

PREA AUDIT REPORT Interim Final
ADULT PRISONS & JAILS

Date of report: February 17, 2017

Auditor Information			
Auditor name: Rob Lanier			
Address: 1825 Donald James Road, Blackshear, GA 31516			
Email: rob@diversifiedcorrectionalservices.com			
Telephone number: 912-281-1525			
Date of facility visit: January 30-31, 2017			
Facility Information			
Facility name: Central State Prison			
Facility physical address: January 30-31, 2017			
Facility mailing address: <i>(if different from above)</i> 4600 Fulton Mill Rd, Macon, GA 31208			
Facility telephone number: 478-471-2909			
The facility is:	<input type="checkbox"/> Federal	<input checked="" type="checkbox"/> State	<input type="checkbox"/> County
	<input type="checkbox"/> Military	<input type="checkbox"/> Municipal	<input type="checkbox"/> Private for profit
	<input type="checkbox"/> Private not for profit		
Facility type:	<input checked="" type="checkbox"/> Prison	<input type="checkbox"/> Jail	
Name of facility's Chief Executive Officer: Clinton Perry			
Number of staff assigned to the facility in the last 12 months: 237			
Designed facility capacity: 1153			
Current population of facility: 1110			
Facility security levels/inmate custody levels: Medium			
Age range of the population: Adult 18 and over			
Name of PREA Compliance Manager: Micheal Thomas		Title: Deputy Warden Care and Treatment	
Email address: Micheal.thomas@gdc.ga.gov		Telephone number: 478-471-2915	
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 Rd., Forsyth, GA 31029			
Mailing address: <i>(if different from above)</i> Click here to enter text.			
Telephone number: 404-656-4661			
Agency Chief Executive Officer			
Name: Gregory C. Dozier		Title: Commissioner	
Email address: Gregory.dozier@gdc.ga.gov		Telephone number: 478-992-2999	
Agency-Wide PREA Coordinator			
Name: Grace Atchison		Title: Statewide PREA Coordinator	
Email address: Grace.Atchinson@gdc.ga.gov		Telephone number: 678-332-6066	

AUDIT FINDINGS

NARRATIVE

The on-site PREA Audit of Georgia Department of Corrections Central State Prison in Macon, Georgia was conducted on January 30-31, 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. 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 policies, procedures, forms and other documentation related to PREA and to support compliance with the PREA Standards. The auditor reviewed all the information contained on the flash drive and requested additional information for clarification and to support the facility's practices. The requested information was made available during the on-site audit. The auditor and facility PREA Compliance Manager communicated prior to the audit and worked together to develop an itinerary for the on-site. The auditor was impressed with the responsiveness of the PREA Compliance Manager and the support of the PREA Coordinator prior to and during the on-site visit and afterwards. When additional information was requested it was provided expeditiously. The agency is to be commended for the support the PREA Coordinator provided during the on-site audit and after. It was very helpful to have her present to provide clarification and documentation when needed from the state level.

By prior arrangement the auditor arrived at the facility at 4:35AM to begin interviewing staff from the overnight shift. The PREA Compliance Manager arrived and coordinated the interviews. Again, by prior agreement, the auditor continued to interview randomly selected staff and specialized staff. Prior to the scheduled facility tour, the auditor interviewed the PREA Coordinator, PREA Compliance Manager, Warden and other specialized staff. During the tour, the auditor informally interviewed inmates and staff.

While interviewing the facility investigator, the auditor, along with the investigator and PREA Compliance Manager also asked the investigator to take us through the entire investigation process while we reviewed 10 investigation files. Following these interviews, the Deputy Warden for Care and Treatment/PREA Compliance Manager and Deputy Warden of Security led the tour of the facility accompanied by the Agency PREA Coordinator, Assistant to the Agency PREA Coordinator and the PREA Auditor. Entry into the facility occurs at a "gatehouse". Staff and visitors are required to sign in, provide approved identification and go through the facility process for ensuring contraband is not introduced into the facility. The administration building, inside the fenced area, was extremely clean. Floors were shined and the lobby was attractively decorated. Administrative Offices are housed in this double level building. The campus of this facility is also attractive. The grounds were clean, grass was cut and edged and the condition of the dorms and toured buildings indicated they have been well maintained. Housing units C-H have two tiers, with 24 cells on the top and 24 cells on the bottom. There are four (4) pods in each unit with a total capacity of 96. Living units were also clean and orderly. Toilet facilities are in each of the two man cells and shower stalls are recessed with half walls allowing inmates to shower with privacy. PREA Posters were observed on bulletin boards and phones were located in each pod. Instructions for dialing the "Hotline" to report allegations of sexual abuse and sexual harassment were posted and phones were observed in the units. Inmates have access to a KIOSK (JPAY) enabling them to communicate with anyone on their approved visitor's list via email. They are also able to email the PREA Coordinator using the KIOSK email. Housing units J and K also contain four (4) pods, all "open bay". Each pod has a capacity of 64 inmates for a total of 264 inmates. Showers in the "open bay" dorms have PREA shower curtains enabling inmates to shower without being viewed by staff. Cameras were located throughout the facility. The facility has a total of 330 cameras and blind spots are limited. The facility has a laundry. Behind the huge commercial dryers and machines, there is a space between the back wall of the laundry and the machines. The officer supervising inmates working in the laundry advised the auditor that because of that blind spot he increases his checks behind the machines. The PREA Compliance Manager and Deputy Warden for Security agreed to install a mirror to enable the officer to see behind the dryers. After touring the campus within the fence, the auditor toured outside the fenced in area. One warehouse needed a mirror to enable staff to view behind shelves and the Deputy Warden for Care and Treatment agreed to install one. Notices of PREA Audit were observed posted throughout the facility.

At the completion of the tour and a brief lunch, the auditor continued interviewing random staff and specialized staff. Before leaving the facility on the first day, the auditor interviewed the HR Staff in her office. The HR Staff described a process for hiring that was consistent with the PREA Standards. Additionally, the auditor reviewed the 10 personnel files for random staff to look for confirmation of background clearances as well as to review the PREA Questions for Applicants. All of the files

PREA Audit Report

contained the required background checks and PREA Questions were documented in each file. Each file also contained a PREA Acknowledgment Statement signed by the staff member. Ten (10) contractor files were also reviewed. Each of those also contained the required background checks, PREA Questions and PREA acknowledgment statements.

Prior to departing on day 1, the auditor and the PREA Compliance Manager reviewed the additional documentation the auditor had requested prior to the on-site visit.

On day two of the audit, the auditor interviewed 16 inmates, including an inmate who was visually impaired, one who was hearing impaired, one transgender inmate and an inmate who identified as being gay who had also reported an incident of sexual harassment. The visually impaired inmate reported that he received his orientation through listening to the PREA Video. A review of his orientation file confirmed he had acknowledged receiving the PREA information during intake and orientation. The hearing-impaired inmate related he could hear some but said he takes a pad with him to communicate through writing if needed. He had brought his pad to the interview but was able to understand the auditor verbally. After the interviews, that included 18 random staff, 19 specialized staff and 16 inmates the auditor participated in an exit conference with the following attending: the Central State Prison Warden, both Deputy Wardens (Care and Treatment and Security), the Agency PREA Coordinator, assistant to the Agency PREA Coordinator, all Department Heads, the Facility Investigator and the Georgia Department of Corrections Assistant Regional Director.

DESCRIPTION OF FACILITY CHARACTERISTICS

Central State Prison is a medium security state facility located in Macon, Ga. This facility was constructed in 1978 and opened in 1978 with a currently capacity of 1153. Central is a sex offender release facility, with Mental Level III, and the host facility to Macon Transitional Center. Central has Six living Units each, containing four pods. Each pod has 12 two-man cells. Half of one unit contains 24 Isoltion/Segregation beds. There are 141 that serves for Mental Health Level III. There are two separate buildings that serves as open-dormority fast track. One of the buildings (K) has a total of 288 inmates with 72 in each pod the other open dormority (J) has a total of 348 with 87 in each pod. Cental has a CERT team and a Canine Unit on site with and a capacity of 167 Correctional Officers.

Central work details are as follows. There is a mobile construction unit on site, GCI Garment factory, Outside grounds, Outside Maintenance, and all other basic work details for a facility. This facility has multiple vocational trades including Building Maintenance, Carpentry, HVAC, and Braille. Central has various OJT programs including Automative, and staff dinning. Central Offers education programs (LRR, ABE, and GED) and facilitates all risk-reduction programs including MRT, T4C, MATRIX-ERS, MATRIX-RP, SOPP, M4C, RE-ENTRY, and PSIA. To better assist with the Mental Health population Central offers over 15 different types of mental Health programs and helps offenders with social skills, hygiene, communicating, and coping with everyday life. The mission at this facility is to ensure public safety and effectively house offenders while operating a safe and secure facility.

SUMMARY OF AUDIT FINDINGS

The Auditor utilized the PREA Standards for Prisons to evaluate Central State Prison. The methodology included the following: Reviewing all policies and procedures and supporting documentation provided on the flash drive; Communicating with the PREA Compliance Manager to clarify any issues identified following the flash drive documentation review; maintaining on-going communications with the PREA Compliance Manager to further understand the policies, procedures and operations of the prison; Observations and conversations/interviews made during the tour of the prison; interviews with 18 random staff and 19 specialized staff; interviews with 16 inmates representing all living units in the prison, including two disabled inmates and an inmate who had alleged sexual harassment at the facility; Reviewed personnel files and additional review of information requested by the auditor. Following the on-site audit the auditor continued to communicate with the PREA Compliance Manager and Agency PREA Coordinator for additional clarification and information. The auditor used the verbiage of each substandard/ each standard and evaluated that with the documentation provided, interviews conducted, observations made and follow-up information that was provided. Based on the verbiage of the standard the auditor assessed each standard. Forty-one standards were reviewed: Five (5) Standards were rated Exceeds; thirty-three (33) Standards were rated Meets and three (3) Standards were rated as Not-Applicable. The exceeded standards included: 115.11 Zero Tolerance; 115.17 Hiring and Promotion Decisions; 115.31 Employee Training; 115.34 Specialized Training Investigations; and 115.51 Inmate Reporting.

Number of standards exceeded: 5

Number of standards met: 33

Number of standards not met: 0

Number of standards not applicable: 3

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

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

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

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 is easily understood. The policy affirms that the Department will not tolerate any form of sexual abuse or sexual harassment of any offender. Policy states that the Department has a zero tolerance policy toward 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 Department has appointed an Agency Compliance Director who assumes overall responsibility for PREA Implementation and compliance. But, in addition to that high level state office staff, the Department has gone a step further and has designated two regional PREA Coordinators with sufficient time and authority to develop, implement, and oversee the Department's efforts to comply with the PREA Standards. The Coordinator responsible for Central State Prison is an intelligent, knowledgeable, motivated and highly enthusiastic individual who is actively involved with her facilities (including Central State Prison) in implementing the PREA Standards, providing technical assistance as needed and for monitoring compliance. An interview with her confirmed she is very knowledgeable of all aspects of PREA. It was readily apparent that she is concerned with detail and is in her facilities on a regular basis and knows where the prison is related to PREA compliance. Additionally, each Warden at each institution is charged with ensuring that all aspects of the agency's PREA Standards and Agency PREA Policy are implemented. They are also required to develop a Local Procedure Directive for response to sexual allegations. The Directive must reflect the institution's unique characteristics and specify how each institution will respond to sexual allegations and the notification procedures followed for reports of sexual allegations. Wardens 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. It is apparent to this auditor that the Warden takes PREA and sexual safety seriously. This is indicated by the fact that he designated the Deputy Warden for Care and Treatment as the PREA Compliance Manager. The Deputy Warden has direct access to the Warden and has sufficient time and authority to implement PREA. An interview with the Central State Prison PREA Compliance Manager confirmed not only his extensive and broad knowledge of PREA, but also that he has been able to implement the PREA standards in a complex facility. His commitment to the process is impressive.

The Inmate Handbook advises offenders that the Department of Corrections has a zero tolerance policy toward the sexual abuse of offenders and is committed to the prevention, detection and punishment of sexual abuse. Posters reiterate the zero tolerance policy. A brochure given to inmates upon admission affirms zero tolerance.

Interviews with both randomly selected staff and specialized staff indicated staff are receiving their required PREA Training and are aware the agency has a Zero Tolerance for all forms of sexual activity. Interviewed inmates were equally aware of the agency and facility's zero tolerance policy and procedures.

This standard is rated exceeds because the Department of Corrections has appointed a Director of Compliance, under the PREA Audit Report

auspices of the Office of Professional Standards responsible for overall compliance, which includes PREA. This agency has gone a step further by appointing two (2) PREA Coordinators who are responsible for overseeing PREA implementation in specific institutions. The interviewed PREA Coordinator for Central State Prison is an impressive staff person who is not just knowledgeable of the PREA Standards. She is knowledgeable of prison operations in general and that gives her the experience necessary to implement PREA in the prison environment. Additionally, most impressive was her knowledge of what is going on in this facility related to PREA. She is obviously “hands on”, pays attention to detail and then monitors her facilities on a regular basis to review investigations and compliance with the PREA Standards. The auditor was impressed with her knowledge of individual allegations and investigations. She serves as an excellent resource person for her facilities and obviously is accessible as the auditor has communicated with her on a regular basis as has the facility’s PREA Compliance Manager. The Warden of the facility designated a Deputy Warden to serve as PREA Compliance Manager. That level of staff serving as PREA Compliance Manager (PCM) indicates the importance the Warden places on PREA and zero tolerance. The PREA Compliance Manager is knowledgeable of PREA, knowledgeable of multiple facets of facility operations and knows his facility. He is motivated and pays attention to detail. His responsiveness before, during and after the PREA Audit was superior.

Standard 115.12 Contracting with other entities for the confinement of inmates

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

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

This standard is rated “Non-Applicable”. Central State Prison does not contract for the confinement of inmates. The auditor did request and receive copies of two agency contracts for the confinement of inmates. Each contract contained language requiring the contractor to comply with the PREA Standards and to agree for the Department of Corrections to conduct monitoring visits. The Agency stated that material breaches of those contracts would be grounds for termination of the contract.

Standard 115.13 Supervision and monitoring

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion

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

The reviewed Georgia Department of Corrections Policy, 208.6, Prison Rape Elimination Act, Sexually Abusive Behavior Prevention and Intervention Program, A. Prevention Planning, Paragraph 3, requires each facility to develop, document and make its best efforts to comply on a regular basis with the established staffing plan that provides for adequate levels of staffing, and, where applicable, video monitoring to protect inmates against sexual abuse. Facilities are also required to document and justify all deviations on the Daily Post Roster. Annually, the facility, in consultation with the Department's PREA Coordinator, assess, determine and document whether adjustments are needed to the established staffing plan and deployment of video monitoring systems. Additionally, policy requires unannounced rounds by supervisory staff every week with the intent of identifying and deterring sexual abuse and sexual harassment. These rounds include all shifts and all areas. Unannounced 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 Central State Prison. The Central State Prison Staffing plan is documented in Local Operating Procedures, PREA Compliant Staffing Plan. This plan is the most comprehensive, thorough and detailed staffing plans this auditor has ever seen. The staffing plan describes, in great detail, the populations being served, total staffing at the facility as well as staffing by post, post priority levels and locations. The staffing plan states that Central State Prison has a total of 237 positions, including security staff, care and treatment, administrative, food service and plant operations. The facility reported that they currently have 229 positions filled with three vacant positions in care and treatment and five vacant positions in security. There are 167 security staff based upon the approved staffing analysis. The facility has a "call in" procedure to ensure proper post coverage. Posts that are "gender specific" are identified. There are 107 non-security staff employed at the facility. These include areas such as medical, counseling, mental health, vocational, contractors, administrative staff, support staff, food service staff, and education staff. Each housing unit is described. These descriptions include the housing arrangements, rated capacities, numbers of staff assigned (custody, professional and support), numbers of cameras and the challenges for each living unit. The Warden related the facility has total of 330 cameras including those outside and inside the facility. Eight safe areas have been identified to house offenders that have been identified as potential PREA Victims based on the PREA assessment conducted within 72 hours of arrival. Building and work areas are described, again with considerable detail. These descriptions include the numbers of staff assigned, category of the the post, cameras and numbers of inmates assigned to work in those areas. It is evident from reviewing this staffing plan that the administration has given a lot of thought to the deployment of staff and video monitoring throughout this facility to enhance sexual safety.

The plan requires unannounced PREA rounds. These are conducted by all Shift Officers in Charge as well as by Duty Officers and Security Supervisors. Staff, based on the staffing plan, are trained not to alert other staff that unannounced PREA rounds are being conducted. Rounds are required to be logged by all shift O.I.C.'s in all housing units where they conduct visual rounds. Duty officers log their rounds in the Duty Officer log book. Samples of unannounced rounds were provided for review. These were documented in facility/duty officer logbooks. While these do meet the standards the entries are brief. When listing the areas where PREA rounds are being conducted, staff are not indicating they are checking to ensure locked doors are locked, that they open doors that are out of view of cameras to deter sexual activity as well as blind spot areas especially in more vulnerable, identified blind spot areas. This is just a recommendation because documentation confirmed unannounced rounds are conducted.

The facility enhances supervision and sexual safety through the use of video monitoring. For security reasons the auditor will not identify locations of cameras however the facility utilizes 330 cameras internally and externally. These are reviewed periodically by designated staff. The Warden and Deputy Warden for Security have access to viewing facility video cameras on their computers enabling them to observe what is going from their offices. Mirrors are used to mitigate blind spots in the absence of cameras. During the tour of the facility three blind spots were identified. The Deputy Wardens agreed to install mirrors in those locations. On February 3, 2017, the PREA Compliance Manager provided the auditor photos of the mirrors installed in all three identified locations.

An email from the Agency's PREA Coordinator, dated December 5, 2017, documented annual review and approval of the facility's staffing plan.

Interviews with the Warden and the Agency PREA Compliance Manager indicated the facility's minimum staffing ration is 1 officer to 96 inmates. To deal with potential deviations from the staffing plan, posts have been identified to "pull from" ("pull posts") to staff priority one posts. Other measures could be to call in the CERT Team or to call in supervisors to man posts. Interviewed higher level staff, including the Warden and his Deputy Wardens conduct unannounced rounds. These, they indicated, are documented in the Duty Officer Logs or in the Areal Logbooks. Examples were provided.

Standard 115.14 Youthful inmates

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

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

This standard is rated "Non-Applicable". Central State Prison does not house youthful inmates. This was confirmed through interviews with the Facility's PREA Compliance Manager and the Central State Prison Warden. Youthful offenders, statewide, are housed with the Georgia Department of Corrections at Burrus Correctional Treatment Center.

Standard 115.15 Limits to cross-gender viewing and searches

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

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

Department of Corrections (DOC) Policy, 208.6, Prison Rape Elimination Act, Sexually Abusive Behavior Prevention and Intervention Program prohibits cross-gender strip or visual body cavity searches except in exigent circumstances or when performed by medical practitioners. The facility houses male offenders and cross gender pat searches are permitted. These are required to be documented. Georgia Department of Corrections Standard Operating Procedure, 226.01, Searches, Security Inspections, and Use of Permanent Logs, VI.C, Searching Offenders, requires that searches of offenders requires expertise and a proper attitude on the part of the employees. Security staff must conduct searches in a professional and respectful manner, in the least intrusive manner possible, consistent with security needs. Paragraph d states that males are to be strip searched by males while transgender and intersex offenders gender designation will coincide with the prison assignment made during classification. In exigent circumstances opposite gender staff may conduct the strip search but only

PREA Audit Report

in exigent circumstances that are documented. Paragraph 2. Frisk or Pat Search, states that these searches, when possible, are conducted by same sex staff however female staff are permitted to frisk/pat search a male inmate. Female staff have been trained to conduct pat searches of male offenders.

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. An additional measure required by policy is for staff of the opposite gender to announce their presence when entering an inmate housing unit. Searches of transgender or intersex inmates for the sole purpose of determining the inmate's genital status is prohibited. Staff are required to be trained to perform authorized cross gender pat searches and searches of transgender and intersex inmates in a professional and respectful manner and in the least intrusive manner possible, consistent with security needs.

The reviewed Pre-Audit Questionnaire and interviews with staff and inmates confirmed that there have been no cross-gender strip or body cavity searches during the past twelve months. Every randomly selected staff, which consisted of a number of female correctional officers, stated they had received training in conducting cross gender pat searches and were able to demonstrate to the auditor how they would use the back of their hands when pat searching males. All interviewed staff indicated they had respect for transgender inmates and were sensitive to their needs. They all said they would never search a transgender inmate for the sole purpose of determining the inmates genital status.

During the tour of the facility the auditor observed showers that were recessed with half walls ensuring that inmates have privacy while showering. Showers in the open bay dorms were equipped with PREA curtains. Dorms with double occupancy rooms had toilets inside the rooms. Cameras were not observed in any shower areas or in any inmate cells.

Interviews with random inmates, representing all housing units, indicated that female staff never conduct strip searches. Ninety-five percent of the inmates reported they had never been pat searched by a female, although females have been trained to conduct pat searches and are authorized to do so. An interview with an inmate identifying as transgender indicated that he is searched by male staff however he related he has never been humiliated or treated with any disrespect. Interviewed staff related that female staff do not conduct strip searches of inmates unless there are exigent circumstances and these are documented. None of the interviewed staff had ever conducted a cross gender strip search nor had they witnessed a cross gender strip search. Female staff stated they have been trained to conduct cross gender pat searches but rarely perform them. Interviews with inmates confirmed that inmates are able to shower, use the restroom and change clothes without being viewed by staff of the opposite gender. Several inmates related female staff are on the CERT Team and they have conducted shakedowns and have seen several inmates naked. An interviewed inmate identifying as transgender told the auditor he is able to shower alone and has never had an issue with that. Interviewed staff stated inmates are able to shower, use the restroom and change clothing without being viewed by staff of the opposite gender. Most of the inmates stated female staff announce their presence when entering the housing units. Several said the female staff announce their presence most of the time. All of the interviewed staff stated female staff announce their presence when entering a living unit by saying "female on deck" or "female on the unit", or "female staff".

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

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

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

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

Department of Corrections Policy 208.6, Prison Rape Elimination Act, Sexually Abusive Behavior Prevention and Intervention Program, A. Prevention Planning, Paragraph 6, Inmates with disabilities and inmates who are limited English proficient, requires the local PREA Compliance Manager to ensure the 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. A memo from the Warden, dated October 4, 2016, Language-Line Onsite, reminded staff that Central State Prison has access to Language-Line onsite. The memo stated the system is designed to support facilities that have an ongoing need for dependable face-to-face interpretation. The Warden instructs staff to utilize the system for inmates with mental, physical and/or development disabilities.

The facility also provided the auditor with a copy of the contract with Language Line to provide interpretive services for limited English proficient residents in making an allegation of sexual abuse. Instructions for accessing an interpreter were also provided the auditor. Language Line was documented in at least one incident report during which a limited English proficient inmate was reporting sexual harassment by his roommate. Additionally the report from the psychologist conducting the mental health follow-up assessment documented using Language Line.

The PREA Compliance Manager provided the auditor with a roster dated January 27, 2017 documenting special PREA education for inmates who were hearing and vision impaired and inmates who were limited English proficient (LEP). Training was provided via a DVD designed by the facility to accommodate disabled and LEP inmates. Training rosters indicated 19 vision impaired inmates, 17 Hearing impaired inmates and 22 LEP inmates attended the training.

Interviewed staff related they would not use an inmate to translate for another inmate. An interviewed visually impaired inmate related he received PREA Information by listening to the PREA Video. The facility has developed a PREA DVD with a former staff person who conducted “signing” in the lower right hand corner of the video while the points being made and information given was typed out to be read. A hearing impaired inmate brought a tablet to the interview to communicate as needed. He was able to read the auditor’s lips as well as hear with a hearing aid. He related that he can hear some but it is impaired. He also said he was able to read the PREA information and could communicate by writing on his tablet and having the staff write on it. After interviewing these inmates the auditor requested another interview with the staff conducting orientation. This staff is obviously very compassionate and related how she would put a hearing impaired inmate close to her and away from other inmates and would, if needed, write on paper to communicate. She indicated that if an inmate is challenged, she will adapt the orientation to ensure the inmate understands PREA. The PREA Compliance Manager also provided the auditor, for viewing, a PREA Video, with an individual signing the information.

Standard 115.17 Hiring and promotion decisions

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

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

corrective actions taken by the facility.

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

Central State Prison conducts background checks of security employees annually. These checks are run to coincide with their annual weapons qualifications. Non-security staff have their background checks conducted every five years.

The auditor reviewed background check samples for randomly selected staff and contractors. All of the reviewed personnel files contained the applicant "PREA Questions", documentation of the background clearance and the signed PREA Acknowledgments.

An interview with the HR staff indicated the facility conducts Georgia Crime Information Center and National Crime Information Center checks, including electronic fingerprints. Correctional/Security staff, she related, are checked annually because of their annual fire arms renewal requirements. Non-security staff are required to have background checks at least every five years.

This standard is rated exceeds because the facility runs annual background checks of security staff.

Standard 115.18 Upgrades to facilities and technologies

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

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

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 330 cameras internally and externally. The Pre-Audit Questionnaire reported there have been no modifications to facility since August 2012 however there have been modifications/upgrades to the

video monitoring systems. The facility provided four purchase orders documenting upgrades and maintenance of the the video monitoring system.

Interviews with the Warden, Deputy Warden for Security, Deputy Warden for Care and Treatment and the Agency PREA Coordinator confirmed that although there have been no modifications to either the physical plant the video monitoring systems have been enhanced and they were consulted prior to any actions to ensure that input regarding sexual safety of inmates is given the utmost consideration. Staff were confident that they would be heavily involved in planning for enhanced video monitoring and/or expansions or modifications to the facility.

Standard 115.21 Evidence protocol and forensic medical examinations

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

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

DOC Policy, 208.6, Prison Rape Elimination Act Sexually Abusive Behavior Prevention and Intervention Program, B. Responsive Planning, describes the agency’s expectations regarding 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. GDC’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, 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 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 agreement with a rape crisis center to make available a victim advocate to inmates being evaluated for the collection of forensic evidence. It also requires an administrative or criminal investigation of all allegations of sexual abuse and sexual harassment. Allegations involving potentially criminal behavior will be referred to the Office of Professional Standards, Investigations and Compliance.

The facility offers victims of sexual abuse access to forensic exams without financial cost, where evidentiary or medically appropriate. If the facility had a victim of sexual abuse who needed a forensic exam arrangements have been made to have the SANE come to the prison to conduct it. The agency has a contract with Global Diagnostic to conduct sexual assault forensic exams on site. Additionally the facility provided a list of Sexual Assault Nurse Examiners with contact information. These nurses would also be available if needed. Access to an advocate is made available through several ways. The facility can contact the Macon Rape Crisis Center who will provide an advocate to meet the victim and accompany them, as needed and if requested, through the exam process and to provide follow-up if needed and requested. The facility entered into a MOU with WINGS, a Rape Crisis Center in Dublin, Georgia. The agreement was signed September 26, 2016. During an interview with the Director of WINGS, she indicated the facility now would be using the local Rape Crisis Center located in Macon, Georgia for advocacy services, as needed. An interview with the Director of the Macon Rape Crisis Center confirmed

the services she would provide Central State Prison as well as for Macon Transitional Center. She also indicated she can provide training to staff if needed. The facility has also trained the Sexual Assault Response Team Members who have received training to serve as victim advocates in the absence of a community based advocate.

Standard 115.22 Policies to ensure referrals of allegations for investigations

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

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

DOC Policy, 208.6, Prison Rape Elimination Act, requires that an administrative or criminal investigation is to be completed for all allegations of sexual abuse and sexual harassment. Allegations that involve potentially criminal behavior will be referred for investigation to the Office of Investigations and Compliance. 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 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.

Investigations at this DOC facility begin with the SART, who have all received the online NIC Training for Investigating Sexual Abuse Allegations in Confinement Settings. This team reviews the incident, conducts interviews as needed, reviews any camera footage that is available and then determines if the case is a PREA Case. If it is, the SART may Investigate. If the case is a complicated sexual harassment case or it is obviously criminal and involves a staff member the SART refers the investigation to the Office of Professional Standards who conducts the investigation with the facility investigator conducting a parallel investigation for administrative purposes but taking the lead from the OPS investigator. If the allegations appears to be criminal the local law enforcement agency may be contacted to conduct the investigation.

Reports made via the PREA Hotline are referred back to the facility for investigation. Reviewed investigation reports indicated inmates have reported via the "hotline" (multiple times), reports to staff, a tip to a security staff, and an allegation made to a volunteer.

An interview with the facility investigator indicated he has completed the specialized training for investigators offered on line through the National Institute of Corrections. In addition, he has received specialized training regarding the investigation process through an extensive training provided by DOC. That training covered all of the required specialized training topics and more. He is knowledgeable of the investigatory process and articulated the steps he would take in conducting a PREA investigation.

The auditor, along with the Agency PREA Coordinator and the Facility Investigator reviewed sampled investigation reports. The format for the reports is as follows: 1) Warden's Review 2) Notification 3) Incident Report 4) Scribe Data Summary 5) PREA Audit Report

Personal information 6) Hotline call 7) Statements from the victim, alleged perpetrator and witnesses 8) Prison Movement History 9) Scribe Disciplinary Reports 10) Mental Health History and 11) Investigative summary.

Interviews with 18 random staff and applicable specialized staff confirmed that this facility requires and expects staff to report all allegations, suspicions, reports or knowledge of sexual abuse or sexual harassment to their immediate supervisor. Most of the interviewed staff knew who the facility investigator was.

One of the reviewed reports resulted in a referral for criminal prosecution and the facility provided a copy of the warrant for that staff's arrest.

Standard 115.31 Employee training

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

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

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

The facility provided training rosters to indicate staff received PREA Education in 2016. Rosters provided for April 14, 2016 documented training for 27 security staff on A Key. Rosters were provided documenting training on April 15, 2016 for 30 security staff on B Key and nine (9) staff who work split shifts. Another roster dated April 28, 2016 documented that 20 administrative/management staff received PREA refresher training and training for 19 care and treatment staff is documented as well. The Pre-Audit Questionnaire reported 288 staff who were trained or retrained on the PREA requirements. Additionally the warden provided a memo documenting that "staff at Central is at 100% with in-service training as it relates to PREA".

Interviews with staff confirmed they have received PREA training at Basic Correctional Officers Training, at the facility, through annual in-service training and during staff meetings and shift briefings. Staff readily responded to questions and answered them without prompting.

This standard is rated exceeds because in addition to providing PREA training to newly hired staff at Basic Correctional Officers Training the Department covers PREA Again annually in annual in-service training and in shift briefings and staff

meetings. Additionally the facility provided multiple certificates documenting staff taking and completing the National Institute of Corrections On-Line Training, "Communicating Effectively and Professionally With LGBTI Inmates". The PREA Coordinator related the Department required all staff to complete that on-line training.

Standard 115.32 Volunteer and contractor training

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

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

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

The facility provided examples of acknowledgement forms to document the process for training volunteers and contractors. The acknowledgement forms are also differentiated between unsupervised contractor and unsupervised volunteers and supervised contractors and volunteers. For unsupervised contractors and volunteers, the contractor/volunteer acknowledgement statement affirms that the contractor/volunteer has received training on the Department's Zero Tolerance Policy on Sexual Abuse and Sexual Harassment and that they have read the Georgia Department of Corrections Standard Operating Procedure 208.6, Sexually Abusive Behavior Prevention and Intervention Program. They also acknowledge they understand they are not to engage in any behavior of a sexual nature with an offender and to report to a nearby supervisor if they witness such conduct or if someone reports such conduct to them. They are also agreeing to comply with the Department's Policy on sexual abuse, sexual harassment and sexual misconduct. The potential consequences for violating policy are explained as well. Supervised contractors/volunteers acknowledge the Zero Tolerance Policy, agree not to engage in sexual contact with any offender and agree to report such conduct, if witnessed or if someone reported it to them, to a Corrections employee. They agree not to engage in sexual contact of any nature with any offender and to report it when they learn of it. They also acknowledge that violations of the agreement will permanently ban them from entering all GDC correctional institutions and that the GDC may pursue criminal prosecution.

The Pre-Audit Questionnaire reported 12 volunteers/contractors who have contact with inmates who were trained in agency policies and procedures regarding sexual abuse/harassment prevention, detection and response during the past 12 months.

Multiple acknowledgement statements were provided to confirm volunteers and contractors received the required PREA Training.

An interview with a facility volunteer confirmed he received the required PREA Training. He stated he was told and was aware there is Zero Tolerance for any form of sexual activity as well as how to report sexual abuse or sexual harassment. The auditor asked him who he would report to and he related he was told to tell an officer. He also related an inmate had shared with him an incident that happened to the inmate. He did not see the officer so he stated he knew where the Deputy Warden for Security's office was and he went there and reported it immediately to him. He stated he has received "a lot" of PREA Audit Report

PREA Training and was very knowledgeable of PREA.

Standard 115.33 Inmate education

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

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

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

Inmates arriving at Central State Prison receive an orientation with information about PREA after which they acknowledge the following on an inmate acknowledgment form: 1) They acknowledge they have been given the information pamphlet from the Georgia Department of Corrections explaining their Sexual Abuse Zero Tolerance Policy 2) They have seen the video, "Discussing Prison Rape Elimination Act" and 3) They have been informed of the reporting procedures and given a verbal introduction to the Prison Rape Elimination Act Process at Central State Prison.

The brochure/pamphlet entitled: "Sexual Assault, Sexual Harassment, Prison Rape Elimination Act (PREA), How to Prevent It, How to Report It" is given to each inmate upon arrival. This brochure advises inmates that "reporting is the first step". Inmates are given the phone number, *7732, (PREA) to call from any inmate phone. Additionally, they are advised they may report to any staff member or write to the Statewide PREA Coordinator, to the Ombudsman (address and phone number provided) or to the Director of Victims Services. The brochure then tells inmates what sexual assault is, how to avoid sexual abuse, what to do if they've been sexually assaulted and what happens if false allegations are made. The Inmate Handbook also provides information about PREA, including the Zero Tolerance Policy, how to report it if the inmate becomes a victim, the importance of protecting evidence and how to access the 24 hour hotline.

An interview with the intake officer indicated that upon arrival at the facility, she provides each inmate with a PREA Package. The package includes the PREA Brochure that advises inmates of the zero tolerance the facility has for any sexual misconduct and how to report sexual abuse or sexual harassment. Intake and Orientation staff, during interviews, indicated inmates are transferred to the facility on Tuesday and Thursday and orientation is provided on Wednesday and Friday. This includes, they stated, showing inmates the PREA Video, providing them the PREA Information from the inmate handbook, PREA Audit Report

telling them about the PREA Hotline Number and asking if they have any questions. The handbook, on page 13, discusses PREA, the zero tolerance policy, what to do if the inmate becomes a victim, the GDC Sexual Assault Hotline and what to do if the inmate becomes a victim of an assault. Information is also given to the inmate about the Inmate Advocate Sexual Assault Intervention and Prevention Program. The phone number and address is provided.

Interviews with inmates and reviewed acknowledgement statements/orientation statements indicated they are knowledgeable of their rights to be free from sexual abuse and sexual harassment and retaliation for reporting as well as how to report sexual assault or sexual harassment if it occurred. Information is provided during orientation and ongoing through PREA Posters throughout the facility. Inmates related they have received PREA information and education at every facility they have been to. Additionally, they related they would report to a staff member if they were sexually assaulted or sexually harassed but were aware of multiple ways they could report.

Training rosters were provided documenting several additional special classes for training and educating inmates with limited English proficiency during the past twelve month and for inmates who were disabled.

The Pre-Audit Questionnaire reported that 481 inmates were admitted during the past 12 months. It also reported that 481 received information on the zero tolerance policy and how to report during intake and 481 whose length of stay was more than 30 days or more who received comprehensive education on their rights to be free from both sexual abuse/harassment and retaliation for reporting such incidents within 30 days of intake.

Standard 115.34 Specialized training: Investigations

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

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

DOC Policy 208.6, Prison Rape Elimination Act, Sexually Abusive Behavior Prevention and Intervention Program, C. Training and Education, Paragraph 5. Specialized Training Investigations, requires the 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 Coordinator provided the auditor with the Power Point SART Training curriculum. The SART Investigator Training covered topics including: Interviewing the victim, Interacting with the victim, Asking direct questions, Examining all sources of evidence, Statements from the victim, forensic medical exam, statement from the victim, statement from the suspect, physical evidence from the suspect, witnesses, physical evidence at the scene and credibility. Other sections were devoted to Investigative Techniques, Evidentiary standards for administrative investigations, Definitions, Determining whether a case is substantiated, unsubstantiated, or unfounded and Preparing an Investigative Summary and Investigation Referrals. Criminal and Administrative investigations are discussed. Interviews and Interrogations are discussed along with the Miranda and Garrity Warnings. Lastly "Closing a PREA Case" is discussed.

Interviews with the facility investigator indicated he is knowledgeable of the investigation process and that he has completed specialized training for conducting investigations in confinement settings. That training was provided by the state and via the National Institute of Corrections, on-line training for investigating sexual abuse cases in confinement settings.

Standard 115.35 Specialized training: Medical and mental health care

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

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

Department of Corrections (DOC) Policy ensures that all full and part-time medical and mental health care practitioners who work regularly in the facility have been trained in how to detect and assess signs of sexual abuse and sexual harassment; preserve physical evidence of sexual abuse; respond effectively and professionally to victims of sexual abuse and sexual harassment; and how to and to whom to report allegations or suspicions of sexual abuse and sexual harassment. DOC 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 to be 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 have to complete GDC’s annual PREA in-service training.

The facility provided several certificates indicating staff had received the specialized training provided by the National Institute of Corrections.

Interviews with medical and mental health staff indicated they are very much aware of the responsibilities related to sexual assault within the prison. They also related they have completed the specialized training provided by the National Institute of Corrections. Medical staff confirmed their roles are to deal with trauma injuries, protect the evidence and arrange for the victim to have a forensic examination. The facility has a significant population of mental health inmates. Mental health staff are aware of their roles in responding to sexual abuse in confinement settings as well. They also stated they completed the National Institute of Corrections specialized training.

Standard 115.41 Screening for risk of victimization and abusiveness

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion

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

Department of Corrections Policy 208.6, Prison Rape Elimination Act, Sexually Abusive Behavior Prevention and Intervention Program, D. Screening for Risk of Sexual Victimization and Abusiveness, Paragraph 1. Screening for victimization and abusiveness, requires all inmates be assessed during intake screening and upon transfer to another facility for their risk of being sexually abused by other inmates or sexually abusive toward other inmates. This instrument, the Victim/Aggressor Classification Instrument (an objective 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 convictions 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 upon 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 Warden provided documentation in the form a memo documenting the screening practice; one that is consistent with DOC Policy.

Inmates are not disciplined for refusing to answer or for not disclosing complete information in response to questions asked on the Victim/Aggressor Instrument. Policy also implements appropriate controls on who has access to the information within the prisons in order to ensure that sensitive information is not exploited to the inmate's detriment by staff or other inmates.

A memo from the deputy warden to the PREA Assessment Team identified six counselors, three mental health counselors and three general population counselors, as the staff charged with screening all new arrivals (at the prison) on Tuesday and Thursday of each week. This memo also reiterates that these counselors are also designated as staff who will meet with the offenders and brief them on how to report PREA, PREA Zero Tolerance and to begin the PREA assessment. Thirty (30) day follow-ups are conducted by these staff as well. The facility also provided, for review, a detailed description of the PREA Process (Procedures for conducting the PREA Screening). Staff are reminded to verify the information on the questionnaire in "SCRIBE" (the offender database) before conducting the screening. When the PREA Screener determines that an inmate may be a potential PREA Victim, the screening staff is required to notify the Unit Managers so the inmate can be placed appropriate housing. Staff are also informed to notify the Unit Manager and Chief Counselor via email.

The facility provided multiple vulnerability assessments for review prior to the on site audit and additional samples during the on-site audit. Assessments documented potential victims and potential aggressors.

Interviews with several staff conducting the Victim/Aggressor Screening Instrument indicated that they receive a "bus" list prior to the inmate's arrival at Central State Prison. This allows the "screening staff" to look into the prisoner database, SCRIBE, to review the inmate's file and history. With this information available at the time of screening staff can determine if the inmate is being truthful about his responses. Staff can also determine how the inmate was rated at the sending facility. Another staff responsible for screening inmates described a very thorough and comprehensive process. He related he would review the information in SCRIBE and consider such things as the inmate's age, size and stature as well as the inmate's perception or identification. He related if an inmate came on the weekend, staff would check Scribe to see how the inmate was rated at the sending facility. Reassessments, both screening staff said, are conducted 30 days after the inmate has his

initial assessment and any time significant events occur.

The facility has determined and defined who may have access to this information to protect disclosure of information to those who may not have a need to know.

Standard 115.42 Use of screening information

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

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

DOC Policy 208.6, D. Screening for Risk of Victimization and Abusiveness, Paragraph 2. Use of Screening Information, requires that information from the risk screening is used to inform housing, bed, work, education and program assignments, the goal of which is to keep separate those inmates at high risk of being sexually victimized from those at high risk for being sexually abusive. Wardens 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” will have to thoroughly review the offender’s history to determine which rating will drive the offender’s housing, programming etc., and the appropriate alert is set.

The facility provided a document entitled “PREA Screening” for the auditor to review. This document, which is essentially a set of procedures for the screening staff to follow, is detailed. It identifies the location for conducting the screening assessment as well as procedures for verifying information on the questionnaire through “SCRIBE” the offender information database. When an inmate is identified as a potential PREA victim, notification procedures are identified to ensure the inmate is placed in appropriate housing.

The facility does not place gay, bisexual, transgender or intersex inmates in dedicated facilities, units or wings solely on the basis of the inmate’s identification or status. The facility is not required by a consent decree, legal settlement or legal judgment to maintain a special wing or housing unit for the purpose of protecting such inmates.

Central State Prison has identified eight (8) PREA-Safe Housing pods for offenders that have been identified as potential

PREA Victims from the PREA assessment that is conducted within 72 hours of arrival. Interviewed staff stated the information derived from the Victim/Aggressor Screening is used to ensure victims and aggressors are kept separate insofar as possible in housing, programs and work details.

Standard 115.43 Protective custody

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

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

Georgia DOC Policy, 208.06, IV.d.3 (a-d) Administrative Segregation, requires that offenders at high risk for sexual victimization are not placed in involuntary segregated housing unless an assessment of all available alternatives has been made and a determination has been made that there is no available alternative means of separation from likely abusers. Additionally, inmates placed in segregated housing for this purpose have access to programs, privileges, education or work opportunities and if restricted the facility documents what has been restricted, the duration of the limitation and the reasons for the limitations.

Inmates are assigned to involuntary segregated housing only until an alternative means of separation from likely abusers can be arranged and such an assignment does not ordinarily exceed a period of 30 days. If the facility uses involuntary segregation to keep an inmate safe, the facility documents the basis for their concerns for the inmate’s safety and the reason why no alternative means of separation can be arranged. Reviews are conducted every 30 days to determine whether there is a continuing need for separation from the general population.

The Pre-Audit Questionnaire documented the facility did not place any inmate in involuntary segregation during the past 12 months. An interview with the Warden indicated he has established eight (8) safe dorms for inmates and his expectation is that an inmate at risk for victimization or retaliation be placed in one of the safe dorms in lieu of administrative segregation. The PREA Compliance Manager related the facility would attempt to place the inmate in one of the safe dorms and in involuntary segregation only as a last resort after all other options for placement had been considered and determined there are no safe alternatives other than administrative segregation. Interviewed staff related that placement in administrative segregation is a last resort and is not the “default” response when an inmate is at risk.

Standard 115.51 Inmate reporting

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

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

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

Inmates have multiple ways to report allegations of sexual abuse or sexual harassment internally and externally and the Department has made available technology enabling them to report to family, friends or others on their approved visitors list. They may report via the hotline, to the Ombudsman, the State Board of Pardons and Parole, to the PREA Coordinator, to staff, friends, family and inmates, via the grievance process, the DOC Tip Line, to the outside Rape Crisis Center/Outside Advocacy Organization, the Director of Victim Services and by telling a trusted staff.

All of the sixteen interviewed inmates reported multiple ways they could report. Every interviewed inmate stated they could report by dialing the PREA Hotline. Several said they could write “PREA”. Most stated they would tell a staff. These included, Correctional Officers I, II’s, Captain, case managers, Deputy Warden of Security, and the Warden. Some inmates related they can drop notes to the warden or fill out requests to see him and he sees them. Inmates stated they could report to a trusted staff, to family via phone, during visitation, or via the JPAY email. Some said they could write a grievance or “drop” a note to staff. Addresses of the Rape Crisis Center are available in the inmate handbook. Interviewed inmates also related they believed if they reported sexual abuse or sexual harassment, the staff would take it seriously and report it.

Standard 115.52 Exhaustion of administrative remedies

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

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

GDOC Policy delineates the agency’s grievance process. Upon enetering 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 so as to preserve their ability to seek judicial redress after exhausting administrative remedies. 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 is 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.

Interviewed inmates and staff were aware that inmates may choose to report allegations of sexual abuse or sexual harassment through the agency’s grievance process. Inmates were asked, during interviews, if they could use a grievance as a way to report sexual abuse and the majority said they could but it would not be the way they would prefer to report. Most of the interviewed inmates did say they thought the staff would take the grievance seriously.

Standard 115.53 Inmate access to outside confidential support services

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

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

Georgia DOC Policy, 208.6, Prison Rape Elimination Act, Sexually Abusiveness Behavior Prevention and Intervention Program, E. Reporting, 3. Inmate Access to outside confidential support services, requires that appropriately trained local staff are identified to provide advocate services to victims of sexual assault.

Information is provided to inmates on how to contact the Department of Corrections Ombudsman Office (address and phone number provided) as well as the mailing address to the Director of Victim Services.

The facility provided a document entitled “WINGS, Sexual Assault Intervention and Prevention Program, Services Available to Incarcerated Persons. This agency provides a 24 hour Crisis Line which is manned by trained staff (according to the notice), has a TTY machine for responding to hearing impaired persons and a contract with the telephone interpreting service for responding to non-English speaking victims. Victims, friends or family can call anytime day or night to ask questions, find out about services, or just to talk. Callers are provided emotional support and information about sexual assault and related issues. Inmates, friends and family may also correspond with the Crisis Center. A mailing address is provided, a web page is identified and the facebook page is provided. WINGS contracts with a Sexual Assault Nurse Examiner to conduct sexual assault exams. They also provide a sexual assault advocate to meet victims at the hospital to provide support and information during the forensic exam. An interview with the Director of WINGS indicated that she would provide the services outlined however she also related that Central State Prison would also use the Macon Rape Crisis Center. The auditor contacted the director of that organization who related that Central State Prison had reached out to her and her organization would provide a 24/7 hotline as well as advocates to respond to meet the inmate and provide emotional support services throughout the exam process. Inmates are also given the address to the ombudsman, an outside entity. Inmates have access to outside confidential support services through the Ombudsman, DOC Victim Services, WINGS and through the Macon Rape Crisis Center.

Standard 115.54 Third-party reporting

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

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

Third Party reports may be made to the Ombudsman’s Office. 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 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 third party and treat it like any other allegation. They would

report it immediately to their immediate supervisor and document the report. Every interviewed inmate indicated they could make a report to their family who could, in turn, make the report on their behalf. Almost all of those who were interviewed named third parties as one way in which they could report sexual abuse or sexual assault.

Standard 115.61 Staff and agency reporting duties

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

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

Department of Corrections Policy, 208.6, Sexually Abusive Behavior Prevention and Intervention Program, F. Official Response Following and Inmate Report, 1. Staff and Department reporting duties, requires staff who witness or receive a report of sexual assault, sexual harassment, or who learn of rumors or allegations of such conduct, must report information concerning incidents or possible incidents of sexual abuse or sexual harassment to the supervisor on duty and write a statement, in accordance with the Employee Standards of Conduct. The highest ranking supervisor on duty who receives a report of sexual assault or sexual harassment is required to report it to the appointing authority or his/her designee immediately. The supervisor in charge is required to notify the PREA Compliance Manager and/or SART Leader as designated by the Local Procedure Directive. Appointing authorities or his/her designee may make an initial inquiry to determine if a report of sexual assault, sexual harassment, is a rumor or an allegation. Allegations of sexual assault, 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 Senior 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. Interestingly the policy also requires staff to be proactive by being aware of the institution or unit climate and the reputations and behaviors of inmates through actively paying attention to things like inmate communications, comments to staff, inmate interactions, changes in inmate behavior, and isolated or “hot” areas of the institution. 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 indicated they have been trained and instructed to report “everything” including suspicions, allegations, knowledge or any reports of sexual abuse or sexual harassment. Every interviewed staff stated they would report all allegations, knowledge, reports or suspicions of sexual abuse or sexual harassment to their immediate supervisor. The majority of interviewed Inmates stated they would report first to a staff, either a correctional officer, case manager, captain, deputy warden for security or the warden. They all stated they had at least some security staff they trusted and to whom they would report.

Reviewed investigation reports indicated that staff do report allegations. One of the reviewed investigations documented a staff member reporting after receiving a “tip” from another inmate.

Standard 115.62 Agency protection duties

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

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

Department of Corrections Policy, 208.6, Prison Rape Elimination Act, Sexually Abusive Behavior Prevention and Intervention Program, F. Official Response Following an Inmate Report, 2. Facility Protection Duties, requires staff to separate the alleged victim and abuser. This requires ensuring the alleged victim is placed in safe housing, which could/may be protective custody in accordance with SOOP IIB09-0001, Administrative Segregation. If an inmate victim is placed in Administrative Segregation the reason for placement is documented in the offender/inmate database, SCRIBE. If the inmate remains in Administrative Segregation for 72 hours the SART (Care and Treatment Staff Member on SART) has to evaluate the victim within the 72 hours. Again, documentation justifying continued segregation is entered into SCRIBE. If the alleged perpetrator is an inmate the inmate is placed in Administrative Segregation with the same notations and within the same time frames, in SCRIBE, as required. If the alleged perpetrator is a staff member, the staff is separated from the alleged victim during the investigation period by reassigning the staff to other duties or another work area, transferring the staff to another institution, suspending the staff with pay pending investigation or temporarily banning the individual from the institution. The facility reported there were two inmates, during the past twelve months, in which the facility determined that an inmate was subject to a substantial risk of imminent sexual abuse.

The Warden, in an interview, stated his facility has identified eight (8) safe dorms in the prison for housing inmates “at risk” of being sexually abused. He related his first choice for protecting a victim would be to place him in one of the safe dorms. He indicated the alleged perpetrator would be placed in administrative segregation until the SART could investigate. If necessary to protect the inmate until more information was secured, the inmate could be placed in administrative segregation however he would be moved out of “involuntary” segregation as quickly as it could be determined the inmate could be safely housed in a dorm. Staff indicated that inmates would rarely be placed in “involuntary” segregation and if they were, it would be until they could be moved to a “safe” place within the facility. Inmates may request protective custody.

Standard 115.63 Reporting to other confinement facilities

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

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

DOC Policy, 208.6, Prison Rape Elimination Act, Sexually Abusive Behavior Prevention and Intervention Program, 3.

Reporting to other Confinement Facilities requires that in cases where there is an allegation that sexually abusive behavior occurred at another Department facility, the Warden/designee of the victim's current facility is required to provide notification to the Warden of the identified institution and the Department's PREA Coordinator. In cases alleging sexual abuse by staff at another institution, the Warden of the inmate's current facility refers the matter directly to the Office of Professional Standards Investigator. The Warden 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 facility reported via the Pre-Audit Questionnaire there were no allegations received from other facilities during the past twelve months.

Interviews with the Warden and Facility PREA Compliance Manager confirmed they are aware of their responsibilities and of DOC policy related to reporting to other facilities when an inmate reports abuse while at another facility. The Warden stated his responsibility would be to contact the Warden at the facility where the inmate alleged abuse and then ensure an investigation is conducted. Likewise he related if he received a report an inmate alleged abuse at his facility, he would cooperate with the receiving facility and initiate an investigation into the allegations. The PREA Compliance Manager and PREA Coordinator related the same processes during their interviews.

Standard 115.64 Staff first responder duties

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

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

Georgia DOC Policy, 208.6, requires that upon learning of an allegation that an inmate was sexually abused, the first security staff to respond to the report is 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 facility provided a detailed facility specific coordinated response plan entitled Central State Prison PREA Local Procedure Directive dated August 14, 2015 and reviewed and approved by the Warden, October 2, 2016.

The Pre-Audit Questionnaire (PAQ) reported 26 allegations that an inmate was sexually abused or sexually harassed during the past twelve months. The facility indicated, again on the PAQ, that there were no occasions during which the security staff member receiving and responding to the report had to separate the alleged victim and alleged perpetrator nor were staff notified within a time period that still allowed for the collection of physical evidence. The PAQ also reported there were no occasions in which the first responder was a non-security staff.

Staff were very knowledgeable of their responsibilities as first responders. Every one of the 18 interviewed random staff articulated every step of the first responding process. All stated they would immediately separate the alleged victim from the alleged perpetrator, ensuring the alleged victim is safe. They would report the incident immediately to their immediate supervisor. They would “seal off” the alleged crime scene and not allow anyone in or out of the room or area. They would get the victim to medical and advise both victim and alleged aggressor not to change clothing, use the restroom, drink, brush their teeth or take a shower. They indicated the SART would be contacted and respond to the scene.

Standard 115.65 Coordinated response

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

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

DOC Policy requires each facility to develop a written institutional plan to coordinate actions taken in response to an incident of sexual abuse, among staff first responders, medical and mental health practitioners, investigators and facility leadership. The plan must be kept current and include names and phone numbers of coordinating parties. The facility provided the Central State Prison PREA Local Procedure Directive. The plan is detailed and specific. Names of all responders include

the Superintendent, Field Operations Manager, TC Coordinator, Senior OPS 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 are in need of housing for their safety.

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 115.66 Preservation of ability to protect inmates from contact with abusers

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

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

Georgia Department of Corrections employees are not members of a union. The Department is not involved in any form of collective bargaining.

Standard 115.67 Agency protection against retaliation

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

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

Both DOC Policy 208.6, Prison Rape Elimination Act, Sexually Abusive Behavior Prevention and Intervention Program and the Central State Prison Local Operating Procedures are 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 in good faith an allegation of sexual abuse or sexual harassment 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. It also 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 Deputy Warden for Security serves as the facility’s retaliation monitor. He stated once an allegation is made he makes contact with the victim or staff/inmate making the report to see if they are concerned about possible retaliation and to let them know that he is going to be monitoring for retaliation and letting them know they can report to him anytime they are feeling retaliation. He said things he would monitor would include movements, detail changes and disciplinary reports. Monitoring, he indicated, would be every 30 days for at least 90 days and beyond if needed.

The facility provided documentation of retaliation monitoring for four inmates. These forms documented retaliation monitoring for 90 days each. On site, the auditor reviewed samples of investigation packages. The packages contained the retaliation monitoring documentation. The retaliation monitor documented on each of those forms 30 day monitoring, 60 day monitoring and 90 day monitoring ending at 90 days if no retaliation has occurred.

Standard 115.68 Post-allegation protective custody

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

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

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

The facility reported, on the Pre-Audit Questionnaire that no inmates have been held in involuntary segregated housing in the past 12 months for one -24 hours awaiting completion of assessment.

Interviews with the Warden, PREA Compliance Manager and Staff supervising inmates in segregation stated there have been no inmates involuntarily placed in protective custody during the past 12 months. If a victim was placed in involuntary segregation for protection, interviewed staff stated the inmate would receive programming, visits from medical and mental health, recreation and any mandated education while in protective custody and if any of those services were not provided, the reasons would be documented in the logbook.

Standard 115.71 Criminal and administrative agency investigations

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

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

Georgia Department of Corrections Policy, 208.6, G. Investigations, describes the investigative process. The Local SART is responsible for initial inquiry and subsequent investigation of all allegations of sexual abuse or sexual harassment with

limitations. In cases where allegations are made against staff and the SART deems the allegation is unfounded or unsubstantiated by evidence of facility documentation, video monitoring systems, witness statements, or other investigative means, the case can be closed at the facility level. The Appointing Authority or designee(s) are required to report all allegations of sexual abuse with penetration and those with immediate and clear evidence of physical contact, to the Office of Professional Standards (OPS) 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. At the conclusion of each SART investigation, all substantiated cases are referred to the 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 SART Investigator indicated he has been trained to conduct sexual abuse/harassment investigations. He also could describe the investigative process. That process was consistent with Georgia Department of Corrections Policies.

Standard 115.72 Evidentiary standard for administrative investigations

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

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

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

An interview with the facility investigator confirmed the standard for determining whether an allegation is substantiated or not is a preponderance of the evidence.

Standard 115.73 Reporting to inmates

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

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

Following an investigation into an allegation of sexual abuse, within 30 days, the facility will notify the inmate of the results of the investigation as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded. DOC Policy requires that notification be completed by a member of the local SART unless the appointing authority delegates to another designee under certain circumstances. Notifications are required to be documented. If an inmate is released from the Department’s custody the Department’s obligation to “notify” the inmate of the outcome of the investigation is terminated. Notifications will comply with the PREA Standards and DOC Policies.

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

The notification form used by the Department notifies the inmate and documents whether the allegations were substantiated, unsubstantiated, unfounded or referred to the OIC. It also notifies the inmate if the staff is no longer posted within the inmate’s unit, the staff member is no longer employed at the facility, the staff member has been indicted on a charge related to sexual abuse within the facility, the staff member has been convicted on a charge related to sexual abuse within the facility, the alleged abuser has been indicted on a charge related to sexual abuse within the facility or the alleged abuser has been convicted on a charge of sexual abuse within the facility. The form is then signed by the inmate and the SART Member making the notification. Prior to the on-site audit the facility provided examples of notifications to inmates. One notified the inmate that the other inmate had been indicted on a charge related to sexual abuse within the facility. Another notified the inmate the investigation found the allegation to be unsubstantiated. Additional notifications were documented in the investigation files reviewed by the auditor.

The Pre-Audit Questionnaire reported 26 allegations of sexual abuse within the past twelve months and that 26 notifications were made to inmates regarding the results of those investigations. It also reported there were no allegations investigated by an outside agency during the past twelve months.

Interviewed SART staff related they would notify the inmate of the outcome of the investigation.

Standard 115.76 Disciplinary sanctions for staff

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion

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

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

The Warden related if a staff member had a substantiated case of sexual abuse the staff would be terminated and referred for prosecution. The facility has had one substantiated allegation involving a staff in the past twelve months. The facility terminated the employee and provided a copy of the warrant for the employees arrest.

Standard 115.77 Corrective action for contractors and volunteers

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

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

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

The Pre-Audit Questionnaire reported there were no contractors or volunteers who engaged in any violations of agency sexual abuse or sexual harassment policies and none who were obviously then reported to law enforcement or to licensing bodies.

The Warden stated if a contractor or volunteer engaged in sexual abuse, they would immediately be prohibited from further contact and would not be allowed in the prison. They would be reported to local law enforcement and referred for prosecution if warranted.

Standard 115.78 Disciplinary sanctions for inmates

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

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

Consensual sexual activity between inmates is prohibited and inmates may be subject to disciplinary action for such activity. Consensual sexual activity, while not sexual abuse, is considered a disciplinary issue. Inmates are subject to a disciplinary sanctions 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 Pre-Audit Questionnaire reported that there were 26 allegations of sexual abuse or sexual harassment made by inmates during the past twelve months. It also reported there was one case of inmate on inmate abuse that resulted in criminal findings of inmate on inmate sexual abuse.

The Warden related an inmate violating sexual abuse or sexual harassment policies would be disciplined in compliance with the inmate disciplinary code unless the violation was criminal, in which case the inmate would be referred to local law enforcement and if substantiated referred for prosecution.

The auditor reviewed a sample of investigation reports packages. Four of the reviewed investigation files contained documentation to confirm the inmate was written up on a disciplinary report.

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

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

- Does Not Meet Standard (requires corrective action)

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

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

If the screening process indicates an offender has previously perpetrated sexual abuse whether it occurred in an institutional setting or in the community, staff ensure that the offender is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening.

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

Interviews with medical and mental health staff indicated that they obtain informed consent from offenders before reporting information about prior sexual victimization that did not occur in an institutional setting.

Interviewed inmates reporting prior victimization stated they were offered a follow up with mental health staff.

Standard 115.82 Access to emergency medical and mental health services

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

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

DOC Policy, 208.6, Prison Rape Elimination Act, requires the facility to provide prompt and appropriate medical and mental health services in compliance with this standard. It requires SART to arrange for immediate medical examination of the alleged victim, followed by a mental health evaluation within 24 hours. Medical Staff are required to contact the appropriate Sexual Assault Nurse Examiner, who will respond as soon as possible, but within 72 hours of the time the alleged assault occurred to collect forensic evidence. The facility has made arrangements for the examination and treatment is provided at no cost to the inmate. The facility provided the agency's procedures for SANE Nurse Evaluation/Forensic Collection. This document provides detailed procedures beginning with the initial report of sexual abuse or assault. Medical staff are charged with conducting an initial assessment of the offender to determine if there is evidence of physical trauma requiring immediate medical intervention in accordance with good clinical judgment. Medical staff immediately initiate all necessary urgent/emergent treatment for bleeding, wounds and other traumas. They then complete the Nursing Protocol Assessment form for alleged sexual assault. Facility clinicians document physical examinations in the progress notes. When PREA Audit Report

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.

Documentation was provided to indicate that inmates alleging sexual abuse are seen by medical immediately and additional documentation indicated that mental health assessments are conducted within 24 hours following the allegation.

Interviews with medical staff confirmed they would be responsible for addressing any injuries requiring immediate attention and attempting to protect potential evidence and for arranging the forensic exam. They indicated they would also then be responsible for providing STD prophylaxis as ordered by the prison's physician. Mental health staff indicated they are responsible for crisis intervention and mental health assessment within 24 hours.

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

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

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

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

Standard 115.86 Sexual abuse incident reviews

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

relevant review period)

- Does Not Meet Standard (requires corrective action)

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

DOC Policy, 208.6, Prison Rape Elimination Act, J. Data Collection and Review, 1. Sexual abuse incident reviews requires the facility to conduct a sexual abuse incident review within 30 days after the conclusion of every sexual abuse investigation, substantiated and unsubstantiated. The review team will include the SART and will include input from upper management as well as input from line supervisors and other staff, where practical. Team members consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect or respond to sexual abuse; consider 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; examine the area where the incident allegedly occurred to assess whether physical barriers in the area enabled the abuse; assess the adequacy staffing levels in the area during different shifts; assess whether monitoring technology should be deployed or augmented to supplement supervision by staff and prepare a report of findings, including, but not limited to , determinations regarding all of the above and any recommendations for improvements, and submit the report to the Warden/Designee or PREA Compliance Manager.

The facility reported four (4) investigations of criminal and/or administrative investigations of alleged sexual abuse completed at the facility during the past twelve months (excluding unfounded incidents). They also reported that four (4) sexual abuse incident reviews within thirty (30) days of the conclusion of the sexual abuse investigation were conducted. The facility provided a Sexual Abuse Incident Review Checklist. This form documented consideration of all the required factors and elements required by the standards. The review addressed the need for video monitoring technology in specified areas. Members of the team signed their names (with titles) indicating they participated in the incident review. Review by the warden/desinee was documented as well. The Incident Review is required to be sent to the PERA Compliance Manager. The PREA Compliance Manager also participated in the Incident Review.

The auditor reviewed the incident reviews and all were documented as required.

Interviews with members of the Incident Review Team, including the Warden confirmed the review process. The SART meets monthly and considers all allegations of sexual abuse or sexual harassment and conducts the incident reviews for investigations of sexual abuse. It was evident from the interviews that these staff have been trained and are knowledgeable of the process.

Standard 115.87 Data collection

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

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

The Georgia Department of Corrections collects accurate and uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions and aggregates the incident-based sexual abuse data at least annually. The incident based data collected is based on the most recent version of the Survey of Sexual Violence conducted by the US Department of Justice. The department maintains, reviews and collects data as needed from all available incident-based documents, including reports, investigation files and sexual abuse incident reviews. Information is also secured from every facility, including private facilities with whom, DOC contracts for the confinement of inmates. Upon request, DOC provides data from the previous calendar year to the US Department of Justice no later than June 30th. The auditor reviewed the most recent Georgia Department of Corrections Annual Report. The Agency issues annual PREA reports and posts them on the DOC Website. The auditor reviewed the 2015 Georgia Department of Corrections Prison Rape Elimination Annual Report. The report was detailed and comprehensive. The report indicated that the Georgia DOC has 34 prisons, 13 transitional centers, 9 probation detention centers, 5 substance abuse and integrated treatment facilities and 4 private prisons. Data is collected from each of the facilities and aggregated. The report provided data regarding the total number of allegations from all facilities and then it breaks the allegations down into those that were substantiated, unsubstantiated and unfounded. A chart then breaks down the data by facility. The 2015 report indicated there was a 58% increase in allegations reported and this was attributed to better reporting. An increase in substantiated cases was noted and attributed to better trained investigators. The report concluded with a breakdown of PREA related initiatives in each of the Georgia Department of Corrections facilities.

An interview with the Georgia DOC PREA Coordinator indicated 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 115.88 Data review for corrective action

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

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

The Georgia Department of Corrections requires each facility to conduct incident reviews at the conclusion of each sexual abuse allegation investigation if the allegations are founded or unsubstantiated. The purpose of this is to determine what the motivation for the incident was and to assess whether there is a need for corrective actions including additional staff training, staffing changes or requests for additional video monitoring technology or other actions to help prevent similar incidents in the future. Likewise the agency reviews data collected to assess and improve the effectiveness of its sexual abuse prevention, detection and response policies, practices and training, including identifying problem areas; taking corrective action on an ongoing basis and preparing an annual report of its findings and corrective actions for each facility and the DOC as a whole. The department has a dedicated staff person whose job it is to collect and analyze the data. The reviewed 2015 annual report identified initiatives at each DOC facility to improve and enhance the facility and agency’s approach to prevention, detection, responding and reporting sexual abuse and sexual harassment. Annual reports are posted on the Georgia Department of Correction’s Website.

Standard 115.89 Data storage, publication, and destruction

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

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

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

February 17, 2017

Auditor Signature

Date