

PREA AUDIT REPORT Interim Final
ADULT PRISONS & JAILS

Date of report: May 3, 2017

Auditor Information			
Auditor name: Bobbi Pohlman-Rodgers			
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Telephone number: 954-818-5131			
Date of facility visit: April 10 – 11, 2017			
Facility Information			
Facility name: Walker State Prison and Northwest RSAT			
Facility physical address: 97 Kevin Lane, Rock Spring, GA 30739			
Facility mailing address: <i>(if different from above)</i> PO Box 98, Rock Spring, GA 30739			
Facility telephone number: 706-764-3609			
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 Pamela Ballinger			
Number of staff assigned to the facility in the last 12 months: 125			
Designed facility capacity: 644			
Current population of facility: 596			
Facility security levels/inmate custody levels: Medium			
Age range of the population: 20-79			
Name of PREA Compliance Manager: Jeanie Kasper		Title: Deputy Warden – Care & Treatment	
Email address: Jeanie.kasper@gdc.ga.gov		Telephone number: 706-764-3616	
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: Grace Atchison		Title: Statewide PREA Coordinator, OPS	
Email address: grace.atchison@gdc.ga.gov		Telephone number: 678-332-6066	

AUDIT FINDINGS

NARRATIVE

The Georgia Department of Corrections contracted with G4S Youth Services, LLC to conduct a PREA audit at Walker 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 offender 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 and required documents four weeks prior to the on-site audit date and this was reviewed by the auditor. One week prior to the audit, the auditor contacted the facility PREA Compliance Manager to review a list of items that would be required the first day that included: list of offenders by housing unit, list of offenders who reported LGBTI, Limited English Proficiency, Prior Victimization, Current Allegations of Sexual Abuse or Sexual Harassment, and Disabilities that may require a different approach to education, a list of staff working the two days of the audit on all shifts, and a list of staff who fill specialized positions. Additionally, the auditor obtained information regarding what was permitted to be brought into the facility, parking, and other logistic information.

Upon arrival at the facility on April 10, 2017, the auditor met with the management team to review the audit process and discuss the events of the next few days. The meeting was attended by: Warden Pamela Ballinger, Deputy Warden of Care & Treatment/PREA Compliance Manager Jeanie Kasper, Deputy Warden of Security Lavon Martin, Deputy Warden of Administration Natalie Emery, Northwest RSAT Superintendent Mark Abusaft, Northwest RSAT Program Director Katrina Payne, Georgia Correctional Industries Plant Manager Steven Kaylor, Operations Analyst Kathy Veal, Administrative Support Terese Fairbush, Maintenance Engineer Tony Young, Nurse Manager RN Cindy McDade, Human Resource Manager Cynda Sims, Business Manager Kathy Cline, Chaplain Aaron Reaves, Food Service Director Randy Cameran, and the Statewide PREA Coordinator Grace Atchison.

A tour of the facility was completed on two different days. On the mornings of April 10, 2017 and April 11, 2017, the auditor toured the Walker State Prison which includes the Northwest RSAT Center, Georgia Correctional Industries, and a Fire House.

A review of all offenders and staff who would be present during the on-site audit was conducted. With a total of 8 housing units at Walker State Prison, 4 housing unit at Northwest RSAT, and a housing unit at the Fire House, a total of 13 offenders were selected for interview, which included one Limited English Proficient offender and one offender in Segregation. There were no reported disabled offenders, LGBTI offenders, or prior victimized/current victims of sexual abuse or sexual harassment identified at the facility during the audit. There were 11 staff who were randomly selected for interviewing. Fourteen specialized staff positions were interviewed and included the following: Warden, PREA Compliance Manager, Upper Level Management, Medical, Mental Health, Human Resources, Investigator, Intake, Risk Screening, Segregation, Incident Review, and Retaliation Monitor. The Agency Head, PREA Coordinator and SANE/SAFE were interviewed prior to this audit by US DOJ Auditor Pete Zeegers and interview notes were provided for this audit.

PREA information was observed in each housing unit for offender and staff viewing. Offenders can report PREA allegations in a multitude of ways: Agency PREA Hotline (*7732 on offender phones), to Victim Services or the Ombudsman. This information is available posted in the facility, PREA Brochure, and in the Offender Handbook provided to offenders upon their arrival. Additionally, the agency began a "See Something, Say Something" program for both offenders and staff to report any issues of concern. The phone number is posted throughout the facility giving access through a special Hotline directly to Intelligence.

The facility has a Sexual Assault Response Team (SART) comprised of the Deputy Warden of Care & Treatment/Facility PREA Compliance Manager, a Captain, a Lieutenant, and the medical staff. Both the Deputy Warden of Administration (Retaliation Monitor) and Chaplain Reaves (Victim Advocate) also participate directly with the SART. The SART meets monthly. 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. The agency has just contracted with JPAY systems to add direct access to PREA reporting through both the kiosks and offender tablets. This is currently not active at this facility, but the intent is that it will begin shortly.

DESCRIPTION OF FACILITY CHARACTERISTICS

Walker State Prison is located in Rock Spring, Georgia which is located in Walker County. It became operation in 1971 and renovated in 2000. Walker State Prison has three unique programs – Faith & Character, Residential Substance Abuse Treatment Center, and a Fire House. In 2015, Walker State Prison was named the Facility of the Year. In January 2017, a new Warden was assigned to the facility.

The mission of Walker State Prison is a designated “Faith & Character” based prison that provides a pro-social, programmatic environment for change to those offenders who voluntarily request to participate in the program. The program fosters moral character development and cultivates pluralistic spiritual enrichment. Offenders are provided a variety programs, vocational, religious, counseling, work and recreation opportunities.

- Educational programs include General Education Diploma (GED) preparation and remedial literacy;
- Counseling programs include Motivation for Change, Moral Recognition Therapy, Thinking for a Change, Matrix, Faith & Character Basic Programming, Spectrum Program, and a Residential Substance Abuse Treatment program that offers individual counseling, career center, veterans services, family services, Cross Roads program, fatherhood services and fellowship mentoring;
- Vocational/OJT programs include Food Preparation, Building Maintenance, Mechanics, Laundry, Warehousing, Custodial Maintenance, Metal Fabrication, Welding, Baker, Cooking, Barber, Outside Maintenance, and Outside Grounds;
- Religious Activities include various worship services and Bible study;
- Recreation that includes general recreation, basketball, a large recreation field, a wellness walk, and arts & crafts;
- Work Details to Catoosa and Walker counties, as well as the City of Fort Oglethorpe

Walker State Prison is unique in that the multi-purpose area is the hub of activity. Around the outside of the multi-purpose area are a variety of offices, kitchen chapel and visitation.

Housing units are located in the four wings. Walker State Prison houses up to 644 offenders – 8 beds at the Fire House, 200 beds at the RSAT program, and the rest within the confines of the main building. Housing Units 1-8 are within the main building, of which unit 8 is an Isolation/Segregation unit. With the exception of segregation, all housing units are open dormitory style with a bathroom and showers located at the back of the unit. There is a 4’ wall separating the toileting area from the housing. The facility constructed barriers which provide additional privacy. The showers have a wall around them that allows for privacy. The Isolation/Segregation Unit has 8 single bed rooms and 8 double bed rooms that are wet cells. There are a total of 4 individual use showers with walls for privacy.

The Residential Substance Abuse (RSAT) program is nine (9) month residential substance abuse treatment program for probationers. Offenders are court-mandated for this program and have a history of substance abuse which was the causative factor to their correctional supervision. This is a highly structured residential therapeutic treatment community where offenders 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. This community is responsible for helping offenders work together under the authority and supervision of staff. The Program 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. There are four open bay housing units, with privacy for toileting, changing clothing and showering. There are two other buildings that provide for administrative offices, counseling offices, education, and groups.

Walker State Prison houses a Firehouse. Offenders participating in this program are certified fire fighters and live in the one open dorm housing unit within the Firehouse. Privacy is offered through a separate bathroom and showers. This volunteer fire station provides auxiliary services to nearby communities and fire houses. This program is recognized in 18 different states.

Medical services are provided on-site 13 hours per day, Monday – Friday. Offenders requiring emergency services are transported to Redmond Hospital. Mental Health services are contracted.

A barbershop is available for all offenders. Barbers are certified barbers. The kitchen is large room with clear vision throughout the area. There are cameras and mirrors in place to address some blind areas. The laundry is also open with no blind areas and 2 cameras. The library is used for GED preparation, groups, and orientation. The chapel and visitation area are located between administration and the multi-purpose area. All staff entering from administration are able to view these areas.

A Maintenance and Mechanic building is located outside the secure area. There are four staff and a Maintenance Engineer that supervisor 4 offenders in the maintenance shop and 1 Mechanic Supervisor and 1 offender in the mechanic shop. These two departments are located within the same building.

The Georgia Correctional Industries metal fabrication plant is located at this site. The plant is a large open area where supervision of offenders provides little challenges. There is a Plant Manager, 3 Production Supervisors, and 3 officers present at all times. A welding program offered through the local college with 2 instructors providing 4 classes per day with a total of 52 offenders able to participate.

SUMMARY OF AUDIT FINDINGS

On April 11, 2017, the auditor met with the Warden, Deputy Warden of Care & Treatment/PREA Compliance Manager, Deputy Warden of Administration, Deputy Warden of Security, Administrative Support, Captain, Lieutenant, and Operations Analyst to discuss the next steps of the audit. Only one concern was noted and the facility completed education of all offenders on the availability of outside emotional support services through training and visual information posted in the facility, as well as added this information to their orientation program to ensure offenders are aware of these services upon arrival at the facility. The facility also underwent an Emergency PREA Drill in April of 2017 and documentation of this drill was provided to the auditor.

The audit moved very swiftly and timely with the staff at Walker State Prison being well education on their duty to prevent, detect, respond and report to allegations of sexual abuse and sexual harassment. The facility has an atmosphere of caring that was apparent in observation of staff and offender interactions. This auditor offers her gratitude for the professionalism of the staff at Walker State Prison.

Number of standards exceeded: 7

Number of standards met: 33

Number of standards not met: 0

Number of standards not applicable: 3

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

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

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

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 offenders. The policy has definitions that mirror the PREA definitions. Sanctions are identified in both policy and the Offender Handbook

The agency has a Statewide PREA Coordinator, Ms. Grace Atchison, 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. Information is shared directly with the facilities through statewide and individual facility training. Meetings and collaborations are useful in resolving compliance challenges. She has a solid understanding of the PREA standards and the agency policies to ensure compliance. She was extremely helpful during the audit.

Deputy Warden of Care & Treatment Jeanie Kasper services as the Facility PREA Compliance Manager. She reports to both the Warden and to the Statewide PREA Coordinator. Her understanding of PREA standards shows that she takes her position very seriously. She reports that approximately 30% of her time is devoted towards PREA education of both staff and offenders and response to allegations. She coordinates the efforts of compliance at the facility through education, meetings, SART activities, and incident reviews. Issues are addressed immediately upon identification through movement, education, professionalism, contact with other resources and the creation of educational materials as warranted.

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 644 offenders.

The Warden reported that she is responsible for the staffing plan at the facility. The staffing plan presented to the auditor was last reviewed on October 26, 2016. It shows 150 agency staff at the facility – 93 security staff, 10 administrative staff, and the remaining staff hold positions in maintenance, education, library, food service, counselor, store clerk, warehouse and chaplain. There are 22 contracted staff identified who hold positions in Mental Health services, Georgia Correctional Industries and Medical.

Each position in the facility has been identified as to priority of the staffing and relief. When deviations of the staffing plan are identified, the facility ensures that Priority 1 posts are filled. Reasons for deviations may include unexpected call-ins, unplanned hospital trips, unplanned transfers, emergencies, and staff on extended leave. Deviations are documented on the daily Shift Report and discussed in the morning meeting of which the Warden reports she reviews daily. 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 weekly. He documents these in the Duty Officer Logbook. He varies the checks based on the day/time/location to prevent staff from notifying other staff of his presence. He does include the laundry, kitchen and closets in his rounds.

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)

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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 offender.

Standard 115.15 Limits to cross-gender viewing and searches

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

relevant review period)

- Does Not Meet Standard (requires corrective action)

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

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 offender reported being searched (strip or cavity) by a female staff. Should one be conducted, an incident report is required to be completed. Documentation of search training was provided to the auditor.

There are no female offenders at this facility.

The facility has ensured the privacy of offenders while showering, toileting, or changing clothes. Each unit visited during the tour allows for privacy through walls and barriers erected to prevent cross-gender viewing, except in exigent circumstances. Offender 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. Due to the nature of the layout of the facility where the housing units are directly connected to the multi-purpose area with both sight and sound, an announcement is made at the beginning of the shift to all population. Staff interviewed report that they will announce themselves when entering the individual housing units. Offender interviews confirmed that they do hear staff making the announcement. 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 offenders for the sole purpose of determining an offender's genital status. Transgender offender 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 when it is made known that additional resources are needed. The agency head has reported that English and Spanish material is made available for offenders, 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. There are four staff identified who are able to provide services in Arabic, Spanish and American Sign Language.

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. This was confirmed during staff interviews that offenders are not utilized for interpreting in situations of reporting sexual abuse or sexual harassment.

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 medical 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 offender contact (contractors and volunteers) receive a criminal background screening annually in order to renew their facility badge. A review of the background checks confirmed that these were conducted as required by policy.

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. During the interview this was clarified that these requests are forwarded to the Central Office who responds. Additionally, the Peace Officer Standard Training Council would be notified of outcomes of background checks.

SOP IVO14-0001, Employee Standards of Conduct, require employees to notify their immediate supervisor of all traffic citations, all arrests, all convictions, and all final dispositions of criminal cases including nolo contendere by the next business day after its occurrence. Supervisors are required to report this to the appropriate individuals.

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)

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An interview with the Warden confirmed that there have been no substantial expansions or modifications of the facility. The recording of video monitoring was upgraded from 1 week to a 3 week retention for purposes of investigations. A request for additional cameras is currently pending.

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)

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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 0 forensic examinations in the past 12 months.

Forensic medical examinations are conducted at the facility and at no charge to the offender. 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 2 qualified Victim Advocates on site who are notified of allegations of sexual abuse and will respond during the examination, investigation and interviews as requested by the offender, as well as provide crisis intervention, emotional support, referrals and other information. These staff have completed numerous courses through the Office for Victims of Crime – Training and Technical Assistance Center and certificates were provided. Courses included: Sexual Assault Advocate/Counselor, Victim Assistance, Confidentiality, Ethics in Victim Services, and Trauma Informed 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 offenders are offered the services of a Victim Advocate and the facility has a request form that the offender 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.

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)

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Policy 208.06 requires that all allegations receive an initial investigation by the facility investigator with referral to Internal Affairs Investigators for staff misconduct and to the Office of Professional Standards investigators criminal investigations.

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 Compliance Manager and Warden report 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)

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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 have done so annually the last three years. The training addresses both male and female inmates. Staff interviewed were able to share specific topics covered within the annual PREA training. 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 person’s signature. An interview with an educational volunteer

confirmed that she has received the training with the Chaplain. The training was 3 hours in length and she understands the need to protect the offender and report to the supervisor.

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 and 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”.

Offender interviews confirm that offenders received both verbal information and a copy of the GDC PREA brochure upon intake. Offender interviewees were able to clearly identify that they have viewed the video at the time of orientation and PREA information on intake. Information provided to offenders includes the zero-tolerance policy, definitions of sexual abuse and sexual harassment, prevention strategies, methods of reporting, treatment options and programs available, monitoring, and discipline and prosecution of sexual perpetrators. PREA education is available orally and written, as well as in English and Spanish. Interpreter services, if needed, is available through identified staff or Language Line. Offenders who arrived prior to the requirements of the standard have received facility specific information and this is documented on the appropriate form.

An interview with the staff who conducts the comprehensive orientation found that all offenders receive the Handbook that contains reporting methods and the PREA brochure, as well as verbal information on PREA. He conducts the comprehensive education in the library with a group of offenders and includes the PREA 101 for offenders and the PREA DVD. Additionally, a welcoming committee of offenders is utilized to assist new arrivals during the orientation and would report to him if there were any language barriers. Comprehensive education is typically completed within 72 hours of an offender’s arrival.

A tour of all housing units finds that the PREA brochure for offenders was posted in view of both offenders 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. Offenders interviews were able to clearly identify that they have viewed the video at the time of orientation and PREA information on intake. Information provided to offenders includes the zero-tolerance policy, definitions of sexual abuse and sexual harassment, prevention strategies, methods of reporting, treatment options and programs available, monitoring, and discipline and prosecution of sexual perpetrators. PREA education is available orally and written, as well as in English and Spanish. Interpreter services, if needed, is available through identified staff or Language Line. Offenders who arrived prior to the requirements of the standard have received facility specific information and this is documented on the appropriate form.

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. Specialized training includes sexual assault victims, Miranda versus Garrity warnings, sexual abuse evidence collection in confinement settings, and the criteria and evidence required to substantiate a case for administrative action or prosecution referral.

A file review of the investigator interviewed found that he has completed both the basic PREA Education and Specialized Training through the National Institute of Corrections in 2016. There are five facility investigators and all documents show both training requirements have been met.

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 specialized classes. Training files reviewed for medical and mental health staff show that they have received the basic PREA education for all staff.

Interviews with medical and mental health staff indicated that they have completed all training requirements to include basic PREA education and specialized training. A review of documents showed completion of both trainings.

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 reported that the screening is typically conducted on the day of arrival. Prior to the screening, he reviews the prior screening, if one has been conducted, the parole history summary (if available), and New Generation Assessment, and reviews offender charges and prior PREA allegations. This is completed on the PREA Pre-Screen form which allows for a review of certain information prior to completing the screening. Specifically, this pre-screen requires documentation of a review of SCRIBE for offenders already identified as victims or aggressors, a photo check and physical description noting any perceived LGBTI, small frame/slight build, and any disabilities, information indicating prior victimization or previous incarcerations, and any behavioral indicators of aggression.

The actual intake screening is entered directly into SCRIBE and the questions are prompted through this system which includes mental, physical or developmental disabilities, age, physical build, previous incarcerations, criminal history of violence, prior sex offense convictions, whether the offender is perceived or reports being gay, lesbian, bisexual, transgender, intersex or gender nonconforming, prior sexual victimization and the offenders perception of vulnerability. When new information is available, and within 30 days of intake, counselor will re-check the screening. Additionally, a PREA Pre-Screen form is completed by staff that requires the review of SCRIBE for offenders already identified as victims or aggressors, a photo check and physical description noting any perceived LGBTI, small frame/slight build, and any disabilities, information indicating prior victimization or previous incarcerations, and any behavioral indicators of aggression.

A review of the system shows that offender screenings were conducted 90% of the time on the offenders first day. There were two offenders who entered the facility prior to the beginning of the screening, and both received screenings in 2015, and one screening conducted within 72 hours.

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 the information generated from SCRIBE regarding an offender’s risk of victimization or sexual abusiveness is utilized in making housing, programming, and other decisions. Access to this information is limited to those who make the decisions for placement, as well as medical, mental health, Warden and Deputy Wardens. All further housing changes are confirmed through SCRIBE before movement to ensure the safety of the offender. Screenings are reviewed on a regular basis and both transgender and intersex offenders screening would be reviewed twice per year, if not more frequent. While all efforts are made to ensure housing based on needs, programming, etc., the facility does utilize Dorm 6 for offenders who are identified as vulnerable and Dorm 5 for aggressors. To clarify, not all offenders identified as vulnerable are automatically housed in Dorm 6, but this is an option that can be utilized if an offender reports concerns for their safety. The interview also confirmed that a transgender or intersex may request to shower separately.

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.

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. SOP IIB09-0001 allows an inmate to request Voluntary Assignment to Administrative Segregation.

An interview with staff who supervise the isolation/segregation unit, the staff reported that a victim would never be automatically placed in this unit. A victim could request placement here if there was a concern for their safety. The facility has identified Dorm 6 as safe housing for victims during an investigation and thereafter if the offender reports concerns for their own safety. If isolation/segregation were used, all efforts would be made to ensure that regular programming would continue. The facility reports that they have never used isolation/segregation for victims of sexual abuse or sexual harassment.

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 offenders provided that offenders 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 offenders upon intake through the PREA brochure and Handbook book. During the tour, it was noted that posters were up for offender 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.

Further discussion with the PREA Coordinator found that this facility is slated to be included in allowing offenders to report sexual abuse or sexual misconduct through the JPAY kiosk. Once this is in place, offenders 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 prior review of this system was conducted by the auditor at another Georgia Department of Corrections facility and was able to observe how quickly an e-mail is sent through the system to the PREA Coordinator.

The facility recently began a “See It/Tell It” program for both staff and offenders. Posters were observed in many areas within the facility and allow both staff or offenders to report any information of inappropriate behavior or actions of staff or offenders. 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 offenders of access to outside support services. While a MOU is not in place, a review of the material provided found that the Sexual Assault Victim's Advocacy Center will provide services to offenders. A poster is available that identifies the 24/7 hotline services and a contact number for offenders to call. During the tour, there was not information posted for offender viewing and interviews with offenders found that they were not aware of the availability of services.

The facility rectified this by providing education to all inmates on the Sexual Assault Victim's Advocacy Center and provided documentation to the auditor. Additionally, this information is now a part of the orientation information.

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, 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 offenders upon intake, along with the limitations of confidentiality. An interview with an Investigator confirmed that they have received and investigate all allegations of sexual abuse or sexual harassment regardless of the reporting 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 offender is subjected to a substantial risk of imminent sexual abuse, they are required to take immediate action to include immediately separating the offender and reporting to their immediate supervisor. An interview with the Warden confirms that immediate action will be taken to ensure the safety of the offender, 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 Walker State Prison is notified of an allegation that occurred in her facility, she shall ensure that it is investigated in accordance with agency policy.

The Warden confirmed that she has received no allegations of sexual abuse that was received by another facility. She did confirm that all allegations received, regardless if from inside the facility or external to the facility, that occurred in the facility would be investigated as required by policy and their practices.

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.

A one-page procedural guide is provided to all staff regarding the steps to be taken by first responders that include: separation of the victim from the alleged perpetrator, securing the crime scene, ensuring both the victim and the alleged perpetrator do not take steps to destroy potential evidence, and to notify the SART. Interviews with staff confirm their knowledge of the steps to take if they should become aware of an incident of sexual abuse. The facility reported that there had been no allegations of sexual abuse in the last 12 months.

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 for Walker State Prison includes specific procedures for first responders, medical/mental health, safe housing, reporting notification, and investigations. A list of specific contact persons is present that specifies specific persons to contact, their title and a contact phone number is also included.

A memo and the Coordinated Response Plan was sent to all staff from the Lieutenant. The memo provides a quick refresher to the Zero-tolerance policy, professionalism, investigations, mandated reporting, and the Coordinated Response Plan. Staff acknowledged the receipt of this information and knowledge of the Coordinated Response Plan by signing the form, which was provided to the auditor.

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, subjection 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 the Deputy Warden of Administration to serve as the Retaliation Monitor. An interview with the Retaliation Monitor found that she initiates contact with offenders 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 offenders and staff may including removal of the perpetrator, bed or housing changes, transfers and post transfers. She also reported that she reviews disciplinary reports, housing changes, transfers, behaviors, prior history, work performance/staff reassignments, absenteeism, 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 no instances of alleged retaliation in the past 12 months.

SOP IIB09-001, Administrative Segregation, requires weekly monitoring during the first two months that an offender is placed here. Additionally, during the interview with the Captain, he reported that they have not used isolation/segregation of a victim.

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 through 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.

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.

The auditor reviewed 5 allegations of sexual harassment made in the past 12 months. All contained a complete administrative investigation

as none alleged criminal behavior, and therefore no criminal investigation was required.

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. 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 offender. Files reviewed showed that there were notifications to the offender 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 offender), 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, all five are closed. The Investigator reported that the outcome of an investigation is provided to the facility and they would make the notification. Examples of offender notification were observed in files.

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.

There were no founded instances of sexual misconduct by a staff towards an offender at Walker State Prison that were substantiated and required disciplinary action. However, interviews confirmed that disciplinary action of a staff for sexual misconduct may include dismissal and criminal prosecution (if criminal in nature).

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 Warden confirmed that an investigation that was substantiated by an offender could include disciplinary action as per agency policy, and could include criminal prosecution as well as transfer or isolation/segregation. The agency does offer therapy and counseling for offenders who have been found to have committed sexual abuse. Recommendations for required participation is considered. Mental health services are offered and would require the transfer of an offender to another facility for appropriate services.

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 offender is vulnerable to victimization or sexually aggressive. This was confirmed with the risk screening staff and the facility PREA Manager.

Medical staff and mental health staff reported during the interview that offenders will be seen 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 offender regarding any sexual victimization that did not occur in an institutional setting. Appropriate consents are obtained prior to the sharing of information of a sexual victimization that did not occur while the offender was incarcerated in the agency system.

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.

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.

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 offender 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. The “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 offender 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 offender 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 offender refused an examination, and the Chain of Command information for the Rape Kit. Mental health staff reported that services are provided as determined through an assessment and/or request of the victim.

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 of 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 Walker 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. On-going mental health services would be provided as needed or as requested by the victim.

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 to conduct an incident review. The team completes the required Sexual Incident Review Checklist. A review of the five closed files at this facility found that sexual harassment and sexual abuse investigations all received an incident review, regardless of the outcome and the appropriate forms were in each file. The incident review addresses motivation, policy changes, examination of the area, staffing levels, and a need for additional technology monitoring in the area. All were completed within 30 days of the closing of the investigation.

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, annual comparison data, and a focused narrative of the initiatives of each facility and the Agency as a whole.

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

May 9, 2017

Auditor Signature

Date