

## Prison Rape Elimination Act (PREA) Audit Report Community Confinement Facilities

Interim       Final

Date of Report    February 22, 2018

### Auditor Information

Name: Robert Lanier	Email: rob@diversifiedcorrectionalservices.com
Company Name: Diversified Correctional Services, LLC	
Mailing Address: 1825 Donald James Rd	City, State, Zip: Blackshear, GA 31516
Telephone: 912-281-1525	Date of Facility Visit: January 11, 2018

### Agency Information

Name of Agency: Georgia Department of Corrections		Governing Authority or Parent Agency (If Applicable): Click or tap here to enter text.	
Physical Address: 300 Patrol Road		City, State, Zip: Forsyth, Ga 31029	
Mailing Address: 309 Patrol Road		City, State, Zip: Forsyth, Ga 31029	
Telephone: 478-992-5105		Is Agency accredited by any organization? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
The Agency Is:	<input type="checkbox"/> Military	<input type="checkbox"/> Private for Profit	<input type="checkbox"/> Private not for Profit
<input type="checkbox"/> Municipal	<input type="checkbox"/> County	<input checked="" type="checkbox"/> State	<input type="checkbox"/> Federal

**Agency mission:** The Georgia Department of Corrections protects the public by operating secure and safe facilities while reducing recidivism through effective programming, education, and healthcare.

**Agency Website with PREA Information:**  
http://www.dcor.state.ga.us/Division/ExecutiveOperations/PREA\_contact

### Agency Chief Executive Officer

Name: Gregory Dozier	Title: Commissioner
Email: greg.dozier@gdc.ga.gov	Telephone: 478-992-5261

### Agency-Wide PREA Coordinator

Name: Grace Atchison	Title: GDC Statewide PREA Coordinator
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<b>Email:</b> grace.atchison@gdc.ga.gov	<b>Telephone:</b> 678-332-6066
<b>PREA Coordinator Reports to:</b> Sharon Shaver, Office of Professional Standard Compliance Unit	<b>Number of Compliance Managers who report to the PREA Coordinator</b> Click or tap here to enter text.

### Facility Information

<b>Name of Facility:</b> Coastal Transitional Center
<b>Physical Address:</b> 309 Stiles Avenue, Savannah, GA 31415
<b>Mailing Address (if different than above):</b> Click or tap here to enter text.
<b>Telephone Number:</b> 912-651-0900

<b>The Facility Is:</b>	<input type="checkbox"/> Military	<input type="checkbox"/> Private for Profit	<input type="checkbox"/> Private not for Profit
<input type="checkbox"/> Municipal	<input type="checkbox"/> County	<input checked="" type="checkbox"/> State	<input type="checkbox"/> Federal
<b>Facility Type:</b>	<input type="checkbox"/> Community treatment center	<input type="checkbox"/> Halfway house	<input type="checkbox"/> Restitution center
	<input type="checkbox"/> Mental health facility	<input type="checkbox"/> Alcohol or drug rehabilitation center	
	<input checked="" type="checkbox"/> Other community correctional facility		

**Facility Mission:** To protect the public by providing community residential services to inmates prior to their discharge or parole from incarceration.

**Facility Website with PREA Information:**  
[http://www.dcor.state.ga.us/Division/ExecutiveOperations/PREA\\_contact](http://www.dcor.state.ga.us/Division/ExecutiveOperations/PREA_contact)

**Have there been any internal or external audits of and/or accreditations by any other organization?**  Yes  No

### Director

<b>Name:</b> Mauro Sinkford	<b>Title:</b> Superintendent
<b>Email:</b> mauro.sinkford@gdc.ga.gov	<b>Telephone:</b> 912-651-0929

### Facility PREA Compliance Manager

<b>Name:</b> Charles Bennett	<b>Title:</b> Counselor
<b>Email:</b> charles.bennett@gdc.ga.gov	<b>Telephone:</b> 912-651-0900

### Facility Health Service Administrator

<b>Name:</b> N/A Host Facility Coastal State Prison	<b>Title:</b> Click or tap here to enter text.
<b>Email:</b> Click or tap here to enter text.	<b>Telephone:</b> Click or tap here to enter text.

<b>Facility Characteristics</b>			
Designated Facility Capacity: 262		Current Population of Facility: 258	
Number of residents admitted to facility during the past 12 months:			444
Number of residents admitted to facility during the past 12 months who were transferred from a different community confinement facility:			46
Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for 30 days or more:			444
Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:			444
Number of residents on date of audit who were admitted to facility prior to August 20, 2012:			0
Age Range of Population:	<input checked="" type="checkbox"/> Adults 19 - 62	<input type="checkbox"/> Juveniles Click or tap here to enter text.	<input type="checkbox"/> Youthful residents Click or tap here to enter text.
Average length of stay or time under supervision:			12 – 15 months
Facility Security Level:			Transitional Center
Resident Custody Levels:			Close, Med, Min
Number of staff currently employed by the facility who may have contact with residents:			40
Number of staff hired by the facility during the past 12 months who may have contact with residents:			4
Number of contracts in the past 12 months for services with contractors who may have contact with residents:			0
<b>Physical Plant</b>			
Number of Buildings: 1		Number of Single Cell Housing Units: 46	
Number of Multiple Occupancy Cell Housing Units:		0	
Number of Open Bay/Dorm Housing Units:		0	
Description of any video or electronic monitoring technology (including any relevant information about where cameras are placed, where the control room is, retention of video, etc.):			
14			
<b>Medical</b>			
Type of Medical Facility:		Not a medical facility; Nurse M-F	
Forensic sexual assault medical exams are conducted at:		Coastal State Prison	
<b>Other</b>			
Number of volunteers and individual contractors, who may have contact with residents, currently authorized to enter the facility:			0
Number of investigators the agency currently employs to investigate allegations of sexual abuse:			88



# Audit Findings

## Audit Narrative

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

### Pre-Audit Activities

**Notice of PREA Audit:** The Notice of PREA Audit for the Coastal Transitional Center, located in Garden City, Georgia, in the Savannah Metro Area was forwarded to the Georgia Department of Corrections PREA Coordinator December 1, 2018, seven weeks prior to the on-site audit, for posting in the PDC. The PREA Coordinator instructed via email to the facility, to post the notices in areas accessible to offenders, staff, contractors, and visitors. The purpose of the posting of the Notice is to allow anyone with a PREA issue or concern, or an allegation of sexual abuse or sexual harassment to correspond, confidentially, with the Certified PREA Auditor. The auditor did not receive any correspondence as a result of that posting. On-site the Notice of PREA Audit was observed posted throughout the facility and on the streaming slides and video on a large monitor in the large multipurpose/dining room.

**Pre-Audit Questionnaire/ Flash Drive Review:** The agency's PREA Coordinator, in an email to the PREA Compliance Manager of Probation Detention Center advised that the Pre-Audit Questionnaire and flash drive with Georgia Department of Corrections' policies and procedures, local operating procedures and directives, and other supporting documentation should be forwarded to the auditor not later thirty (30) days prior to the onsite audit. The reviewed flash drive contained some information specific to facility operations and PREA as implemented in that facility. The auditor developed and forwarded a comprehensive list of the documentation that would be needed for review during the on-site audit to assess practice. The PREA Coordinator and the PREA Compliance Manager were always responsive to any request and assured the auditor the information would be made available.

**Outreach to Outside Advocates:** The auditor contacted the Rape Crisis Center of the Coastal Empire to determine the interactions, if any, the center has had with the Transitional Center. The Executive Director related the agency has not received any calls from any of the inmates at the prison. She described the services her agency could provide and indicated she is a certified advocate and would be available to accompany a victim during the forensic exam and following. The hotline number provided in the Memo describing the services she could provide, she indicated, was the hotline number to RAINs, who, she said, would then route the call to the nearest available advocate. The auditor suggested to the PREA Compliance Manager that he might be able to comprehensive advocacy services from the Lily Pad Rape Crisis Center in Albany, Georgia. The auditor placed a call to the clinical director to see if he agency would consider providing advocacy services via phone to inmates who might want to talk to someone about sexual abuse either previously or that may have occurred in the facility. She agreed to discuss the possibilities with the PDC PREA Coordinator.

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

Additionally, the morning of the audit, the auditor had previously requested and received, a list of detainees listed by housing units to enable the auditor to select inmates from each living unit. The PREA Compliance Manager, Superintendent, and counselors stated the facility did not have any transgender inmates, youthful detainees, any detainees who had experienced sexual abuse at this facility and did not recall any who had reported prior victimization during the initial victim/aggressor assessment. The auditor communicated with the agency’s PREA Unit, PREA Analyst and requested a list of detainees who were physically disabled, Limited English Proficient, or who had reported either sexual abuse at this center or who had experience prior sexual victimization during the initial victim/aggressor assessment or reassessment. The auditor reviewed 25 initial assessments and 25 reassessments and did not locate any detainees disclosing prior sexual victimization. The PREA Analyst reported via email that the PREA Unit did not receive any hotline calls from the PDC during the past 12 months. He was able to secure information that identified a gay detainee and 4 detainees disclosing prior victimization during the assessment process. An additional interview with a counselor identified a mentally challenged detainee and a cognitively challenged detainee.

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

The auditor arrived at the facility at 0730 January 11, 2018. Processing through the security area of the lobby of the facility included providing identification, signing in, and going through the metal detector, while the auditor’s equipment and belongings were searched by a Correctional Officer. Following a brief meet and greet with the PREA Compliance Manager and Assistant Statewide PREA Coordinator, the auditor randomly selected staff for interviews and began interviews. The site review was conducted on January 10, 2018 later in the evening to facilitate the on-site process the next two days.

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

During the site review the auditor made numerous observations, including the posting of Notices of PREA Audits, PREA Related Posters, and TIP Posters (with phone numbers to call to report any concern or condition), notices advising inmates that male staff routinely work in the facility, locations of showers and privacy issues, if any, grievances and grievance boxes, requests forms and boxes for requests, configuration of living units, capacities of dorms, observations of blind spots, camera deployment, the use of mirrors to mitigate blind spots, staffing levels, supervision of inmates, accessibility to telephones, accessibility to KIOSKS and Tablets, instructions for using the phones to report sexual abuse.

### **Staff and Contractor Interviews**

#### **Randomly Selected: (14)**

The provided staffing roster contained a list of 39 staff. The auditor selected at random staff representing areas other than security in an attempt to get a cross-section of staff. Fourteen (14) staff were randomly selected. Of those, nine (9) were security staff, including line staff and supervisors. One

staff selected was a newly employed “Cadet” (security). Other staff included one (1) counselor; one (1) financial clerk; one (1) employment specialist; and one (1) employment manager.

### **Specialized Staff and Contractors: (18 Interviews)**

This facility does not have any contractors other than the medical staff. This facility has a total of thirty-nine (39) staff therefore they often overlap in the performance of their duties. The auditor selected and interviewed the following special category/specialized staff.

- Agency Head Designee (previous interview)
- Agency PREA Coordinator (previous interview)
- Assistant Agency PREA Coordinator (previous interview)
- Agency Contract Manager Designee (previous interview)
- Superintendent
- Assistant Superintendent
- PREA Compliance Manager
- Human Resource Manager and Staff (at Coastal State Prison-the host facility, Coastal State Prison is responsible for conducting the background checks)
- Intake Staff
- Counselor conducting victim/aggressor assessments
- Investigator
- Upper Level Staff conducting unannounced rounds
- Facility Nurse (Contracted)
- Incident Review Team Member
- Retaliation Monitor
- SANE
- Advocate; Rape Crisis Center of the Coastal Empire
- First Responders (security and non-security)

This facility does not house youthful offenders. The facility does not have a segregation unit.

### **Inmate Interviews (Total of 20; Random (20));**

The auditor requested and received an alpha roster of all detainees at the facility. From this list the auditor selected a total of twenty (20) residents. Twenty (20) were formally interviewed and an additional eleven (11) were interviewed informally during the site review and during the two-day on-site audit. The Transitional Center does not house youthful offenders. There were no Limited English Proficient residents; nor were there any deaf or hard of hearing or visually impaired. Lastly there were no residents at the facility who had ever reported sexual abuse or sexual harassment at the facility. This information was confirmed through a review of 25 victim/aggressor assessments; 25 victim/aggressor reassessments; interviews with staff and inmates and observations made during the on-site audit. Additionally, the Superintendent provided the auditor a memo confirming that there were none of the above “targeted” residents being housed at the facility at this time.

**Informal Interviews:** Additionally, 11 residents from different rooms and various work assignments were interviewed. These interviews focused on such issues as staffing in the living units, searches, privacy while showering and using the restroom, and how to report allegations of sexual abuse and sexual harassment. This facility does not have any segregated housing. Any resident who requires

segregation would be, according to the Superintendent, be transferred to the Coastal State Prison, the host facility for the transitional center.

The auditor did not receive any correspondence from any detainee. Notices of PREA Audit were observed posted in the facility, accessible to detainees, staff, visitors, contractors, and volunteers. Too, the auditor observed the Notice of PREA Audit streaming along with other PREA related information on the large monitor in the multipurpose/dining room.

### **Testing of Processes**

The auditor requested the Assistant PREA Coordinator conduct a test of a PREA phone. A message was left with the Hotline Staff; the PREA Unit's PREA Analyst, requesting he email the auditor confirming the call. The email confirming the call was received the next morning after the call was placed.

The auditor selected two (2) six-man bedrooms and asked the staff to pull the victim/aggressor assessments for all residents in each bedroom. A total of 12 assessments were reviewed. There were no cases in which a potential victim was housed with a potential aggressor.

### **Documents and Files Reviewed**

**Facility Staffing Plan Annual Review:** The auditor reviewed the staffing plan for the facility for the year

2017.

**Facility Log Books and Duty Officer Log Books:** Twelve pages (12) reflecting PREA rounds by upper level management serving as duty officers.

**Certificates of Training/PREA Acknowledgment Statements Staff:** One (1) NIC Certificate for Medical Staff; Healthcare for Victims of Sexual Abuse and one (1) NIC Certificate documenting specialized training in conducting investigations in confinement settings.

**Communicating Effectively with LGBTI Inmates:** All staff are required to have attended Communicating Effectively and Professionally with LGBTI Inmates. Sampled certificates were provided. Interviews with staff confirmed that staff have completed the NIC Online Training: Communicating Effectively and Professionally with LGBTI Inmates.

**PREA Acknowledgment Statements Inmates:** Twenty-five (25) Prison Rape Elimination Act Orientation Video Acknowledgment Statements were reviewed. Twenty-five (25) Orientation Checklists were reviewed as well to document the PREA Training during Orientation.

**MEMO from the Rape Crisis Center of the Coastal Empire Need of God's Safety:** The Rape Crisis Center of the Coastal Empire agrees to provide rape crisis services and an advocate to accompany the resident through the forensic process.

**Certificates of Specialized Training: National Institute of Corrections (NIC):** One (1) certificate documenting specialized training provided by the NIC for Investigating Sexual Abuse in Confinement Settings; and one (1) certificate documenting medical staff completing the NIC Specialized Training, for healthcare providers in response to sexual abuse in confinement settings.



## **Victimization/Aggressor Assessments: (25)**

## **Victimization/Aggressor Reassessments: (25)**

**Incident Reports:** (17) The auditor reviewed all of the incident reports for the past year. None of them involved PREA related issues.

**Grievances:** The auditor reviewed nine (9) grievances representing every grievance filed during the past 12 months. The most frequent issue was the resident's account and property.

**Investigations:** There were no incidents involving sexual abuse or sexual harassment in the past 12 months and beyond.

**Notifications to Inmates:** There were no allegations of sexual abuse. Staff were able to articulate the process for notifying residents of the outcome of investigations.

**Coordinated Response Plan:** Reviewed Local Directive for the Coastal Transitional Center and the Sexual Abuse Response Checklist.

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

### **Follow-Up Required**

1. **Issue:** The Coastal State Prison serves as the host facility for the Coastal Transitional Center. As the host facility, they were responsible for conducting background checks for staff at the transitional center however when they were asked to pull ten randomly selected personnel files documenting background checks four of ten did not have a current background check. Staff indicated they former human resource staff left and they are in the process of putting things back together. They were sure the checks were done but could not locate them at that time.

**Remediation:** The Coastal State Prison was required to run background checks of all employees at the transitional center and to conduct them at each promotion.

**Completion of Corrective Action:** Coastal State Prison provided documentation that all 39 employees have completed background checks.

2. **Issue:** The Coastal State Prison, the host facility for the Coastal Transitional Center, could not locate Applicant Verification Forms for employees. The Human Resources Staff at Coastal are newly employed. The Prison, as host facility, is responsible for conducting background checks.

**Remediation:** Coastal Transitional Center will be responsible for completing and retaining the Applicant Verification Forms for their employees.

**Completion of Corrective Action:** The facility provided thirty-eight (38) Applicant Verification Forms. Two employees who are on extended family leave. In the future, the Coastal Transitional Center will be responsible for maintaining everything but the background check. Background checks for security staff have always been annually, to coincide with their recertification at the firing range for the Peace Officers Standards Training certification. Based upon a recommendation as a best practice and a directive from the Warden, background checks of all employees will be annually.

## **SITE REVIEW**

The Superintendent led the auditor, accompanied by the Assistant Statewide PREA Coordinator, was escorted on a complete review of the entire facility,

The auditor reviewed the entire facility. This unit is housed in a large building that was formerly a warehouse. There are four (4) hallways with a total of 46 bedrooms. Bedrooms house either four, six or eight residents. Each bedroom is furnished with bunk beds and storage.

The administrative area is neat, clean and neatly decorated. It contains eleven (11) rooms; six (6) offices, a storage room, conference room, staff kitchen, staff bathroom and a utility closet.

The counseling hallway contains 12 bedrooms, eight (8) offices, a utility closet, staff bathroom, a waiting area and a staff breakroom. The counseling offices had windows enabling viewing inside the offices. There was also a ¼ mirror mounted in the hallway to enable viewing around the hall.

Showers and commodes provide privacy using half walls and a curtain. There are five commodes on one wall and four on another wall, all separated by stalls of half walls. Although there are multiple (four) shower heads, residents consistently reported in their interviews that they have privacy while using the restroom and that only one inmate showers at a time, with everyone respecting everyone else's privacy. One hundred percent (100%) of the interviewed residents stated they are never naked in full view of staff, except for same gender strip searches.

Cameras were observed throughout this facility. Cameras were placed liberally and strategically throughout the facility. This small facility has a total of 14 cameras. Cameras cover most of the blind spot areas and where cameras are not placed, often mirrors are used to mitigate viewing. The cameras can be viewed in the main control room by correctional offices. These may also be viewed by the Chief of Security and Superintendent to monitor supervision of residents and staff.

Storage areas and closets were generally within camera coverage. There are two laundry rooms and each one has a window facilitating viewing. The barbershop has a window in the door enabling viewing.

There are two control rooms and cameras can be viewed from the control room.

The dining area is a large multipurpose room viewed from the hall in the administrative area. Meals are prepared and brought to the facility from Coastal State Prison. In the dining room a video monitor streams information for residents. That information includes PREA related information.

PREA information is posted throughout the facility and accessible to all residents. Notice of PREA Audit were observed posted throughout the facility. PREA Phones were observed to be accessible in the Day

Room. The auditor tested the phone by making a “Test” call to the PREA Hotline. The call was confirmed via email from the PREA Analyst.

The facility has a recreation yard behind the building

Anytime a change to the physical layout of the facility is considered, the GDC Statewide PREA Coordinator is consulted to ensure the changes do not interfere with the PREA Standards and sexual safety of residents.

Eleven residents were informally interviewed during the site review. All the interviewed residents stated they were provided PREA information on admission; named multiple ways to report and stated that they believed the staff would take any report of sexual abuse or sexual harassment seriously and do something about it. They all reiterated they have seen the PREA Video in each one of the Georgia Prisons they have been in.

## Facility Characteristics

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

The Coastal Transitional Center is a 262-bed male Community Transitional Facility. The physical layout of the facility consists of four (4) hallways; 46 bedrooms with each room containing double bunks housing between four (4) and twelve (12) residents in each room.

The facility has a recreation yard behind the building. The administrative area contains eleven (11) rooms, six (6) offices, a storage room, conference room, staff kitchen, staff bathroom, and a utility closet.

The counseling hallway contains 12 bedrooms, eight (8) offices, a utility closet, staff bathroom, a waiting area and a staff breakroom. The counseling offices had windows enabling viewing inside the offices. There was also a ¼ mirror mounted in the hallway to enable viewing around the hall.

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Coastal has a total of 40 full-time positions. The current staffing level is 38 and two (2) correctional officer positions are vacant. The facility staffing analysis is conducted by the officials from the GDC. Essentially this analysis examines the priority one posts and takes into account a relief factor for covering such things as annual and sick leave. Once the staffing analysis has been done, the facility decides on the deployment of those staff as best fits the needs of the facility while ensuring all priority one posts are covered 24/7 without deviation.

The facility is also staffed with five (5) Counselors and two (2) Employment Managers. These staff have altered work schedules to ensure their availability to residents who are employed during the day. When meeting with residents these staff do so in their offices but only with other staff members in the area. S

The resident population of the transitional center is composed of adult males who are serving felony prison sentences. Georgia inmates are eligible for placement in a Transitional Center once they are within 15 months of their earliest dates. Coastal Transitional Center has eight (8) residents designated as Long-Term Maintenance (LTM). Georgia inmates are eligible for LTM program when they are within 42 months of their earliest dates. There are no restrictions regarding the type and number of felony convictions inmates have.

All the other residents are considered "Work Release" and these are seeking employment or are employed. Some of the residents have more than one job.

Coastal Transitional Center has nineteen (19) cameras deployed throughout the center to deter and prevent incidents, including PREA incidents. They are also monitored in the main control by correctional officers. They are also utilized by the Chief of Security and Superintendent for supervision of staff and residents.

Residents may receive routine health care at the facility. These services are available on-site only during normal business hours. After hours residents, needing medical services, either go to community providers or may be taken to Coastal State Prison, the host facility where medical services are available 24/7.

Food is prepared at the host facility and brought to the transitional center for serving.

## Summary of Audit Findings

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

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

**Number of Standards Exceeded:** 03

115.211; 115.251; 115.287

**Number of Standards Met:** 38

115.212; 115.213; 115.215; 115.216; 115.217; 115.218; 115.221; 115.222; 115.231; 115.232; 115.233; 115.234; 115.235; 115.241; 115.242; 115.252; 115.253; 115.254; 115.261; 115.262; 115.263; 115.264; 115.265; 115.266; 115.267; 115.271; 115.272; 115.273; 115.276; 115.277; 115.278; 115.282; 115.283; 115.286; 115.288; 115.289; 115.401; 115.403

**Number of Standards Not Met:** 0

0

## Summary of Corrective Action (if any)

Coastal State Prison is the host facility for the transitional center and therefore is responsible for conducting background checks for the transitional center. Four of ten pulled files did not contain documentation to confirm background checks. The HR Staff stated there has been a turn-over in human resources staff and they were not sure where the transitional center’s background checks were being maintained. The files also did not contain the Applicant Verification Forms documenting that applicants had been asked the PREA related questions. It is acknowledged that most of the transitional staff were hired prior to the implementation of PREA. Nevertheless, there were no verification forms in the files that could be found.

The Agency PREA Coordinator and Warden were advised of the finding. The Agency PREA Coordinator required the facility to conduct new background checks of all employees at the transitional center and to maintain the files for background checks at the Coastal State Prison. The Transitional Center was told to complete new applicant verification forms for all employees.

Staff were required to be retrained in the procedures, including the directive from the Warden that background checks on all non-security personnel, just as all security personnel will be background checked annually.

On February 16, 2018 documentation was provided to confirm that human resources staff at Coastal State Prison have been retrained in conducting background checks annually and on promotions, employees at the Coastal Transitional Center have had their annual background checks and documentation was also provided confirming that all of the staff at the transitional center with the exception of two employees who are on extended family leave, have completed new Applicant Verification Forms.

## PREVENTION PLANNING

### Standard 115.211: Zero tolerance of sexual abuse and sexual harassment; PREA coordinator

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

#### 115.211 (a)

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

#### 115.211 (b)

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

#### Auditor Overall Compliance Determination

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

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

### Instructions for Overall Compliance Determination Narrative

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

**Policy and Documents Reviewed:** Georgia Department of Corrections (GDC) Policy 208.6, Prison Rape Elimination Act-PREA, Sexually Abusive Behavior Prevention and Intervention Program; The Resident Handbook (PREA); PREA Pamphlets; 25 PREA Acknowledgment Statements; 25 Orientation Checklists; Pre-Audit Questionnaire.

**Interviews:** Statewide PREA Coordinator; Assistant Statewide PREA Coordinator, Superintendent, PREA Compliance Manager; Interviews with 14 Randomly selected staff; 18 special category staff; and 20 randomly selected and special category residents.

**Observations:** Zero Tolerance Posters located throughout the facility; PREA Pamphlets posted throughout the facility; Streaming Video with PREA related information.

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

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

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

Coordinator confirmed that she has sufficient time with the assistance of her assistant PREA Coordinator, to perform her PREA related duties. The newly hired Assistant PREA Coordinator also has a number of years of experience of institutional work. An interview with the Assistant PREA Coordinator also indicated that he too is knowledgeable of PREA and having worked in a secure facility has a unique perspective of how to implement PREA in that setting.

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

Another indication of the Department's commitment to PREA was indicated in an interview with the Agency's Americans with Disabilities Act Coordinator. In an interview, she related the Department's efforts to provide residents who are hearing impaired or limited English proficient with the tools they need to understand PREA.

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

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

The PREA Compliance Manager at the Coastal Transitional Center is the lead counselor who reports directly to the Superintendent. The PREA Compliance Manager is an experienced staff person who obviously understands PREA and how to implement it in this facility. He has been involved with PREA prior to the first PREA Audit.

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

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

Zero Tolerance is reflected in multiple documents, including PREA Acknowledgment Statements for staff, contractors, volunteers and residents. Posters in this facility are neatly displayed behind frames



and on attractive and orderly bulletin boards. Posters were observed in every building, every living unit and in areas like the barbershop and others.

The Resident Handbook (PREA) asserts that the GDC fully supports the Prison Rape Elimination Act and is committed to a zero-tolerance policy against sexual violence. The handbook, on page 24, asserts the agency has established a zero-tolerance policy for sexual assault and misconduct in its institutions.

Residents, staff and contractors are trained in the zero-tolerance policy. The facility does not have any volunteers. The facility provided 20 PREA Acknowledgment Statements confirming staff have been trained in PREA. The PREA Acknowledgment Statements for Employees and Unsupervised Contractors and Volunteers affirms that they have received training on the Department's Zero Tolerance Policy on Sexual Abuse and Sexual Harassment and that they have read to GDC Standard Operating Procedure 208.06, Sexually Abusive Behavior Prevention and Intervention Program. They also acknowledge that violation of the policy will result in disciplinary action, including termination or being banned from entering any correctional institution. Twenty (20) Orientation Checklists and Acknowledgment Statements confirmed the agency has a zero tolerance for all forms of sexual abuse, sexual harassment and retaliation.

**Discussion of Interviews:** An interview with the Superintendent indicated he is very knowledgeable of PREA and the agency's PREA Policy. He is also committed to sexual safety and this is evidenced by the intake/orientation process as well as the streaming video educating residents on PREA as well as training staff. The PREA Compliance Manager is a veteran Georgia Department of Corrections Employee. He is familiar with PREA and the PREA Standards. He easily described how he and the staff implement PREA and what actions they take to address any PREA related issues. He also stated the facility has not had any allegations of sexual abuse or sexual harassment during the past year and could not remember the last allegation the facility has had.

The interviewed Statewide PREA Coordinator and Assistant Statewide PREA Coordinator confirmed the Department's commitment to implementing PREA and improving the program on a continuous basis. Training for PREA compliance managers and Sexual Assault Response Teams were discussed as well. This training is provided and required several times a year or more.

The interviewed Agency ADA Coordinator related the Department's efforts to ensure residents and residents are provided PREA related information in a format they can understand and to enable disabled and limited English proficient residents to report allegations of sexual abuse or sexual harassment.

Interviewed staff were aware of the zero-tolerance policy and agency's zero tolerance for any form of sexual abuse, sexual assault, sexual harassment or retaliation. All of them stated they are trained to and required to report all allegations of sexual abuse or sexual harassment including suspicions. According to the interviewed staff, allegations and reports, regardless of the source, are required to be documented and investigated. They indicated they would have to document a verbal or anonymous report or a suspicion prior to the end of their shift and following a verbal report to their immediate supervisor.

All twenty (20) of the interviewed residents, including eleven (11) informally interviewed residents stated they were aware the facility and GDC has a zero tolerance for all forms of sexual activity.

This standard is rated “exceeds” because of the agency’s and the agency and this facility’s commitment to zero tolerance and to PREA. The Department has designated a Statewide Compliance Director with overall responsibility for implementing PREA. Additionally, the Department has designated a Statewide PREA Coordinator to oversee the implementation of PREA in the GDC facilities. In addition to these proactive measures, yet another staff has been designated as the Agency’s Assistant PREA Coordinator. Observations of the work the Statewide PREA Coordinator convinced the auditor that she is “hands on” and works with her facilities by monitoring and providing technical assistance. She was very knowledgeable of what was going on in her facilities. Too, she makes herself available throughout the on-site audits to provide additional information and/or clarification when needed. GDC has also provided the PREA Unit the position of “analyst” who collects data from monthly reports sent to the PREA Unit. The American with Disabilities Coordinator indicated the agency is committed to providing translation services for disabled and limited English proficient residents. The Superintendent demonstrated a commitment to PREA by designating his Senior Counselor as PREA Compliance Manager. This staff has a position within the facility’s management structure to ensure that PREA is implemented. He has the complete support of the Superintendent and the support of the PREA Coordinator and Assistant PREA Coordinator. Zero Tolerance PREA Related posters are posted throughout the facility. PREA Acknowledgement Forms reiterate zero tolerance. Residents are informed of the Zero Tolerance policy during orientation and are provided a brochure re-emphasizing that. Zero tolerance was observed on the streaming video keeping the information in the forefront for residents to view.

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## Standard 115.212: Contracting with other entities for the confinement of residents

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

### 115.212 (a)

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

### 115.212 (b)

- Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents OR the response to 115.212(a)-1 is "NO".)  Yes  No  NA

### 115.212 (c)

- If the agency has entered into a contract with an entity that fails to comply with the PREA

standards, did the agency do so only in emergency circumstances after making all reasonable attempts to find a PREA compliant private agency or other entity to confine residents? (N/A if the agency has not entered into a contract with an entity that fails to comply with the PREA standards.)  Yes  No  NA

- In such a case, does the agency document its unsuccessful attempts to find an entity in compliance with the standards? (N/A if the agency has not entered into a contract with an entity that fails to comply with the PREA standards.)  Yes  No  NA

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

**Policy and Document Review:** Georgia Department of Corrections Policy, 208.6, Prison Rape Elimination Act, Sexually Abusive Behavior, Prevention and Intervention Program, A. Prevention Planning, Paragraph 2; Two (2) Agency Contracts; Pre-Audi Questionnaire; Memo RE: Contracting with other entities for the confinement of residents.

**Interviews:** PREA Coordinator (Agency Director Designee); Assistant PREA Coordinator, PREA Compliance Manager; Superintendent.

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

The Coastal Transitional Center does not contract for the confinement of offenders. This was confirmed through interviews with the PREA Coordinator, Superintendent, PREA Compliance Manager, the reviewed Pre-Audit Questionnaire and a memo from the Superintendent.

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

right to monitor for compliance. The Superintendent acknowledged the requirements of the standard and then documents in a paragraph that the facility does not contract with outside entities for confining residents. The memo states that residents are assigned to the facility by the Georgia Department of Corrections and that these assignments are based on state policy.

## Standard 115.213: Supervision and monitoring

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

#### 115.213 (a)

- Does the agency develop for each facility a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?  
 Yes  No
- Does the agency document for each facility a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?  
 Yes  No
- Does the agency ensure that each facility's staffing plan takes into consideration the physical layout of each facility in calculating adequate staffing levels and determining the need for video monitoring?  Yes  No
- Does the agency ensure that each facility's staffing plan takes into consideration the composition of the resident population in calculating adequate staffing levels and determining the need for video monitoring?  Yes  No
- Does the agency ensure that each facility's staffing plan takes into consideration the prevalence of substantiated and unsubstantiated incidents of sexual abuse in calculating adequate staffing levels and determining the need for video monitoring?  Yes  No
- Does the agency ensure that each facility's staffing plan takes into consideration any other relevant factors in calculating adequate staffing levels and determining the need for video monitoring?  Yes  No

#### 115.213 (b)

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

#### 115.213 (c)

- In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the staffing plan established pursuant to paragraph (a) of this section?  Yes  No
- In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to prevailing staffing patterns?  Yes  No
- In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the facility's deployment of video monitoring systems and other monitoring technologies?  Yes  No
- In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the resources the facility has available to commit to ensure adequate staffing levels?  Yes  No

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

**Policy and Documents Reviewed:** Coastal Transitional Center Pre-Audit Questionnaire; Georgia Department of Corrections Policy, 208.6, Prison Rape Elimination Act, Sexually Abusive Behavior Prevention and Intervention Program, A. Prevention Planning, Paragraph 3, Memo Documenting Staffing Plan to PREA Coordinator; Reviewed Staffing Plan for 2017; Ten (10) Log Book pages documenting unannounced rounds.

**Interviews:** Superintendent, PREA Coordinator, Assistant PREA Coordinator; PREA Compliance Manager, thirteen (13) Randomly selected staff; Twenty (20) Randomly selected residents; Eleven (11) Informally interview residents.

**Other:** Observations made during the on-site audit of Coastal Transitional Center. The auditor moved about freely during the on-site portion of the audit. Officers were observed actively engaged with residents. The observed interactions were professional, and it appeared that the officers were a part of the support staff. These same observations were made over two days.

**Policy and Document Review:** The reviewed Georgia Department of Corrections Policy, 208.6, Prison Rape Elimination Act, Sexually Abusive Behavior Prevention and Intervention Program, A. Prevention Planning, Paragraph 3, requires each facility to develop, document and make its best efforts to comply on a regular basis with the established staffing plan that provides for adequate levels of staffing, and, where applicable, video monitoring to protect residents against sexual abuse. Facilities are also required to document and justify all deviations on the Daily Post Roster. Annually, the facility, in consultation with the Department's PREA Coordinator, assesses, determines and documents whether adjustments are needed to the established staffing plan and deployment of video monitoring systems. Additionally, policy requires unannounced rounds by supervisory staff with the intent of identifying and deterring sexual abuse and sexual harassment every week, including all shifts and of all areas. These rounds are documented in area logbooks and staff are prohibited from alerting other staff of the rounds. Duty Officers are required to conduct unannounced rounds and these rounds are required to be documented in the Duty Officer Log book. Shift rosters confirmed the minimum staffing required. All priority one posts were staffed as required without deviations.

**Staffing Plan Review:** The staffing plan for the Coastal Transitional Center is addressed in their local operating procedure. PREA Standard 115.13, Staffing Plan. Staffing plans were provided and documented for 2017. The staffing plan is predicated upon a maximum population of up to 262 residents; including both Long Term Maintenance Residents and Work Release Residents.

The Transitional Center has a total of forty (40) staff. These include the Superintendent; Assistant Superintendent; Chief of Security; one (1) secretary; one (1) clerk; one (1) business manager; one (1) clerk for the business office; one (1) account paraprofessional; one (1) teacher; One (1) nurse; one (1) medical clerk; two (2) employment managers; four (4) counselors; eighteen (18) correctional officers; four (4) sergeants. The facility has two vacancies.

Staffing levels for manning Priority One posts are always maintained.

The plan is detailed and describes every area of the facility. It also addresses the use of video monitoring technology and there are 19 cameras strategically placed throughout the facility to cover vital areas and blind spots. The auditor did not identify any blind spot areas that were not in view of a camera or covered by a mirror, either large or ¼ sized mirrors. It was evident from the placement of the cameras, the use of mirrors and the proliferation of windows in officer and other doors enabling viewing, that thought has gone into mitigating blind spot areas and keeping residents sexually safe and staff safe from unwarranted allegations.

The facility requires unannounced rounds, and these are documented in the facility logbooks. The auditor reviewed several logbooks and copied 10 pages of logs documenting unannounced rounds.

**Discussion of Interviews:** Interviews with the Superintendent, PREA Compliance Manager; and previous interviews with the agency's PREA Coordinator confirmed the facility staffing plan prescribes the "adequate staffing levels" as determined essentially by the agency. The agency determines the numbers of positions to be allocated and the Superintendent and his staff have the responsibility to deploy those staff based on their identified posts, including Priority One Posts, for which there is no deviation. Priority One posts must be manned at all times.

The Superintendent indicated, in an interview, that the staffing plan is based upon an analysis conducted by the Georgia Department of Corrections. Based on that analysis, he related he has the following staff in security:

- Twenty-one (21) Correctional Officers
- Four (4) Sergeants
- One (1) Chief of Security

He stated the minimum staffing on the 1<sup>st</sup> and 2<sup>nd</sup> shifts is three (3) Correctional Officers and one (1) Sergeant. First shift is from 6:00AM to 6:00PM while second is from 6:00PM to 6:00AM. Additionally there are three staff who work on a “split shift”. These perform specific functions that may be apart from direct supervision, however they are certified officers and may be called upon to supervise residents, if needed. The

## Standard 115.215: Limits to cross-gender viewing and searches

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

#### 115.215 (a)

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

#### 115.215 (b)

- Does the facility always refrain from conducting cross-gender pat-down searches of female residents, except in exigent circumstances? (N/A if less than 50 residents)   
 Yes  No  NA
- Does the facility always refrain from restricting female residents’ access to regularly available programming or other outside opportunities in order to comply with this provision? (N/A if less than 50 residents)  Yes  No  NA

#### 115.215 (c)

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

#### 115.215 (d)

- Does the facility implement policies and procedures that enable residents to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?  Yes  No

- Does the facility require staff of the opposite gender to announce their presence when entering an area where residents are likely to be showering, performing bodily functions, or changing clothing?  Yes  No

#### 115.215 (e)

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

#### 115.215 (f)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

**Policies and Documents Reviewed:** Georgia Department of Corrections (GDC) Policy 208.6, Prison Rape Elimination Act, Sexually Abusive Behavior Prevention and Intervention Program; GDC Policy 226.01, Searches, 1.d; Training Module for In-Service Training for 2017; Pre-Audit Questionnaire; Memo from the Superintendent, Dated July 1, 2017, Cross Gender Strip or Visual Searches.

**Interviews:** 13 Randomly selected staff, 14 Special category staff; 20 Randomly selected residents.



**Observations:** The auditor inspected each of the shower/restroom areas in the facility. Residents are afforded privacy while showering and using the restroom; Staff were observed making cross-gender announcements on entering the housing areas. The auditor did not see any female staff conducting any form of search. Showers had a curtain and restrooms had stalls and were separated by half walls. There were generally four (4) shower heads; however, residents related they shower one resident at a time out of courtesy and respect for the other residents.

**Policy Review:** Department of Corrections (DOC) Policy, 208.6, Prison Rape Elimination Act, Sexually Abusive Behavior Prevention and Intervention Program, prohibits cross-gender strip or visual body cavity searches except in exigent circumstances or when performed by medical practitioners. The reviewed Pre-Audit Questionnaire and interviews with staff and residents confirmed that there have been no cross-gender strip or body cavity searches during the past twelve months.

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

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

GDC Policy, 226.01, Facilities Operations, with an effective date of 10/16/2015, requires the use of the edge of the hand when searching the groin area. The policy reiterates searching residents/residents with concern for their dignity.

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

GDC requires facilities to implement procedures enabling residents 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 residents should shower, perform bodily functions and change clothing in designated areas. Interviews with staff confirmed residents can shower, perform bodily functions and change clothing without being viewed by staff.

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

**Documents Review:** The Pre-Audit Questionnaire documented that there have been no cross-gender searches, either strip, body cavity or pat searches during the reporting period. The reviewed training

module used by GDC in training staff, reminds them that residents are less resistant when staff treat them with dignity. Staff are trained to conduct cross-gender searches in exigent circumstances. This was confirmed by interviews with staff. The memo from the Superintendent to staff, affirmed that female staff will only conduct a strip search of a male resident in exigent circumstances and only after calling the Superintendent, an explanation of the exigent circumstances, and receiving approval to conduct the search. The memo also requires that even in those situations two staff members must be present when the search is conducted.

**Discussion of Interviews:** Nineteen (19) of twenty (20) interviewed residents stated that female officers have never searched them; either by conducting a strip search or a pat search. One inmate was not specifically asked who conducted the searches.

One-hundred percent (100%) of the twenty (20) interviewed residents stated they are never naked in full view of staff, apart from strip searches. They indicated that when using the restroom and while showering they have privacy. Although there were multiple shower heads (4) in the showers, every one of the twenty (20) interviewed residents stated that residents shower one resident at a time out of respect for each other's privacy.

One-hundred percent (100%) of the interviewed staff indicated, in their interviews, that staff of the opposite gender announce their presence saying things like "female on the floor or on deck". Interviewed residents consistently affirmed that female staff are very respectful and announce that they are coming in the area. Of the twenty (20) interviewed residents, seventeen (17) stated that female staff consistently announce their presence; two (2) said they "usually" do and one (1) said they do not announce their presence. Residents stated that female staff do not come all the way into the restroom area even when count is being conducted.

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

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

#### **115.216 (a)**

- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are deaf or hard of hearing?  Yes  No
- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are blind or have low vision?  Yes  No
- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have intellectual disabilities?  Yes  No

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

#### 115.216 (b)

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

#### 115.216 (c)

- Does the agency always refrain from relying on resident interpreters, resident readers, or other types of resident assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's safety, the performance of

first-response duties under §115.264, or the investigation of the resident's allegations?

Yes  No

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

#### Policies and Documents Reviewed:

Georgia Department of Corrections Policy, 208.6, Prison Rape Elimination Act, Sexually Abusive Behavior Prevention and Intervention Program, A. Prevention Planning, Paragraph 6; Contract with Language Line Solutions; and PREA Brochures in English and Spanish; Instructions for Accessing Language Line; Georgia Department of Administrative Services Statewide Contracts for Provision of American Sign Language for Hearing.

**Interviews:** Coastal Transitional Center ADA Coordinator; Georgia Department of Administrative Services Americans with Disabilities Act Coordinator; Randomly selected staff (14); Specialized Staff (18); Randomly Selected Residents (20); Special Category Residents

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

**Policy and Document Review:** The GDC appears to have taken appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: residents who are deaf or hard of hearing; blind or have low vision; mentally or cognitively challenged; who have speech or other disabilities. The agency has appointed an Americans with Disabilities Coordinator who continues to work to ensure residents and residents have access to what they need to participate fully in the agency's prevention, detection, response and reporting program. An interview with the ADA Coordinator is discussed in the interview section.

Department of Corrections Policy 208.6, Prison Rape Elimination Act, Sexually Abusive Behavior Prevention and Intervention Program, A. Prevention Planning, Paragraph 6, Residents with disabilities and residents who are limited English proficient, requires the local PREA Compliance Manager to ensure that appropriate resources are made available to ensure the facility is providing effective communication accommodations when a need for such an accommodation is known. It also prohibits

the facility from relying on inmate interpreters, readers or other types of inmate assistants except in exigent circumstances where an extended delay in obtaining an effective interpreter could compromise the inmate's safety, the performance of first response duties or the investigation of the inmate's allegation.

The facility has a contract with Language Line Solutions to provide interpretive services for disabled and limited English proficient residents in making an allegation of sexual abuse. The Agency also provided Statewide Contracts (Georgia Department of Administrative Services) that provide access to interpreters for American Sign Language. Instructions for accessing these services are included. The auditor reviewed the PREA Brochures in both Spanish and English.

The facility had no residents who were special category residents during the onsite audit period.

This facility is a "work release" transitional center and residents who are physically disabled and could not hold down a full time job would not be placed in this particular program.

**Discussion of Interviews:** The auditor conducted a telephone interview with the Agency ADA Coordinator. According to the Coordinator if the facility had a limited English proficient detainee needing translation services the facility has access to Language Line and if on-site interpreters were needed she would arrange that. She also affirmed the availability of translators or interpreters for the hearing impaired via statewide contracts and indicated she would, if called, make the contacts to provide signing and any other translation services needed. When asked about the PREA Video being available in Spanish and with either closed caption or with a "signer" in the lower portion of the video, she indicated the agency has a contract for that video to be "redone" to provide the translations.

Interviews with fourteen (14) random staff, indicated they would not rely on an inmate to provide interpretive services in assisting an inmate in making an allegation of sexual abuse. Two (2) of the fourteen (14) indicated they would let another inmate interpret in an emergency. Most of the interviewed staff stated they would get an interpreter and five said they would use Language Line.

**Observations:** None; there were no limited English proficient residents at the facility, no cognitively challenged residents; or other visually impaired residents; or speech impaired residents. This was confirmed through interviews with staff and residents and informal interviews with residents during the site review.

## Standard 115.217: Hiring and promotion decisions

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

#### 115.217 (a)

- Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?  Yes  No
- Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the

community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?  Yes  No

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

#### 115.217 (b)

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

#### 115.217 (c)

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

#### 115.217 (d)

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

#### 115.217 (e)

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

### 115.217 (f)

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

### 115.217 (g)

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

### 115.217 (h)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

**Policy and Documents Review:** Department of Corrections Policy 208.6, Prison Rape Elimination Act, Sexually Abusive Behavior Prevention and Intervention Program, A. Prevention Planning, Paragraph 7, Hiring and Promotion Decisions; GDC Applicant Verification form; Form SOP IV00312, Attachment 1), to a Criminal Background Check and a Driver History Consent; "Georgia Department of Corrections, Professional Reference Check, IV003-0001, Attachment 5; Georgia Department of Corrections Policy,



104.09, Filling A Vacancy; Reviewed Applicant Verification Forms; Reviewed Background checks for (10) newly hired employees;

**Interviews:** Human Resources/Personnel Manager at Coastal State Prison; Human Resource Technicians and Administrative Assistants in Personnel at Coastal State Prison; PREA Compliance Manager; Superintendent.

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

**Policy Review:** Department of Corrections Policy 208.6, Prison Rape Elimination Act, Sexually Abusive Behavior Prevention and Intervention Program, A. Prevention Planning, Paragraph 7, Hiring and Promotion Decisions, complies with the PREA Standards. DOC does not hire or promote anyone or contract for services with anyone who may have contact with residents who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility or other institution defined in 42USC 1997; who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent; of who has been civilly or administratively adjudicated to have engaged in the activity described in the above. Too, policy requires the Department to consider incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor who may have contact with residents. Prior to hiring someone, the PREA Questions, asking prospective applicants the three PREA Questions, is required. GDC Policy 104.09, Filling a Vacancy, Paragraph I. Hiring and Promotion, 3. Requires that before hiring anyone who may have contact with offenders, GDC will perform a criminal background check and consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of any allegation of sexual abuse. Verification of that check must be documented on the GDC Professional Reference Check.

Criminal History Record Checks are conducted on all employees prior to hire and every 5 years. Custody staff must qualify with their weapons annually and prior to that annual qualification another background check is conducted. Criminal History Record Checks are conducted prior to enlisting the services of any contractor who may have contact with residents. Staff also have an affirmative duty to report and disclose any such misconduct. GDC Policy 208.06 requires in Paragraph e. that material omissions regarding misconduct or the provision of materially false information will be grounds for termination. The agency's PREA Coordinator requested, as a best practice, that the facilities conduct annual background checks of all employees to ensure that a five-year check did not fall through the cracks.

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

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



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

**Document Review:** The auditor selected ten (10) staff from the Coastal Transitional Center and requested to see their Applicant Verification Forms and Background Check documentation. The GDC Applicant Verification form contains an acknowledgement that the applicant understands that if they do become subject to those prohibitions in their current or subsequent positions involving contact with persons in confinement or under supervision, they have an affirmative duty to report that within 24 hours. They also are acknowledging that if they become involved in such activity, they are subject to termination and if they falsely certify their eligibility for employment they are subject to termination or disqualification for employment for this falsification.

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

The agency now requires prospective employees to take an on-line "Integrity Test" designed to determine a potential employee's responses to ethical and moral questions based on presented situations presented to the applicant.

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

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

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

**Discussion of Interviews:** Interviews with the Personnel Manager indicated that all persons selected for employment or to provide services at the prison must consent in writing (Form SOP IV00312,

Attachment 1), to a Criminal Background Check and a Driver History Consent to be conducted prior to officially hiring someone. The manager also stated that all newly hired staff have background checks that include Fingerprints. She also indicated these checks are conducted annually on all staff whether they are security officers or not. The integrity test, she related has recently been implemented and only one staff hired since its implementation. Background checks can be conducted at the facility because the facility has a terminal enabling them to do so.

**Issue:** The Coastal State Prison serves as the host facility for the Coastal Transitional Center. The purpose of this is to avoid duplication of some services when facilities are close to each other. Because the Coastal State Prison is the host facility, Coastal State Prison is responsible for conducting the background checks for the transitional center. The Human Resources staff could not locate documentation of background checks for four (4) of the ten (10) staff selected. There had been a turn-over in personnel staff at Coastal State Prison and staff were not sure where the documentation for those background checks was located. There is no issue for Correctional Staff because they would not be able to maintain Peace Officer Standards Training Certification without a successful background check.

**Remediation:** Conduct background checks again of all employees at the transitional center.

**Corrective Action Completed:** The Warden of the Coastal State Prison issued a memo revising the procedures for repeating background checks. His requirement now is that all staff will be background checked annually. On February 16, 2018, the facility provided documentation to confirm all staff at the transitional center have completed background checks.

## Standard 115.218: Upgrades to facilities and technologies

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

#### 115.218 (a)

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

#### 115.218 (b)

- If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring

technology since August 20, 2012, or since the last PREA audit, whichever is later.)

Yes  No  NA

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

**Policy and Documents Reviewed:** Pre-Audit Questionnaire; Department of Corrections Policy 208.6, Prisons Rape Elimination Act, Sexually Abusive Behavior Prevention and Intervention Program, A, Prevention Planning, Paragraph 8; Memo from the Superintendent.

**Interviews:** Superintendent, PREA Compliance Manager

**Observations:** Observed 14 cameras throughout the facility as well as Mirrors used to enhance viewing and covering blind spot areas.

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

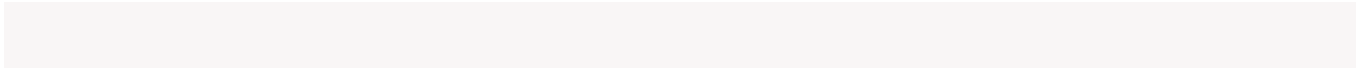
**Document Review:** The Superintendent provided documentation affirming the facility has not had any modifications or additions to the facility since the last PREA Audit nor have there been any cameras added nor has the monitoring technology been upgraded.

The Superintendent acknowledged the following in a memo: "Any design, acquisition, or planning of a new facility or any addition to Coastal Transitional Center will be done under the direction of authorities above the administration of this facility. While plans are being made the Superintendent will ensure that design protects residents from sexual abuse."

The memo also addressed video technology. The statement affirmed the Transitional Center utilizes fourteen (14) cameras which are used to prevent sexual abuse and investigate allegations of wrong

doing and when installing new equipment, the Superintendent, Chief of Security and Facility Sexual Assault Response Team will ensure it is used to protect residents from sexual abuse.

**Discussion of Interviews:** An interview with the Superintendent and the PREA Compliance Manager confirmed that there were no expansions or modifications to the facility since the last PREA Audit nor have there been any upgrades to monitoring technology or additions to the video camera system.



## RESPONSIVE PLANNING

### Standard 115.221: Evidence protocol and forensic medical examinations

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

#### 115.221 (a)

- If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)  
 Yes    No    NA

#### 115.221 (b)

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

#### 115.221 (c)

- Does the agency offer all residents who experience sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate?  Yes    No
- Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible?  Yes    No

- If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)?  Yes  No
- Has the agency documented its efforts to provide SAFEs or SANEs?  Yes  No

#### 115.221 (d)

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

#### 115.221 (e)

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

#### 115.221 (f)

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

#### 115.221 (g)

- Auditor is not required to audit this provision.

#### 115.221 (h)

- If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? (Check N/A if agency attempts to make a victim advocate from a rape crisis center available to victims per 115.221(d) above.)  Yes  No  NA

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

**Policy and Documents Reviewed:** DOC Policy, 208.6, Prison Rape Elimination Act Sexually Abusive Behavior Prevention and Intervention Program, B. Responsive Planning; in Standard Operating Procedure 103.10 Evidence Handling and Crime Scene Processing and SOP 103.06, Investigations of Allegations of Sexual Contract, Sexual Abuse, Sexual Harassment of Offenders; GDC Policy VH07-001 Health Services, E., Medical Services Deemed Necessary Exempt from Fee; SANE Nurse Call Roster; Medical PREA Log; Memo from the Rape Crisis Center of the Coastal Empire; Procedure for SANE Nurse Evaluation/Forensic Collection (six pages); SANE Nurse Call Roster/List; Sexual Abuse Response Checklist.

**Interviews:** Sexual Assault Response Team Members; PREA Compliance Manger; Facility Registered Nurse; Advocate Representing the Rape Crisis Center of the Coastal Empire; Fourteen (14) Randomly selected staff; eighteen (18) Specialized Staff; Interviews with twenty (20) Randomly selected residents.

**Observations:** None applicable to this standard; there have been no allegations of sexual abuse in more than the past twelve (12) months.

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

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

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

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

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

Additionally, the reviewed monthly PREA report also documented no incidents of either sexual assault or sexual harassment in the past twelve months.

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

The facility has a memorandum from the Rape Crisis Center of the Coastal Empire. The Rape Crisis Center, in an interview with a staff advocate, agreed to provide victim advocates for any resident who is sexually assaulted or raped. The Rape Crisis Center acknowledged they would provide a qualified advocate who meet the resident at a local hospital; most likely Memorial Hospital. The Rape Crisis Center has on-call Sexual Assault Nurse Examiners who would respond to the hospital to accompany the resident during the forensic exam and beyond if requested. The Rape Crisis Center has four (4) full time advocates who work from 9AM-5Pm and after hours the hospital would contact one of the advocates. Advocates are required, according to the staff, to complete 40 hours of training to become certified advocates. The also related the agency has a licensed professional counselor available as well.

The agency has a contract with Satilla SANES who offer on-site forensic examinations. The exams, according to staff, would be conducted at the Coastal State Prison, the host facility for the Coastal Transitional Center.

**Discussion of Interviews:** An interview with the Registered Nurse indicated that medical services are available at the facility Monday through Thursday, 7AM-5:30PM. Friday through Sunday, if a resident would be taken to the emergency room if it's emergent. She indicated another option would be to go to Coastal State Prison where medical services are available 24/7. She also related, in the event of a sexual assault her role would be to contact the SANE, preserve the evidence and contact the Sexual Assault Response Team. She also affirmed she would initiate the Sexual Abuse Protocols. In preserving the evidence by advising the resident not to shower, change clothes, or do anything to destroy evidence. She also explained the facility does have a Post Exposure Kit if the resident wants to be "prophylactically treated." The nurse related she worked in an emergency rooms and worked with rape victims in that capacity. An interview with staff from the Rape Crisis Center of the Coastal Empire confirmed the services available to resident victims of sexual abuse. Services include a contact phone number, an advocate to talk with the resident via phone; and an advocate to meet the resident at the hospital to provide accompaniment during the forensic exam.

## Standard 115.222: Policies to ensure referrals of allegations for investigations

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

### 115.222 (a)

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

### 115.222 (b)

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

### 115.222 (c)

- If a separate entity is responsible for conducting criminal investigations, does such publication describe the responsibilities of both the agency and the investigating entity? [N/A if the



agency/facility is responsible for conducting criminal investigations. See 115.221(a).]

Yes  No  NA

#### 115.222 (d)

- Auditor is not required to audit this provision.

#### 115.222 (e)

- Auditor is not required to audit this provision.

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

**Document Review:** Pre-Audit Questionnaire; NIC Certificates (National Institute of Corrections, PREA: Investigating Sexual Abuse in Confinement Settings.

**Interviews:** 13 Randomly selected and 14 special category staff; staff informally interviewed staff during the audit; 20 randomly selected residents; Facility-Based Investigator; Superintendent; PREA Compliance Manager.

**Discussion of Policy and Documents Reviewed:** GDC Policy, 208.6, Prison Rape Elimination Act, requires that an administrative or criminal investigation is to be completed for all allegations of sexual abuse and sexual harassment. Allegations that involve potentially criminal behavior will be referred for investigation to the Office of Professional Standards. If an investigation was referred to an outside entity, that entity is required to have in place a policy governing the conduct of such investigations. The local Sexual Assault Response Team is responsible for the initial inquiry and subsequent administrative investigation of all allegations of sexual abuse or sexual harassment with limitations. In cases where allegations are made against staff members and the SART inquiry deems the allegation is unfounded

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

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

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

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

The auditor conducted previous interviews with an Office of Professional Standards (OPS) investigator and an on-site interview with a facility based Sexual Assault Response Team Investigator. The OPS Investigator, who has had extensive investigating experience as a former law enforcement officer and

Chief of Police. The Office of Professional Standards investigators have arrest powers and handle those cases that appear to be criminal in nature. He related that once an allegation is made, the Regional Officer Staff is notified, after which it goes to the Special Agent In Charge who assigns the case to a Special Agent and notifies OPS Investigations. He described his role in ensuring the scene is secured, interviewing the victim, staff, witnesses, reviewing videos and getting medical records. He related if an employee involved in an allegation of sexual abuse resigned or terminated his/her employment prior to the conclusion of an investigation, the investigation would continue. Too, if an inmate who is an alleged abuser is transferred to another facility or terminated or otherwise discharged from the program, the investigation, according to the investigators would continue.

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

An interview with the facility-based investigator, a Lieutenant, confirmed he has completed the on-line NIC Specialized Training: PREA: Conducting Sexual Abuse Investigations in Confinement Settings. He also related receiving specialized training at Reidsville, GA. He talked about responding once an allegation has been made and the investigative process that would include interviewing both the alleged victim and alleged aggressor twice to see if there were any changes in their statements. The process also included taking witness statements from any witnesses as well. If the allegation of sexual abuse was substantiated, he related the case would be referred "up" to the Office of Professional Standards through the Superintendent. To assist when needed, the investigator could call on the facility-based investigator from Coastal State Prison, who has a lot of experience in conducting these investigations. He related the investigations would continue even if a staff resigned their position prior to the conclusion of the investigation and the same if a resident was moved to another facility prior to the conclusion of the investigation. We discussed protecting and collecting evidence as well.

There were no reports or allegations of sexual abuse or sexual harassment during the past 12 months. This was confirmed through interviews with the Superintendent; PREA Compliance Manager; Facility-Based Investigator; reviewed Monthly PREA and COMSTAT Reports and a request for list of all calls from the facility to the PREA Hotline. The PREA Analyst confirmed there were no calls from Coastal Transitional Center to the PREA Unit Hotline during the past 12 months.

The investigator described what would be included in a report and that would include:

- 1) The PREA Initial Notification Form (Documenting a summary of the incident; how staff became aware of the allegation; and notifications made)
- 2) Incident Report documenting a PREA Allegation
- 3) Witness Statements from residents and staff
- 4) Summary of Investigation/Conclusion

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

**Discussion of Interviews:** 14 Randomly selected staff, staff informally interviewed during the tour, and 14 specialized staff stated the facility and the agency requires them to report all allegations of sexual abuse or sexual harassment. When asked if they would report a suspicion one-hundred percent (100%) stated they would report it verbally and then write a statement. They would also report any knowledge

of a sexual abuse or sexual harassment or allegations. Asked about taking and reporting a third-party report or an anonymous report, staff said they would take a report received in any manner. They said they would have to report it to their immediate supervisor and follow-up with a written report or statement before they would be permitted to leave the center at the end of their shift.

Twenty (20) interviewed residents as well as residents informally interviewed during the site review and during the on-site audit period knew multiple ways to report sexual abuse and sexual harassment. None of the interviewed residents admitted having been sexually abused previously or while at this facility. The residents indicated that they believed the staff would take a report seriously and that it would be investigated.

## TRAINING AND EDUCATION

### Standard 115.231: Employee training

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

#### 115.231 (a)

- Does the agency train all employees who may have contact with residents on: Its zero-tolerance policy for sexual abuse and sexual harassment?  Yes  No
- Does the agency train all employees who may have contact with residents on: How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures?  Yes  No
- Does the agency train all employees who may have contact with residents on: Residents' right to be free from sexual abuse and sexual harassment  Yes  No
- Does the agency train all employees who may have contact with residents on: The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment?  Yes  No
- Does the agency train all employees who may have contact with residents on: The dynamics of sexual abuse and sexual harassment in juvenile facilities?  Yes  No
- Does the agency train all employees who may have contact with residents on: The common reactions of juvenile victims of sexual abuse and sexual harassment?  Yes  No
- Does the agency train all employees who may have contact with residents on: How to detect and respond to signs of threatened and actual sexual abuse?  Yes  No
- Does the agency train all employees who may have contact with residents on: How to avoid inappropriate relationships with residents?  Yes  No

- Does the agency train all employees who may have contact with residents on: How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents?  Yes  No
- Does the agency train all employees who may have contact with residents on: How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities?  Yes  No

#### 115.231 (b)

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

#### 115.231 (c)

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

#### 115.231 (d)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does*

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

**Policy and Document Review:** Georgia DOC Policy, 208.6, Prison Rape Elimination Act, Sexually Abusive Behavior Prevention and Intervention Program, C. Training and Education; Reviewed Training Roster documenting Day 1 of Annual In-Service Training; Sampled Certificates documenting NIC On-Line Training: Communicating Professionally with LGBTI Residents; 25 PREA Acknowledgment Statements; 10 reviewed personnel files containing PREA Acknowledgment Statements; Training Rosters documenting Day 1, Annual In-service training (PREA).

**Interviews:** Superintendent; PREA Compliance Manager; 14 Randomly selected staff, 18 Special Category Staff, Staff informally interviewed during the site review process.

**Observations:** Staff observed demonstrating professionalism and respect to residents.

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

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

The auditor reviewed 25 PREA Acknowledgment Statements and an additional 10 while reviewing personnel files for background checks. The acknowledgments documented PREA training indicating staff were trained and that they understood the agency's zero tolerance policy and PREA. These statements affirm the employee has received training on the Department's Zero Tolerance Policy on Sexual Abuse and Sexual Harassment and that they have read the GDC Standard Operating Procedure 208.06, Sexually Abusive Behavior Prevention and Intervention Program. They also affirm they understand that any violation of the policy will result in disciplinary action, including termination, or that they will be banned from entering any GDC institution. Penalties for engaging in sexual contact with an offender commit sexual assault, which is a felony punishable by imprisonment of not less than one nor more, than 25 years, a fine of \$100,000 or both.

All staff are required to have attended Communicating Effectively and Professionally with LGBTI Residents. Fourteen (14) random staff and Eighteen (18) special category staff confirmed they took the online NIC PREA Training, Communicating Professionally with LGBTI Residents.

PREA Compliance Managers attend training at least twice a year. The Sexual Assault Response Team receives training at least semi-annually on their roles in responding to allegations of sexual abuse. Specialized training is completed by SART members and medical staff. Medical staff consistently receive training on the Sexual Assault Protocols.

PREA Related posters are prolific and posted in numerous locations throughout this facility and in this facility the posters. PREA related information streams continuously on the monitor located in the dining/multipurpose area.

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

**Discussion of Interviews:** The auditor interviewed fourteen (14) randomly selected staff and eighteen (18) special category staff. One-hundred percent (100%) of the interviewed staff affirmed they have been trained in all the required topics. When asked how they receive PREA Training staff stated that newly hired staff get trained at the facility prior to going to Basic Correctional Officers Training at the academy. They stated they then receive PREA training every year during annual in-service training. The reviewed curriculum for the annual in-service training covered the required topics. Responses to questions asked tended to indicate that the staff are trained in all the required topics and that they understand the seriousness of PREA. They consistently stated they take all allegations seriously. Too, they were articulate about the steps they would take in response to becoming aware of a sexual assault.

Interviewed residents stated the staff at this facility “try to help you” and that they are professional. Residents were confident that the staff would take an allegation of sexual assault seriously and that they would report it.

## Standard 115.232: Volunteer and contractor training

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

#### 115.232 (a)

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

#### 115.232 (b)

- Have all volunteers and contractors who have contact with residents been notified of the agency’s zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and

contractors shall be based on the services they provide and level of contact they have with residents)?  Yes  No

### 115.232 (c)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

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

**Interviews:** Superintendent; PREA Compliance Manager; Facility Nurse

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

**Discussion of Policies and Documents that were reviewed:** DOC Policy, 208.6, Prison Rape Elimination Act, Sexually Abusive Behavior Prevention and Intervention Program, C. Training and Education, Paragraph 3, Volunteer and Contractor Training, requires all volunteers and contractors who have contact with residents 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 residents, 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. Regional training is provided now for volunteers and contractors. Everything, according to staff, is done at the Regional Office and upon a successful background check and completed training requirements, the Regional Office issues a Contractor or Volunteer Badge. The agency volunteers often volunteer in multiple prisons and that is the reason for the regional training. Too it provides consistency in the training provided. Once the regional office issues a "Badge" the volunteer or contractor is authorized to enter a facility. The badge is required to be renewed annually.



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

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

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

Volunteers and contractors sign a PREA Acknowledgment Statements acknowledging their understanding of PREA by reading and signing the PREA Acknowledgment Statement for Supervised Visitors/Contractors and Volunteers. This statement acknowledges they understand the Department of Corrections has a zero-tolerance policy prohibiting visitors, contractors and volunteers from having sexual contact of any nature with offenders. The volunteer/contractor or Visitor agree not to engage in any sexual contact with any offender while visiting a correctional institution. They also agree to immediately report anything they may witness related to sexual contact or if someone reports such activity to them, they will report it immediately to a Corrections Employee. If they violate the agreement, they understand they will be permanently banned from entering all GDC correctional institutions and the GDC may pursue criminal prosecution. Lastly, they acknowledge they understand if they should learn of an incident of sexual abuse or sexual harassment they will report it to the GDC supervisor in charge immediately.

**Discussion of Interviews:** An interview with the facility nurse, a contract staff, confirmed she has received the same PREA Training that all employees receive. She stated she gets PREA Training during annual in-service training along with the regular employees. She also indicated she completed the on-line PREA training for healthcare providers and that she attends specialized training provided through the department and that this usually covers the Sexual Abuse Protocols.

## Standard 115.233: Resident education

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

### 115.233 (a)

- During intake, do residents receive information explaining: The agency's zero-tolerance policy regarding sexual abuse and sexual harassment?  Yes  No
- During intake, do residents receive information explaining: How to report incidents or suspicions of sexual abuse or sexual harassment?  Yes  No
- During intake, do residents receive information explaining: Their rights to be free from sexual abuse and sexual harassment?  Yes  No
- During intake, do residents receive information explaining: Their rights to be free from retaliation for reporting such incidents?  Yes  No
- During intake, do residents receive information regarding agency policies and procedures for responding to such incidents?  Yes  No

### 115.233 (b)

- Does the agency provide refresher information whenever a resident is transferred to a different facility?  Yes  No

### 115.233 (c)

- Does the agency provide resident education in formats accessible to all residents, including those who: Are limited English proficient?  Yes  No
- Does the agency provide resident education in formats accessible to all residents, including those who: Are deaf?  Yes  No
- Does the agency provide resident education in formats accessible to all residents, including those who: Are visually impaired?  Yes  No

- Does the agency provide resident education in formats accessible to all residents, including those who: Are otherwise disabled?  Yes  No
- Does the agency provide resident education in formats accessible to all residents, including those who: Have limited reading skills?  Yes  No

#### 115.233 (d)

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

#### 115.233 (e)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

**Policy and Documents Reviewed:** DOC Policy 208.6, Prison Rape Elimination Act, Sexually Abusive Behavior Prevention and Intervention Program, C. Training and Education, Paragraph 4, Offender Education; Georgia Department of Corrections Sop 220.04, Offender Orientation (applicable to all correctional facilities, transitional centers, pre-release centers, detention centers, Diversion Centers and Boot Camps); GDC PREA pamphlet; Twenty-five (25) Coastal Transitional Center Forms acknowledging they have received PREA Orientation and pamphlet during intake; Twenty-five (25) Offender Orientation Checklist documenting receipt of the facility handbook and that they viewed the PREA Video.

**Interviews:** Staff conducting intake; staff conducting orientation (inmate education); PREA Compliance Manager; General Population Counselors; Twenty (20) randomly selected residents from every housing unit.

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

The SOP requires, in Paragraph B.1 and 2; require orientation sessions to be conducted within seven working days of an offender's arrival. The orientation sessions minimally are required to include, among other things, Offender Rights, including PREA and documentation will be on the Orientation Checklist.

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

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

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

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

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

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

Residents confirm their orientation on several documents

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

If an inmate is non-English speaking, the Language Line is available. If an inmate has a disability, appropriate staff are to be used to ensure that the inmate understands the PREA policy. If a detainee requires signing (hearing impaired) the agency's ADA Coordinator is called and provides the necessary translation services (according to an interview with the ADA Coordinator). The Georgia State Department of Administrative Services has multiple contracts with translation services. These may be accessed through the Agency ADA Coordinator.

Intake at this facility occurs on Tuesday and Thursday. During intake the PREA Video is streaming on the monitor. At intake the resident is given the PREA Pamphlet and are told about the zero tolerance and how to report allegations of sexual abuse.

Orientation also occurs the same day Twenty-five (25) or twenty-five (25) reviewed intake PREA forms and Orientation Checklist confirmed that in a 100% of these reviewed documents orientation was conducted the same day as the intake date.

Formal orientation is consistently conducted either the same day as intake. This includes the residents being shown the PREA Video. Reportedly staff provide an in-depth explanation of PREA. Residents are then afforded the opportunity to ask questions if they have any.

The inmate signs a PREA Acknowledgment and initials the Orientation Checklist affirming they viewed the PREA Video. By signing the Video Acknowledgment, residents affirm that they have viewed and understood the video on PREA. The Orientation Checklist contains an acknowledgment affirming the resident been given a formal orientation, given the opportunity to ask questions and that they understand they will be held accountable for any violations.

Residents are provided PREA information on a continuous basis through posters reflecting the Department's zero tolerance for sexual abuse and harassment and contact information for inmate reporting of sexual abuse allegations. They also receive PREA information on the streaming monitor in the dining/multipurpose area.

Twenty-five (25) Prison Rape Elimination Act Orientation Video Acknowledgment Statements and twenty-five (25) Orientation Checklists confirming once again that the inmate received the PREA education were reviewed. The detainee handbook is neatly placed on the bulletin board in each dorm.

**Discussion of Interviews:** An interview with the staff conducting intake indicated when a resident arrives, he sees the PREA Video, receives the PREA Brochure asserting the GDC has a zero tolerance for any form sexual activity and how to report. The staff conducting intake related the information in given verbally. The brochure is available in English and Spanish and if the inmate was limited English proficient, staff related they have language line for interpretive services.

An interview with a staff responsible for conducting orientation was interviewed and indicated that orientation is conducted the same day the resident is admitted to the facility. The process, she indicated, includes watching the PREA Video. She also said she goes in depth with the resident about PREA and tells them how they may report allegations of sexual abuse and sexual harassment or retaliation for reporting.

Residents consistently reported receiving the facility's rules against sexual abuse and sexual harassment followed by an orientation that included watching the PREA Video, an explanation from the counselor and questions if anyone had them. Eighteen (18) out of twenty (20) interviewed residents stated they were given an orientation with PREA education either the same day they were admitted or the next day.

## **Standard 115.234: Specialized training: Investigations**

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

### 115.234 (a)

- In addition to the general training provided to all employees pursuant to §115.231, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators have received training in conducting such investigations in confinement settings? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.221(a).]  Yes  No  NA

### 115.234 (b)

- Does this specialized training include: Techniques for interviewing sexual abuse victims? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.221(a).]  Yes  No  NA
- Does this specialized training include: Proper use of Miranda and Garrity warnings? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.221(a).]  Yes  No  NA
- Does this specialized training include: Sexual abuse evidence collection in confinement settings? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.221(a).]  Yes  No  NA
- Does this specialized training include: The criteria and evidence required to substantiate a case for administrative action or prosecution referral? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.221(a).]  Yes  No  NA

### 115.234 (c)

- Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.221(a).]  Yes  No  NA

### 115.234 (d)

- Auditor is not required to audit this provision.

### Auditor Overall Compliance Determination

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

## Instructions for Overall Compliance Determination Narrative

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

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

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

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

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

Three staff at the facility have completed the online NIC course: PREA: Investigating Sexual Abuse in Confinement Settings. These included the PREA Compliance Manager, the sergeant and the Chief of Security. The general population counselor also completed the NIC training and has documented investigations in a thorough manner.

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

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

An interview with the facility-based investigator indicated he completed the online NIC training for investigating sexual abuse in confinement settings. He also related that the GDC provides training for the Sexual Assault Response Team at least twice a year and each subject area is covered. He also related there have been no allegations during the last twelve (12) months.

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

## **Standard 115.235: Specialized training: Medical and mental health care**

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

### **115.235 (a)**

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

### **115.235 (b)**

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

### **115.235 (c)**

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

### **115.235 (d)**

- Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.231?  Yes  No
- Do medical and mental health care practitioners contracted by and volunteering for the agency also receive training mandated for contractors and volunteers by §115.232? [N/A for circumstances in which a particular status (employee or contractor/volunteer) does not apply.]  Yes  No  NA

## **Auditor Overall Compliance Determination**



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

### Instructions for Overall Compliance Determination Narrative

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

**Policy and Documents Reviewed:** Pre-Audit Questionnaire, Department of Corrections Policy, 208.6, Prison Rape Elimination Act, Sexually Abusive Behavior Prevention and Intervention Program, C. Training and Education, Paragraph 6, Specialized Training: Medical and Mental Health Care; Pre-Audit Questionnaire; National Institute of Corrections Certificates documenting specialized training: Medical Health Care for Sexual Assault Victims in Confinement Settings (1).

**Interviews:** (1) Licensed Registered Nurse.

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

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

An interview with the facility's nurse indicated that medical coverage is available on-site Monday through Thursday from 7AM – 5:30PM. Friday through Sunday the resident would go on to the emergency room if the condition was emergent or to a community program. Medical services are also available at Coastal State Prison, where healthcare staff are on duty 24/7. The infirmary there has 14 beds.

The nurse indicated she has completed the NIC On-Line training for health care providers. Too, she related nurses and health care staff get additional specialized training especially in the nursing protocols. She related she is equipped through experience working at an emergency room.

The nurses at this facility do not conduct forensic examinations. The agency has contracts with Sexual Assault Nurse Examiners who would come to the facility to conduct the exam. The facility provided the

List of SANEs, which documents the contact information for the SANES. The Nurses indicated that if an inmate required treatment for serious injuries, the inmate would be transported to the Fairview Hospital in Dublin, Georgia.

**Discussion of Interviews:** The interviewed nurse confirmed in an interview that she completed the online NIC Training, Medical Care of Sexual Abuse Victims in Confinement Settings. The interviewed nurse explained in detail her actions as a first responder and her role in the event of a sexual assault. She related she would preserve the evidence by not allowing changing clothing, no washing, or anything else that would destroy evidence. She related she would notify the SART and contact the SANE nurse.

There are no mental health staff assigned to this facility. Staff related that they attend PREA Training at least annually during annual in-service training.

## **SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS**

### **Standard 115.241: Screening for risk of victimization and abusiveness**

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

#### **115.241 (a)**

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

#### **115.241 (b)**

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

#### **115.241 (c)**

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

#### **115.241 (d)**

- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has a mental, physical, or developmental disability?  Yes  No

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

#### 115.241 (e)

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

#### 115.241 (f)

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

#### 115.241 (g)

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

#### 115.241 (h)

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

#### 115.241 (i)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

**Policy and Documents Reviewed:** Department of Corrections Policy 208.6, Prison Rape Elimination Act, Sexually Abusive Behavior Prevention and Intervention Program, D. Screening for Risk of Sexual Victimization and Abusiveness, Paragraph 1. Screening for victimization and abusiveness, Victim/Aggressor Classification Instrument; Policy 208.06, Prison Rape Elimination Act-PREA, Sexually Abusive Behavior Prevention and Intervention Program in paragraph 9.; Victim/Aggressor Assessments (25); Victim/Aggressor Reassessments (25).

**Interviews:** PREA Compliance Manager; Superintendent; Three (3) General Population Counselors who conduct victim/aggressor assessments; Interviews with twenty (20) residents.

### **Discussion of Policy and Documents:**

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

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

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

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

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

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

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

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

or more of questions (2-4) are checked, the offender will be classified as a Potential Aggressor. This will generate the PREA Potential Aggressor icon on the SCRIBE Offender page.

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

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

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

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

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

Policy 208.06, Prison Rape Elimination Act-PREA, Sexually Abusive Behavior Prevention and Intervention Program in paragraph 9, requires the Warden to designate a safe dorm or safe beds for offenders identified as highly vulnerable to sexual abuse. The location of these safe beds must be identified in the Local Procedure Directive, Attachment 9 and the Staffing Plan. The facility administration has designated any room closest to the security office and in view of a camera with fewer residents (and no aggressors housed there). If additional safe housing is needed, the resident can be placed in the host facility, Coastal State Prison.

The Transitional Center will make individualized determinations about how to ensure the safety of each offender.

In making housing assignments for transgender or intersex offenders, the Department will consider on a case-by-case basis, whether a placement would ensure the offender's health and safety and whether

the placement would present management or security problems. Also, in compliance with the PREA Standards, placement and programming assignments for each transgender or intersex offender will be reassessed at least twice a year to review any threats to safety experienced by the offender.

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

The PREA Compliance Manager and Superintendent provided the auditor multiple assessment history sheets/forms documenting all the times the detainee had been assessed for potential victimization/abusiveness. This document tracks and documents every time the resident (formerly inmate) had been assessed for victimization potential or potential for being an aggressor. The auditor selected bedrooms housing the most residents in a bedroom from each of the four (4) hallways. The review revealed there were no victims being housed with any potential or actual aggressors.

**Discussion of Interviews:** Interviews with two (2) staff (General Population Counselors) who conduct the risk screening indicated that once a resident arrives, the victimization/aggressor assessment is conducted during the intake process.

One of the counselors related that the victim/aggressor assessment is conducted either on the same day as intake and not later than the next day, although policy stated, within 72 hours. In assessment is conducted in the privacy of a counselor's office.

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

If an inmate endorses the 1<sup>st</sup> question regarding being a victim previously in an institutional setting, the resident is identified as a Risk for Victimization. If a resident endorses the first question on the abusive scale, he is designated as at Risk for Abusiveness.

Reassessments, according to staff, are completed, within 30 days after the initial assessment; when a significant incident occurs; or when a detainee leaves the facility and returns. The GDC assessment instrument is used again. The assessment is done in SCRIBE.

The facility provided, for review, twenty-five (25) initial assessments and twenty-five (25) reassessments using the Department's Victim/Aggressor Instrument.

Sixteen (16) of the Twenty (20) residents who were interviewed stated they were asked the questions from the assessment including: 1) were you in jail or prison previously? 2) were you sexually abused previously 3) do you identify yourself as gay, bisexual or transgender? and 4) do you feel like you will be a victim of sexual abuse while in this facility? These responses indicated they were administered the Victim/Aggressor assessment. Several residents had been at the facility for over a year and could not remember if they were asked or not. One-hundred percent (100%) of the interviewed residents stated they felt safe in this facility. Comments would be like “this is transitional center”; indicating they had come from prison and the transitional center was a safe place.

## Standard 115.242: Use of screening information

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

#### 115.242 (a)

- Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Housing Assignments?  Yes  No
- Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Bed assignments?  Yes  No
- Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Work Assignments?  Yes  No
- Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Education Assignments?  Yes  No
- Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Program Assignments?  Yes  No

#### 115.242 (b)

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

#### 115.242 (c)

- When deciding whether to assign a transgender or intersex resident to a facility for male or female residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident’s health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns residents



to a male or female facility on the basis of anatomy alone, that agency is not in compliance with this standard)?  Yes  No

- When making housing or other program assignments for transgender or intersex residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems?  Yes  No

#### 115.242 (d)

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

#### 115.242 (e)

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

#### 115.242 (f)

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

#### Auditor Overall Compliance Determination

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

## Instructions for Overall Compliance Determination Narrative

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

**Policy and Documents Reviewed:** DOC Policy 208.6, D. Screening for Risk of Victimization and Abusiveness, Paragraph 2. Use of Screening Information; Staffing Plan Designating Safe Housing; memo from the Superintendent; (25) Reviewed Assessments; (25) Reviewed Re-Assessments.

**Interviews:** Two (2) General Population Counselors Conducting Victim/Aggressor Assessments; Assistant Superintendent; Superintendent.

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

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

The Superintendent in his staffing plan designated the beds closest to Control Room and in view of camera as safe beds. If a resident requires safe housing beyond that, the resident is transferred to the host facility for the transitional center; Coastal State Prison.

**Discussion of Interviews:** The PREA Compliance Manager/Counselor stated that initial housing is assigned by a designated Correctional Officer who goes into SCRIBE to see any previous victim/aggressor assessments identifying the resident as either a potential victim or aggressor. If a resident has previously been identified as either a potential/actual victim or potential or actual aggressor, the SCRIBE page for that inmate would have a "flag" drawing attention to the fact immediately. The counselor stated after the counselor does the victim/aggressor assessment and the resident is either a victim or aggressor the counselor notifies the ID officer who makes the change of rooms, if necessary. Halls, according to the Superintendent, are separated by program phases. For

example, all newly assigned residents are housed in the Phase I housing area. Phase one is the Orientation Phase. The other phases with designated housing wings are Work Release and Phase III, Work Successfully. Privileges are increased incrementally as the resident progresses through the phases of the program. Classification meets on Friday, after residents come into the facility on Tuesday and Thursday. Classification consists of the Chief of Security, Assistant Superintendent, Counselor, Employment Manager and possibly Medical. During this meeting the resident's history is given more in-depth review as classification has to decide on housing, programs and work details. The Superintendent stated, in an interview, he has designated those beds that are closer to the Control Room and in view of cameras as the safe beds in this facility.

**Testing of Process:** The auditor selected residents by name, housed in multiple resident bedrooms, and requested to see the victim/aggressor assessments for them to determine if there were any victims being housed with aggressors. The counselor pulled the assessment information from SCRIBE for each one and the auditor reviewed each one. There were no victims assigned to any of the randomly selected bedrooms housed with any aggressor.

## REPORTING

### Standard 115.251: Resident reporting

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

#### 115.251 (a)

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

#### 115.251 (b)

- Does the agency also provide at least one way for residents to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency?  Yes  No
- Is that private entity or office able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials?  Yes  No
- Does that private entity or office allow the resident to remain anonymous upon request?  
 Yes  No

#### 115.251 (c)

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

### 115.251 (d)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

This standard is rated exceeds because of the multiple ways the Georgia Department of Corrections has provided for residents to report. For example, to report outside the facility transitional center residents have cell phones and can call the PREA Hotline; Call the PREA Unit; write the Ombudsman (contact information provided); write Victim Services (contact information provided); call the GDC Tip Line (and remain anonymous); write or call the GDC PREA Coordinator; write or call the outside Rape Crisis Center, Rape Crisis Center of the Coastal Empire.

**Policy and Documents Reviewed:** Policy, 208.6, Prison Rape Elimination Act, Sexually Abusive Behavior Prevention and Intervention Program, E. Reporting, 1. Inmate Reporting; The GDC policy (208.06, 2. Offender Grievances); Standard Operating Procedure 227.02, Statewide Grievance Procedures; brochure entitled, "Sexual Assault, Sexual Harassment, Prison Rape Elimination Act (PREA), Reporting is the First Step; PREA related posters; "Sexual Assault and Sexual Harassment Prison Rape Elimination Act (PREA) How to Prevent it; How to report it"; GDC Policy IIA23-0001, Consular Notification; Email from the GDC PREA Unit PREA Analyst documenting that there were no PREA calls to the hotline from this facility in the past 12 months; Review of the Georgia Department of Corrections Website – Reporting Sexual Abuse.

**Interviews:** Twenty (20) residents, both randomly selected and special category; Fourteen (14) randomly selected staff representing a cross section of positions; Eighteen (18) special category staff.

**Observations and Testing of Process:** PREA Phones, with dialing instructions, are available. The auditor asked the PREA Coordinator to test the phone and ask the PREA Analyst to email the auditor in response to the call. The PREA Analyst expeditiously emailed confirmation of receipt of the test call indicating the phones and instructions do work.

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

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

The GDC policy (208.06, 2. Offender Grievances), requires that the facility allow offenders a full and fair opportunity to file grievances regarding sexual abuse to as to preserve their ability to seek judicial redress after exhausting administrative remedies. The procedures governing grievances are addressed in Standard Operating Procedure 227.02, Statewide Grievance Procedures. All grievances received are to be forwarded to the local SART for handling in accordance with the local response protocol.

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

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

the inmate be informed of such notification. Foreign National residents are allowed visitation with representatives from the Consulate General of his/her native country. The visit must be scheduled at least 24 hours in advance unless the Warden approves a shorter time period.

The facility has not had any allegations reported during 2017. This was confirmed through an email received from the PREA Analyst who provides the auditor with a list of all residents, when known, prior to each audit. There were no calls made from the hotline phones in the past twelve (12) months.

Residents have access to the outside world through phone calls and through visitation. In addition to visitation, determined by phase; the residents may also become eligible for passes after designated periods of time and progression from one phase to another and then upon continued employment without problems.

Residents have multiple ways to report allegations of sexual abuse or sexual harassment internally and externally. They may report by calling the PREA Hotline, write the Ombudsman, write the State Board of Pardons and Parole, Victim Services, report to the Agency's PREA Coordinator, to staff, friends, family and residents, report 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.

**Discussion of Observation:** Phones were observed on the walls of each dorm. Posted at the phones were instruction for dialing the PREA Hotline. The auditor also viewed and reviewed the agency's website providing information on how to report allegations of sexual abuse.

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

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

Residents 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 residents that reporting is the first step. The hotline number is provided. The brochure tells residents 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)

**Discussion of Interviews:** Interviews with 20 residents confirmed that they understand and are aware of how to report sexual assault/abuse or sexual harassment. The majority of those interviewed named multiple ways to report. They most often said they would tell the staff or call the PREA Hotline. When asked if they could contact anyone using their cell phones, tell an employer, tell a relative, they all said

they could but that they had not really given it a lot of thought because those things did not happen at this facility.

Residents at this facility have personal cell phones (that are allowed) and such access to the community through their work or appointments in the community as well as visits, consistent with the level or phase they are in enable them to report anytime, day or night, and through multiple ways.

## Standard 115.252: Exhaustion of administrative remedies

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

#### 115.252 (a)

- Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address resident grievances regarding sexual abuse. This does not mean the agency is exempt simply because a resident does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse.  Yes  No  NA

#### 115.252 (b)

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

#### 115.252 (c)

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

#### 115.252 (d)

- Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by residents in preparing any administrative appeal.) (N/A if agency is exempt from this standard.)  Yes  No  NA

- If the agency determines that the 90-day timeframe is insufficient to make an appropriate decision and claims an extension of time [the maximum allowable extension of time to respond is 70 days per 115.252(d)(3)] , does the agency notify the resident in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.)  Yes  No  NA
- At any level of the administrative process, including the final level, if the resident does not receive a response within the time allotted for reply, including any properly noticed extension, may a resident consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.)  Yes  No  NA

#### 115.252 (e)

- Are third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, permitted to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.)  Yes  No  NA
- Are those third parties also permitted to file such requests on behalf of residents? (If a third-party files such a request on behalf of a resident, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.)  Yes  No  NA
- If the resident declines to have the request processed on his or her behalf, does the agency document the resident's decision? (N/A if agency is exempt from this standard.)  Yes  No  NA

#### 115.252 (f)

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



- Does the initial response and final agency decision document the agency's determination whether the resident is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)  Yes  No  NA
- Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)  Yes  No  NA
- Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)  Yes  No  NA

### 115.252 (g)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

**Policy and Documents Reviewed:** The Coastal Transitional Center Pre-Audit Questionnaire; GDC Policy, 227.02, Statewide Grievance Process; Page 5 of the Statewide Grievance Policy, Paragraph 4.; Paragraph F. Emergency Grievances Procedure; DOC Policy, 208.6, Prison Rape Elimination Act, Sexually Abusive Behavior Prevention and Intervention Program, F. Reporting, Paragraph 2, Nine (9) Inmate Grievances filed in 2017; representing 100% of the filed grievances, There were no allegations of either sexual abuse or sexual harassment made in 2017.

**Interviews:** Grievance Officer; Fourteen (14) Randomly selected staff; Twenty (20) Randomly selected residents; PREA Compliance Manager.

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

**Discussion of Policies and Documents:** The Pre-Audit Questionnaire documented there were no grievances alleging sexual harassment during the past twelve (12) months; therefore, there were no grievances requiring a final decision within 90 days (115.52 (d)-3 nor were there any grievances

involving extensions because a decision was not reached within 90 days. If a grievance alleged sexual abuse or sexual harassment it is turned over to the Sexual Assault Response Team for investigation and ceases being processed as a grievance.

There were nine (9) total grievances filed in 2017. The auditor reviewed each one. The most common reason for filing a grievance was related to “money on their account” and property that was never returned when they transferred. None of the grievances alleged any sexual abuse, sexual harassment or sexual misconduct, or retaliation.

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

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

Too, the following procedures pertain to reporting allegations of sexual abuse or sexual harassment via the grievance process: 1) Page 5 of the Statewide Grievance Policy, Paragraph 4., Asserts that the offender is not required to attempt an informal resolution before filing a grievance; 2) Residents may submit the grievance without having to submit it to the staff who is the subject of the complaint 3) Residents may seek assistance from third parties and third parties can file grievances on behalf of the inmate 4) If a third party files a request on behalf of an inmate, the victim must agree to have the request filed 5) If the inmate declines to have the request processed on his behalf, GDC will document the inmate’s decision as part of the SART or Internal Investigation report. Staff will also assist offenders who need special help (because of such things as language barriers, illiteracy, or physical or mental disability) filling out the grievance forms if requested by the inmate.

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

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

**Discussion of Interviews:** An interview with the grievance officer confirmed that an inmate may file a grievance alleging sexual abuse and that upon receipt of such a grievance, the staff is required to immediately refer the grievance to the Sexual Assault Response Team (SART) for investigation. Two

(2) interviewed members of the SART confirmed that process. The SART reported that they have not received any allegations of sexual abuse or sexual harassment via a grievance. Staff were aware that residents could report sexual abuse or sexual harassment through the grievance process. They indicated that if they received a grievance they would turn it over to the grievance officer (the Assistant Superintendent). Interviewed residents did not name the grievance process as a way they would report an allegation however, when asked, they said they could file a grievance to report sexual abuse or sexual harassment however most preferred the option of telling a staff or calling the PREA Hotline. Staff understood that when a grievance alleges sexual abuse or sexual harassment, the grievance process ceases, the grievance is immediately turned over to the Sexual Assault Response Team who initiates an investigation into the allegations.

## Standard 115.253: Resident access to outside confidential support services

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

#### 115.253 (a)

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

#### 115.253 (b)

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

#### 115.253 (c)

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

### Auditor Overall Compliance Determination

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

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

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

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**Policy and Documents Reviewed:** GDC Policy 208.6, PREA, Memo from the Rape Crisis Center of the Coastal Empire; Follow-Up Email with The Rape Crisis Center of the Coastal Empire; The Coastal Transitional Center Pre-Audit Questionnaire; GDC Policy IIA234-0001, Consular Notification; PREA Related Posters;

**Interviews:** PREA Compliance Manager, PREA Coordinator, Assistant Superintendent, twenty (20) randomly selected residents; Staff Advocate at Rape Crisis Center of the Coastal Empire

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

GDC Prisons are often located in areas with limited or non-existent resources, including outside confidential support services. In response to that need the facility asked Just Detention International to help develop and secure these services for a number of prisons experiencing that issue. Just Detention International, according to interviews with the Agency's PREA Coordinator, brought together the PREA Compliance Staff and Rape Crisis Centers and Outside Advocacy Organizations throughout the state to attempt to pair specific prisons up with an outside agency. In response to the lack of resources, the GDC trained a staff advocate(s) to accompany residents during forensic exams if requested.

The Transitional Center has a memo from the Rape Crisis Center of the Coastal Empire, in Savannah, Georgia. The memo offers a hotline 24/7 for anyone who needs to access support services, including talking with an advocate. The facility has posted the contact information on the streaming video monitor in the large dining/multipurpose area. The auditor interviewed an advocate from the Rape Crisis Center of the Coastal Empire who affirmed the services her agency would provide to victims of sexual abuse from the Coastal Transitional Center.

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

GDC Policy IIA23-0001, Consular Notification; affirms it is the policy of GDC that the Consulate General of an inmate's native country be kept informed as the inmate's custody status or occurrences to the

Vienna Convention on Consular Relations. Residents will be provided information on how to access Foreign Consular Offices in the United States. This information is available for download at <http://www.state.gov/s/cpr/ris/fco> This policy prescribes the GDC's responsibility for notification and that the inmate be informed of such notification. Foreign National residents are allowed visitation with representatives from the Consulate General of his/her native country.

**Discussion of Interviews:** An interview with the staff advocate at the Rape Crisis Center of the Coastal Empire confirmed that organization will provide a trained advocate from the Rape Crisis Center to accompany a resident through the forensic examination process and other investigatory interviews. There are four (4) full time advocates at the facility and SANEs are on-call to conduct the forensic exams. If the resident goes to the hospital the advocate would meet the victim there and provide services, if requested by the resident. The Rape Crisis Center has a hotline to receive calls anonymously or through identification on a 24/7 basis.

## Standard 115.254: Third-party reporting

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

### 115.254 (a)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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**Policy and Documents Reviewed:** Georgia Department of Corrections Policy, 208.6, PREA; The Coastal Transitional Center Pre-Audit Questionnaire; GDC Policy, 227.02, Statewide Grievance Process; The Department's Website contains a section entitled: "How do I report sexual abuse or

sexual harassment?"; The brochure entitled, "Sexual Assault, Sexual Harassment, Prison Rape Elimination Act – How to Prevent It and How to Report It"; Reviewed PREA Related Brochures; PREA Related Posters

**Interviews:** Twenty (20) residents, randomly selected and special category; Fourteen (14) Randomly Selected Staff; Eighteen (18) Special Category Staff, PREA Compliance Manager; Superintendent

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

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

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

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

Residents at the Coastal Transitional Center have personal cell phones that are approved and necessary in their finding employment. These enable a resident to contact a third party any time day or night to report an allegation of sexual abuse or sexual harassment and to ask them to make a report for them or to simply tell them, after which they may make a report for the inmate.

There were no allegations of sexual abuse or sexual harassment at the Coastal Transitional Center in the past twelve or more months. This is confirmed through interviews with the Superintendent, Investigator, PREA Compliance Manager, and reviewed COMSTAT reports and a review of the past 12 months of reports sent to the PREA Unit documenting allegations.

**Discussion of Interviews:** Staff were asked to name the ways residents could report allegations of sexual abuse. Staff consistently stated the residents could report to a staff or call the PREA hotline. Staff did not initially name third parties as a way of reporting however when asked, staff affirmed that a resident could get a third party to report for them, so they could remain anonymous. They affirmed they would accept a third-party report. When asked if they would have to document a third - report, they said they would have to verbally report it and have to do a statement or an incident report, depending on the

direction from the supervisor. Asked if there was a time frame for completing the reports the residents said they would do it before the end of the shift.

Residents, who were interviewed, most often said they would report either to a staff or they could call the PREA Hotline. When asked if they could report verbally, in writing, through a third party or anonymously, residents said they guessed a third party could make a report for them, but they indicated they'd probably just tell the staff. They also related they have phones and could call 911 or anyone at any time if they needed to report anything. They also gave thought to making anonymous reports stating they guess they, but they could not see how that would help get it investigated. The auditor explained that people report in different ways and where a stronger person might give their names someone who more fragile might be too intimidated to do so but would make a report if someone else could report it for them.

## OFFICIAL RESPONSE FOLLOWING A RESIDENT REPORT

### Standard 115.261: Staff and agency reporting duties

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

#### 115.261 (a)

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

#### 115.261 (b)

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

#### 115.261 (c)

- Unless otherwise precluded by Federal, State, or local law, are medical and mental health practitioners required to report sexual abuse pursuant to paragraph (a) of this section?  Yes  No



- Are medical and mental health practitioners required to inform residents of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services?  Yes  No

#### 115.261 (d)

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

#### 115.261 (e)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

**Policy and Document Review:** Department of Corrections Policy, 208.6, Sexually Abusive Behavior Prevention and Intervention Program, F. Official Response Following and Inmate Report, 1. Staff and Department Reporting Duties; the reviewed Sexual Assault/Sexual Misconduct Prison Rape Elimination Act (PREA) Education Acknowledgment Statement. There were no reports of allegations made during the past twelve (12) months and more. This was confirmed through interviews with the Superintendent, PREA Compliance Manager; Random and Special Category Staff, interviewed residents and reviewed COMSTAT Reports and reviewed Monthly PREA reports to the PREA Unit.

**Interviews:** Superintendent, PREA Coordinator; PREA Compliance Manager; Facility Investigator; Fourteen (14) randomly selected staff; Eighteen (18) Special Category Staff.

**Discussion of Policy and Documents Reviewed:** Department of Corrections Policy, 208.6, Sexually Abusive Behavior Prevention and Intervention Program, F. Official Response Following and Inmate Report, 1. Staff and Department Reporting Duties, requires staff who witness or receive a report of sexual assault, sexual harassment, or who learn of rumors or allegations of such conduct, must report information concerning incidents or possible incidents of sexual abuse or sexual harassment to the



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

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

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

**Discussion of Interviews:** One-hundred percent (100%) of interviewed random and special category staff acknowledged that they are required to report "everything", including any knowledge, reports, or information regarding sexual abuse or sexual harassment. When asked if they would report a "suspicion" staff stated they would report it verbally to their immediate supervisor. Asked if they would document that kind of report; they said they would. In talking about third-party reports, staff said they would take any report and report it to their immediate supervisor. Asked about an anonymous report, they said they would report that to their immediate supervisor and that the SART would investigate it just like any other allegation. None of the random or special category staff were aware of any allegations made during the past twelve months. The Superintendent, PREA Compliance Manager and Investigator all affirmed they have not had any allegations of any kind in the past twelve or more months.

## **Standard 115.262: Agency protection duties**

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

#### **115.262 (a)**

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

**Policy and Documents Reviewed:** GDC Policy 208.06, Prison Rape Elimination Act- PREA, Sexually Abusive Behavior Prevention and Intervention Program, Paragraph 2., Facility Protection Duties; SOP 209.06, Administrative Segregation; Coastal Transitional Center; Pre-Audit Questionnaire;

**Interviews:** Superintendent; Grievance Officer; PREA Compliance Manager; Fourteen (14) randomly selected staff; Eighteen (18) Special Category Staff; Twenty (20) residents, randomly selected.

**Discussion of Policy and Documents:** GDC Policy 208.06, Prison Rape Elimination Act- PREA, Sexually Abusive Behavior Prevention and Intervention Program, Paragraph 2., Facility Protection Duties, requires that upon learning of a sexual abuse, staff are to separate the alleged victim and abuser and ensure the alleged victim has been placed in safe housing which may be protective custody in accordance with SOP 209.06, Administrative Segregation. If the inmate victim is placed in administrative segregation, a note is placed in SCRIBE indicating the reason for the placement. If the offender remains in Administrative Segregation for 72 hours, ensure that the Sexual Assault Response Team has again evaluated the victim within 72 hours. Again, a note is to be entered SCRIBE indicating the reason for continued placement. The care and treatment member of SART is responsible for documenting the reasons in SCRIBE. If the alleged perpetrator is an offender and if the alleged perpetrator has been placed in Administrative Segregation in accordance with SOP 209.06, Administrative Segregation, again, a case note documenting the reason for placement is completed and documented in SCRIBE. If the offender remains in Administrative Segregation for 72 hours, the SART evaluates the offender again within 72 hours and if continued placement is required, the reasons are documented in SCRIBE. The care and treatment staff from the SART is responsible for the documentation. If the alleged perpetrator is a staff member, the staff member and alleged victim are separated during the investigation period. The staff member may be reassigned to other duties or other work area; transferred to another institution, suspended with pay pending investigation or temporarily banning the individual from the institution, whichever option the appointing authority deems appropriate. Staff are instructed, if applicable, they are to consult with the SART, Regional Director, the Department's PREA Coordinator or the Regional SAC within 72 hours of the reported incident to

determine how long the alleged victim or perpetrator should remain segregated from the general population and document the final decision in the offender's file with specific reasons for returning the offenders to the general population or keeping the offenders segregated and ensure the SART has evaluated the victim within 24 hours of the report. Once a determination has been made that there is sufficient evidence of sexual assault, staff ensure closure of the matter by serving notice of adverse action or banning the staff member, making housing and classification changes if the perpetrator is an offender, and update the victim's offender file with incident information.

The Pre-Audit Questionnaire documented there have been no incidents in which a resident was at substantial risk of imminent sexual abuse during the past twelve months or more. In the event there was an inmate requiring protection that was more than this facility could provide, the resident could be taken to the host facility, Coastal State Prison, where there is single cell protective custody housing.

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

Interviews with staff indicated that once they became aware a resident was at risk of imminent sexual abuse, they would take immediate action to protect the resident. They also indicated they would report it immediately to their supervisor and asked where they would keep or put the resident, they said they would keep him with them and place him in the safe cell until a decision could be made by the supervisors about where to safely house him. They also indicated they have safe rooms. These are located closest to the control room. The allegation would be investigated then by SART. If an aggressor is known, he could be taken to the Coastal State Prison and placed in segregation until the investigation is completed.

An interview with the Grievance Officer confirmed there were no grievances alleging imminent sexual abuse during the past twelve months nor were there any grievances alleging sexual harassment that actually was staff misconduct.

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

## **Standard 115.263: Reporting to other confinement facilities**

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

#### **115.263 (a)**

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

#### **115.263 (b)**

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

### 115.263 (c)

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

### 115.263 (d)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

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

**Interviews:** Superintendent; PREA Compliance Manager, Investigator

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

The Pre-Audit Questionnaire and interviews with the Superintendent, PREA Compliance Manager, and investigator confirmed there were no allegations received from other facilities that an inmate was sexual

abused or sexually harassed while at Coastal Transitional Center nor did the facility receive any allegations from another facility that a detainee was sexual abused while at Treutlen.

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

## Standard 115.264: Staff first responder duties

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

#### 115.264 (a)

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

#### 115.264 (b)

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

### Auditor Overall Compliance Determination

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

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

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

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

**Policy and Documents Review:** Georgia DOC Policy, 208.6; local protocol, "PREA Reporting Process"; Pre-Audit Questionnaire; Local Operating Directive; Sexual Abuse Response Checklist; SANE's List; PREA Medical Log.

**Interviews:** Superintendent; PREA Compliance Manager; fourteen (14) randomly selected staff; the facility's nurse; the facility based investigator; Informal Interviews with seven (7) staff randomly selected during the site review.

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

The Sexual Assault Response Team will be notified and will implement the local protocol. The Superintendent issued an Memorandum to all staff designating the members of SART. They included a General Population Counselor (lead SART member); Sergeant (Investigator/Training Officer); and a Nurse.

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

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

Non-custody staff have been trained in first responding. They described the steps they would take in response to being informed a resident had been sexually assaulted. Sexual Assault Nurse Examiners will come to the facility to conduct the Forensic Exam. The facility has a list of SANEs who are to be called in response to a sexual assault. The list contains the contact information for all SANEs.

**Discussion of Interviews:** Staff were very familiar with their responsibilities as first responders. Each described the steps they would take if they were the first person to be alerted that a resident had been sexually assaulted. The first response articulated was to notify the immediate supervisor, separate the victim and aggressor; secure the crime scene; advise the victim not to brush his teeth, eat, drink, shower, use the restroom or do anything to contaminate the evidence and tell the aggressor the same. All of them indicated they would get the victim to medical. A cross section of staff, including counselors, employment managers and the nurse articulated their roles as non-security first responders. All of them stressed protecting the evidence.

## Standard 115.265: Coordinated response

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

#### 115.265 (a)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does*



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

**Policy and Documents Reviewed:** GDC Policy 208.06, Prison Rape Elimination Act-PREA, Sexually Abusive Behavior Prevention and Intervention Program, Paragraph 5, Coordinated Response; local procedure for reporting and responding to sexual allegations, GDC Sexual Abuse Response Checklist (GDC 208.06, Attachment 6); Local Operating Directive., PREA Medical Log, Monthly PREA Report.

**Interviews:** Fourteen (14) staff, randomly selected from a staff roster and representing a cross section of employees; Superintendent, PREA Compliance Manager; Non-Security First Responders.

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

The local protocol, “PREA Reporting Process”; GDC Sexual Abuse Response Checklist (GDC 208.06, Attachment 6) and the Local Operating Directive describe in detail specific actions and steps for staff to take including the first responder, shift supervisor, medical, mental health and leadership. Investigations are conducted by the Sexual Assault Response Team. The response plan becomes a part of the investigation because it is also a checklist of actions to be taken by the entity.

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

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

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

There were no allegations of sexual abuse or sexual harassment during the past twelve (12) months and longer. This was confirmed through interviews with staff and reviewed monthly PREA Reports and reports from the PREA Analyst regarding calls from the facility to the PREA Hotline.

**Discussion of Interviews:** Interviewed staff discussed, without hesitation, the actions each would take in response to sexual assault. Staff are knowledgeable of their responsibilities in responding.

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



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

### 115.266 (a)

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

### 115.266 (b)

- Auditor is not required to audit this provision.

## Auditor Overall Compliance Determination

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

## Instructions for Overall Compliance Determination Narrative

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

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

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

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

## Standard 115.267: Agency protection against retaliation

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

### 115.267 (a)

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

### 115.267 (b)

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

### 115.267 (c)

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

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor reassignments of staff?  Yes  No
- Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need?  Yes  No

#### 115.267 (d)

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

#### 115.267 (e)

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

#### 115.267 (f)

- Auditor is not required to audit this provision.

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

**Policy and Documents Reviewed:** DOC Policy 208.6, Prison Rape Elimination Act, Sexually Abusive Behavior Prevention and Intervention Program;

**Interviews:** Facility Staff Designated as the Facility's Retaliation Monitor; Superintendent; PREA Compliance Manager.; Twenty (20) Residents, randomly selected; fourteen (14) randomly selected staff; eighteen (18) special category staff.

**Discussion of Policy and Documents Review:** GDC Policy 208.6, Prison Rape Elimination Act, Sexually Abusive Behavior Prevention and Intervention Program, affirms the agency has a zero

tolerance for any form of retaliation and is committed to protecting residents or staff who report sexual abuse and sexual misconduct or sexual harassment from retaliation. Policy requires that anyone who retaliates against a staff member or an offender who has reported an allegation of sexual abuse or sexual harassment in good faith is subject to disciplinary action. Policy requires a staff be identified to monitor for retaliation. Additionally, policy provides multiple protection measures including: housing changes for residents, transfers, removal of alleged staff or inmate abusers from contact with victims and emotional support for residents 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 residents and staff to see any changes to indicate possible retaliation and to remedy any retaliation. Monitoring includes: review of inmate disciplinary reports, housing or program changes, negative performance reviews or reassignments of staff etc. Monitoring may continue beyond 90 days if the initial monitoring indicates the need for it. Periodic status checks of residents will be conducted. The obligation for monitoring terminates if the allegation is unfounded. Policy requires that monitoring is documented on the GDC Form 90 Day Offender Sexual Abuse Review Checklist. The checklist is completed for each inmate being monitored.

The auditor could not review any investigation packages because there were no allegations of sexual abuse or sexual harassment during the past 12 months and longer. This was confirmed through interviews with the Superintendent; PREA Compliance Manager; the reviewed Monthly PREA Report to the PREA Unit's Analyst; Monthly COMSTAT reports; reviewed grievances, reviewed incident reports, as well as interviews with residents and staff.

**Discussion of Interviews:** The auditor interviewed the facility's Retaliation Monitor. The monitor is the Administrative Assistant. She stated that upon learning of a sexual abuse or sexual harassment allegation she would first meet with the resident to explain her role in monitoring for retaliation. She related, as well, that she would have several options for the resident or for staff who experience retaliation or feel they are experiencing retaliation. She said she can provide emotional support, separate the residents by moving one to another housing unit and, if necessary, recommending the resident be transferred to another facility. For staff, she indicated they could also have their work assignment changed insofar as possible; recommend they be placed on administrative leave and that they could be transferred as well, if it came to that.

This facility is housed under one roof and knowing or hearing about retaliation would be easier than in a large prison.

As far as things she would be monitoring; she related these would include for staff; monitoring work assignments; changes in performance reports, changes in work assignments. She related she would also be doing random checks. If the potential retaliation involved a resident, she indicated she would be monitoring disciplinary reports, requests, changes in their treatment plans or changes in the work assignments.

She said she would then meet with the resident every 30 days unless the investigation deemed the allegation unfounded. Monitoring would be documented every 30 days up to and beyond 90 days if necessary.

The Superintendent related that the Department and Coastal Transitional Center has a zero tolerance for any form of retaliation and any staff or resident involved in any retaliatory behavior would be disciplined and if it was a staff involved in retaliation the presumptive discipline would be termination.

## INVESTIGATIONS

### Standard 115.271: Criminal and administrative agency investigations

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

#### 115.271 (a)

- When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? [N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.221(a).]  Yes  No  NA
- Does the agency conduct such investigations for all allegations, including third party and anonymous reports? [N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.221(a).]  Yes  No  NA

#### 115.271 (b)

- Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations as required by 115.234?  Yes  No

#### 115.271 (c)

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

#### 115.271 (d)

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

#### 115.271 (e)

- Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as resident or staff?  Yes  No

- Does the agency investigate allegations of sexual abuse without requiring a resident who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding?  Yes  No

#### 115.271 (f)

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

#### 115.271 (g)

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

#### 115.271 (h)

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

#### 115.271 (i)

- Does the agency retain all written reports referenced in 115.271(f) and (g) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years?  Yes  No

#### 115.271 (j)

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

#### 115.271 (k)

- Auditor is not required to audit this provision.

#### 115.271 (l)

- When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? [N/A if an outside agency does not conduct administrative or criminal sexual abuse investigations. See 115.221(a).]  Yes  No  NA

## Auditor Overall Compliance Determination

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

## Instructions for Overall Compliance Determination Narrative

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

**Policy and Documents Reviewed:** Georgia Department of Corrections Policy, 208.6, G. Investigations; Memo from Superintendent designating SART members; Reviewed NIC Certificates; Coordinated Response Plan; Pre-Audit Questionnaire; Report from the GDC PREA Analyst; Note: There were no allegations of either sexual assault or sexual harassment during the past 12 months.

**Interviews:** Superintendent, PREA Compliance Manager; SART Members, Fourteen (14) randomly selected staff; Eighteen (18) Special Category staff; Twenty (20) randomly selected residents.

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

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

There were no allegations of sexual abuse, sexual harassment or retaliation during the past twelve (12) months and longer. This was confirmed through interviews with the Superintendent and PREA Compliance Manager, reviewed monthly PREA Reports to the PREA Analyst and the reviewed Monthly COMSTAT Report.

**Discussion of Interviews:** Interviews with staff confirmed that the Sexual Assault Response Team conduct investigations in the Transitional Center. An interview with a facility-based investigator confirmed the Sexual Assault Response Team will conduct an initial investigation of all allegations of sexual abuse and sexual harassment.

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

Interviews with the members of SART confirmed the investigatory process. The facility-based trained investigator described the investigation process beginning with an allegation being made. The process involves interviewing the victim to find out what happened, when and where. He indicated he interviews the victim and the alleged perpetrator twice to see if the stories are consistent. The investigation would also collect witness statements from the perpetrator and any witnesses. If there was camera coverage the video would be reviewed. The entire SART would review all the evidence and a determination would be made as to whether the allegation was substantiated, unsubstantiated or unfounded.

When asked what would happen if the alleged perpetrator was as staff who resigned prior to the conclusion of the investigation, the investigator stated the investigation continues. Asked what would happen if the alleged resident abuser was transferred what would happen to the investigation, the investigator related the investigation would continue.

The Investigator, Superintendent, and PREA Compliance Manager all affirmed if the alleged incident appeared to be criminal, the incident would be turned over to the Office of Professional Standards and an OPS investigator would be dispatched to conduct the potentially criminal investigation. OPS investigators have arrest powers.

Interviews indicated that the SART's role in a potentially criminal allegation is to secure the scene until the OPS arrives and to collect any evidence the OPS investigator instructs them to collect.



## Standard 115.272: Evidentiary standard for administrative investigations

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

#### 115.272 (a)

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

#### Auditor Overall Compliance Determination

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- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
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**Policy and Documents Reviewed:** The Georgia Department of Corrections Policy 208.06, Prison Rape Elimination Act-PREA, Sexually Abusive Behavior Prevention and Intervention Program, Section G. 14.

**Interviews:** Superintendent, PREA Compliance Manager; SART Leader.

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

The facility-based investigator assigned to the Sexual Abuse Response Team, when asked what standard is used to substantiate a case; stated it is the "preponderance of the evidence". He explained that standard as 51%.

## Standard 115.273: Reporting to residents

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

#### 115.273 (a)

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

#### 115.273 (b)

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

#### 115.273 (c)

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

#### 115.273 (d)

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

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

#### 115.273 (e)

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

#### 115.273 (f)

- Auditor is not required to audit this provision.

### Auditor Overall Compliance Determination

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**Policy and Documents Reviewed:** GDC Policy 208.06, Prison Rape Elimination Act – PREA, Sexually Abusive Behavior Prevention and Intervention Program, G.15; Pre-Audit Questionnaire.

**Interviews:** Superintendent, PREA Compliance Manager; Sexual Assault Response Team Members; Facility-Based Investigator.

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

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

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

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

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

There have been no allegations of sexual abuse or sexual harassment.

Staff understand the Notification Process and the GDC requirements for notifying residents at the conclusion of the investigation.

**Discussion of Interviews:** Interviews with the SART members, the Superintendent and PREA Compliance Manager know that they are required to notify a resident at the conclusion of an investigation.

## DISCIPLINE

### Standard 115.276: Disciplinary sanctions for staff

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

#### 115.276 (a)

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

### 115.276 (b)

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

### 115.276 (c)

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

### 115.276 (d)

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

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
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**Policy and Documents Reviewed:** Department of Corrections Policy, 208.6, Prison Rape Elimination Act, H. Discipline, 1. Disciplinary Sanction for Staff; GDC Sexual Assault/Sexual Misconduct Prison Rape Elimination Act (PREA) Education Acknowledgment Statement for Employees and Unsupervised Contractors and Unsupervised Volunteers; Reviewed Pre-Audit Questionnaire.

**Interviews:** PREA Compliance Manager; Superintendent

**Discussion of Policy and Document Review:** Department of Corrections Policy, 208.6, Prison Rape Elimination Act, H. Discipline, 1. Disciplinary Sanction for Staff, requires that staff who engage in sexual

misconduct with an offender are banned from correctional institutions or subject to disciplinary action, up to and including, termination, whichever is appropriate. Staff may also be referred for criminal prosecution when appropriate.

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

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

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

Staff, as a part of their PREA training sign a GDC Sexual Assault/Sexual Misconduct Prison Rape Elimination Act (PREA) Education Acknowledgment Statement for Employees and Unsupervised Contractors and Unsupervised Volunteers contains a warning that any violation of the policy will result in disciplinary action, including termination, or that they will be banned from entering any correctional institution. Furthermore, it asserts that staff understand that in accordance with Georgia Law, O.C.G.A. 16-6-5.1, certain correctional staff members who engage in sexual contact with an offender commit sexual assault, a felony punishable by imprisonment of not less than one nor more than 25 years, a fine of \$100,000.00 or both. Staff acknowledge that an offender cannot consent to sexual activity. The auditor reviewed 40 PREA Acknowledgment Statements signed by employees and contractors.

There have been no allegations of sexual abuse or sexual harassment in the past 12 months and longer.

## **Standard 115.277: Corrective action for contractors and volunteers**

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

#### **115.277 (a)**

- Is any contractor or volunteer who engages in sexual abuse prohibited from contact with residents?  Yes  No
- Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies unless the activity was clearly not criminal?  Yes  No
- Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies?  Yes  No

#### **115.277 (b)**

- In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with residents?  Yes  No

### Auditor Overall Compliance Determination

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

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**Policy and Documents Reviewed:** DOC Policy, 208.06, Prison Rape Elimination Act, Sexually Abusive Behavior Prevention and Intervention Program, Paragraph #2. Contractors and Volunteers; GDC Sexual Assault/Sexual Misconduct Prison Rape Elimination Act (PREA) Education Acknowledgment Statement for Employees and Unsupervised Contractors and Unsupervised Volunteers; Pre-Audit Questionnaire.

**Interviews:** PREA Compliance Manager; Superintendent.

**Discussion of Policies and Reviewed Documents:** DOC Policy, 208.06, Prison Rape Elimination Act, Sexually Abusive Behavior Prevention and Intervention Program, Paragraph #2. Contractors and Volunteers, requires that any contractor or volunteer who engages in sexual abuse will be prohibited from contact with residents 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 residents in the case of any other violation of Department sexual abuse or sexual harassment policies by a contractor or volunteer.

Contractors and Volunteers, as a part of their PREA training sign a GDC Sexual Assault/Sexual Misconduct Prison Rape Elimination Act (PREA) Education Acknowledgment Statement for Employees and Unsupervised Contractors and Unsupervised Volunteers contains a warning that any violation of the policy will result in disciplinary action, including termination, or that they will be banned from entering any correctional institution. Furthermore, it asserts that staff understand that in accordance with Georgia Law, O.C.G.A. 16-6-5.1, certain correctional staff members who engage in sexual contact with an offender commit sexual assault, a felony punishable by imprisonment of not less than one nor more

than 25 years, a fine of \$100,000.00 or both. Staff acknowledge that an offender cannot consent to sexual activity.

The Pre-Audit Questionnaire documented that there were no allegations of sexual abuse or sexual harassment against any contractor or volunteer during the past 12 months. This was also confirmed through interviews with the Superintendent and PREA Compliance Manager.

None of the reviewed incident reports or grievances alleged any form of sexual abuse, sexual harassment or sexual misconduct.

**Discussion of Interviews:** Interviews with the PREA Compliance Manager; SART Leader and Superintendent indicated that they have not had any allegations made against a contractor in the past twelve (12) months. The Superintendent affirmed, in an interview, that if they did have a contractor who was alleged to have violated an agency sexual abuse or sexual harassment, they would be prohibited from coming into the prison and would have no contact at all with any inmate. He also stated that an investigation would be conducted and if the allegations were substantiated the volunteer or contractor would be referred for prosecution. The Superintendent stated that this facility does not have any volunteers.

## Standard 115.278: Interventions and disciplinary sanctions for residents

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

#### 115.278 (a)

- Following an administrative finding that a resident engaged in resident-on-resident sexual abuse, or following a criminal finding of guilt for resident-on-resident sexual abuse, are residents subject to disciplinary sanctions pursuant to a formal disciplinary process?  Yes  No

#### 115.278 (b)

- Are sanctions commensurate with the nature and circumstances of the abuse committed, the resident's disciplinary history, and the sanctions imposed for comparable offenses by other residents with similar histories?  Yes  No

#### 115.278 (c)

- When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether a resident's mental disabilities or mental illness contributed to his or her behavior?  Yes  No

#### 115.278 (d)



- If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to require the offending resident to participate in such interventions as a condition of access to programming and other benefits?  Yes  No

#### 115.278 (e)

- Does the agency discipline a resident for sexual contact with staff only upon a finding that the staff member did not consent to such contact?  Yes  No

#### 115.278 (f)

- For the purpose of disciplinary action does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation?  Yes  No

#### 115.278 (g)

- Does the agency always refrain from considering non-coercive sexual activity between residents to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between residents.)  
 Yes  No  NA

#### Auditor Overall Compliance Determination

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**Policy and Documents Reviewed:** GDC Policy, 208.6, Sexually Abusive Behavior Prevention and Intervention Program, H. Discipline, Paragraph 3. Disciplinary Sanctions for Offenders, Pre-Audit Questionnaire; Reviewed Incident Reports (10); Reviewed Grievances (9).

**Interviews:** Superintendent; PREA Compliance Manager; SART Leader; SART Members; Staff conducting Disciplinary Hearings.

**Discussion of Policy and Documents Reviewed:** GDC Policy prohibits all consensual sexual activity between offenders and offenders may be subject to disciplinary action for such activity. Consensual

sexual activity between offenders does not constitute sexual abuse but is considered a disciplinary issue. Paragraph b. requires that offenders are subject to disciplinary sanctions pursuant to a formal disciplinary process following an administrative finding that the offender engaged in offender-on-offender sexual abuse or a criminal finding of guilt for offender-on-offender sexual abuse. The sanctions that may be imposed are prescribed in Standard Operating Procedures 209.01, Offender Discipline.

Policy requires that the disciplinary process consider whether an offender's mental disabilities or mental illness contributed to behavior when determining what type of sanction, if any, will be imposed. And if the facility offers therapy, counseling or other interventions to address and correct underlying reasons or motivations for the abuse, the facility is required to consider whether to offer the offending offender to participate in such interactions as a condition of access to programming or other benefits.

Policy affirms that an offender may be disciplined for sexual contact with a staff member only upon a finding that the staff member did not consent to such contact.

Reports made in good faith upon a reasonable belief that the alleged conduct occurred shall not constitute false reporting or lying, even if the investigation does not establish sufficient evidence to substantiate the allegation. However, following an administrative finding of malicious intent on behalf of the offender making the report, then the offender will be subject to disciplinary sanctions pursuant to a formal disciplinary process in accordance with SOP 209.01, Offender Discipline.

The Pre-Audit Questionnaire documented there were no residents subject to disciplinary action during the past twelve (12) months. There were no allegations of any form of sexual abuse, sexual misconduct or sexual harassment. If there was a substantiated case of sexual abuse the resident would be referred for prosecution if the incident was criminal. If it was not criminal the resident would be disciplined in compliance with the Disciplinary Code.

**Discussion of Interviews:** Interviews confirmed there were no allegations of sexual abuse or sexual harassment during the past twelve (12) months. The Superintendent stated if a resident violated an agency sexual abuse or sexual harassment policy, he would be disciplined in compliance with the disciplinary code and if the allegations were criminal, the resident would be referred for prosecution.

## MEDICAL AND MENTAL CARE

### Standard 115.282: Access to emergency medical and mental health services

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

#### 115.282 (a)

- Do resident victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment?  
 Yes    No

#### 115.282 (b)

- If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do security staff first responders take preliminary steps to protect the victim pursuant to § 115.262?  Yes  No
- Do security staff first responders immediately notify the appropriate medical and mental health practitioners?  Yes  No

### 115.282 (c)

- Are resident victims of sexual abuse offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate?  Yes  No

### 115.282 (d)

- Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?  Yes  No

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**Policy and Documents Reviewed:** GDC Policy, 208.6, Prison Rape Elimination Act, Sexually Abusive Behavior Prevention and Intervention Program; PREA Medical Logs; Coordinated Response Plan; Local Operational Directive; Sexual Abuse Response Checklist; Lists of SANEs.

**Interviews:** Superintendent; PREA Compliance Manager; Registered Nurse; Sexual Assault Response Team Leader; Randomly Selected Staff; Security and Non-Security First Responders.

**Discussion of Reviewed Policies and Documents:** GDC Policy, 208.6, Prison Rape Elimination Act, Sexually Abusive Behavior Prevention and Intervention Program requires the facility to provide prompt and appropriate medical and mental health services in compliance with this standard. It requires the SART to arrange for immediate medical examination of the alleged victim, followed by a mental health evaluation within 24 hours. One of the SART Members is the registered nurse. Medical Staff are

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

The facility provided the Medical PREA Log maintained by medical staff. This document logs the date of the incident, reported within 72 hours, Transport to ER, Inmate consent signed, SANE notified, Time notified, Date Exam scheduled, Date exam completed, time SANE arrived, Sane Conducting the Exam, Company Chain of Command for Rape Kit, and Date the rape kit is accepted by security. There were no residents who required a forensic exam during the past twelve (12) months.

The Department has a written form entitled "Orientation to Health Care". The section, "Emergency Care" tells residents if they are having symptoms of a serious medical condition, they should notify the correctional officer immediately and the officer will notify medical and that they will be evaluated.

**Discussion of Interviews:** The Registered Nurse confirmed that if a resident was brought the medical area following an allegation of sexual abuse, medical would inform the resident of their requirement to report and have the resident sign a confidentiality form, evaluate the resident for injuries and if there was nothing requiring emergent care she would, make the Sexual Assault Response Team aware of the alleged incident, contact the Sexual Assault Nurse Examiner and then take action to protect the evidence. The clinic at the Transitional Center is open Monday through Thursday from 7AM-5:30PM. If the incident occurred after hours or on the weekend, if there were emergent issues, the resident would be taken to the emergency room. If there were no emergent issues the resident would be taken to the host facility, Coastal State Prison, where the Sexual Assault Nurse Examiner would come to conduct the forensic examination. The resident would also be referred to mental health at Coastal State Prison, where there are licensed professional counselors. The hospital would offer the resident STI prophylaxis if he wanted it. If the hospital did not offer it to the resident, the Registered Nurse at the Transitional Center stated the facility maintains a "POST Exposure" kit if they wanted to be prophylactically treated

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

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

### 115.283 (a)

- Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility?  Yes  No

### 115.283 (b)

- Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody?  Yes  No

### 115.283 (c)

- Does the facility provide such victims with medical and mental health services consistent with the community level of care?  Yes  No

### 115.283 (d)

- Are resident victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if all-male facility.)  Yes  No  NA

### 115.283 (e)

- If pregnancy results from the conduct described in paragraph § 115.283(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if all-male facility.)  Yes  No  NA

### 115.283 (f)

- Are resident victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?  Yes  No

### 115.283 (g)

- Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?  Yes  No

### 115.283 (h)

- Does the facility attempt to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners?  Yes  No

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

**Policy and Documents Reviewed:** GDC "Procedure for Sane Nurse Evaluation/Forensic Collection: GDC Policy 208.6, PREA. Reviewed Pre-Audit Questionnaire.

**Interviews:** Facility Registered Nurse; SANE

**Discussion of Policy and Documents Reviewed:** The agency's "Procedure for Sane Nurse Evaluation/Forensic Collection" provides specific actions required when an inmate alleges sexual abuse/assault. It also requires that following a SANE Examination, the facility provider or designee is responsible for ordering prophylactic treatment for STIs. A follow up visit by a clinician is required three working days following the exam. The facility has a facility specific coordinated response plan (Local Procedure Directive) that specifies the actions for first responders; Sexual Assault Response Team, Medical and Mental Health. GDC Policy requires that victims of sexual abuse are provided health care services, including the forensic exam at no cost to the victim. This is confirmed through review of the GDC PREA Policy as well as interviews with medical staff. GDC Policy requires that the facility attempt to conduct a mental health evaluation of all known resident on resident abusers within 60 days of becoming aware of such history and offer treatment as appropriate.

**Discussion of Interviews:** An interview with the Registered Nurse again described her role if a resident was brought into the clinic as a result of an allegation of sexual abuse. The detainee would be evaluated and if he had an emergent condition, would be taken to the emergency room, most likely Memorial Hospital in Savannah, Georgia for emergency treatment. The SANE would either go to the hospital to conduct the forensic exam or the SANE at the hospital would conduct it. A "Sexual Assault/Rape Kit" would be sent to the hospital to be completed there. Information about STI Prophylaxis should be given at the hospital if the resident went there. If not, the facility keeps a POST Exposure Kit to provide prophylactic treatment if the resident wants it. If there are no emergent conditions requiring emergency related treatment, the detainee will remain at the facility and following

the forensic exam, will be offered the STI Prophylaxis. The facility maintains that medication at the center and upon authorization from the physician's medical doctor or "on-call" doctor, can administer it.

The inmate is also offered a follow-up with mental health. Resident victims would be offered a follow-up with mental health. The mental health counselors are employees of the host facility, Coastal State Prison. If, following a mental health follow-up and assessment, the resident needed to be on a mental health caseload or needed additional mental health counseling or treatment the resident would be seen at the prison or at a community based mental health program.

An interview with the Sexual Assault Nurse Examiner indicated she would recommend, following a forensic exam, STI prophylaxis. The facility Nurse would provide the information to the facility medical doctor who would approve the medication.

There have been no allegations of sexual abuse during the past 12 months and longer.

## DATA COLLECTION AND REVIEW

### Standard 115.286: Sexual abuse incident reviews

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

#### 115.286 (a)

- Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded?  Yes  No

#### 115.286 (b)

- Does such review ordinarily occur within 30 days of the conclusion of the investigation?  Yes  No

#### 115.286 (c)

- Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?  Yes  No

#### 115.286 (d)

- Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse?  Yes  No
- Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility?  Yes  No



- Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse?  Yes  No
- Does the review team: Assess the adequacy of staffing levels in that area during different shifts?  Yes  No
- Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff?  Yes  No
- Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.286(d)(1) - (d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager?  Yes  No

### 115.286 (e)

- Does the facility implement the recommendations for improvement, or document its reasons for not doing so?  Yes  No

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

**Policy and Documents Review:** GDC Policy 208.06, Prison Rape Elimination Act-PREA, Sexually Abusive Behavior Prevention and Intervention Program J. Data Collection and Review, 1. Monthly Sexual Abuse and Sexual Assault Program Review; Monthly Sexual Abuse and Sexual Assault Program Review; Reviewed Investigations; Pre-Audit Questionnaire

**Interviews:** Superintendent; PREA Compliance Manger, SART Leader; SART Members

**Discussion of Policies and Documents:** The Coastal Transitional Center has not had an allegation of sexual abuse or sexual harassment in the past twelve months. In doing due diligence to confirm that, the auditor interviewed the Superintendent; requested, received and reviewed the PREA Hotline Call list for the past 12 months from the PREA Analyst (documenting no calls from the facility in the past 12 months); Reviewed the Monthly PREA reports sent to the PREA Unit for the past 12 months;



Interviewed 13 Randomly selected staff and 14 special category staff; Interviewed 20 randomly selected residents.

GDC Policy 208.06, Prison Rape Elimination Act-PREA, Sexually Abusive Behavior Prevention and Intervention Program J. Data Collection and Review, 1. Monthly Sexual Abuse and Sexual Assault Program Review, affirms and requires that each facility meet once per month to review and assess the facility's PREA prevention, detection, and response efforts. During that meeting, policy requires an incident review to be conducted for each sexual abuse allegation that has been concluded within the past 30 days. This review is to be conducted on all abuse allegations deemed to be substantiated and unsubstantiated. Reviews of unfounded allegations are not necessary.

This policy requires that the members of the incident review team consist of the PREA Compliance Manager, SART and representatives from upper level management, line supervisors and other staff members, as designated by the Superintendent of the facility.

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

The reviews are conducted after the investigation, as required. Interviews with team members confirmed the reviews are conducted within 30 days of the conclusion of the investigation and that the team would consider, what motivated the incident (identification, status, gang related etc.), where it happened, blind spots, the presence of cameras, staffing and other items included on the Incident Review Checklist (Sexual Abuse Incident Review Checklist).

**Discussion of Interviews:** Interviews with the Superintendent indicated he understands the Incident Review process, and indicated it would be the same as a review of any major incident and the purpose of that would be to look at it so see how to prevent it in the future and that may include changing procedures, staff training etc. The SART members who were interviewed also related the process for conducting the reviews and indicated if they ever had a PREA incident, the incident, after an investigation would be reviewed during the SART's monthly meetings.

## Standard 115.287: Data collection

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

#### 115.287 (a)

- Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions?  Yes  No

#### 115.287 (b)

- Does the agency aggregate the incident-based sexual abuse data at least annually?  Yes  No

#### 115.287 (c)

- Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice?  Yes  No

#### 115.287 (d)

- Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews?  Yes  No

#### 115.287 (e)

- Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its residents? (N/A if agency does not contract for the confinement of its residents.)  Yes  No  NA

#### 115.287 (f)

- Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.)  Yes  No  NA

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

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

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

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

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

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

The auditor reviewed the most recent Georgia Department of Corrections Annual Report. The Agency issues annual PREA reports and posts them on the GDC Website. The auditor reviewed the 2016 Georgia Department of Corrections Prison Rape Elimination Annual Report. The report was detailed and comprehensive. The report indicated that the Georgia DOC has 34 prisons, 13 transitional centers, 9 probation detention centers, 5 substance abuse and integrated treatment facilities and 4 private prisons. Data is collected from each of the facilities and aggregated. Georgia DOC compiles and investigates PREA allegations in 4 major categories including 1) Staff on inmate Abuse, 2) Staff on Inmate Harassment, 3) Inmate on Inmate Abuse, and 4) Inmate on Inmate Harassment. The report provided data regarding the total number of allegations from all facilities and then it breaks the allegations down into those that were substantiated, unsubstantiated and unfounded. A chart then breaks down the data by facility. The 2016 report indicated there was a 18.7% increase in allegations

reported and this was attributed to better reporting. An increase in substantiated cases was noted and attributed to better trained investigators. The report concluded with a breakdown of PREA related initiatives in each of the Georgia Department of Corrections facilities. Statistics are provided for each GDC facility.

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

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

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

## **Standard 115.288: Data review for corrective action**

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

#### **115.288 (a)**

- Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas?  Yes  No
- Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis?  Yes  No
- Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole?  Yes  No

#### **115.288 (b)**

- Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse  Yes  No

#### 115.288 (c)

- Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means?  Yes  No

#### 115.288 (d)

- Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility?  Yes  No

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

**Policy and Documents Review:** Reviewed Georgia Department of Corrections Annual Report; Pre-Audit Questionnaire; Reviewed Agency's Website

**Interviews:** Agency Statewide PREA Coordinator; Assistant Statewide PREA Coordinator, PREA Compliance Manager

**Discussion of Policies and Documents Reviewed:** The Georgia Department of Corrections requires each facility to conduct incident reviews after each sexual abuse allegation investigation if the allegations are founded or unsubstantiated. The purpose of this is to determine what the motivation for the incident was and to assess whether there is a need for corrective actions including additional staff training, staffing changes or requests for additional video monitoring technology or other actions to help prevent similar incidents in the future. The auditor reviewed thirty-three (33) investigation packages. One-hundred percent (100%) of the investigation packages contained Sexual Abuse Incident Reviews that were conducted well within the required time frames.

Likewise, the agency reviews data collected to assess and improve the effectiveness of its sexual abuse prevention, detection and response policies, practices and training, including identifying problem

areas; taking corrective action on an ongoing basis and preparing an annual report of its findings and corrective actions for each facility and the GDC. The department has a dedicated staff person whose job it is to collect and analyze the data.

The reviewed annual report for 2016 affirms the agency is continuously improving the reporting and investigation methods to ensure the highest level of compliance, as well as swift corrective action when needed. The report also states the Georgia DOC continues to improve the processes of how PREA allegations are reported, investigated and tracked. The development, testing and implementation of a PREA allegation tracking method allowed for further breakdowns of allegations, along with detailed reporting from all GDC facilities, as compared to last year.

The reviewed 2016 annual report identified initiatives at each GDC facility to improve and enhance the facility and agency's approach to prevention, detection, responding and reporting sexual abuse and sexual harassment. Annual reports are posted on the Georgia Department of Corrections website.

The agency has contracted with Just Detention and other Organizations to assist with policies; securing Rape Crisis Centers who can provide outside advocacy services, and to help the Department to develop a transgender policy.

## **Standard 115.289: Data storage, publication, and destruction**

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

#### **115.289 (a)**

- Does the agency ensure that data collected pursuant to § 115.287 are securely retained?  
 Yes  No

#### **115.289 (b)**

- Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means?  Yes  No

#### **115.289 (c)**

- Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?  Yes  No

#### **115.289 (d)**

- Does the agency maintain sexual abuse data collected pursuant to § 115.287 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise?  Yes  No

### **Auditor Overall Compliance Determination**

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

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

**Instructions for Overall Compliance Determination Narrative**

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

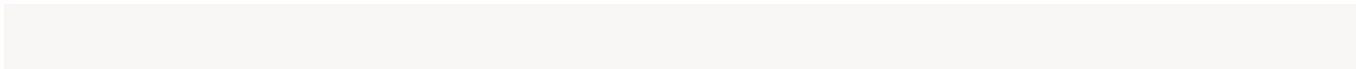
**Policies and Documents Reviewed:** GDC Policy 208.06, Prison Rape Elimination Act -PREA, Sexually Abusive Behavior Prevention and Intervention Program, VI. Record Retention of Forms Relevant to this Policy,

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

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

GDC Policy 208.06, Prison Rape Elimination Act -PREA, Sexually Abusive Behavior Prevention and Intervention Program, VI. Record Retention of Forms Relevant to this Policy, requires that the retention of PREA related documents and investigations will be securely retained and made in accordance with this policy and policy in VI.1, Sexual abuse data, files and related documentation requires they are retained at least 10 years from the date of the initial report.

Criminal investigation data, files and related documentation is required to be retained for as long as the alleged abuser is incarcerated or employed by the agency, plus five years or 10 years from the date of the initial report, whichever is greater. Administrative investigation data files and related documentation is to be retained for as long as the alleged abuser is incarcerated or employed by the agency, plus five years; or 10 years from the date of the initial report, whichever is greater



**AUDITING AND CORRECTIVE ACTION**

**Standard 115.401: Frequency and scope of audits**

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

### 115.401 (a)

- During the three-year period starting on August 20, 2013, and during each three-year period thereafter, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once.? (N/A before August 20, 2016.)  
 Yes  No  NA

### 115.401 (b)

- During each one-year period starting on August 20, 2013, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited?  Yes  No

### 115.401 (h)

- Did the auditor have access to, and the ability to observe, all areas of the audited facility?  
 Yes  No

### 115.401 (i)

- Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)?  Yes  No

### 115.401 (m)

- Was the auditor permitted to conduct private interviews with inmates, residents, and detainees?  
 Yes  No

### 115.401 (n)

- Were residents permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel?  Yes  No

## Auditor Overall Compliance Determination

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

## Instructions for Overall Compliance Determination Narrative



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

Policy and Documents Reviewed: GDC Policy, 208.06, Prison Rape Elimination Act-PREA, Sexually Abusive Behavior Prevention and Intervention Program, K. Audits; Notices of PREA Audit; GDC Policy, 208.06, Prison Rape Elimination Act-PREA, Sexually Abusive Behavior Prevention and Intervention Program, K. Audits, asserts that the Department will conduct audits pursuant to 28 C.F.R/ 114.401-405. Each facility operated by the Department will be audited every three years or on a schedule determined by the PREA Coordinator.

The agency also contracts with county and private facilities. Policy requires that county facilities and privately operated on behalf of the Department (housing state offenders) must meet the same audit requirements. These entities are responsible for scheduling and funding their audits. All audits are required to be certified by the Department of Justice and each facility will bear the burden of demonstrating compliance with the federal standards. A copy of the final report will be submitted to the Department's PREA Coordinator upon completion of the audit and must be conducted every three years.

The auditor was provided complete and unfettered access to all areas of the facility at all times during the on-site audit process. Space in an office was provided for the auditor to conduct interviews with complete privacy. When additional documentation was requested it was provided expeditiously.

The auditor received information on the flash drive prior to the on-site audit. The flash drive primarily contained policies and examples of forms used by the GDC, subsequently the auditor requested and received completed documentation and samples of documentation as requested. The facility promptly provided whatever was asked for by the auditor and following the on-site audit, as information was requested the PREA Compliance Manager and the PREA Coordinator provided it, and again, expeditiously

The audit resulted in identification of several issues that required remediation. These areas are identified in the report.

The PREA Notice was observed posted throughout the facility. The notice contained contact information for the auditor. The Notice of PREA Audit was also observed on the "streaming video" monitor in the dining room/multipurpose room. The auditor did not receive any correspondence as a result of the notice posting. During the tour of the facility the auditor informally talked with at least 11 residents and seven (7) staff. None of the residents requested to talk with the auditor in private. Interviews were conducted in complete privacy and every resident randomly chosen for interviews participated in the interviews. The auditor was free to move about the facility at will, providing the opportunity for any resident to communicate with the auditor, if they needed to. The auditor talked informally with residents coming in from work and those leaving for work. Residents had every opportunity to talk with the auditor if they wanted to.

## **Standard 115.403: Audit contents and findings**

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

**115.403 (f)**

- The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports within 90 days of issuance by auditor. The review period is for prior audits completed during the past three years PRECEDING THIS AGENCY AUDIT. In the case of single facility agencies, the auditor shall ensure that the facility’s last audit report was published. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or in the case of single facility agencies that there has never been a Final Audit Report issued.)  Yes  No  NA

**Auditor Overall Compliance Determination**

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

**Instructions for Overall Compliance Determination Narrative**

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The GDC Statewide PREA Coordinator ensures that all PREA Reports are published on the agency’s website within 90 days of the completion of the report. Reports for all facilities for all reporting periods are posted on the agency’s website and easily accessible to the public.

The auditor reviewed the Agency’s website and reviewed a sample of PREA reports as well as annual reports that were posted on the website.

## AUDITOR CERTIFICATION

I certify that:

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

### Auditor Instructions:

Type your full name in the text box below for Auditor Signature. This will function as your official electronic signature. Auditors must deliver their final report to the PREA Resource Center as a searchable PDF format to ensure accessibility to people with disabilities. Save this report document into a PDF format prior to submission.<sup>1</sup> Auditors are not permitted to submit audit reports that have been scanned.<sup>2</sup> See the PREA Auditor Handbook for a full discussion of audit report formatting requirements.

Robert Lanier

February 22, 2018

**Auditor Signature**

**Date**

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

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