

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

Date of report: April 14, 2017

Auditor Information			
Auditor name: Robert Lanier			
Address: 1825 Donald James Rd., Blackshear, GA 31516			
Email: rob@diversifiedcorrectionalservices.com			
Telephone number: 912-281-1525			
Date of facility visit: April 3-4, 2017			
Facility Information			
Facility name: Albany Transitional Center			
Facility physical address: 304 N. Washington Street, Albany GA 31701			
Facility mailing address: <i>(if different from above)</i> Click here to enter text.			
Facility telephone number: 478-751-6090			
The facility is:	<input type="checkbox"/> Federal	<input checked="" type="checkbox"/> State	<input type="checkbox"/> County
	<input type="checkbox"/> Military	<input type="checkbox"/> Municipal	<input type="checkbox"/> Private for profit
	<input type="checkbox"/> Private not for profit		
Facility type:	<input type="checkbox"/> Community treatment center	<input checked="" type="checkbox"/> Community-based confinement facility	
	<input type="checkbox"/> Halfway house	<input type="checkbox"/> Mental health facility	
	<input type="checkbox"/> Alcohol or drug rehabilitation center	<input type="checkbox"/> Other	
Name of facility's Chief Executive Officer: Superintendent Christopher Railey			
Number of staff assigned to the facility in the last 12 months: 40			
Designed facility capacity: 155			
Current population of facility: 148			
Facility security levels/inmate custody levels: Medium, Minimum, Close			
Age range of the population: 19-63			
Name of PREA Compliance Manager: Harry Hand		Title: Counselor/PREA Compliance Manager	
Email address: harry.hand@gdc/gov		Telephone number: 478-751-6522	
Agency Information			
Name of agency: Georgia Department of Corrections			
Governing authority or parent agency: <i>(if applicable)</i> Click here to enter text.			
Physical address: 300 Patrol Road, Forsyth, GA 31029			
Mailing address: <i>(if different from above)</i> Click here to enter text.			
Telephone number: Click here to enter text.			
Agency Chief Executive Officer			
Name: Timothy Ward		Title: Chief of Staff	
Email address: timothy.ward@gdc.ga.gov		Telephone number: Click here to enter text.	
Agency-Wide PREA Coordinator			
Name: Grace Atchison		Title: 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 Albany Transitional Center in Albany, Georgia was conducted on April 3, 2017 through April 4, 2017. Six weeks prior to the on-site audit the auditor provided the Notice of PREA Audit. The facility provided documentation to confirm the notices were posted in areas accessible to staff, inmates, visitors, contractors and volunteers on February 17, 2017. The auditor did not receive any correspondence as a result of the posted PREA Notices. Thirty days prior to the on-site audit the facility provided a “flash drive” containing the policies, procedures, forms and other documentation related to PREA and to support compliance with the PREA Standards. The Pre-Audit Questionnaire was provided later via email. The flash drive contained the facility’s Pre-Audit Questionnaire, agency policies and documentation fo support compliance. Following review of that information, the auditor provided the facility with a fairly extensive list of items to be provided for review during the on-site audit.

The auditor and facility PREA Compliance Manager communicated prior to the audit to discuss logistics for the audit and to discuss information that would be needed during the on-site audit. The auditor developed a tentative agenda and forwarded it to the facility for review. The auditor also communicated with the Agency’s Assistant PREA Coordinator and requested information from him. He was always quick to respond and assured the auditor of his complete support during the audit process. The agency is to be commended for the support the Assistant PREA Coordinator provided during the on-site audit and after. 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 0800 hours to begin the on-site audit. Following a brief entrance meeting, the auditor was accompanied on a complete your of the facility. The tour was conducted by the PREA Compliance Manager, accompanied by the Agency’s Assistant PREA Coordinator. During the tour, staff were observed actively supervising residents. The facility was clean, neat and orderly. The physical plant is old and contains a number of blind spot areas. The administration has identified these and has take efforts to mitigate those. The facility has some cameras strategically located to cover priority areas. Mirrors are used as well to assist staff in supervising residents. Additionally the administration identified “under the stairwell areas where potential clandestine sexual activity could occur” and installed motion detector lights that come on when the area is penetrated. Following the tour the auditor began interviews and continued throughout the day interviewing staff, both randomly selected, informally and specialized staff. Prior to departing on day one of the audit, the auditor reviewed the requested documentation and conducted follow-up interviews. Too, the auditor returned to the facility after 6:00PM to interview staff from the overnight shift.

On day two of the audit, the auditor interviewed random residents. There were no “special category” residents housed at the facility to interview. At the conclusion of the interviews, the auditor spoke with the Assistant PREA Coordinator and Superintendent after which an exit briefing was conducted to discuss findings with the executive team.

DESCRIPTION OF FACILITY CHARACTERISTICS

The Mission of the Albany Transitional Center Program is to protect society by providing community residential services to inmates prior to their discharge or parole from incarceration. The primary goals are to develop individual self-discipline and to promote skills required for positive re-entry into the community.

The facility is located in the downtown area at 304 North Washington Street, in Albany, Georgia. The original building was constructed as a hotel in 1906. The Georgia Department of Corrections took control of the property and remodeled it to house a transitional center in 1990. The facility is classified as a security level minimum transitional center with a total capacity of 155 adult male residents. There are presently 151 residents housed at the Center.

The Center houses up to 155 male residents 19 years and above referred by the State of Georgia and Parole Board to complete a Work Release program. The length of the program is typically 9 to 12 months based on resident's TPM and/or Maximum Release Date. Five of the residents at the facility are long term maintenance residents who are housed at the center with a work detail in food services, laundry/sanitation or maintenance. The other 150 beds are for work release residents, parole remanded cases or those assigned to the Max Out Reentry Program (M.O.R.E.). The racial breakdown is approximately 75% black residents and 25% white residents.

Minimum medium, and close security residents are housed at the facility. The facility houses approximately 22 residents who are classified as minimum security, 118 residents classified as medium and 11 as close security.

The age range is 19 years old up to 66 years old. Albany Transitional Center assesses every resident and adheres to the "What Works" principle. "What Works" are evidence based practices that help reduce recidivism and promote public safety. "What Works" identifies Risk (who should receive services), Need (what programs to receive), Responsivity (how and from whom programs will be delivered) and Treatment (what types of programming are most effective in reducing recidivism). Program integrity is maintained by delivering treatment as outlined in training by Department of Corrections certified instructors.

The facility has 37 staff members including a Superintendent, Assistant Superintendent, Chief of Security, three Sergeants, 18 Correctional Officers, a Business Manager, an Accountant Paraprofessional, an Accounting Clerk, three Counselors, an Employment Manager, one Counseling Security Staff, a Food Service Manager, 2 Food Service Supervisors, a Maintenance Supervisor and a Contract Nurse. Two positions are vacant at this time. They include a Food Service Supervisor and a Secretary.

The facility has 21 housing units on the 2nd floor and 21 housing units on the 3rd floor. The second floor has 11 two man rooms, one eight man room, two six man rooms and seven four man rooms. On the 3rd floor, there are three two man rooms, 14 four man rooms, one eight man room, two six man rooms and one three man room. Correctional officers work on two shifts, 12 hours each to provide 24 hour a day coverage.

There are thirty-two(32) cameras throughout the facility which are monitored by officers in Main Control. Correctional staff continuously move about the facility to monitor all activities.

SUMMARY OF AUDIT FINDINGS

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

Interviews included the following: Nine (9) randomly selected staff; eight (8) staff informally interviewed during the on-site audit process, in addition to those randomly selected; thirteen (13) specialized staff; and eleven (11) randomly selected residents and four (4) residents informally interviewed during the on-site audit process.

The auditor reviews each substandard and applied the verbiage of that substandard and standard to determine compliance. Thirty-eight (38) standards were reviewed. Five (5) standards were rated "exceeds". These included: 115.211, Zero Tolerance; 115.217, Hiring and Promotion Decisions; 115.231, Employee Training; 115.251, Resident Reporting; 115.253, Resident Access to Outside Confidential Support Services. Thirty-four (32) standards were rated "met" and two (2) standards were rated not applicable. The "not applicable" standards were: 115.212, Contracting with Outside Entities for the Confinement of Residents and 115.266, Preservation of Ability to Protect Residents from Contact with Abusers.

Number of standards exceeded: 5

Number of standards met: 32

Number of standards not met: 0

Number of standards not applicable: 2

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

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

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

Georgia Department of Corrections Policy 208.6, Prison Rape Elimination Action-PREA, Sexually Abusive Behavior Prevention and Intervention Program, is comprehensive and not only details the agency’s approach to prevention, detection, reporting and responding to allegations of sexual abuse and sexual harassment but also integrates this information in a manner that flows logically and easily understood. The policy affirms that the Department will not tolerate any form of sexual abuse or sexual harassment of any offender. Policy states that the Department has a zero tolerance for all forms of sexual abuse, sexual harassment and sexual activity among inmates. It further indicates the purpose of the policy is to prevent all forms of sexual abuse, sexual harassment and sexual activity among inmates by implementing provisions of the PREA Standards to help prevent, detect and respond to sexual abuse in confinement facilities. It is evident that the Georgia Department of Corrections takes sexual safety seriously. The Georgia Department of Corrections appointed a Director of Compliance who is ultimately responsible for the Department’s compliance with PREA, ADA and ACA. Additionally, the Department has appointed two upper-level PREA Coordinators with sufficient time and authority to develop, implement, and oversee the Department’s efforts to comply with the PREA Standards in the GDC facilities. The PREA Coordinators oversee implementation of PREA in each of their assigned facilities.

A previous interview with the Agency’s PREA Coordinator indicated she is knowledgeable of PREA, highly motivated and brings to the table experience in adult facilities prior to her appointment. The Assistant PREA Coordinator is, among other things, responsible for ensuring that prisons and facilities in his catchment area are in compliance with the PREA Standards and that they maintain compliance. To that end, he visits his facilities often and those visits are working visits. Discussions with the Assistant PREA Coordinator indicated he too is very knowledgeable of PREA, is highly motivated, “hands on with his facilities” and has been actively involved in implementing PREA. Observations of his interactions with staff at the facilities also confirmed he has been involved on a regular basis with them and is highly respected as a resource person for them. He too brings “real life” and “hands on” operational experience from a number of years of experience in working in prisons in the state.

The Warden/Superintendent at each and 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. For the Albany Transitional Center

Wardens also are required to assign an Institution 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 Facility PREA Compliance Manager reports directly to the Assistant Superintendent. It should also be noted that the Prea Compliance Manager has taken the initiative to take and complete the National Institute of Corrections online training entitled: “PREA for Community Confinement Facilities”. Additionally he provided additional documentation to confirm he also completed the following NIC On-Line Courses: “PREA: Behavioral Health Care for Sexual Assault Victims in a Confinement Setting”, “Communicating Effectively and Professionally with LGBTI Offenders” and “PREA: Investigating Sexual Abuse in a Confinement Setting.”

The Resident Handbook prominently advises offenders, on page 5, directly after the letter of introduction to residents, that the Department of Corrections and the Albany Transitional Center has a zero-tolerance policy toward all forms of sexual abuse, sexual harassment, sexual misconduct and sexual activity among residents by implementing the key provisions of the PREA Audit Report

US Department of Justice's standards for the prevention, detection, and response to sexual abuse. The facility, also according to the Resident Handbook, has a zero tolerance policy for sexual abuse of a staff member by any resident. The following are identified as prohibited: 1) Sexually abusive behavior involving a resident perpetrator against a staff victim; 2) Sexually abusive behavior involving a resident perpetrator against a resident victim; and 3) Sexually abusive behavior involving a staff perpetrator against a resident victim. Additional 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.

An interview with the PREA Compliance Manager confirmed he is a competent, intelligent and knowledgeable staff who takes PREA seriously. He indicated he has the complete support of the Superintendent, Assistant Superintendent and staff and of the Assistant PREA Coordinator who is accessible to him on site periodically and almost always via phone or email. Interviews with staff confirmed they are all aware of the zero-tolerance policy and they would report all allegations of sexual abuse or sexual harassment including suspicions. All of the interviewed inmates except one related they received an orientation when they arrived at the facility and that PREA related information was provided, both orally, in writing and through a PREA Video. They stated staff went over the materials; some reading every word of it according to some of the residents and others going over the material hitting the high points; but all of the staff giving the residents the opportunity to ask questions. Zero Tolerance is covered in the PREA Flyer given to each resident upon admission; in the resident handbook; included in the PREA Video, and addressed on posters located on bulleting boards throughout the facility. They also related unanimously that that kind of activity does not occur in this facility. Every interviewed resident was aware the agency and the Albany Transitional Center have a zero tolerance for all forms of sexual activity, sexual harassment and retaliation for reporting an allegation of sexual abuse or sexual harassment or for cooperating with an investigation.

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

This standard is rated "exceeds" because of the agency's commitment to zero tolerance and to PREA. The policy effectively integrates information in a logical manner and describes the agency's approach to prevention, detection, reporting and responding to sexual abuse and sexual harassment in the program. The Department has designated a Statewide Compliance Director with overall responsibility for implementing PREA. Additionally, the Department has designated a PREA Coordinator and an Assistant PREA Coordinator. The Assistant PREA Coordinator oversees the implementation of PREA in designated GDC facilities and to oversee PREA in county prisons throughout the state and is very knowledgeable of PREA. Residents acknowledged the zero tolerance policy orally and in writing. Staff, sign acknowledgements that they understand the agency's zero tolerance policy. Zero Tolerance is posted throughout the facility.

Standard 115.212 Contracting with other entities for the confinement of residents

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

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

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

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

Albany Transitional Center does not contract for the confinement of offenders. The Agency PREA Coordinator provided the auditor two contracts the agency promulgated for the confinement of inmates 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 115.213 Supervision and monitoring

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

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

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

The Facility provided the “Staffing Plan” for the Albany Transitional Center. This is documented in the Albany Transitional Center Staffing Plan, PREA Standard 115.213. It is comprehensive and detailed. It begins with a physical description of the facility and the characteristics of the population being served. The total numbers of staff and differentiated by category of position are listed. Posts are identified, including a breakdown of the total staffing and deployment of posts. The plan documents that each priority one post is manned 24 hours a day 7 days a week, excluding hospital posts which are manned on an as needed basis. There are no deviations for the priority one posts and if someone calls in the on-duty staff remain on post until relieved and the Chief of Security is notified. A contact list for staff is maintained in the front control room and off duty staff are called in to cover the post. The plan documents there have been no occasions that required a priority one post from not being covered during the past twelve months. Documentation was provided to confirm annual review of the this staffing plan. There are a number of blind spot areas in the food service area. The Food Services Staff related approximately five residents are assigned to work in the kitchen. In the absence of cameras and mirrors, staff need to increase supervision of those areas when inmates are working in the area.

During the on-site audit period, including a complete tour of the facility, staff were observed on each floor actively supervising residents. Residents were orderly and responsive to staff instructions. Throughout the day staff were observed moving about providing supervision. Cameras in the facility are limited however the facility has attempted to mitigate some of the more obvious blind spots by placing mirrors of varying sizes and by installing motion detector lights under some of the stairwells. These lights come on when anyone diverts from the stairs to go into the stairwell area.

The Staffing Plan also requires the Superintendent, Chief of Security, PREA Compliance Manager and Duty Officers to conduct unannounced rounds and to document them in red ink in the Duty Officer Logbook. Reviewed logbooks documented unannounced rounds being made at random times and days. Staff are not permitted to alert other staff that unannounced rounds are underway. Interviewed supervisors as well as the Superintendent indicated that, in addition to the Administrative Staff, shift supervisors make unannounced rounds each shift. Staff reported the purpose of those rounds is to deter inappropriate sexual behavior. Video Cameras, that record, are utilized to supplement staff supervision.

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

Interviews with the Superintendent and PREA Compliance Manager confirmed the facility has a staffing plan. Staffing levels are essentially determined by the GDC State Office. According to the Superintendent the minimum staffing is one staff to man the security post and one officer to supervise on the floor however he stated he most often has one officer on the security post and 2-3 and sometimes 4 correctional officers on the floor supervising inmates. He said the facility does not deviate from the minimum and would hold staff over or call staff in to meet the minimum if necessary. Interviewed staff consistently reported minimum staffing consists of one supervisor and one additional correctional officer however the facility often exceeds that minimum and strives to provide a shift supervisor and two or three additional security staff for a total of 3-4 on each shift. The facility also has a spit shift to supplement the day shift staffing. Blindspots are mitigated by cameras, mirrors and requiring staff to move about often supervising residents and to deter inappropriate activity. Interviews with several or more upper level staff who conduct unannounced rounds indicated they perform the rounds on weekends and holidays while serving their week as "duty officer". The indicated they may come up opposing stairwells and "zig zag" across the living units and other areas of the facility, unannounced.

Standard 115.215 Limits to cross-gender viewing and searches

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

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

Department of Corrections (DOC) Policy, 208.6, Prison Rape Elimination Act, Sexually Abusive Behavior Prevention and Intervention Program, 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 cross gender inmate for the sole purpose of determining the inmate's genital status. Staff are also required by policy to search transgender and intersex inmates in a professional and respectful manner.

Interviewed staff, including random staff as well as specialized staff, stated female staff do not strip search or conduct body cavity searches of residents in this program. They did relate that female staff are permitted to pat/frisk search a male inmate and that they have received training to conduct them. Staff indicated that cross gender pat searches do not occur often because there are enough male staff who can conduct the searches. When staff were asked to demonstrate the procedures, they would use, they were able to discuss and demonstrate how they would use the backs of their hands to conduct the 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 residents stated that female staff never do strip or body cavity searches. Female staff are allowed to conduct pat searches however typically, they do not conduct the “pat” searches. Residents, in their interviews, informed the auditor that female staff have never conducted strip searches that they are aware of and had never heard a resident say that female staff has conducted them. They consistently stated that females do not often do the pat searches and, in fact, 11 of 11 interviewed residents stated they have never been “pat” searched by a female since they arrived at the facility. Interviewed staff indicated there are only three female security staff employed at the facility. Interviewed residents stated they do generally have a female staff supervising them in the living units.

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. The auditor, during a tour of the facility, observed that restrooms are enclosed with a half wall and a door, enabling the resident to have complete privacy while using the restroom. Shower stalls are located along a hall facing toward the wall. Walls obscure vision by anyone walking down the main corridor of the living unit. From the front, curtains provide the resident complete privacy in the shower.

Interviews with staff confirmed residents are able to shower, perform bodily functions and change clothing without being viewed by staff. They also explained the doors on the restrooms, curtains on the showers and the requirement that residents do not come out of their rooms unclothed ensure residents are never naked in full view of opposite gender staff.

100% of all the interviewed residents related they have privacy while showering and using the restroom. They stated the toilets have doors and showers have curtains. They also confirmed residents must be fully clothed coming out of their rooms as well as to and from the shower. Interviewed residents related they are never in full view of opposite gender staff while changing clothes, showering or performing bodily functions.

An additional measure required by policy is for staff of the opposite gender to announce their presence when entering an inmate housing unit. Announcements are made advising residents at the beginning of each shift that female staff and visitors may be working on the unit. This announcement is reportedly made over the PA system. Interviewed staff, randomly selected as well as specialized staff, affirmed that staff consistently announce their presence on the “floor” by saying things like, “female on the floor”, “female” or something similar. 95% of the interviewed residents confirmed that female staff consistently announce their presence when entering the living units. They also related that female staff rarely work on the living units.

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

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

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

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

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

The PREA Compliance Manager issued a memo to all staff reminding staff that anytime there is a resident with a disability, vision impairment, hearing impairment, learning disability or limited reading skills, staff must notify a counselor so they can arrange for appropriate materials and/or a staff to communicate with the resident to prevent, detect, and respond to sexual abuse and sexual harassment. An additional memo reminded staff that if an offender reporting a PREA allegation has an English barrier, the shift OIC, Duty Officer or members of S.A.R.T. are authorized to use the Language Line Solutions for an interpreter. That memo also reminds staff that the use of resident interpreters, readers, or other types of resident assistants is strictly prohibited, except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's safety, the performance of first responder duties or the investigations of the resident's allegations. 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 Albany Transitional Center. They also confirmed that staff would not use or rely on another resident to translate for another resident, absent exigent circumstances. Staff stated they would call a bilingual staff. They were not as aware of the contract the facility has with Language Line Solutions. None of the residents who were interviewed were disabled or limited English proficient.

Standard 115.217 Hiring and promotion decisions

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

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

Department of Corrections Policy 208.6, Prison Rape Elimination Act, Sexually Abusive Behavior Prevention and Intervention Program, A. Prevention Planning, Paragraph 7, Hiring and Promotion Decisions, complies with the PREA Standards. GDC 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. The policy also 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. 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 Pre-Audit Questionnaire indicated that 4 employees and one contractor have been hired during the past twelve (12) months and that criminal background record checks were conducted as required.

The auditor interviewed the Human Resources (HR) Staff responsible for employment packages. This staff has just been placed in this position but was able to explain the GDC hiring process. Background checks for the facility are conducted by the Lee State Prison. She related that the PREA Questions are given to applicants and required to be completed. Reviewed employment packages contained the required PREA Questions asked of all applicants. This computerized check includes a check of the Georgia Crime Information Center and the National Crime Information Center. The check also includes electronic fingerprints. Additionally, the staff stated that all security (Peace Officer Standards Certified Staff) are background checked annually to coincide with their annual weapons qualifications. Non-certified staff, she related are checked every five years.

Multiple examples were provided to confirm staff who are newly hired, staff who are promoted and staff at five years employment are background checked. Additionally they also complete the three PREA related questions contained on the Employment Verification Form. Reviewed personnel files documented the required PREA Questions asked of applicants as well as the required background clearances. Documentation was also provided to confirm the facility considers incidents of sexual harassment when making hiring decisions.

This standard is rated “exceeds” because in addition to meeting the requirements of the standard, the facility exceeds the standard by conducting background checks on security personnel annually.

Standard 115.218 Upgrades to facilities and technologies

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

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

Department of Corrections Policy 208.6, Prisons Rape Elimination Act, Sexually Abusive Behavior Prevention and Intervention Program, A, Prevention Planning, Paragraph 8, requires all new or existing facility designs and modifications and upgrades of technology will include consideration of how it could enhance the Department’s ability to protect inmates against sexual abuse. The PREA Coordinator must be consulted in the planning process. The facility’s staffing plan documented that the facility currently has 24 cameras and a project request has been submitted to add cameras in two additional locations to cover identified blind spots.

An interview with the Superintendent and the PREA Compliance Manager confirmed there have been no modifications to the existing facility however there have there been upgrades of modifications to the video monitoring technology in the past 12 months. They both related they have requested several cameras for a stairwell however because the facility mission is to transition inmates back into the community this facility is not a top priority for new cameras. The Superintendent said he has been involved in determining priorities for placing cameras and would definitely be included in any decisions related

to modifying the existing facility or making plans for a new facility and when planning modifications or upgrades to the facility he and his staff would be actively involved and the Department would take seriously their recommendations for keeping residents sexually safe while in the facility.

Standard 115.221 Evidence protocol and forensic medical examinations

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

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

DOC Policy, 208.6, Prison Rape Elimination Act Sexually Abusive Behavior Prevention and Intervention Program, B. Responsive Planning, describes the agency’s expectations regarding the evidence protocols and forensic examinations. Facilities are required to follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions. DOC’s response to sexual assault follows the US Department of Justice’s Office on Violence Against Women publication, “A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents” dated April 2013, or the most current version. The Department requires that upon receiving a report of a recent incident of sexual abuse, or a strong suspicion that a recent serious assault may have been sexual in nature, a physical exam of the alleged victim is conducted and the Sexual Assault Nurse Examiner’s protocol initiated. The Department has promulgated a Local Procedure Directive encompassing the procedures related to responding to victims of sexual assault and the victim is provided the opportunity for a forensic exam as soon as possible. Forensic exams are provided at no cost to the victim.

Policy 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 that potentially criminal behavior will be referred to the Office of Professional Standards.

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. An interview with the contract RN at the facility confirmed she would follow the GDC Protocol (SOP) for dealing with sexual assaults in the facility. She was a very knowledgeable medical professional and related she would be responsible for treating or addressing any emergent issues with the resident, such as bleeding or any other life threatening issues, protect the evidence, and arrange for the resident to be taken for a forensic exam and that would be conducted at either the Lily Pad SANE Center or at the Phoebe Putney Hospital.

The facility provided documentation of efforts to enter into an agreement with the “Lily Pad Rape Crisis Center”. A discussion with the PREA Compliance Manager prior to the audit indicated the Rape Crisis Center should have the signed MOU prior to the on-site audit. He indicated there were just a few things they needed in the MOU but the organization always intended to work with the facility to provide emotional support services. The PCM provided the auditor with a copy of an MOU between the Albany Transitional Center and the “Lily Pad SANE Center dated April 1, 2017. The Lily Pad SANE Center agreed to respond to requests from the Albany Transitional Center to provide a Forensic Medical Exam by a SANE nurse and provide an advocate for the resident. They also agree to respond to calls from the Albany Transitional Center received on the organization’s rape-crisis hotline as well as follow-up services and crisis intervention contacts to victims of sexual abuse. Lastly they agree to maintain confidentiality of communications with clients detained at the Albany Transitional Center. A notification POSTER has been posted in all living units and on bulletin boards providing contact information for the Lily Pad

SANE Center. This information provides the Mailing address, physical address, phone number, fax number and email address for the executive director of Lily Pad SANE Center. An interview with staff from the Lily Pad confirmed the Lily Pad SANE Center will provide forensic exams for the Albany Transitional Center, as needed, and will also provide an advocate, either a staff advocate or a volunteer advocate to accompany the resident during the forensic exam and throughout the investigation process, if requested by the resident. The staff also related they have a 24/7 hot line for residents to call in the event they need assistance or support. Interviews with residents indicated that most were not aware of an outside organization for dealing with sexual abuse if they ever needed it but four or five of them stated they did not know about the organization but that signs were posted on the bulletin boards giving the information about the "Lily Pad." All of them said they could find about such an organization if they ever needed it and that they knew the staff at the transitional center would assist them in contacting them.

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

An interview with a facility investigator indicated he had completed the National Institute for Corrections Specialized Training for Investigators: Conducting Sexual Abuse Investigations in Confinement Settings. He also received specialized training in investigations through SART Training.

Standard 115.222 Policies to ensure referrals of allegations for investigations

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

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

DOC Policy, 208.6, Prison Rape Elimination Act, requires that an administrative or criminal investigation is to be completed for all allegations of sexual abuse and sexual harassment. Allegations that involve potentially criminal behavior will be referred for investigation to the Office of Professional Standards. If an investigation was referred to an outside entity, that entity is required to have in place a policy governing the conduct of such investigations. GDC Standard Operating Procedure, IK01-0006, Investigation of Allegations of Sexual Contact, Sexual Abuse and Sexual Harassment, thoroughly describes the expectations for reporting allegations including initial notifications, general guidelines for investigations and investigative reports. 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 sexual abuse or sexual harassment during the past twelve months.

The facility investigator, in an interview, stated he has completed the specialized training for investigators through his SART Training and through the National Institute of Corrections Specialized Training for Investigating Sexual Abuse in Confinement Settings. He also provided a Certificate of Training from the National Institute of Corrections confirming that training. He described an investigation process consistent with the PREA Standards. His detailed explanations of the process confirmed he is very knowledgeable of investigatory processes. He stated as a member of the Sexual Assault Response Team (SART) and as investigator he would conduct an initial investigation and if the allegation appeared criminal he would contact the

Officer of Professional Standards Investigator. If the allegation was a sexual harassment allegation, he indicated he would conduct that investigation. Randomly selected staff and specialized staff stated consistently they were required to report all allegations of sexual abuse or sexual harassment, including suspicions, reports, knowledge or allegations. They said they are required to report immediately to their immediate supervisor followed up with a written statement. They said they also would take 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 of Professional Standards may also be involved in the investigation, especially if the case involves a staff and the allegations appear criminal. The local law enforcement may also become involved however the OPS Investigators have arrest powers. Interviewed residents stated they had never made an allegation but if they did they believed the report would be taken seriously and investigated.

Standard 115.231 Employee training

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

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

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

The facility provided documentation to confirm PREA training, including PREA refresher. Signed acknowledgment statements were also reviewed to confirm training. Too, staff have been required to complete the NIC’s on-line training “Communicating Effectively with LGBTI Inmates.”

The Pre-Audit Questionnaire documented 29 staff who were trained or retained on the PREA requirements during the past twelve months. This was confirmed by reviewing the training rosters provided and interviews with staff. Staff interviews indicated staff are articulate about the training they have received and they were able to respond appropriately to the questions in the PREA Resource Center Questionnaires. Staff are knowledgeable of the zero-tolerance policy, mandatory reporting, reporting everything, how to identify someone who may have been a victim, first responding and were able to remember other topics when prompted. Staff stated they receive PREA Training annually during in-service training. Interestingly, an interview with the Human Resources Staff confirmed that she not only had received PREA training but was able to identify each step a first responder would take in the event a resident was sexually abused/assaulted.

Standard 115.232 Volunteer and contractor training

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

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

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

Acknowledgment statements were provided for review and an interview with a volunteer and a contractor confirmed that they were trained in the Zero Tolerance Policy and how to report allegations of sexual abuse and sexual harassment.

An interview with a volunteer providing religious programming confirmed she had completed a background clearance prior to providing services and also that she completed the PREA Training provided at Leesburg State Prison. The Chaplain at Lee State Prison is the Volunteer Coordinator for Lee State Prison and for the Albany Transitional Center. The Chaplain provided a memo confirming the volunteers at Albany Transitional Center have received their required PREA Training.

Standard 115.233 Resident education

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

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

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

options and programs available to inmate victims of sexually abusive behavior and sexual harassment and notice that male/female staff routinely work and visit inmate housing areas. The Resident Handbook, Page 5, Prison Rape Elimination Act (PREA) confirms the GDC and Albany Transitional Center's zero tolerance towards all forms of sexual abuse, sexual harassment, sexual misconduct, and sexual activity among residents and for sexual abuse or harassment by a staff member. The handbook provides information related to the PREA and states that "Reporting is the First Step". The following ways to report are provided: 1) The hotline; 2) To any staff member; 3) to the Statewide PREA coordinator (address given); 4) to the Ombudsman (address and phone number); and the 5) Director of Victim Services (address given). The PREA Brochure/Flyer given to residents reminds them that sexual assault is not a part of their sentence. It reaffirms the agency's zero tolerance policy; tells what sexual assault is; what to do if sexually assaulted and how to report it. Reporting ways included: 1) the PREA hotline; 2) to any staff member; 3) to the Statewide PREA Coordinator; 4) to the Ombudsman and 5) to the Director of Victim Services.

Inmate 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. Residents document having received PREA related information and the PREA Issue Flyer on the Counseling Orientation Checklist and acknowledge they have been given the opportunity to ask questions.

Additional education is provided on continuous basis through posters reflecting the Department's zero tolerance for sexual abuse and harassment and contact information for inmate reporting of sexual abuse allegations.

Residents at this facility are provided information during intake; soon after arriving at the facility and on the same day. Too, they are provided a GDC PREA Pamphlet with a variety of information related to sexual abuse and reporting. Within 15 days of arrival a designated staff person will provide orientation to the inmate. This includes a video entitled, "Speaking Up" on sexual abuse. Acknowledgements are signed acknowledging the initial information provided as well as the PREA Education within 15 days of arrival.

An interview with staff conducting orientation related that upon arrival the resident would receive a Counseling Orientation that would include receipt of the PREA Brochure and Resident Handbook and may see the PREA Video. Following receipt of this information, the resident signs an acknowledgement that he has received the "counseling orientation" and acknowledges he was given the opportunity to ask questions. Within 72 hours then, the resident receives the Offender Orientation that covers a variety of Center related information, including verifying the resident viewed the PREA video. A counselor providing orientation stated the "PREA Brochure" information is explained, including telling the resident that he is not here to be abused, that he should report it if it occurred and how to protect himself. He also confirms reviewing the PREA Video after which he acknowledges receiving a "formal orientation" and that he was, once again, given the opportunity to ask questions; he told about zero tolerance and the intake staff would review the PREA Pamphlet with him and show him the PREA Video. Residents sign an acknowledgement they have been given the PREA Information. The auditor reviewed 20 Counseling Orientation Checklists and 20 Offender Orientation Checklists confirming receipt of the PREA Information, including receipt of the PREA Brochure.

Interviews with residents confirmed they were provided the facility's rules against sexual abuse and sexual harassment during orientation and that they had the right not to be sexually abused while in this facility and not to be punished for reporting it. They also consistently stated they were given this information either on the same day as admission or the day after. They all knew the facility has a zero tolerance for any form of sexual activity. They also were able to articulate multiple ways to report sexual abuse or sexual harassment if it happened to them or to someone else. Residents also pointed to the walls showing the auditor all of the PREA related posters. Posters are located throughout the facility and keep PREA in the forefront. Residents consistently volunteered to the auditor that sexual abuse and sexual harassment does not occur in this facility. 100% of the interviewed residents informed the auditor, when asked to describe the orientation process, that they were given a packet of PREA information upon arrival at the facility. Either the same day or the next, they said the counselor gave them an orientation during which they were given information from the PREA "flyer"/"brochure" and the resident handbook and required to watch the PREA Video, which they said they have seen multiple times in each prison in Georgia where they have been housed. When asked if the staff went over the material or asked them to read it and sign the

acknowledgment statement, 100% of the residents stated the counselor went over the material and gave them the chance to ask any questions. One said, “there is nothing about PREA that we don’t know.”

Standard 115.234 Specialized training: Investigations

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

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

DOC Policy 208.6, Prison Rape Elimination Act, Sexually Abusive Behavior Prevention and Intervention Program, C. Training and Education, Paragraph 5. Specialized Training Investigations, requires the OIC 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 PREA Compliance Manager is the facility investigator and a member of SART. He has been trained as a SART investigator and additionally provided documentation that he has completed the National Institute of Corrections on-line “specialized: training, “PREA: Conducting Sexual Assault Investigations in a Confinement Setting.” Interviews with the PCM/Facility Investigator confirmed he is very knowledgeable of the investigatory process. He articulated the process and it was consistent with the PREA Standards. He is also trained as an investigator for the SART. That training covered the specialized training requirements as well.

Standard 115.235 Specialized training: Medical and mental health care

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

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

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

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

agency policy.

An interview with the part time contract nurse indicated she has completed the PREA training required by all staff; specialized training as a SART member; and that she has completed the National Institute of Corrections on-line training, for health care professionals. She related her role in the event of a sexual assault is to attend to any “emergent” conditions, such as bleeding, and then to protect the evidence. She related in protecting evidence she would have the resident stand on exam paper to collect any potential evidence falling off the resident. Too, she related she would secure his permission to arrange for a SANE to come to the center if the assault took place within 72 hours enabling the collection of forensic evidence. If the “urgent” the resident would be taken to Phoebe Putney Hospital in Albany Georgia for treatment and a forensic exam conducted by a SANE. In addition, she pulled out the SANE Protocol and described the follow-up she would provide, in consultation with the facility’ physician.

Standard 115.241 Screening for risk of victimization and abusiveness

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

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

Department of Corrections Policy 208.6, Prison Rape Elimination Act, Sexually Abusive Behavior Prevention and Intervention Program, D. Screening for Risk of Sexual Victimization and Abusiveness, Paragraph 1. Screening for victimization and abusiveness, requires all inmates be assessed during intake screening and upon transfer to another facility for their risk of being sexually abused by other inmates or sexually abusive toward other inmates. This instrument, the Victim/Aggressor Classification Instrument, is administered by a counselor, within 72 hours of arrival at the facility. Information from the screening will be used to inform housing, bed assignment, work, education and program assignments. Policy requires that screening is documented in SCRIBE. The screening process considers minimally, the following criteria to assess inmate’s risk of sexual victimization: Whether the inmate has a mental, physical, or developmental disability; the age of the inmate; the physical build of the inmate; whether the inmate has been previously incarcerated; whether the inmate’s criminal history is exclusively nonviolent; whether the inmate has prior conviction for sex offenses against an adult or child; whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex or gender nonconforming; whether the inmate has previously experienced sexual victimization; the inmate’s own perception of vulnerability and whether the inmate is detained solely for civil immigration purposes. It also considers prior acts of sexual abuse, prior convictions for violent offenses and history of prior institutional violence or sexual abuse, as known by the Department, in assessing inmates for risk of being sexually abusive. Reassessments are conducted when warranted and within 30 days of arrival at the facility based up on any additional information and Mental Health staff will reassess when warranted due to a referral, incident of sexual abuse or receipt of additional information bearing on the inmate’s risk of sexual victimization or abusiveness. Inmates are not disciplined for not answering questions. Information derived during the process is limited to a need to know basis for staff, only for the purpose of treatment, security and management decisions including housing and cell assignment as well as work, education and programming assignments. The Superintendent provided documentation in the form a memo documenting the screening practice, one that is consistent with DOC Policy.

The PREA Compliance Manager, a facility counselor, completed the Victim/Aggressor instrument. He stated he conducts the assessment with one resident at a time. He stated he reads the questions to ensure the resident understands and the

resident marks each question. He stated he has access to SCRIBE, the inmate/resident database, and checks to verify the information the resident gave him. Reassessments, he indicated, are completed every 30 days or when a significant event occurs. Interviewed residents indicated they were asked the questions from the questionnaire including: 1) were you in jail or prison previously? 2) were you sexually abused previously 3) do you identify yourself as gay, bisexual or transgender? and 4) do you feel like you will be a victim of sexual abuse while in this facility? These responses indicated they were administered the Victim/Aggressor assessment.

The auditor reviewed four examples of completed Victim/Aggressor Classification Instruments on the flash drive. The auditor requested to see and review an additional 25 Victim/Aggressor instruments. These were provided prior to the audit. None of the residents related they had experienced prior victimization.

Standard 115.242 Use of screening information

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

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

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 are required to designate a safe dorm (s) for those inmates identified as vulnerable to sexual abuse. Facilities will make individualized determinations about how to ensure the safety of each inmate. In the event the facility had a transgender inmate, the Department requires the facility to consider on a case by case basis whether a placement would ensure the inmate’s health and safety and whether the placement would present management or security problems. Placement and program assignments for each transgender or intersex inmate is to be reassessed at least twice a year.

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

If an inmate answers “yes” to question Number 1 on the Sexual Aggressor Factor Rating, the inmate will be classified as a PREA Aggressor regardless of the responses to the other questions and the PREA Aggressor icon will be generated on the Scribe Offender Page. If 2 or more questions, in questions 2-6, are answered “yes” the inmate will be classified as a PREA Potential Aggressor and a PREA Potential Aggressor icon will be generated on the Scribe Offender Page. Instructions require if an inmate scores out as both victim and aggressor the “rater” must thoroughly review the offender’s history to determine which rating will drive the offender’s housing, programming etc., and the appropriate alert is set. Macon Transitional Center has identified safe housing for vulnerable inmates. At this facility, the Superintendent has, in compliance with policy, identified two rooms for safe rooms. These include A Hall Room 1 and B Hall Room 1. This unit houses long term maintenance residents who are also lower risk and who have lower security levels. Too, these rooms are located nearest the cameras located in the halls, making monitoring by staff easier. Additionally, these rooms do not share a restroom or shower.

Interviews with staff conducting the victimization screening indicated the information is used to inform bedding, treatment, programming and work details or education. Again, if a resident scores high for potential for being a victim, the resident is placed in a safe room.

Standard 115.251 Resident reporting

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

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

Georgia DOC Policy, 208.6, Prison Rape Elimination Act, Sexually Abusive Behavior Prevention and Intervention Program, E. Reporting, 1. Inmate Reporting, provides multiple ways for inmates to report. These include making reports in writing, verbally, through the inmate PREA Hotline and by mail to the Department Ombudsman Office. Inmates are encouraged to report allegations immediately and directly to staff at all levels. Reports are required to be promptly documented. The Department has provided inmates a sexual abuse hotline enabling inmates to report via telephone without the use of the inmate’s pin number. If an inmate wishes to remain anonymous or report to an outside entity, 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, residents are provided on posters throughout the facility, the 24/7 phone number for the Lily Pad SANE Center (providing rape crisis services, including intervention, forensic exams and advocacy services) mailing address for the program, as well as the email address. The PREA Hotline 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).

Residents have multiple ways to report allegations of sexual abuse or sexual harassment internally and externally. They may report by calling the PREA Hotline, calling or writing the Ombudsman, 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 (Lilly Pad SANE Center), through an emergency grievance and by telling a trusted staff.

Posters throughout the facility inform residents of ways to report sexual abuse and sexual harassment. Interviewed residents named multiple ways to report allegations of sexual abuse and sexual harassment. Residents consistently stated they would tell a staff or use the PREA Hotline. Residents also consistently named multiple staff they believed would take care of their issues. In addition to security staff, they named the counselor, the Assistant Superintendent and the PREA Compliance Manager. Interestingly they described the staff at this facility as the most attentive staff they have ever had in GDC. They related they can freely talk with staff, including the Assistant Superintendent

and to the Superintendent if they needed to. They also stated that the counselors in this facility care about them and that they are accessible to talk with when they need to. Residents stated they have access to their families and friends through the telephone and family during visitation. They have access to the community at their work assignments. They also have cell phones or if not yet eligible to have their cell phone, have access to cell phones if they needed to make a report.

This standard is rated exceeds because residents are allowed to have cell phones enabling them to report to anyone at any time. Too, residents are out in the community working and have access to the outside community almost daily. Additionally the Department and Facility provide inmates with multiple ways to report including multiple ways to report outside the facility. Residents may report outside the facility to the PREA Coordinator, the Ombudsman, the Victim Services Unit and the Lily Pad SANE Center.

Standard 115.252 Exhaustion of administrative remedies

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

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

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

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

The Policy allows another inmate to file a grievance on behalf of another inmate. Too, the following procedures pertain to reporting allegations of sexual abuse or sexual harassment via the grievance process: 1) Inmates may submit the grievance without having to submit it to the staff who is the subject of the complaint 2) Inmates may seek assistance from third parties and third parties can file grievances on behalf of the inmate 3) If a third party files a request on behalf of an inmate, the victim must agree to have the request filed 4) If the inmate declines to have the request processed on his behalf, GDC will document the inmate's decision as part of the SART or Internal Investigation report. Staff will also assist offenders who need special help (because of such things as language barriers, illiteracy, or physical or mental disability) filling out the grievance forms if requested by the inmate.

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

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

The Pre-Audit Questionnaire and interviews with staff and inmates indicated there have been no grievances alleging sexual

abuse, sexual harassment or retaliation during the past twelve months.

Interviews with residents acknowledged they could report allegations of sexual abuse and sexual harassment using the grievance process. They stated they would be able to get a grievance form but they did not see the grievance process as the best way for them to address a PREA issue. They said they would report to a staff or through the PREA Hotline.

Standard 115.253 Resident access to outside confidential support services

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

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

The Albany Transitional Center has identified the Phoebe Putney Hospital as the hospital where a detainee would be taken who has been the victim of a sexual assault. Additionally the facility has made attempts to enter into a MOU with the “Lily Pad” a local rape crisis center, providing access to advocates who could provide emotional support to residents. A discussion with the PREA Compliance Manager indicated the facility should have the signed MOU prior to the on-site audit. During the on-site audit the Rape Crisis Center did sign a MOU and agreed, in writing, to provide the services they previously had verbally agreed to.

Georgia’s Department of Corrections enables residents to contact additional outside support services via the Director of Victim Services and through the Ombudsman. Contact information is provided to the residents in their PREA Brochure, Resident Handbook and through multiple posters located throughout the facility. Residents of the Albany Transitional Center have access to phones to call the PREA Hotline, addresses to contact the State Board of Pardons and Parole, Victim Services and the Ombudsman. A number of residents have cell phones and if not, have access to cell phones. Too, the facility provided a MOU with the Lily Pad SANE Center to provide forensic exams and to provide advocates who would provide emotional support services to victims of sexual assault at their request. Residents are provided multiple ways to contact the organization. These include via phone (available 24/7), mail, email or fax. Too, transitional center residents have access to the “outside world” because most of the residents there are out in the community on jobs. Residents can access the Rape Crisis Center at any time via phone or contact in the community. Additionally, staff on the SART have received specialized training through the Department in providing advocacy services if an inmate requested it.

Standard 115.254 Third-party reporting

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

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

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

The Department’s Website contains a section entitled: “How do I report sexual abuse or sexual harassment?”. These are provided as ways to make third party reports: Call the PREA Confidential Reporting Line (1-888-992-7849); email PREA.report@gdc.gov; Send correspondence to the Georgia DOC, Office of Professional Standards/PREA Unit; contact the Ombudsman and Inmate Affairs Office (numbers and email provided and Contact the Office of Victim Services (phone number and email address provided). Anyone wishing to make a report are allowed to 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. Interviewed staff related 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. Interviews with inmates confirmed that they have access to family and friends and understand that a third party could make a report on their behalf if needed. They reiterated they would report it to a staff but if needed, they could use a third party to report for them.

Standard 115.261 Staff and agency reporting duties

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

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

Department of Corrections Policy, 208.6, Sexually Abusive Behavior Prevention and Intervention Program, F. Official Response Following and Inmate Report, 1. Staff and Department Reporting Duties, requires staff who witness or receive a report of sexual assault, sexual harassment, or who learn of rumors or allegations of such conduct, must report information concerning incidents or possible incidents of sexual abuse or sexual harassment to the supervisor on duty and write a statement, in accordance with the Employee Standards of Conduct. The highest-ranking supervisor on duty who receives a report of sexual assault or sexual harassment, is required to report it to the appointing authority or his/her designee immediately. The supervisor in charge is required to notify the PREA Compliance Manager and/or SART Leader as designated by the Local Procedure Directive. Appointing authorities or his/her designee may make an initial inquiry to determine if a report of sexual assault, sexual harassment, is a rumor or an allegation. Allegations of sexual assault and sexual harassment are major incidents and are required to be reported in compliance with policy. Once reported, an evaluation by the SART Leader/Team of whether a full response protocol is needed will be made. Appointing authorities or designee(s) are required to report all allegations of sexual assault with penetration to the Office of Professional Standards Investigator and the Department’s PREA Coordinator immediately upon receipt of the allegation. Internal 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.

Interviews with staff, those randomly selected as well as specialized, confirmed that staff understand the agency and facility expects and requires staff to report all knowledge, reports, suspicions or allegations of sexual abuse. Staff stated they would take all reports seriously and report them to their immediate supervisor after which they would document it in a written statement. Staff stated they would accept reports from third parties or any other source. Staff, when interviewed, stated they could make reports orally to their immediate supervisor or in writing and could call the PREA Hotline if they needed to. They also stated they have been informed they can go over the chain of command in reporting sexual abuse or allegations of sexual abuse.

The reviewed Pre-Audit Questionnaire reported that there have been no allegations of sexual abuse or sexual harassment during the past twelve months and this was confirmed through interviews with staff and inmates.

Standard 115.262 Agency protection duties

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

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

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 into SCRIBE indicating the reason for continued placement. The care and treatment member of SART is responsible for documenting the reasons in SCRIBE. If the alleged perpetrator is an offender, 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, Field Operations Manager, the Department's PREA Coordinator or the Regional SAC within 72 hours of the reported incident to determine how long the alleged victim or perpetrator should remain segregated from the general population and document the final decision in the offender's file with specific reasons for returning the offenders to the general population or keeping the offenders segregated and ensure the SART has evaluated the victim within 24 hours of the report. Once a determination has been made that there is sufficient evidence of sexual assault, staff ensure closure of the matter by serving notice of adverse action or banning the staff member, making housing and classification changes if the perpetrator is an offender, and update the victim's offender file with incident information.

The facility specific Coordinated Response Plan identifies actions to take in the event of a sexual assault. Staff are required to
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ensure the victim is housed separately from the alleged perpetrator. The facility does not have “holding cells” or restricted housing for protecting victims of sexual abuse. Resident aggressors may be sent to Lee State Prison to be held in restricted housing until the investigation is completed. If the aggressor is a staff, the staff may be placed on “no contact”, administrative leave with pay, or reassigned to another facility while an investigation is being conducted. The facility Sexual Abuse and Response Checklist requires staff ensure the alleged victim has been placed in safe housing.

Standard 115.263 Reporting to other confinement facilities

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

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

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

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

Standard 115.264 Staff first responder duties

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

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

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

Staff, who were interviewed, articulated their responsibilities as first responders without hesitation. Essentially they said they would separate the victim from the alleged aggressor and keep the victim safe, report the incident to their immediate supervisor, treat the room or area as a crime scene, ensuring no one comes in or out, 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.

Standard 115.265 Coordinated response

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

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

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

The facility does not have mental health staff per se and if mental health staff were needed, mental health staff from Central State Prison would respond.

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

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

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

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

This standard is rated “not applicable.” Georgia Department of Corrections employees are not members of a union. The Department is not involved in any form of collective bargaining.

Standard 115.267 Agency protection against retaliation

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

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

Both DOC Policy 208.6, Prison Rape Elimination Act, Sexually Abusive Behavior Prevention and Intervention Program 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 facility has designated the PREA Compliance Manager as the facility’s retaliation monitor. When an allegation of sexual abuse or sexual harassment is made the retaliation monitor contacts the resident to let them know they can contact the monitor if they feel retaliation and to advise them the monitor will be seeing them every 30 days to check on their status. During the monitoring process the retaliation monitor is looking for changes, checking for random disciplinary reports, schedule changes and not taking passes etc. For employees who may potentially be retaliated against, the monitor checks assignment statuses and performance reports. Checks will be made every 30 days up to 90 days and beyond if needed.

The Pre-Audit Questionnaire reported that there were no incidents in which an inmate or staff were subjected to any form of retaliation during the past twelve months. There were no allegations of sexual abuse or sexual harassment made at this facility during the past twelve months. This was confirmed through interviews with staff and inmates.

Standard 115.271 Criminal and administrative agency investigations

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

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

Georgia Department of Corrections Policy, 208.6, G. Investigations, describes the investigative process. Appointing authorities or his/her designee may make the initial inquiring to determine if a report of sexual abuse or sexual harassment is a rumor or an allegation. The Local SART is responsible for initial 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) is required to report all allegations of sexual abuse with penetration and those with immediate and clear evidence of physical contact, to the Office of Professional Standards Investigator and the Department’s PREA Coordinator immediately upon receipt of the allegation. If an investigation cannot be cleared at the local level, the Senior Investigator determines whether to open an official investigation and if so, dispatches an investigator who has received special training in sexual abuse investigations. When criminal investigations involving staff are completed, the investigation is turned over to the Office of Professional Standards to conduct any necessary compelled administrative reviews. After each SART investigation, all substantiated cases are referred to the OIC 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 investigate allegations of sexual abuse and sexual harassment, interviewing alleged victims and perpetrators, interviewing witnesses, reviewing videos and collecting evidence and then making a determination of whether the incident meets the requirements for a PREA case and whether the case is substantiated or not. If the SART determines the allegations appear to be criminal, the Office of Professional Services Investigator is contacted to conduct the criminal investigation. If the allegations is sexual harassment, the allegation may be investigated by the PREA Compliance Manager. The PREA Compliance Manager was one of the most knowledgeable investigators the auditor has encountered. He described the investigative process with specificity and detail, from the time an allegation is received through the determination of findings.

The reviewed Pre-Audit Questionnaire and interviews with staff, including an investigator, confirmed there have been no

allegations of sexual abuse or sexual harassment at the Albany Transitional Center during the past twelve months. Staff are knowledgeable of the process.

Standard 115.272 Evidentiary standard for administrative investigations

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

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

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

The facility investigator explained the standard for substantiating a case of sexual abuse is the preponderance of the evidence. He explained that as just enough evidence to “tilt” the case just enough to indicate that it is more likely it occurred than not.

Standard 115.273 Reporting to residents

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

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

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.

Although the facility has not had any allegations of sexual abuse in the past twelve months, a SART member would be 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.

There were no allegations or investigations during the past 12 months. This was documented on the Pre-Audit Questionnaire and confirmed through interviews with the Superintendent, PREA Compliance Manager and PREA Support Staff.

The notification form would document, for the resident, if the investigation was determined to be substantiated, unsubstantiated, unfounded or referred to OPS. If the allegation is determined to be substantiated, 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 notification comes from the SART Member/Warden's Designee.

Standard 115.276 Disciplinary sanctions for staff

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- 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 Pre-Audit Questionnaire and interviews with staff indicated there have been no allegations of sexual abuse during the

past twelve months.

Standard 115.277 Corrective action for contractors and volunteers

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

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

Contractors and volunteers are provided training in PREA. Following that training they sign an acknowledgment indicating they have received the training and agree to abide by the PREA Policy. They are also informed of the consequences of becoming involved with an inmate/resident, up to and including referral for prosecution. GDC Policy requires that any contractor or volunteer who engages in sexual abuse will be prohibited from contact with Volunteers and contractors inmates and will be reported to law enforcement agencies, unless the activity was clearly not criminal and to relevant licensing bodies. The facility is required to take appropriate remedial measures and to consider whether to prohibit further contact with inmates in the case of any other violation of Department sexual abuse or sexual harassment policies by a contractor or volunteer.

The superintendent stated the contractor or volunteer would be prohibited from further contact with residents and if substantiated would be referred for prosecution.

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

Standard 115.278 Disciplinary sanctions for residents

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

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

Residents of the Albany Transitional Center are provided PREA information at intake and during orientation. They are educated on the agency's zero tolerance for any form of sexual activity. They are advised that consensual sexual activity between inmates is prohibited and inmates may be subject to disciplinary action for such activity. Consensual sexual activity, while not sexual abuse, is considered a disciplinary issue. Inmates are subject to a disciplinary sanction pursuant to a formal disciplinary process following an administrative finding that the inmate engaged in inmate-on-inmate sexual abuse or a criminal finding of guilt for inmate-on-inmate sexual abuse.

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

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

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

Standard 115.282 Access to emergency medical and mental health services

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

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

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

forensic evidence. A list of SANE Nurse call schedules is to be posted in the medical unit along with the physician on-call schedule.

The facility's Pre-Audit Questionnaire documented there have been no incidents of sexual assault or sexual abuse in the past twelve months. This was confirmed by interviews with the Superintendent, PREA Compliance Manager and facility health care staff.

In an interview, the facility RN indicated that if a sexual assault occurs, she would be responsible for taking care of traumatic injury immediately and arranging transfer of the resident to the hospital and protecting the evidence. She also related the agency has a contract for the provision of Sexual Assault Nurse Examiners.

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

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

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

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

The facility has not had any allegations of sexual abuse during the past 12 months. This was documented on the facility's Pre-Audit Questionnaire and confirmed through interviews with the Superintendent, PREA Compliance Manager and medical staff.

Interviewed medical staff were aware of the requirements of this procedure and following an exam by a SANE the facility's medical doctor would prescribe the prophylaxis or if the resident were taken to the hospital, the hospital staff will provide the prophylaxis.

Standard 115.286 Sexual abuse incident reviews

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

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

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

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

An interview with several members of the SART, who review incidents of sexual abuse following an investigation confirmed the team is composed of SART members, including the investigator, medical staff, the PREA Compliance Manager, retaliation monitor and the Superintendent. The members confirmed a process in which the team would consider the motivations for incidents, whether staff actions or failures to act may have contributed to an incident, whether staff need more training, whether a policy or local operating procedure needs revision, and whether there is a need for additional video monitoring in the area(s) where the incident occurred. There were no investigations conducted during the past twelve months.

There have been no allegations of sexual abuse or sexual harassment during the past 12 months however members of the incident review team are aware of the process. This was confirmed through interviews with the Superintendent, PREA Compliance Manager, medical staff and members of the PREA support team.

Standard 115.287 Data collection

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

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

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

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

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

Standard 115.288 Data review for corrective action

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

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

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

Standard 115.289 Data storage, publication, and destruction

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

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

Georgia Department of Corrections makes all aggregated sexual abuse data from all facilities under its direct control and private facilities with whom it contracts, readily available to the public through the Georgia DOC Website. DOC Policy requires all reports are securely retained and maintained for at least 10 years after the date of the initial collection unless the Federal, State or local laws require otherwise.

AUDITOR CERTIFICATION

I certify that:

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

Robert Lanier

April 14, 2017

Auditor Signature

Date