

PREA AUDIT REPORT Interim Final
ADULT PRISONS & JAILS

Date of report: April 21, 2017

Auditor Information			
Auditor name: Bobbi Pohlman-Rodgers			
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Telephone number: 954-818-5131			
Date of facility visit: February 21, 2017 through February 23, 2017			
Facility Information			
Facility name: Johnson State Prison			
Facility physical address: 290 Donovan – Harrison Road, Wrightsville, GA 31096			
Facility mailing address: <i>(if different from above)</i> PO Box 344, Wrightsville, GA 31096-344			
Facility telephone number: 478-864-4102			
The facility is:	<input type="checkbox"/> Federal	<input checked="" type="checkbox"/> State	<input type="checkbox"/> County
	<input type="checkbox"/> Military	<input type="checkbox"/> Municipal	<input type="checkbox"/> Private for profit
	<input type="checkbox"/> Private not for profit		
Facility type:	<input checked="" type="checkbox"/> Prison	<input type="checkbox"/> Jail	
Name of facility's Chief Executive Officer: Warden Shawn Emmons			
Number of staff assigned to the facility in the last 12 months: 284			
Designed facility capacity: 1612			
Current population of facility: 1534			
Facility security levels/inmate custody levels: Minimum/Medium/Closed			
Age range of the population: 18-82			
Name of PREA Compliance Manager: Cherie Price		Title: Deputy Warden – Care & Treatment	
Email address: Cherie.price@gdc.ga.gov		Telephone number: 478-864-4151	
Agency Information			
Name of agency: Georgia Department of Corrections			
Governing authority or parent agency: <i>(if applicable)</i> Click here to enter text.			
Physical address: 300 Patrol Road, Forsyth, GA 31029			
Mailing address: <i>(if different from above)</i> PO Box 1529, Forsyth, GA 31029-1529			
Telephone number: 478-992-5101			
Agency Chief Executive Officer			
Name: Gregory Dozier		Title: Commissioner	
Email address: greg.dozier@gdc.ga.gov		Telephone number: Click here to enter text.	
Agency-Wide PREA Coordinator			
Name: Sharon Shaver		Title: PREA Coordinator	
Email address: Sharon.shavor@gdc.ga.gov		Telephone number: 678-628-3128	

AUDIT FINDINGS

NARRATIVE

The Georgia Department of Corrections contracted with G4S Youth Services, LLC to conduct a PREA audit at Johnson State Prison. DOJ Certified PREA Auditor Bobbi Pohlman-Rodgers was assigned to conduct this audit and information was sent to the facility that included the PREA audit notices that are to be posted for both inmate and staff viewing, due dates for the pre-audit questionnaire and the dates of the on-site audit. The facility submitted a pre-audit questionnaire four weeks prior to the on-site audit date and this was reviewed by the auditor. It was discovered that the Pre-Audit Questionnaire was incomplete and a completed one was received during the on-site audit visit. Additionally, the auditor contacted the facility to review the upcoming on-site audit process and to provide the facility with a list of items that would be required on the first day of the audit.

Upon arrival at the facility on February 21, 2017, the auditor met with the management team to review the audit process and discuss the event of the next few days. The management team consisted of: Warden Shawn Emmons, Assistant SW PREA Coordinator Melvin Butts, Deputy Warden of Care & Treatment/PREA Compliance Manager Cherie Price, Deputy Warden of Security and Investigator James Blair, Captain/SART Coordinator Carlos Jones, Director of Nursing RN Mitzi Hall, Personnel Manager Cynthia Chester, Chief Counselor Tarra Jackson, Mental Health Director Madia West, Operations Analyst Tracey Poole, Administrative Assistant Jan Martin, Warden's Secretary Jan Black, Unit Manager Wesley O'Neal, Lieutenant Soles, Maintenance Engineer Brice Marshall, Food Service Director Annette Granison, Director Sam Thomas, and Business Manager Brenda Wilkerson.

The tour of the facility was completed on two days. On February 21, 2017 the interior of the facility was toured. The tour consisted of the following areas: Administration, Medical, Mental Health, Food Service, Dry Store and Chemical Warehouse, Gymnasium, Identification, Library, 2 - Inmate Stores, CERT offices, Education, Recreation yards, Barber Shop, Laundry, Counselor offices, and 25 housing units. On February 22, 2017, the exterior of the facility was toured. This included the main warehouse, maintenance, fire house, and auto mechanic shop.

A review of all inmates and staff who would be present during the on-site audit was conducted. Twenty seven (27) inmates were identified for interviewing, and included LGBTI inmates, those who reported a prior victimization, those who reported a current allegation, an inmate in segregation, an inmate who is Limited English Proficient, and an inmate with a disability. One (1) inmate letter was received prior to the audit and the writer was also interviewed. While a number of staff were questioned during the tour of the facility, there were eleven (11) random staff identified for a formal interview. Twenty (20) specialized interviews conducted included the Warden, PREA Compliance Manager, Upper Level Management, Medical staff, Mental Health Staff, SART, medical staff, Human Resources/Personnel, Contractor, 2 Investigators, SANE, Intake Staff, Risk Screening Staff, Segregation Staff, Incident Review Staff, Retaliation Monitoring Staff, First Responder Staff, Education Staff, Housing Staff, and the Victim Advocate. The Agency Head and Agency PREA Coordinator were interviewed at an earlier time by USDOJ PREA Auditor Pete Zeegers and interview notes were provided for this audit.

PREA information is available in each housing unit for inmate viewing through a area identified on the wall that contains Zero-Tolerance information and the PREA Brochure. Additionally, the television channel 66 provides PREA reporting information and is played throughout the day when there is no scheduled television programming. Inmates can report PREA allegations a multitude of ways. There is PREA Hotline directly to the Agency through *7732. This system was recently upgraded to allow for reporting in both English and Spanish. Inmates are also able to report outside of the facility/agency, either through a phone call or mail, Victim Services or the Ombudsman. This information is presented in the Inmate Handbook and in the Inmate Brochure. Additionally, the agency began a "See Something, Say Something" program for both inmates and staff to report issues. The phone number is posted throughout giving access to the special Hotline. This information goes to Intelligence.

The facility has a Sexual Assault Response Team (SART) comprised of the Warden, Deputy Warden of Care & Treatment, Chief of Security, 2 Lieutenants, 1 Sergeant, 2 medical staff, and 3 mental health counselors. Additionally, they have a list of SANE staff who will respond within 12 hours, except in exigent circumstances.

The agency has just contracted with JPAY systems to add direct access to PREA reporting through both the kiosks and inmate PREA Audit Report

tablets. This is currently not active at this facility, but the intent is that it will begin shortly.

Forensic medical examinations are conducted on site through the services of a Sexual Assault Nursing Examiner (SANE) who will travel to the facility when contacted. Outside victim advocates usually arrive with the SANE. Additionally, a counselor has completed extensive victim advocacy training and is able to provide victim advocacy services when contacted.

DESCRIPTION OF FACILITY CHARACTERISTICS

Johnson State Prison is located at 290 Donovan-Harrison Road in Wrightsville, Georgia which is located in Johnson County. Built in 1991, it became operational in 1992 and offers minimum, medium, and close custody to adult male inmates. Renovations were made in 201, 2002 and 2005.

The mission of this facility is to protect the public by providing a safe and secure facility through accountability, discipline and programs for offenders. Johnson State Prison offers inmates the opportunity to re-enter society with the tools needed to become a productive member of the community, thus reducing recidivism. Johnson State Prison provides general labor details to the City of Wrightsville, Johnson County, and to the surrounding cities and counties.

Johnson State Prison houses a total of 1612 inmates in 15 units. The 15 units are as follows: 2 – Supportive Living - Level III Mental Health Units with a combined population of 192; 2 - Geriatric/Wheelchair Units with a combined population of 282 inmates; 7 – General Population/Level II Mental Health Units with a combined population of 672 inmates; 2 Residential Substance Abuse Units with a combined population of 384 inmates; 1 – Isolation/Segregation Unit with a population of 72; and 1-Firehouse Station with a population of 10 inmates.

Johnson State Prison is designated as one of five Sex Offender Sites. Those inmates who have a sexual offense conviction, present or past, are generally transferred to a sex offender site when they have two years or less remaining on their sentence. All inmates who have been designed as a Sexually Dangerous Predator must be released from a Sex Offender Site. The sex offender release process is carried out by staff designated as the Point of Contract. This person will be responsible for administering a leg monitor on the inmate.

The Residential Substance Abuse (RSAT) program is nine (9) months in length and includes an intensive, highly structured residential therapeutic treatment community where inmates are housed separately from the rest of the population. The therapeutic community is comprised of peer groups and counselor staff that constitute the community in a residential facility. The operation of the community itself is the task of the inmates working together under the authority and supervision of staff. RSAT incorporate process groups, psycho-educational groups, individual counseling, limited work details, a vocational component, exercise, store, visitation, and religious services into the program. The participant's schedule is a demanding one that balances work with intensive individual and group counseling sessions. Johnson State Prison had the highest number of graduates for the 2016 year.

There is a Veterans Program that is geared to assist veterans by making sure they are provided tools to cope both in a correctional facility and upon release. This program is a four phase program that is geared in helping inmates transfer back into society. Peer Lead Groups are a requirement. Veterans also attend GDC facilitated programs. A Faith and Character Based program is non-denominational and is based on faith, integrity, accountability, and responsibility. Inmates participate in the program for one year. There is currently a waiting list for one of the coveted 96 spots.

Johnson State Prison houses Firehouse #13. This volunteer fire station participated in 92 calls in 2016, including extractions, saving farmland, equipment, homes, restaurants, and lives. Inmates participating in this program are certified fire fighters.

The administrative offices house the Warden, Deputy Warden, Business office, HR/Personnel, Inmate Records, analysts, staff dining and the mail room.

Education is provided in five classrooms, all of which have large windows to allow for supervision. Both staff offices have a window to allow for supervision.

Medical is provided on site, 24 hours per day and 7 days per week. There are four treatment rooms and a lab. Services available include sick call, medical exams, labs, x-rays, eye exams, chronic clinic, dental, physical therapy, scheduled physicals, emergency/urgent care, nursing treatments, compliance counseling, outside consults, and immunizations. Medication is administered from the medical office through a window. The facility rule is that there must be 2 staff present when inmates are in the medical department. A dentist is on-site and there are three chairs. Telemedicine consults are provided at the facility through outside consultations when possible

Mental Health services are provided from 7:30 AM until 5 PM for both Level II and Level II mental health inmates. There is an on-call staff 24 hours per day. Services are contracted through a variety of agencies. All offices used for seeing inmates contain a window to allow for supervision. Additionally, there is an open office with 8 desks for counselors when not seeing clients. Additional counseling offices are available for classification and legal phone calls.

A barbershop is available for all inmates. Barbers are in training for their certification. Once they complete the certification here, they can request transfer to another facility for their Master Barber Certificate.

The inmate store is manned by two staff and 1-2 inmates per day. All inmate requests are processed, packed and delivered to the units. The prior PREA report indicated that a mirror had been installed in this room to allow for ease in supervision, but it was not seen during the tour.

The kitchen is large room with clear vision throughout the area. Inmates are able to participate in food service programming. Monthly, the food service provides service for 44,428 breakfasts, 30,687 lunches and 44,584 suppers. Additionally there are 9,760 diet snacks prepared.

Dry storage and Warehouse each contain separate areas with fencing that divides each. This allows for controlled access and ease of supervision.

The laundry area has numerous washers and dryers. The blind area behind the washers contains a camera. The area behind the dryers is an actual room that is not accessible by inmates. Staff can observe this area easily. The room itself is wide open for ease in supervision.

The Multi-Purpose room is a large room with a stage, Chaplain Office, and moveable walls to allow for the ability to separate the room into classrooms. There is information posted regarding the Zero-Tolerance Policy and how to report PREA allegations.

The Library is well designed, with mirrors and short book shelves. There are two computer rooms – one for general use and one as the law library.

D Building: D1 and D2 provide housing of the geriatric population. This housing unit has complied with ADA requirements. There are two sides to each unit (D1A, D1B, D2A, and D2B). Additionally, unit D1B provides housing for veterans. These are each identical, housing inmates in an open bay dorm. There are two urinals, 3 toilets and 5 showers in each of the four units. Showers curtains are used for privacy. There are two phones per unit for reporting PREA allegations.

E Building: E1 and E2 provides special housing for the Level III Mental Health inmates. Identical in layout, inmates are house in double person wet cells. There are six showers available with either a wall or door and rail cover to provide privacy. Four phones on each unit are available for the reporting of PREA allegations.

F Building: F1 is the Faith and Character Based Unit and F2 is for general population. These units are identical in layout. Inmate housing is through double person wet cells. Privacy of showers is completed with both walls and doors. There are four phones on each unit to allow for the reporting of PREA allegations.

G Building: G1 and G2 provide housing for the general population. Identical in layout, inmates are house in double person wet cells. There are six showers available with either a wall or door and rail cover to provide privacy. Four phones on each unit are available for the reporting of PREA allegations.

H Building: H1 and H2 provide housing for the general population. Identical in layout, inmates are house in double person wet cells. There are six showers available with either a wall or door and rail cover to provide privacy. Four phones on each unit are available for the reporting of PREA allegations.

K Building: There are four units within this building and each is identical in layout. K Building houses RSAT inmates. These four units are open bay with four toilets and three urinals that allow for inmate privacy. Shower curtains are available for each showerhead. There are two phones in each unit for reporting PREA allegations.

L Building: There are four units within this building and each is identical in layout. L Building houses RSAT inmates. These four units are open bay with four toilets and two urinals that allow for inmate privacy. Shower curtains are available for each showerhead. There are two phones in each unit for reporting PREA allegations.

J Building: J1 is for Isolation/Segregation and provides either single or double person wet cells for inmates. There are 7 showers with doors on the unit. There are two phones on rolling carts for inmate calls, and each phone has information for reporting PREA Allegations. J2 is a general population unit. Inmate housing is provided in double person wet cells. There are 6 showers with either a wall or door and rail cover providing privacy.

Firehouse #13 provides services directly to the community. The firehouse has the capability to house ten inmates who are certified for firefighting. There is a bathroom downstairs that contains a shower, toilet and sink. A bathroom upstairs provides two showers with curtains, two toilets with doors, and two sinks. There are two phones in the firehouse for inmate use and information on how to report PREA allegations was found posted.

The large warehouse is located outside the fenced area. Two or three inmates are assigned here daily, along with two staff. There are two aisles within the warehouse with limited viewing. One mirror was being installed during the tour. Another mirror would be put up shortly.

The maintenance building is large stand alone building with two or three inmates assigned daily and two staff present. There are an additional seven sheds that are secured at all times, including the welding shop. In the tool room there is an aisle that cannot be supervised from the outside. A mirror would be installed shortly.

The automotive shop is right outside the back gate. It contains two bay areas. There is an office and a single use bathroom. The upper area is open and can be seen from the opposite side of the shop.

A large employee shooting range is also present and is easily viewed from the automotive shop.

Work details are through Johnson County and the Georgia Department of Transportation, as well as work details within the facility that include: Horticulture, Groundskeeper, Food Preparation, Baker/Cook, Maintenance (Building/Custodial), and Laundry. Programming at Johnson State Prison includes:

Academic – Literacy/Remedial, General Education Diploma, and Adult Basic Education

College: Central Georgia Technical College provides Computer Technology and Customer Service Certificate programs. A 14-week program provides inmates with 9 college credit hours.

Mental Health – Therapeutic programming, Psycho-Educational, Mental Health Activities; Stress Management, Victim Impact Groups: Matrix, MRT, SOPP, Reentry, M4C, T4C, and Problem solving skills

Recreation (indoor and outdoor) – Volleyball, Soccer, Basketball and Football

Religious Activities –

Vocational/OJT – Barbering, Laundry, General Office Clerk, Food Service Baker, Cook, Food Preparation, Groundskeeper, Horticulture, Custodial Maintenance, Building Maintenance, Kitchen Helper, Computer Technology, Customer Services, Fire Services

This facility has 35 JPAY inmate kiosks. Through JPAY, inmates are able to receive e-mails, videograms, and have video visits. Additionally, family/friends are able to send money directly to an inmates account.

SUMMARY OF AUDIT FINDINGS

On February 23, 2017, the auditor met with the Warden, Deputy Warden and Statewide Assistant PREA Coordinator to discuss the next steps of the process. As not all documents were received until the third day, there was little discussion of the audit outcome while on-site. A draft interim report would be submitted within one week to assist with the identification of those standards that were found not in compliance.

It is important to this auditor to make note of the opportunity given to all inmates and staff interviewed to provide the auditor with information regarding their safety and what they felt the facility did well. The majority of inmates stated that they felt very safe at the facility, that staff were caring and concerned about their well-being. The majority of random and specialized staff indicated that they believe the SART members do an excellent job of responding and investigating, as well they were very complimentary of the facility PREA Manager, noting her dedication towards compliance with PREA standards and the time she dedicates to listening to both staff and inmates.

The Interim Report is submitted showing the facility did not meet the requirements of 8 standards: 115.13, 115.35, 115.53, 115.65, 115.73, 115.81, 115.86, and 115.88. The facility addressed all standards that did not meet the requirements of the standards and this auditor finds that the facility is now in compliance with all standards.

Number of standards exceeded: 3

Number of standards met: 36

Number of standards not met: 0

Number of standards not applicable: 4

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

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

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

Policy 208.06 – Prison Rape Elimination Act – PREA – Sexually Abusive Behavior Prevention and Intervention Program, dated 8/14/15 was reviewed. The policy outlines the agency and facility approach to preventing, detecting, and responding to sexual abuse and sexual harassment, as well as the agency strategies and responses to reduce and prevent sexual abuse and sexual harassment of inmates. The policy has definitions that mirror the PREA definitions. Sanctions are identified in both policy and the Inmate Handbook.

The agency has a Statewide PREA Coordinator, Ms. Sharon Shaver, who reports sufficient time and authority to develop, implement, and oversee the agencies efforts towards PREA Compliance. There are 87 facility PREA Managers who indirectly report to her. Additionally, there is an Assistant Statewide PREA Coordinator, Melvin Butts, to assist both the Coordinator and the facility PREA Managers. He was present at the on-site audit, as well as available by telephone or electronic mail to address any auditor questions.

The facility Assistant Warden Cherie Price services as the Facility PREA Manager. She reports to both the Warden and to the Regional Director. She is well versed in PREA standards and reports that while her responsibilities do not always leave time for daily PREA activities, she does make time as she feels it is very important. She utilizes training, auditing, meetings and awareness to bring the facility in compliance. When issues arise, she identifies, provides training, and implements corrective action to rectify the situation. The facility has had one mock audit completed to assist in identifying compliance.

Standard 115.12 Contracting with other entities for the confinement of inmates

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

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

There are currently twenty-seven (27) contracts with other agencies for the confinement of the agency's inmates. Twenty-three (23) are with jails and four (4) are with other prisons. Samples of the contracts show required PREA obligations and periodic monitoring as required.

Standard 115.13 Supervision and monitoring

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

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

Policy 208.06 requires that the Warden is responsible for a staffing plan and conducts an annual review of the same. The facility has a design capacity of 1,612 inmates.

The Warden reported that he is responsible for the staffing plan at the facility. The staffing plan presented to the auditor was last reviewed on December 1, 2016 and signed on January 17, 2017. It shows 284 positions at the facility. There are 140 correctional officers, 18 Sergeants, 10 Lieutenants, 1 Chief of Security, 2 Unit Managers, 3 Deputy Wardens, and 1 Warden. . There are also 13 administrative staff, 13 food service staff, 7 education staff, 14 counseling staff, 4 store staff, 11 maintenance staff, 23 contracted staff, 30 medical staff, and 4 vocational teachers. There are 12 cameras present in the facility.

Each position in the facility has been identified as to priority of the staff. When deviations of the staffing plan are identified, the facility ensures that Priority 1 posts are filled. Reasons for deviations include unexpected call-ins, unplanned hospital trips, unplanned transfers, emergencies, staff on extended leave, tactical squad call out, staff training, and institutional shake-downs. Deviations are documented on the daily Shift Report and discussed in the morning meetings. The facility will hold over all staff until a replacement is found or they have closed a post. There is a call-in list in place that is used when additional staff are needed.

Policy 208.06 addresses unannounced rounds. Supervisory staff conduct rounds with the intent of identifying and deterring sexual abuse and sexual harassment. The rounds are not permitted to be announced to staff and there is a prohibition to prevent staff alerting other staff that the rounds are being conducted. Unannounced rounds are conducted weekly, including all shifts and all areas. Supervisory staff include Sergeants, Lieutenants, the Captain, Chief Counselor, Unit Managers, Deputy Wardens, and the Warden. Documentation of these rounds are completed in the logbooks in the area; however, some areas do not have a logbook. Additionally, the Duty Officer is required to conduct and document unannounced rounds at least once per week in all areas and documented in the Duty Officer Logbook. A review of random logbooks during the tour noted that these are documented as required.

An interview with a higher level facility staff indicated that he makes rounds in all areas including housing, intake, armory, school, medical and the gymnasium. He reports that he has an excellent relationship with the master control staff who assist in not announcing he is conducting these rounds.

CAP: Address the missing mirror in the store room. Address supervision of blind areas in the warehouse and the tool room in the maintenance building. Address documented of unannounced rounds where no logbook exists.

Response: The facility installed mirrors in a variety of areas that enhanced supervision of blind areas. These included the East store, Kitchen warehouse, Toolroom and Warehouse. Logbooks were created and implemented in the garage, laundry, maintenance, and warehouse that will not have unannounced rounds documented.

Standard 115.14 Youthful inmates

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

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

While Policy 208.06 addresses youthful offenders shall not be placed in a housing unit in which he/she would have sight, sound or physical contact with adult inmates, as well as supervision of youthful inmates, this standard is N/A as the facility does not house youthful offenders

Standard 115.15 Limits to cross-gender viewing and searches

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

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Policy 208.06 prohibits cross-gender strip search or cross-gender visual body cavity searching except in exigent circumstances or when performed by medical practitioners. The facility reported no cross-gender searches have been conducted in the past 12 months. No inmate reported being searched (strip or cavity) by a female staff. Should one be conducted, an incident report is required to be completed.

There are no female inmates at this facility.

The facility has ensured the privacy of inmates while showering, toileting, or changing clothes. Each unit visited during the tour allows for privacy through curtains or walls erected to prevent cross-gender viewing, except in exigent circumstances. Inmate interviews confirmed that these have been in place and that they do not feel they are being viewed inappropriately by cross-gender staff.

Policy 208.06 requires that all cross-gender staff announce themselves when entering the housing units. Inmate interviews confirmed that they do hear staff making the announcement. Interviews with staff confirmed that staff are aware of this requirement. During the tour, the auditor heard the announcement in all units, with the exception of where a female staff was already present.

Policy 208.06 prohibits the searching or physical examinations of transgender or intersex inmates for the sole purpose of determining an inmate's genital status. Transgender inmate interviews confirmed that they have never been searched for this purpose. Interviews with staff confirm their acknowledgement of this prohibition.

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

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

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

Policy 208.06 requires that the facility PREA Compliance Manager is responsible for ensuring appropriate resources are made available to inmates with disabilities or who are limited English proficient. The agency head has reported that English and Spanish material is made available for inmates, and this was confirmed during the tour where information was posted in both English and Spanish. For other languages, the facility has a contract with Language Line. Language Line was last used on February 26, 2016 to provide for Spanish interpreting. Prior to the audit, the facility did have one staff member fluent in both English and Spanish who provided interpreter services. The auditor did interview one Spanish inmate who did struggle with some of the questions until broken down in easier terms and ultimately

was able to answer the questions. The auditor also interviewed one inmate with a hearing disability who reported that staff speak loudly enough that he is able to hear instructions.

Policy 208.06 prohibits the use of inmates for interpreting services, except in exigent circumstances, where interpreting could compromise the inmate's safety, the performance of first responder duties, or the investigation of the inmate's allegations. The facility reported 65 instances where inmate interpreters were utilized in the past 12 months.

Standard 115.17 Hiring and promotion decisions

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

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Policy 208.06 prohibits the hiring or promoting of any person, or the hiring of any contractor, who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution, 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, or who has been civilly or administratively adjudicated to have engaged in the activity described above. Additionally, the policy allows the consideration of sexual harassment as a factor in determining whether to hire or promote anyone, or to enlist the services of anyone allowed contact with inmates. All applicants and employees are asked about any previous misconduct described above and employees have an on-going affirmative duty to disclose any such misconduct. This information is documented on the Applicant Verification form and is signed by the applicant. Additionally, the agency gathers information from applicants to include any social media account usernames.

Policy 208.06 requires background checks at hire and every 5 years thereafter. The facility has a tracking system to ensure that these are completed as required. However, as all security staff are required to complete an annual recertification for firearms, they receive a background screening annually. Additionally the facility conducts a driver history every 5 years on all employees. All other persons with inmate contact (contractors and volunteers) receive a criminal background screening annually in order to renew their facility badge. The facility documented 65 persons hired who have had a background record check in the past 12 months.

Policy 208.06 identifies material omissions regarding misconduct or the provision of materially false information shall be grounds for termination.

Policy 208.06 and interview with the Human Resources staff that they are permitted to share information regarding substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from another institutional employer.

Standard 115.18 Upgrades to facilities and technologies

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

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

corrective actions taken by the facility.

An interview with the Warden confirmed that there have been no substantial expansions or modifications of the facility, or the installing or updating of the video monitoring system. It was shared that the facility has received an inspection and that more cameras are slated for installation, but no time frame was available. This standards therefore is N/A.

Standard 115.21 Evidence protocol and forensic medical examinations

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

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

Policy 208.06 requires a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence in both administrative proceedings and criminal prosecutions. Policy 103.10, Evidence Handling and Crime Scene Processing, addresses guidelines and procedures to be employed when identifying, examining, gathering, and documenting evidence. This policy clearly steps out all steps to the collection of a variety of evidence, to include clothing, fingerprints, video recordings and DNA. Specific steps for collection containers and chain of command of evidence is also addressed within the policy. The facility reported 4 forensic examinations in the past 12 months that were conducted by a SANE.

Forensic medical examinations are conducted at the facility and at no charge to the inmate. When an allegation of sexual abuse is received, the SART team will contact the contracted Sexual Assault Nurse Examiner (SANE). An interview with the SANE confirmed that she arrives typically within 12 hours and is accompanied by a second certified Sexual Assault Nurse Examiner. With both there, one acts as a victim advocate. The facility also has a qualified Victim Advocate on site who is notified of allegations of sexual abuse and will respond during the examination, investigation and interviews as requested by the inmate, as well as provide crisis intervention, emotional support, referrals and other information. This staff has completed numerous courses through the Office for Victims of Crime – Training and Technical Assistance Center and certificates were provided. Courses included: Victim Compensation, Conflict Management and Negotiation, Types of Victim Services, Confidentiality, Victims' Rights, Assessing Victims' Needs, Culture/Diversity/Inclusion, The Tribal Justice System, Documentation, Collaboration, Referrals, Basic Communication Skills, The Civil Justice System, The Military Justice System, Advocacy, Crisis Intervention, Trauma-Informed Care, and Self-Care. Communication with an outside provider, Statesboro Regional Sexual Assault Center, indicates that they will not provide services on-site and that the victim will need to be brought to their facility. All inmates are offered the services of a Victim Advocate and the facility has a request form that the inmate signs indicating his wish to have or not have a victim advocate present.

All administrative and criminal investigations are conducted by Georgia Department of Corrections staff.

The OPS Investigator interviewed stated that all victims are offered a Victim Advocate prior to the start of an interview the interviews.

Standard 115.22 Policies to ensure referrals of allegations for investigations

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

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

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

Policy 103.01, Criminal Investigations, and Policy 103.03, Internal Affairs Investigations, address the commitment of the agency to conduct investigations involving all inmates and staff. The facility Sexual Assault Response Team (SART) begins the response to allegations of sexual abuse and sexual harassment. Once they gather pertinent information, it is sent to the Office of Professional Standards (OPS) who makes a determination of any criminal activity. The Office of Professional Standards (OPS) conducts criminal investigations and the Office of Professional Standards Internal Affairs Unit (IAU) investigates complaints of alleged employee misconduct. Administrative investigations are initially conducted by the Sexual Assault Response Team (SART) and all evidence is reviewed by the OPS for final determination of the allegation. In the past year there were 32 allegations of sexual abuse or sexual harassment. Of these, 32 received administrative investigations and 4 received criminal investigations. A review of a sample of these indicates that investigations began immediately upon receipt of the allegation and all had a finding. Information regarding the zero-tolerance policy and investigations is noted within the agency website.

The PREA Coordinator reports that all allegations of sexual abuse or sexual harassment requires appropriate notification of the investigative body (SART or OPS/Law Enforcement) as per policy.

Standard 115.31 Employee training

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

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

Policy 208.06 addresses required PREA training for all staff. The auditor reviewed the training material. The training material covers the zero-tolerance policy, staff responsibilities, inmate and staff's rights, dynamics of sexual abuse and sexual harassment, common reactions of victims, detection and response to signs of threatened and actual sexual abuse, inappropriate relationships between staff and inmates, effective communication with all types of inmates, and how to comply with relevant laws regarding the mandatory reporting of sexual abuses. A review of staff records indicates that staff have completed the training, and do so annually. The training addresses both male and female inmates. All staff sign form 208.06 Attachment 1 acknowledging their receipt and understanding of the training material presented.

Standard 115.32 Volunteer and contractor training

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

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

Policy 208.06 addresses PREA training for contractors and volunteers, specifically that they will receive the training necessary depending on their contact with inmates. All contractors who provide services to inmates receive the same training with the same frequency as staff. All

training is documented on the 202.06 Attachment 1 form that includes the persons signature. An interview with a contractor confirmed he has received the training.

Standard 115.33 Inmate education

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

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

Policy 208.06 requires inmate to be educated upon intake of the zero-tolerance policy and how to report an allegation both verbally and written and are allowed to ask questions regarding the policies. Inmate interviews confirm that they received both verbal information and a copy of the GDC PREA brochure upon intake. Additionally, Policy 208.06 requires a more comprehensive PREA education within 15 days, but no later than 30 days, of an inmate’s arrival. This comprehensive is in the form of a video “Speaking Up”. Inmate interviews were able to clearly identify that they have viewed the video at the time of intake. Information provided to inmates includes the zero-tolerance policy, definitions of sexual abuse and sexual harassment, prevention strategies, methods of reporting, treatment options and programs available, monitoring, discipline and prosecution of sexual perpetrators, and a notice that both male and female staff routinely work and visit housing areas. PREA education is available orally and written, as well as in English and Spanish. Interpreter services, if needed, is available through Language Line.

An interview with the staff who conducts the comprehensive orientation found that this is conducted every Monday.

A sample of files reviewed indicates that inmates sign a form for receipt of the initial intake PREA information, and sign the Orientation Checklist to further document the viewing of the PREA video. Of 27 files, all but 2 received the initial PREA information within 24 hours of arrival. Of 27 files, all but 2 inmates received comprehensive PREA information within 30 days.

Inmates who have been at this facility longer than 3 years have reported that they received PREA education prior to the last PREA audit. All were able to recall specific scenes in the PREA video.

A tour of all housing units finds that the PREA brochure for inmates was posted in view of both inmates and staff, and in both English and Spanish. Additionally, the rulebook contains PREA information that includes the zero-tolerance policy and how to report allegations.

Standard 115.34 Specialized training: Investigations

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

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

Policy 208.06 requires that all investigators must complete specialized training, in addition to the basic PREA education. Random file reviews found proof of training was provided by certificate from the NIC. During interviews with two investigators (SART member and OPS Special Agent) that they have received the appropriate specialized training through NIC or through the GBI (Georgia Bureau of Investigations) that include interviewing sexual assault victims, Miranda versus Garrity warnings, sexual abuse evidence collection in confinement settings, and the criteria and evidence required to substantiated a case for administrative action or prosecution referral.

Standard 115.35 Specialized training: Medical and mental health care

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

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

Policy 208.06 requires that all medical and mental health staff members will received specialized PREA training through the National Institute of Corrections. Files reviewed found certificates from NIC for these classes; however, it is unclear as to if all medical and mental health staff have completed these classes as two of the mental health staff completed the classes during the on-site audit. Training files reviewed for medical and mental health staff show that they have received the basic PREA education for all staff.

CAP: Provide proof that all medical and mental health staff have completed the appropriate NIC training for their profession. Provide a copy of each certificate to the auditor.

Response: The facility provided proof of specialized training for all medical and mental health staff.

Standard 115.41 Screening for risk of victimization and abusiveness

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

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

Policy 208.06 requires all inmates receive an assessment during an intake screening and upon transfer to another facility for their risk of being sexually abused by others or sexually abusive towards other inmates. Counseling staff has the responsibility for conducting these assessments, which are documented in SCRIBE, within 72 hours of an inmate’s arrival at the facility. If an inmate is identified as vulnerable or sexually aggressive, an icon appears on their main page in SCRIBE which is available for any staff with general permissions. This information is used to make housing and bed assignments, work assignments, education assignments and programming with the goal of keeping those inmates at high risk of being sexually victimized from those at a high risk of being sexually abusive. The policy requires a 30 day review as well as a review when new information is received. Inmates may not be disciplined for failure to respond to the screening. Permission to access the specific information is limited on a need-to-know basis for staff, only for the purpose of treatment, security, and management decisions, such as housing, cell assignments, work, education and programming.

An interview with staff who complete this screening indicates that these are completed on the day of arrival. It is also noted that inmates are not asked directly about LGBTI status, but asked if they live an alternative lifestyle. This was discussed with the staff. Screening was confirmed with inmates, and through a review of the SCRIBE questions and a show of the icon. The screening considers an inmates mental, physical or developmental disabilities, age, physical build, previous incarcerations, criminal history of violence, prior sex offense convictions, whether the inmate is perceived or reports being gay, lesbian, bisexual, transgender, intersex or gender nonconforming, prior sexual victimization and the inmates perception of vulnerability. Johnson State Prison does not hold for civil immigration purposes. This screening is reviewed by counseling staff when meeting with an inmate for the first time, typically within 30 days, and anytime new information is made available, including any new allegations of having been sexual abused or having perpetrated sexual abuse. Additionally, all counselors are asked to review the PREA screening quarterly.

Standard 115.42 Use of screening information

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

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

Policy 208.06 states that information gathered is to be used for purposes of treatment, security and management decisions, such as housing, cell assignments, work, education, and programming.

An interview with facility staff indicates that this information is limited to those with permissions in the SCRIBE system. ID makes the initial determination on housing as inmates with a risk are called into the ID staff who updates and reviews the count board and ensures that the initial housing placement does not put the inmate at any further risk. All future housing changes are confirmed through SCRIBE or through the ID staff to ensure continued safety of the inmate.

The facility PREA Manager confirmed that all inmates identified as Transgender or Intersex are assigned housing based on the risk assessment, individual needs, staffing, and an interview with the inmate. Transgender or intersex inmates are reassessed twice a year for any threats to safety experience by the inmate. Both staff and inmates confirmed that transgender and intersex inmates may request a different shower time even though showers are individual use only. Inmate housing reviews for transgender or intersex inmates found that there are no dedicated facility, wing or unit set aside specifically for transgender or intersex inmates.

Standard 115.43 Protective custody

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

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

Policy 208.06 states that inmates at high risk of sexual victimization shall not be placed in involuntary segregation unless an assessment of all available alternative have been made, and determine has been made that there is no available alternative means of separation from likely abusers. During an interview with the Warden, he reported that one inmate was placed in segregation less than 24 hours in order to identify

appropriate housing as the inmate came in late in the day. The Warden, and staff interviewed, reported that inmates placed in segregation for this purpose would not be limited to programming, privileges, and education or work opportunities. Recreation would be the only limited activity as recreation would be conducted separate from the general population.

Policy 208.06 only permits the use of involuntary segregation if an alternative safe housing is not available, and if used, requires a 30 day review for continued use. The Warden and segregation staff reported that involuntary segregation is not used for victims of an alleged sexual abuse. SOP IIB09-0001 allows an inmate to request Voluntary Assignment to Administrative Segregation.

Standard 115.51 Inmate reporting

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

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

Policy 208.06 states that inmates may report sexual abuse, sexual harassment, or retaliation by any of the following methods: in writing, verbally, through the inmate PREA hotline, and by mail to the Department Ombudsman Office.

Interviews with the PREA Compliance Manager, Warden, random staff, and inmates provided that inmates have access to the PREA hotline, and are provided information to reporting to the Department Ombudsman’s Office or to an outside agency – State Board of Pardons and Paroles, Office of Victim Services, as well as to staff. Reports can be made and will be investigated whether in writing, third-party, or anonymous.

This information is presented to inmates upon intake through the PREA brochure and Facility rule book. During the tour, it was noted that posters were up for inmate viewing that included specific instructions to the use of the updated PREA Hotline, which was recently upgraded to allow the ability to report in both English and Spanish. Additionally, the PREA brochure was posted in each unit and contained the addresses for the Department Ombudsman’s Office and Victim Services. Additionally, the television in each unit is set to channel 66 each day and the auditor observed PREA reporting information displayed.

Further discussion with the Assistant Statewide PREA Coordinator found that this facility is in the process of providing direct e-mail access to the agency PREA Coordinator Office through the JPAY kiosk and inmate tablets. Once this is in place, inmates will only need to touch a single icon that will allow them to report through e-mail directly to the Agency PREA Coordinator’s Office. A review of e-mails of the Assistant Statewide PREA Coordinator found that he had received emails from other facilities with this system in place, and he was able to immediately forward these allegations for investigation.

The facility recently began a “See It/Tell It” program for both staff and inmates. Posters were observed in many areas within the facility and allow both staff or inmates to report any information of inappropriate behavior or actions of staff or inmates. Investigators reported that they are receiving a variety of calls and information since this began. It was confirmed that any allegations of sexual assault, sexual harassment, or retaliation reported through this method would be investigated.

Standard 115.52 Exhaustion of administrative remedies

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

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

While the agency will accept a grievance alleging sexual abuse, sexual harassment or retaliations through their grievance system, it is immediately turned over to the SART for investigation. The facility does not promote verbally or through written documentation that this is the proper channel of reporting sexual abuse or sexual harassment. Therefore, this standard is N/A.

Standard 115.53 Inmate access to outside confidential support services

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

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

Policy 208.06 states that appropriately trained local staff members will be identified to provide support services to victims of sexual assault, and that confidential communication are distinguished from privileged communications.

During the tour, no information was present posted in units advising inmates of access to outside support services. While a MOU is not in place, a review of the material provided found that WING’s, a local Sexual Assault and Intervention and Prevention Program, has offered 24/7 telephone counseling services to Johnson State Prison for victims of sexual abuse. However, this information was not presented to inmates.

CAP: Provide inmates with information to access outside victim advocates for emotional support services and clearly identify the extent to which reports of abuse will be forwarded to authorities.

Response: The facility conducted training with all inmates on access to the outside support agency and provided rosters for the auditors review. They have implemented a system to provide this at intake and to have the inmates sign for receipt of the information. Additionally, they have added the outside confidential support system information to Channel 66, a channel that plays general facility information at times when other programming is not scheduled.

Standard 115.54 Third-party reporting

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

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

Policy 208.06 identifies that third party reports may be made to the Ombudsman’s Office or to the State Board of Pardons and Paroles,
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Office of Victim Services. This information was made available in all housing units and in the Multi-purpose room where visitation is held weekly. This same information is available on the agency website which provides addresses for both the above offices and the State PREA Coordinators office, as well as a phone number for the Ombudsman's Office.

Standard 115.61 Staff and agency reporting duties

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

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

Policy 208.06 requires all staff who witness or receive a report of sexual abuse, sexual harassment, or who learn of rumors or allegations of such conduct, must report this information to the supervisor and to write a statement. The supervisor on duty is required to report this information to the PREA Compliance Manager and/or SART Leader. Staff members are prohibited from disclosing any information concerning sexual abuse, sexual assault, sexual harassment, or sexual misconduct of an inmate, including the names of alleged victims or perpetrators, except to report the information as required by policy or law. Interviews with random staff confirmed that they understand their duties and the requirement of only telling those with a need-to-know, as well as accepting information from third-parties or reported anonymously. Interviews with medical and mental health staff confirm their knowledge of their duty to report and this information is provided to inmates upon intake, along with the limitations of confidentiality. An interview with an Investigator confirmed that they have received and have investigated reports from third-parties or from an anonymous source.

Standard 115.62 Agency protection duties

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

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

Policy 208.06 requires that staff member shall intervene as appropriate, by observing and reporting behaviors that may subsequently lead to an incident of sexual abuse. Staff members are required to be aware of the institution or unit climate and the reputations and behaviors of inmates through actively paying attention to inmate communication, comments to staff members, inmate interactions, changes in inmate behavior, and isolated or vulnerable areas of the institution. Protections of the inmate include separation, ensure safe housing for the inmate, removal of the perpetrator if known (either staff or another inmate) and consult with SART, Field Operations Manager, Agency PREA Coordinator or Regional SAC within 72 hours.

Interviews with staff confirm that if an inmate is subjected to a substantial risk of imminent sexual abuse, they are required to take immediate action to include immediately separating the inmate and reporting to their immediate supervisor. An interview with the Warden confirms that immediate action will be taken to ensure the safety of the inmate, including alternative safe housing and removal of the alleged perpetrator if known. SART will be notified to begin an investigation.

Standard 115.63 Reporting to other confinement facilities

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

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

Policy 208.06 requires investigation of any allegations that are received that occurred at another facility. The Warden of the facility and Agency PREA Coordinator are to be notified within 72 hours and this shall be documented. Additionally, if the Warden at Johnson State Prison is notified of an allegation that occurred in his facility, he shall ensure that it is investigated in accordance with agency policy.

The Warden confirmed that he has received one allegation of sexual abuse that was received by another facility, and that the investigation began immediately (within the allowed 72 hours from notification) and was documented as required. A file review found that it was documented as required. Additionally, it was reported that there were 2 allegations that an inmate was abused while confined at another facility, and that both were reported to the Warden of the facility where it occurred.

Standard 115.64 Staff first responder duties

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

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

Policy 208.06 requires that first responder duties include 1) Separate the alleged victim and abuser; 2) preserve and protect any crime scene until appropriate steps can be taken to collect any evidence; 3) If abuse occurred within 72 hours, request 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, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating; 5) if the first responder is not a security staff, the responder shall follow steps 1-3 and the notify security staff immediately; and 6) SART will be notified and will implement the local protocol in accordance with the policy.

An initial guideline was sent to all security staff from the facility PREA Manager on March 18, 2015 that addressed the steps to be taken should a staff member be made aware of a sexual abuse situation. The Warden issued a refresher memo of these same requirements on December 1, 2016 to all staff.

The facility reported 6 instances where an inmate alleged sexual abuse, and of these 4 were responded to by a security staff and were reported within the time period that allowed for the collection of physical evidence.

Interviews with a random selection of staff indicated that all were familiar with the required steps to be taken in the event they became aware of a sexual abuse. An interview with a contractor confirmed that he too was aware of the requirements to separate the inmate and report to security staff. SART staff confirmed that they are required to see the alleged victim within 24 hours.

Standard 115.65 Coordinated response

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

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

Policy 208.06 requires a facility specific Coordinated Response 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 that will be kept current and includes names and telephone numbers of coordinating parties.

The Coordinated Response Plan was not present on the information provided prior to the on-site audit. The Coordinated Response plan presented to the auditor while on-site was limited in the requirements of actions by all persons as required by policy and PREA standard.

CAP: Provide the auditor with a complete Coordinated Response Plan that addresses the coordinate actions taken in response to an incident of sexual abuse, among staff first responders, medical and mental health practitioners, investigators, and facility leadership, and includes names and telephone numbers of coordinating parties.

Response: The facility provided an updated Coordinated Responses Plan that addresses all required departmental responses.

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

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

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

As the Georgia Department of Corrections does not enter into bargaining unit contracts, this standard is N/A.

Standard 115.67 Agency protection against retaliation

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

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

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

Policy 208.06 addresses protections from retaliation. The facility is required to identify a Retaliation Monitor who will monitor the conduct and treatment of inmates or staff members who reported the sexual abuse or who participated in an investigations, to see if there are any changes that may suggest possible retaliation. The monitor is required to review inmate disciplinary reports, housing or program changes, negative performance reviews and reassignments of staff members. Monitoring shall be for a minimum of 90 day, with periodic status checks performed.

Policy 208.06 also identifies a variety of protection measures that include inmate housing changes or transfers, removal of alleged staff members or inmate from contact with victims, and emotional support services for inmates or staff members who fear retaliation for reporting or for cooperating with investigations.

SOP IK01-0006, Policy and Executive Procedure/Internal Investigations Unit, prohibits employees from retaliating against the alleged victim and/or complainant for making allegations. Such prohibited retaliation may include, but is not limited to, threats regarding parole, threats regarding probation revocation, subsection to disciplinary or adverse administrative action, negative comments or recommendations to the State Board of Pardons and Paroles, or to the Department of Family and Children Services or referral for prosecution. A department employee shall not lead the inmate to believe that such retaliatory actions can or will be taken to induce statements or other cooperation.

The Warden has identified a Mental Health counselor to serve as the Retaliation Monitor. An interview with the Retaliation Monitor found that she initiates contact with inmates who report an abuse, both formally and informally. She monitors all persons identified for 90 days at a minimum, but that she can continue to monitor if the person expresses continued fear of retaliation. She reports that she is notified immediately when there is an allegation and documents her meetings both in a log and on a special form [90 Day Offender Sexual Abuse Review Checklist] that allows for the documentation of periodic checks. She reported that measures used to protect both inmates and staff may including housing changes, emotional support services, transfers, shift changes, and removal of the perpetrator. She also reported that she reviews disciplinary reports, housing changes, transfers, prior history, work performance/staff reassignments, case notes and daily activities for signs for possible retaliation.

Standard 115.68 Post-allegation protective custody

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

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

SOP IK01-0006, Policy and Executive Procedure/Internal Investigations Unit, requires that the use of administrative segregation following an allegation of sexual abuse should be limited to when other alternatives are not possible. This must be documented and the inmate shall be provided all personal belongings and have all rights and services available to the general population, including telephone, mail and visitation access. The purposes will be to further the legitimate needs of the investigation and is not to be punitive.

The facility reported 1 instance of alleged retaliation in the past 12 months.

SOP IIB09-001, Administrative Segregation, requires weekly monitoring by a counselor during the first two months that an inmate is placed here. Additionally, during the interview with the facility PREA Manager, she reported and showed documentation that a daily review is also conducted for all inmates in segregation/isolation.

Standard 115.71 Criminal and administrative agency investigations

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

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

Policy 208.06 identifies that the SART begins an initial inquiry and subsequent administrative investigation of all allegations of sexual abuse or sexual harassment with limitation. 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 system, witness statements, or other investigative means, the case can be closed at the facility level. However, at the conclusion of each SART investigation, the investigation shall be referred to the Office of Investigations and Compliance (OIC) for an administrative review. No interview shall be conducted, nor a statement be collected from the accused staff member with first consulting the Regional SAC.

Where sexual assault is alleged and cannot be cleared at the local level, the Regional SAC shall determine the appropriate response upon notification. If this appropriate response is to open an official investigation, the Regional SAC shall dispatch an agent or investigator who has received special training in sexual abuse investigations. Agents and investigators shall gather and preserve direct and circumstantial evidence including any available electronic monitoring data; shall interview alleged victims, suspected perpetrators and witnesses, and shall review prior complaints and reports of sexual abuse involving the suspected perpetrator. When the criminal investigation is completed pertaining to an employee, the investigation will be turned over to the Office of Professional Standards (OPS) to conduct any necessary compelled administrative interviews. This information was confirmed by the SART Investigator and the OPS Investigator during interviews.

Policy 103.10, Evidence Handling and Crime Scene Processing, detail guidelines and procedures to be employed of Office of Professional Standards (OPS) sworn personnel when identifying, examining, gathering and documenting evidence. This policy addresses the crime scene, still/video photography, crime scene sketches, collection of evidence, digital evidence, latent prints, collection of known samples, crime scene documentation, submission of evidence, and equipment requirements.

Policy 208.06 states the credibility of the victim, suspect, or witness shall be assessed on an individual basis and will not be determined by the person’s status as inmate or staff member. An inmate who alleges sexual abuse shall not be required to submit to a polygraph examination or other truth-telling devices as a condition for proceed within the investigation of such an allegation. SOP IK01-0006, Policy and Executive Procedure/Internal Investigations Unit, allows for a polygraph examination of which the results of or the refusal to submit to a polygraph does not alone conclude the investigation. The OPS Investigator confirmed this information during an interview.

Policy 208.06 states that administrative investigation shall include an effort to determine whether staff member actions or failures to act contributed to the abuse. This shall be documented in written reports that include a description of the physical and testimonial evidence, the reasoning behind the credibility assessment, and investigate facts and findings. This was confirmed through file reviews and interviews with the SART Investigator, OPS Investigator and facility PREA Manager.

Policy 208.06 requires that criminal investigation shall be documented in a written report that contains a thorough description of physical, testimonial, and documentary evidence, and copies of all documentary evidence where feasible. SOP IK01-0006, Policy and Executive Procedure/Internal Investigations Unit, requires all evidence, including crime scene evidence, to continue to be protected and preserved during the investigation and any subsequent legal action. This was confirmed in an interview with the OPS Investigator.

Policy 208.06 requires that substantiated allegations of conduct that appears criminal shall be referred for prosecution. An interview with the OPS Investigator provided that they would confer with the District Attorney.

Policy 208.06 requires that OPS shall maintain all such written reports for as long as the alleged abuser is incarcerated or employed by the Department, plus five years.

Policy 208.06 states that the departure of the alleged abuser or victim from the employment or control of the Department shall not provide a basis for terminating the investigation. SOP IK01-0006, Policy and Executive Procedure/Internal Investigations Unit, states that an investigation will be completed even if the accused employee resigns during the investigation. This was confirmed with the OPS Investigator.

Standard 115.72 Evidentiary standard for administrative investigations

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

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

Policy 208.06 requires no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated. Both the SART Investigator and the OPS Investigator confirmed this during an interview.

Standard 115.73 Reporting to inmates

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

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

Policy 208.06 requires that a victim be notified by the SART upon the closure of an investigation that includes the outcome of the investigation. This is required to be noted on Attachment 5, Notification to the Offender. Should the investigation be conducted outside of the facility, SOP IK01-0006, Policy and Executive Procedure/Internal Investigations Unit, requires that the Internal Investigations Unit will make the outcome of the investigation to both the victim and the subject of the investigation on the appropriate notification form. A copy will be sent to the Warden for inclusion in the file of the inmate or the personnel file of the accused employee.

Interviews with the SART Investigator confirmed their duty to report to the inmate. Files reviewed showed that there were notifications to the inmate within. During the on-site audit, it was noted that the original form that included further information regarding the status of the offender (staff or inmate), and any arrest or conviction was missing from the form. The facility downloaded the correct form and has now put this into place.

Of the five files reviewed, 1 is still open and 4 are closed. 3 of the 4 that closed had the Notification to the Offender form. The open investigation had a form that advised the victim that it was forwarded to the OIC for additional review.

CAP: Create a system to ensure that a Notification to the Offender form is completed for all closed investigations and contain all required information. Provide to the auditor a copy of the system created and any samples dated after February 24, 2017.

Response: The facility wrote a protocol that requires the victim be notified within 30 days and must be witnessed by another staff. A notification form was also implemented that allows for written notification of the outcome of an investigation.

Standard 115.76 Disciplinary sanctions for staff

- Exceeds Standard (substantially exceeds requirement of standard)

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

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

Policy 208.06 states:

Staff members who engage in sexual misconduct with an inmate shall be banned from correctional institutions or subject to disciplinary actions, up to and including termination, whichever is appropriate, and may also be referred for criminal prosecution when appropriate. Termination will be the presumptive disciplinary sanction for staff members who have engaged in sexual touching.

Disciplinary sanctions for 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 members with similar histories.

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

OPS shall refer all substantiated cases of nonconsensual sexual contact between offenders of sexual contact between a staff member and or inmate for criminal prosecution.

Standard 115.77 Corrective action for contractors and volunteers

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

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

Policy 208.06 states that any contractor or volunteer who engages in sexual abuse shall be prohibited from contact with inmates and shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies. The facility shall take appropriate remedial measures, and shall consider whether to prohibit further contact with inmates, in the case of any other violation of Department sexual abuse or sexual harassment policies by a contractor or volunteer.

Standard 115.78 Disciplinary sanctions for inmates

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

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

corrective actions taken by the facility.

Policy 208.06 prohibits all consensual sexual activity between inmates, and inmates may be subject to disciplinary action for such activity. Consensual sexual activity between inmates does not constitute sexual abuse, but is considered a disciplinary issue. Inmates shall be subject to disciplinary sanctions pursuant to a formal disciplinary process following an administrative finding that the inmate engaged in inmate-on-inmate sexual abuse or a criminal finding of guilt for inmate-on-inmate sexual abuse. Sanctions will be commensurate with the nature and circumstances of the abuse committed, the inmate's disciplinary history, and the sanctions imposed for comparable offenses by other inmates with similarly histories. The disciplinary process shall consider whether the inmate's mental disability or mental issues contributed to behavior when determining what type of sanction, if any, will be imposed. 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.

Both Policy 208.06 and SOP IK01-0006, Policy and Executive Procedure/Internal Investigations Unit, address allegations of sexual abuse made in good faith. Should a finding of malicious intent on behalf of the inmate making a false report then the inmate shall be subjected to disciplinary sanctions pursuant to a formal disciplinary process, or referral for prosecution.

The facility does offer therapy and counseling for inmates who have been found to have committed sexual abuse. Recommendations for required participation is considered.

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

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

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

Interviews with medical staff, mental health staff, intake staff and the facility PREA manager confirmed that an inmate who has experienced prior sexual victimization, or has previously perpetrated sexual abuse, is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening.

All information gathered during the screening process is limited to those with appropriate permissions (access) to the screens in SCRIBE. These include medical and mental health staff and the Warden and Deputy Wardens. Other staff are only able to see an icon that will alert if an inmate is vulnerable to victimization or sexually aggressive. This was confirmed with the risk screening staff and the facility PREA Manager.

Medical staff during the interview confirmed that will see an inmate within 14 days of intake if there is a history of sexual victimization reported and that they do not share any information without the explicit consent of the inmate regarding any sexual victimization that did not occur in an institutional setting.

Mental Health staff will also see an inmate who reports at intake that they have previously been victimized or have perpetrated a sexual abuse. Mental Health utilizes a form "Consent to MH Evaluation or Treatment" that is signed by an inmate upon the initiation of services. This form also address the confidentiality limits when an inmate reports that they intend to harm themselves or someone else, threatens the security of the institution, and if they report being subjected to sexual abuse sexual contact or sexual harassment. If an inmate alleges sexual abuse, contact or harassment, the form "Consent to Mental Health Evaluation Following Allegation of Suspected Sexual Abuse, Contact or Harassment" is completed with an inmate and addresses who will have access to mental health records. However, should an inmate report a victimization that did not occur in an institution, mental health staff report that they do not obtain consent to share this information as it is covered under the "Consent to MH Evaluation or Treatment". Policy VG55-0001 VI A 2 & 3 reference only allegations of sexual abuse, contact or harassment within a correctional facility.

CAP: Provide training to mental health staff regarding what is covered under the "Consent to MM Evaluation or Treatment" and the requirements, as per PREA standard 115.81, of obtaining informed consent from inmates before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the inmate is under the age of 18.

Response: The facility updated the Authorization for Release of Information form with a block to be checked when the authorization is for prior victimization. They have provided a signed roster indicating that all mental health staff have received appropriate training on the need to obtain authorization before releasing this information.

Standard 115.82 Access to emergency medical and mental health services

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

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

Policy 208.06 states that prompt and appropriate medical and mental health services shall be provided in accordance with Department SOP’s.

Interviews were conducted with both medical and mental health staff. Both reported being notified of any allegations of sexual abuse or sexual contact and immediate care is provided. And both reported that there is no cost to an inmate regardless if they name the alleged perpetrator. Services provided are based upon the nursing protocol and the judgement of the nurses in conjunction with notification of the physician.

“Nursing Assessment Form for Alleged Sexual Assault” will be completed. Medical staff report that they will they will assess as to whether outside medical care, other than a forensic examination is needed. If outside medical care is required, they will work with security staff to arrange the transfer of the inmate to the local hospital. If not outside medical care is needed, they will contact the SANE staff, who will response to the facility typically within 12 hours. The SANE will conduct the forensic examination, collection of evidence, and labs for STD’s. The Health Authority will be contacted for orders for prophylactic treatment for STI’s. At this time, the inmate shall be referred for MH Evaluation and counseling. Medical also document on the Medical PREA Log which allows for any exams completed, if a forensic examination was conducted, if the inmate refused an examination, and the Chain of Command information for the Rape Kit.

SOP VG55-0001 requires that all inmates who are suspected of being victims of sexual assault, abuse contact or harassment will receive a mental health evaluation. Mental Health staff will meet with the inmate and a “Consent to Mental Health Evaluation Following Allegation of Suspected Sexual Abuse, Contact, or Harassment” will be reviewed with the inmate and the inmate will sign the form. The results of the mental health evaluation shall be documented on the “Initial Sexual Allegation Form” that will be placed in the mental health section of an inmate’s record. Should an inmate refuses the initial mental health evaluation, mental health staff will meet with the inmate twice again to initiate services and a final time to ensure the inmate know that services are available should the inmate change their mind about receiving services.

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

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

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

corrective actions taken by the facility.

SOP VG55-0001 states that mental health services follow-up services after the initial sexual allegations evaluation will be conducted only with the consent of the inmate unless involuntary treatment is clinically indicated. Medical staff report that follow-up services will be conducted within 3 days as well as provided either at the request of the inmate or as per additional physician orders.

SOP VG85-0002 addresses the treatment of inmates who have been sexually abused or assaulted. This procedure requires that upon return to the facility, the inmate will be referred to the medical department for an assessment of the patient's physical and emotional status. This assessment will include a review for the consult from the local hospital to determine if all medical aspects of the evaluation were completed.

Interviews with both medical and mental health staff indicate that the services provided at Johnson State Prison are consistent with the community level of care. On-going medical and mental health care is at no cost to the victim. Interviews with the medical health staff confirm that they attempt to conduct a medical health evaluation of all known inmate-on-inmate abusers within 60 days of learning of the abuse history and offer treatment deemed appropriate by mental health practitioners.

Standard 115.86 Sexual abuse incident reviews

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

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

Policy 208.06 requires that the facility shall meet one time per month to review and assess the facility's PREA prevention, detection, and response efforts. During this meeting an incident review shall be conducted for each sexual abuse allegation that has been concluded within the past 30 days. This review shall be conducted on all abuse allegations deemed substantiated and unsubstantiated. Reviews are not necessary for unfounded allegations. The review team is comprised of the facility PREA Manager, SART and representatives from upper management, line supervisors, and other staff members, as designated by the Warden. The policy requires consideration, examination, and assessment consistent with PREA standard 115.86(d).

During the interview with the Facility PREA Manager, she reported that the team does meet monthly and sometimes more frequently in order to conduct the incident review as soon as possible, and sometimes prior to the conclusion of the incident, in order to immediately address any deficiencies.

A review of files indicated that incident reviews were completed as required. Of the five files pulled, 1 was substantiated, 3 were unsubstantiated, and 1 was referred to OIC for investigation. The auditor observed 3 Sexual Abuse Incident Review Checklists within the files.

The first reviewed concluded as unsubstantiated. It was undated so it cannot be confirmed that it was completed within 30 days. It does not address the individual requirements of the form and the only comment on the form was "Found this incident to be unsubstantiated". It was signed by 3 mental health staff, 2 medical staff and the Captain.

The second reviewed concluded as unsubstantiated. The incident review was conducted on the same day the investigation closed. There were no recommendations. It was signed by The SART Leader and SART Investigator.

The third file reviewed concluded as substantiated. The incident review was conducted prior to the conclusion of the investigation. There were no findings, and the document does not indicate that the area where the incident occurred was visited and no information was noted regarding the reviewing of the staffing at the time of the incident. It was signed by the Captain, a medical staff, the Sergeant, a mental health staff, and one unreadable signature.

CAP: Ensure that Incident Reviews are conducted and all required items are visited and contain a response. Ensure that all required members of the Incident Review Team are present and sign the form. Ensure that any recommendations are clearly documented as to when
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completed, or the reason they could not be completed.

Response: The facility implemented the Agency policy and form for conducting Incident Reviews in the future and ensure that all parties required to be present are present.

Standard 115.87 Data collection

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

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

The agency completes the Department of Justice Survey of Sexual Violence annually. Each facility is required to provide information to the Department's PREA Analyst monthly regarding any allegations of sexual abuse or sexual harassment utilizing the Department's form that is addressed in the Facility PREA Log User Guide.

Standard 115.88 Data review for corrective action

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

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

An annual report is completed by the Agency and is available on the agency website. The report addresses the total number of allegations state-wide, the disposition of each type of allegation (staff/inmate harassment, staff/inmate abuse, inmate/inmate harassment, and inmate/inmate abuse), allegations by facility type and outcome, and a focused narrative of the initiatives of each facility and the Agency as a whole. The 2013 annual report shows comparison data for two years, however the 2014 and 2015 report do not show annual comparison data.

CAP: Update the annual report to reflect prior year data in comparison to the current year being reported.

Response: The Agency updated the Annual Report to show comparison data and posted the new report to the Agency website.

Standard 115.89 Data storage, publication, and destruction

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

relevant review period)

- Does Not Meet Standard (requires corrective action)

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

Policy 208.06 requires the retention of sexual abuse data, files, and related documentation for a minimum of 10 years from the date of the initial report. Criminal investigation data, files and related documentation is to be maintain 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 maintained 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.

This was confirmed through an interview with the Agency PREA Coordinator.

AUDITOR CERTIFICATION

I certify that:

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

Bobbi Pohlman-Rodgers

April 27, 2017

Auditor Signature

Date