actions that would jeopardize collection of evidence, including showering, bathing, changing clothing, brushing teeth, using the restroom and requiring the alleged perpetrator to not take any actions to degrade or eliminate potential evidence and ensure the resident victim gets to medical or medical comes to him. Non-custody staff have been trained in first responding. They described the steps they would take in response to being informed a resident had been sexually assaulted. Sexual Assault Nurse Examiners will come to the facility to conduct the Forensic Exam. Contact information is available.

Standard 115.65 Coordinated response

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

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

DOC Policy requires each facility to develop a written institutional plan to coordinate actions taken in response to an incident of sexual abuse, among staff first responders, medical and mental health practitioners, investigators and facility leadership. The plan must be kept current and include names and phone numbers of coordinating parties. The facility provided the Lee State Prison PREA Local Procedure Directive. The plan is detailed and specific. Names of all responders including the Superintendent, Regional Director, TC Coordinator, Senior OIC Investigator, PREA Compliance Manager, SART Leader, SART Members, Retaliation Monitor, Staff Training, and Inmate Education. Duties are described for first responders. The SART Team will have, on the response team, investigator(s), medical staff, an advocate and contact information for the mental health staff from Autry State Prison. The plan also identified the safe housing for detainees at risk. The facility also identified the dorm used to house those at high risk for abusing.

The facility does not have mental health staff and if mental health staff were needed, mental health staff from Autry State Prison would respond or the detainee would be taken there. The Sexual Assault Response Team has a trained advocate who may provide emotional support to the resident on site. They also have Behavioral Health Services of South Georgia. The SANE would come to the facility if needed as would an outside victim advocate.

It is obvious that staff have been trained in responding to an incident or an allegation of sexual abuse. first responding. These included both custody staff and non-custody staff. Interviews with these staff indicated they are knowledgeable about the actions they would take in responding to a sexual assault or an allegation of sexual assault.

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

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

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

This standard is rated “not applicable”. Georgia Department of Corrections employees are not members of a union. The Department is not involved in any form of collective bargaining. This was confirmed by interviews with the Warden, PREA Compliance Manager and previous interviews with the PREA Coordinator serving as the Agency Head’s Designee.

Standard 115.67 Agency protection against retaliation

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

relevant review period)

- Does Not Meet Standard (requires corrective action)

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

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

The Superintendent of the RSAT has designated a retaliation monitor. The retaliation monitor is a counselor however the counselor was not available both days of the audit. The auditor interviewed the Superintendent who described the monitoring process. She indicated that the retaliation monitor would meet with the detainee to let him know he could contact her at any time he felt uncomfortable for reporting. She indicated even if an allegation was unsubstantiated the facility would monitor for retaliation. She related she would monitor for 30 days, 60 days and 90 days and beyond if necessary. She would be monitoring things like housing assignments, program assignments, DRs, and changes in work assignments. She related she would also talk with classification and they would decide appropriate housing. She indicated the facility is small and staff are meeting all the time and information would come from anyone, including the inmate about any forms of retaliation.

The facility has not had any allegations of retaliation during the past twelve (12) months. This was confirmed by interviews with staff and the reviewed Pre-Audit Questionnaire.

Standard 115.68 Post-allegation protective custody

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

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

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.

The facility reported, on the Pre-Audit Questionnaire that no inmates have been held in involuntary segregated housing in the past 12 months for one -24 hours awaiting completion of assessment. The facility provided a memo affirming they have not placed any inmates in involuntary restricted housing during the past twelve months.

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

An interview with the Warden confirmed that an inmate victim will not be placed in involuntary protective custody and would only be placed there if the victim requested it.

Standard 115.71 Criminal and administrative agency investigations

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

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

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

reviews. After each SART investigation, all substantiated cases are referred to the OPS Criminal Investigations Division while all unsubstantiated SART investigations are referred to the Office of Professional Standards for an administrative review. The Department follows a uniform protocol for obtaining usable physical evidence for administrative proceedings and criminal prosecution. Investigations are required to be prompt and thorough, including those reported by third parties or anonymously. Administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse. Reports are documented and include descriptions of physical and testimonial evidence, reasoning behind the credibility of assessments and investigative facts and findings. Criminal investigations are documented in written reports that contain thorough descriptions of physical, testimonial, and documentary evidence and copies of all documentary evidence when feasible. Substantiated allegations of conduct that appears to be criminal are referred for prosecution. The departure of the alleged abuser or victim from the employment or control of the Department does not provide a basis for termination of the investigation.

An interview with the facility investigator confirmed the SART (the investigator is a member of SART) will conduct an initial investigation of all allegations of sexual abuse and sexual harassment. SART is the initial responding investigatory body whose purpose is essentially to respond to the allegation, ensure the potential crime scene is protected and potential evidence on residents is protected and to determine if a sexual assault occurred. The facility provided Certificates of Training documenting the investigator has completed the online specialized training provided by the National Institute of Corrections. If it appears that a sexual assault has taken place, SART notifies the Office of Professional Standards Investigators, who will instruct the SART on further actions to take. In cases of sexual assault, OPS will generally be the investigating unit. Office of Professional Standards Investigators are certified and have arrest powers. They will usually handle the more serious allegations. SART is capable of and may interview alleged victims, perpetrators and witnesses, review videos and collect evidence and then make a determination of whether the incident meets the requirements for a PREA case and whether the case is substantiated or not.

The facility investigator described the investigative process. This included basically the initial response to an allegation of sexual abuse that included ensuring the safety of the alleged detainee victim, make the required notifications and protect the potential crime scene. Afterwards the investigator indicated the alleged victim would be interviewed to see what happened. Then the SART investigator indicated the SART's role is to determine if something happened and then to refer it to the Office of Professional Standards for investigation. The same process was described for allegations of sexual harassment. If there was penetration, the investigator related the inmate would be taken to medical and the SANE called to conduct the forensic examination. The investigator also indicated that the investigations are going to continue even if the employee terminated employment prior to the investigation being completed and that it would continue, as well, if a detainee was transferred to another facility. Credibility of a victim, perpetrator or witnesses would be determined based on the evidence and not on any status, identity, or other factor. The investigator is trained not to judge but take all allegations seriously and follow the facts. The facility reported having received two (2) allegations during the past twelve (12) months. One investigation involved an allegation of oral sex and another an allegation an inmate's penis was touched during a "pat search". The investigation files contained a set format and included personal data summaries on both the alleged victim and abuser, PREA notification form, Incident Report, Nursing Assessment, Witness Statements (alleged victim, alleged aggressor and any witnesses), and email to the PREA Coordinator, the Sexual Abuse Response Checklist and the PREA Investigation Summary. One of the packages contained the aforementioned but also included a grievance the detainee filed following a finding that the allegation was unsubstantiated. Both allegations were found to be unsubstantiated because of a lack of corroborating evidence, including witnesses or video. The inmate was interviewed by the auditor and related that there were now several other witnesses who would come forward. The issue was turned over to the Assistant PREA Coordinator who checked with the PREA Coordinator and after review of the situation it was determined that the issue would still remain unsubstantiated in the absence of video or other evidence that would change the finding.

Standard 115.72 Evidentiary standard for administrative investigations

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

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

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

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

Standard 115.73 Reporting to inmates

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

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

Following an investigation into an allegation of sexual abuse, within 30 days, the facility will notify the inmate of the results of the investigation as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded. DOC Policy requires that notification be completed by a member of the local SART unless the appointing authority delegates to another designee under certain circumstances. Notifications are required to be documented. If an inmate is released from the Department’s custody the Department’s obligation to “notify” the inmate of the outcome of the investigation is terminated. Notifications will 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 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 substantiate, 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 facility provided a notification to demonstrate that notification is made following an allegation of sexual abuse. The detainees in the investigations conducted were notified of the results of the investigation.

Standard 115.76 Disciplinary sanctions for staff

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

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

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

The Superintendent indicated if the allegation is made, the staff will be removed from contact with the inmate. If the allegation is substantiated the employee will be terminated and referred for prosecution.

Interviews with administrative staff indicated there have been no substantiated cases of either sexual abuse or sexual harassment during the past twelve months. The Superintendent stated staff would not be allowed back in the facility until the investigation was over or until further notice. A memo would be put out prohibiting that staff from coming into the facility and if the allegation is substantiated, OPS will take out a warrant. There is zero tolerance, she indicated and other

staff discipline for violations may include letters of concern as well as any other option permitted under Discipline Without Punishment.

Standard 115.77 Corrective action for contractors and volunteers

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

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

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

Interviews indicated the contractor or volunteer would not be allowed back into the facility after receiving an allegation of sexual abuse or sexual harassment. If the allegation is substantiated the individual would be referred for prosecution.

There have been no allegations involving either a contractor or a volunteer.

Standard 115.78 Disciplinary sanctions for inmates

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

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

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

Sanctions are required to be commensurate with the nature and circumstances of the abuse committed, the inmate's disciplinary history and the sanctions imposed for comparable offenses by other inmates with similar histories. The

disciplinary process will consider whether the inmate's mental disabilities or mental illness contributed to behavior when determining what type of sanction, if any, will be imposed.

Inmates may be disciplined for sexual contact with a staff member upon a finding that the staff member did not consent to such contact. A report of sexual abuse made in good faith is not considered to be falsely reporting an incident, even if an investigation does not establish sufficient evidence to substantiate an allegation however following an administrative finding of malicious intent in filing a report, the inmate is subject to disciplinary sanction pursuant to a formal disciplinary process.

The Superintendent related the inmate, in cases of sexual harassment, could be disciplined in compliance with the resident disciplinary code. If it is a sexual abuse case and it is substantiated the resident would be referred for prosecution.

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

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

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

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

Inmates are screened within 72 hours for vulnerability to victimization and potential for being an aggressor. Interviews with medical and mental health staff, as well as staff responsible for intake screening and screening for risk of victimization and/or abusiveness, indicated inmates are screened for prior victimization. Policy requires, and staff, stated in interviews, if the screening indicates that an offender has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, staff ensure the offender is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening.

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.

Care is taken to protect reported information. Information reported by offenders related to prior victimization or abusiveness that occurred in an institutional setting is limited to medical and mental health practitioners and other staff, as necessary, to inform treatment plans and security and management decisions, including housing, bed, work, education and program assignments or as otherwise required by Federal, State or local law.

Interviews with medical and mental health staff indicated that they obtain informed consent from offenders before reporting information about prior sexual victimization that did not occur in an institutional setting. None of the interviewed inmates reported prior victimization.

Standard 115.82 Access to emergency medical and mental health services

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

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

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

The facility nurse indicated that as soon as we know of an incident of sexual assault they would bring the inmate in to medical and to see if it was an emergency and if the detainee needed immediate medical care. The agency has an extensive protocol for addressing and responding to sexual assault victims. She also indicated the detainee would be taken to Wilcox State Prison where the SANE (from the list of contracted SANES) would conduct the forensic examination. Contact information for the SANES is posted in the medical area. If the situation involved an emergency, she indicated the detainee would be taken to the emergency room.

Standard 115.83 Ongoing medical and mental health care for sexual abuse victims and abusers

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

- Does Not Meet Standard (requires corrective action)

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

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

The facility has had one allegation of oral sexual penetration. The detainee was taken to medical and the SANE called. The SANE indicated too much time had elapsed to conduct a forensic exam.

Interviewed medical staff articulated their role in responding to an allegation of sexual abuse as well as their role following a forensic examination. The resident would be offered STI prophylaxis at the hospital or at Wilcox State Prison, however if not, the facility’s medical doctor would prescribe anything the resident needed.

Standard 115.86 Sexual abuse incident reviews

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

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

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

Team members consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect or respond to sexual abuse; whether the allegation was motivated by the perpetrator’s or victim’s race, ethnicity, gender identity, gay, lesbian, bisexual, transgender or intersex identification, status or perceived status, or gang affiliation, or was motivated by other group dynamics at the facility; to examine the area where the incident allegedly occurred to assess whether physical barriers in the area enabled the abuse; to assess the adequacy of staffing levels in the area during different shifts; assess whether monitoring technology should be deployed or augmented to supplement supervision by staff and prepare a report of findings, including, but not limited to , determinations regarding all of the above and any recommendations for improvements, and submit the report to the Superintendent or PREA Compliance Manager.

Interviews with members of the SART and the Superintendent indicated the facility does have a process for conducting incident reviews following an investigation. According to the Superintendent, the team consists of the following: Superintendent, PREA Compliance Manager, Assistant Superintendent Counseling Staff, Medical, SART and line staff, as

appropriate. The incident review team considers motivations for incidents, whether staff actions may have contributed to an incident, whether not additional training is needed, whether a policy or procedure change is indicated and whether there is a need for additional video monitoring in the area where the incident occurred. The SART meets monthly to discuss any PREA related cases or issues.

The facility provided samples of Incident Reviews documenting all of the items considered in the review. The areas covered were listed on the Incident Review Form and were consistent with the PREA Standards.

Standard 115.87 Data collection

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

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

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

The auditor reviewed the most recent Georgia Department of Corrections Annual Report. The Agency issues annual PREA reports and posts them on the DOC Website. The auditor reviewed the 2015 Georgia Department of Corrections Prison Rape Elimination Annual Report. The report was detailed and comprehensive. The report indicated that the Georgia DOC has 34 prisons, 13 transitional centers, 9 probation detention centers, 5 substance abuse and integrated treatment facilities and 4 private prisons. Data is collected from each of the facilities and aggregated. The report provided data regarding the total number of allegations from all facilities and then it breaks the allegations down into those that were substantiated, unsubstantiated and unfounded. A chart then breaks down the data by facility. The 2015 report indicated there was a 58% increase in allegations reported and this was attributed to better reporting. An increase in substantiated cases was noted and attributed to better trained investigators. The report concluded with a breakdown of PREA related initiatives in each of the Georgia Department of Corrections facilities.

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

Standard 115.88 Data review for corrective action

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

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

The Georgia Department of Corrections requires each facility to conduct incident reviews after each sexual abuse allegation investigation if the allegations are founded or unsubstantiated. The purpose of this is to determine what the motivation for the incident was and to assess whether there is a need for corrective actions including additional staff training, staffing changes or requests for additional video monitoring technology or other actions to help prevent similar incidents in the future. Likewise, the agency reviews data collected to assess and improve the effectiveness of its sexual abuse prevention, detection and response policies, practices and training, including identifying problem areas; taking corrective action on an ongoing basis and preparing an annual report of its findings and corrective actions for each facility and the GDC. The department has a dedicated staff person whose job it is to collect and analyze the data.

The reviewed 2015 annual report identified initiatives at each GDC facility to improve and enhance the facility and agency’s approach to prevention, detection, responding and reporting sexual abuse and sexual harassment. Annual reports are posted on the Georgia Department of Correction’s Website.

Standard 115.89 Data storage, publication, and destruction

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

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

115.289 Data Collection and Storage

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.

AUDITOR CERTIFICATION

I certify that:

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

Robert Lanier

July 11, 2017

Auditor Signature

Date