

PREA AUDIT REPORT Interim Final
ADULT PRISONS & JAILS

Date of report: April 14, 2017

Auditor Information			
Auditor name: Robert Lanier			
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Email: rob@diversifiedcorrectionalservices.com			
Telephone number: 912-281-1525			
Date of facility visit: April 5- April 6, 2017			
Facility Information			
Facility name: Wilcox State Prison			
Facility physical address: 470 South Broad Street Abbeville, Ga 31001			
Facility mailing address: (if different from above) POST OFFICE BOX 397			
Facility telephone number: 229-467-3000			
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: Antoine Caldwell			
Number of staff assigned to the facility in the last 12 months: 264			
Designed facility capacity: 1840			
Current population of facility: 1822			
Facility security levels/inmate custody levels: Medium			
Age range of the population: Adults 18-80			
Name of PREA Compliance Manager: James C. Spann		Title: DWCT	
Email address: james.spann@gdc.ga.gov		Telephone number: 229-467-3011	
Agency Information			
Name of agency: Georgia Department of Corrections			
Governing authority or parent agency: (if applicable) N/A			
Physical address: 300 Patrol Road Forsyth, GA			
Mailing address: (if different from above) Click here to enter text.			
Telephone number: 478-992-5211			
Agency Chief Executive Officer			
Name: Gregory C. Dozier		Title: Commissioner	
Email address: greg.dozier@gdc.ga.gov		Telephone number: 478-992-5211	
Agency-Wide PREA Coordinator			
Name: Grace Atchison		Title: Agency PREA Coordinator	
Email address: grace.atchison@gdc.ga.gov		Telephone number: 678-332-6066	

AUDIT FINDINGS

NARRATIVE

The on-site PREA Audit of the Wilcox State Prison was conducted April 5-6, 2017. Six weeks prior to the on-site audit the auditor provided the facility with the Notice of PREA Audit and requested the notices be posted in areas accessible to staff, inmates, contractors, volunteers and visitors. The facility immediately provided multiple photos documenting the posting of the Notices of PREA Audit. Thirty (30) days prior to the on-site audit the facility provided the auditor with a flash drive containing Georgia Department of Corrections Policies and Procedures, Local Operating Procedures, PREA Training Curricula, a variety of forms, certificates, and other documents to support “practice” and compliance with the PREA Standards. The flash drive information was logically arranged and organized, enabling the auditor to review the information with ease. The auditor reviewed every item on the flash drive and forwarded, via email to the PREA Compliance Manager and PREA Coordinator, a list of documents needed for review during the on-site audit. Communications were ongoing with the PREA Compliance Manager (PCM). The PCM was always cooperative and very responsive to anything the auditor requested. A week prior to the audit the auditor provided a tentative agenda (itinerary) to guide the onsite audit process.

By prior arrangement the auditor arrived at the facility at 0800 and was greeted by the Assistant Agency PREA Coordinator, Senior Counselor and the Counseling Secretary, in the absence of the PREA Compliance Manager, who was attending mandatory training. A brief “meet and greet”, attended by the Assistant PREA Coordinator, Warden, and his administrative team, was conducted. Following the entrance briefing, the auditor went on a tour of the facility led by the Warden and accompanied by the Deputy Warden, Assistant Agency PREA Coordinator and Senior Counselor.

Interviews with specialized staff and randomly selected staff began immediately following the tour. Interviews continued throughout the first day of the audit. Additionally, on the first day of the audit the requested documentation that had been previously requested was reviewed. Inmates, including random and special category inmates, the Captain, a Volunteer and the Warden were interviewed the following day and on day two of the audit an exit briefing was conducted with the Warden, Assistant Agency PREA Coordinator, Two Deputy Wardens for Security and the executive team.

DESCRIPTION OF FACILITY CHARACTERISTICS

The Wilcox State Prison is a medium level male prison that opened in 1994. Located at 470 South Broad Street Abbeville, GA., the facility is between Valdosta and Macon Georgia off the I-75 corridor. The facility has a design capacity of 1,840; the population at the time of the audit was 1,728.

The complex is spread out over several acres and is divided into a north and south section with the common areas in the middle. It is enclosed with a 12' high chain link fence with 7 rows of razor wire. All staff and visitors enter a checkpoint prior to gaining access to the compound. All staff and visitors pass through a metal detector and all items go through a magnetometer.

The facility consists of four buildings with approximately 120 inmates per dorm in 24 double bunked cells and 24 triple bunked cells each. Three housing units consist of four open dormitories, two of them housing approximately 48 per dorm and the other two housing approximately 80 per dorm. There are 23 isolation cells and 72 double bunked segregation cells. This facility also houses a Fire Station with 10 bunks.

The Mission of the Wilcox State Prison is to ensure public safety and effectively house offenders while operating a safe and secure facility by housing medium security, general population inmates who may not be suitable for a county facility due to their offense or physical limitations.

SUMMARY OF AUDIT FINDINGS

The auditor's methodology included forwarding, for posting, Notices of PREA Audit, providing contact information for any staff, inmate, volunteer, contractor or visitor needing or wishing to contact the PREA Auditor at any time before, during or after the on-site audit. The facility provided photos documenting their posting throughout the facility. The auditor did not receive any correspondence as a result of the posting of the Notices of PREA Audit. The auditor then reviewed every item provided on the flash drive from the facility. This included reviewing the Pre-Audit Questionnaire, policies, procedures, forms, rosters, curricula, certificates, plans, and a variety of other documentation to support the facility's "practices" and to support compliance with the PREA Sub-standards. Where additional documentation was needed or where clarification of a practice was requested, the PREA Compliance Manager responded almost immediately. The auditor provided a tentative agenda to guide the PREA Audit and supplied it to the facility for review and medication, if needed.

On site the auditor talked with staff during the entrance conference and learned more about facility operations. A tour of the facility was conducted to observe camera locations, blind spots, if any, and how the facility mitigated them. living unit configurations, posting of officers, staffing considerations, supervision of inmates, announcements made or not made by opposite gender staff, showers, restrooms, locations/accessibility of phones, PREA Posters, living units and segregation. At the front gate the auditor informally interviewed the officer about PREA. Additional informal interviews were conducted with inmates and staff during the tour. An inmate was asked to give a demonstration of how he could access email and video visitation on the KIOSK. Informal discussions were conducted with the Food Services Supervisor and the Deputy Warden for Administration about the food services area. In addition to the informal interviews, formal interviews were conducted with 11 random staff, 19 specialized staff, and 15 inmates, including inmates who were gay, bisexual, transgender and an inmate who reported sexual abuse at the facility.

Five (5) standards were rated "exceeded". These included the following: 115.11, ZeroTolerance; 115.17, Hiring and Promotion Decisions; 115.31, Employee Training; 115.51, Inmate Reporting; and 115.53, Inmate Access to Outside Confidential Support Services. Three (3) standards were rated "not applicable". These included: 115.12, Contracting with Other Entities for the Confinement of Inmates; 115.14, Youth Inmates; and 115.66, Preservation of Ability to Protect Inmates From Contact With Abusers. Thirty-eight (38) standards were rated a "met".

Number of standards exceeded: 5

Number of standards met: 38

Number of standards not met: 0

Number of standards not applicable: 3

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

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

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

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

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

Policy requires the the Warden at each institution to be responsible for ensuring all aspects of the agency's PREA Policy are implemented. They are also required to develop a Local Procedure Directive for response to sexual allegations. The Directive must reflect the institution's unique characteristics and specify how each institution will respond to sexual allegations and the notification procedures followed for reports of sexual allegations. Wilcox State Prison PREA Local Procedure Directive is the facility specific plan to coordinate activities and actions taken in response to an incident of sexual abuse, among first responders, medical and mental health practitioners, investigators and facility leadership.

Wardens also are required to assign an Institution PREA Compliance Manager, who also has sufficient time and authority to develop, implement and oversee the facility efforts to comply with the PREA Standards. The Warden has designated a higher level staff to serve as PREA Compliance Manager. This was documented in a memo from 2015. The PREA Compliance Manager is the Deputy Warden for Care and Treatment. That high level position ensures he has the support of his Warden and is in a position with the responsibility and authority to implement PREA at Wilcox State Prison. Documentation was also provided confirming the PREA Compliance Manager attended PREA Compliance Manager Training on September 29, 2016. Additionally, this PREA Compliance Manager completed the NIC Online Training entitled: PREA Coordinator's Roles and Responsibilities (three hours). He also completed the NIC Online Training, PREA: Investigating Sexual Abuse in a Confinement PREA Audit Report

Setting and NIC Online Training: Communicating Effectively and Professionally with LGBTI Offenders. Communications with the PREA Compliance Manager were frequent before, during and after the audit and he was more than responsive on each occasion.

The Resident Handbook advises offenders that the Department of Corrections has a zero-tolerance policy toward the sexual abuse of offenders and is committed to the prevention, detection and punishment of sexual abuse. Signs posted throughout the facility emphasize the agency's zero tolerance for all forms of sexual abuse, sexual misconduct and sexual harassment or retaliation for reporting or cooperating with an investigation. Inmates receive the PREA Brochure again affirming the zero tolerance policy. Inmates watch the PREA Video "off the bus" upon arrival at the facility. The zero tolerance policy is again discussed. They receive an orientation conducted by the administrative counselor who again affirms the zero tolerance policy. Inmates sign forms acknowledging they have been provided PREA information, including the zero tolerance policy. Staff are trained on the zero tolerance policy at least annually. They also are required to sign PREA Acknowledgment Statements affirming they have read and understand the agency's zero tolerance policy.

An interview with the PREA Compliance Manager confirmed he is an, intelligent and knowledgeable staff who takes PREA seriously. He indicated he has the complete support of the Warden and staff and of the PREA Coordinator who is accessible to him on site periodically and always via phone or email. Interviews with staff confirmed they are all aware of the zero-tolerance policy and they would report all allegations of sexual abuse or sexual harassment including suspicions. The PREA Compliance Manager chairs a monthly PREA meeting attended by the Warden, Deputy Warden for Security, SART Leader, Unit Manager, Retaliation Monitor, Captain of security and PREA Compliance Manager Secretary. The purpose of the meeting is to discuss any PREA related matters/issues and to review the status of any allegations made during the month. Interviews with members of the PREA Team confirmed they are a group of highly qualified, serious minded individuals who take sexual safety seriously.

Interviewed inmates, likewise, said they understood the facility had zero tolerance for any form of sexual activity. A number of the interviewed inmates related "sexual assault/abuse is not a part of your sentence". Inmates related they have received PREA information on the zero tolerance policy in every GDC institution they have been in.

This standard is rated "exceeds" because of the agency's commitment to zero tolerance, sexual safety and to the PREA standards. The Department has designated a Statewide Compliance Director with overall responsibility for implementing PREA. Additionally, the Department has designated a Statewide PREA Coordinator to oversee the implementation of PREA in the GDC facilities. The Department has taken yet another step in supporting PREA by appointing an upper level Assistant PREA Coordinator. This staff, in addition to being responsible for designated state facilities, also has been designated to be a resource for PREA in county prisons throughout the state. The PREA Compliance Manager has completed multiple National Institute of Corrections on-line courses including PREA Coordinator's Roles and Responsibilities (three hours). The supporting team for PREA is highly qualified. Documented monthly meetings to discuss PREA related issues and allegations/investigations made during the month were provided. An interview with the Warden confirmed his commitment to zero tolerance and for sexual safety in his facility.

Standard 115.12 Contracting with other entities for the confinement of inmates

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

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

recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

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

Wilcox State Prison does not contract for the confinement of offenders. This was confirmed by interviews with the Warden and PREA Compliance Manager. The Agency PREA Coordinator provided the auditor two contracts the agency promulgated for the confinement of inmates by a county prison and a private vendor. Both contracts contained requirements for the contractor to comply with PREA and to acknowledge that the Georgia DOC has the right to monitor for compliance.

Standard 115.13 Supervision and monitoring

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

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

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

The Facility provided the “Staffing Plan” for the Wilcox State Prison. This document, PREA Staffing Plan, Wilcox State Prison, dated 9/27/2016, addresses the commitment of Wilcox State Prison to providing an environment of sexual safety to the offenders housed in this facility. The staffing plan is comprehensive, detailed and specific and addresses posts and video monitoring. The facility has a maximum rated capacity, according to the staffing plan, of 1827 male offenders. There are 264 staff at the facility, 190 of whom are security staff. Staffing includes a Warden, Deputy Warden of Security, Unit Manager, Chief of Security, 9 Lieutenants, 17 Sergeants and 160 Correctional Officers.

Priority one posts are manned 24 hours a day, 7 days a week. The prison has identified 22 Priority One Posts that are manned by at least one correctional officer for 24 hours a day, 7 days a week. The plan describes the facility including each living unit and buildings and areas where staff are assigned. In addition to describing all of the post requirements for each post, the plan identifies the number of cameras, as applicable, in each location. The hours a post is active are also identified.

The plan goes even further and identifies four (4) gender specific posts that are manned only by male staff. Of those four posts, only two require posting 24/7. If for any reason at the beginning of a shift or during the shift, a priority one gender specific post cannot be covered as per the 2016 approved post analysis, on duty staff will be required to stay to cover the post until the Chief of Security is notified or a "split shift" staff will man the post. The Chief of Security will grant permission to contact off duty staff. A current list of staff, along with contact information, is maintained in the front control and rear control. The post will be manned by on-duty staff until properly relieved. The facility has established priority for posts and posts that can be pulled to cover a higher priority post if needed. The staffing plan identifies vulnerable areas and provides timeframes for Lieutenants to check weekly. These include areas such as the maintenance building, chemical building, and warehouse building.

The facility had approximately 24 cameras prior to a recent project adding multiple cameras that will be deployed in each dormitory and in other areas the Warden has identified as blind spots. The project is underway at this time.

The Wilcox State Prison requires unannounced PREA Rounds. These are required to be conducted by all supervisory staff, including Sergeants, Lieutenants, Captain, Chief Counselor, Unit Manager, Deputy Wardens and Warden. Sergeants are required to conduct three (3) unannounced PREA rounds per shift and document them in the area logbooks. Weekly PREA rounds are conducted by the Warden, Deputy Wardens, Unit Managers, Captain and Duty Officers and are documented in area logbooks. Staff are prohibited from announcing the arrival of a duty officer/administrative staff when they arrive at the facility for duty rounds.

The Staffing Plan also requires the Warden, Chief of Security, PREA Compliance Manager and Duty Officers to conduct unannounced rounds and to document them in red ink in the Duty Officer Logbook. Reviewed logbooks documented unannounced rounds being made at random times and days. Staff are not permitted to alert other staff that unannounced rounds are underway. Interviewed supervisors, as well as the Warden, indicated that, in addition to the Administrative Staff, shift supervisors make unannounced rounds each shift. Staff reported the purpose of those rounds is to deter inappropriate sexual behavior. Video Cameras, that record, are utilized to supplement staff supervision. Interviewed supervisors indicated during their PREA rounds they are looking for windows being covered, "tents" and other indicators of potential sexual activity as well as checking locked doors to ensure they are locked and checking other areas such as the food service area and other areas where clandestine sexual activity could take place.

Interviews with the Warden and PREA Compliance Manager confirmed the facility has a staffing plan. The Warden and PREA Compliance Manager related staffing analyses have been and the last post analysis determined the staffing pattern for the facility. The GDC determines from the staffing analysis the staffing allocated for the prison. The Warden then deploys staff in accordance with post needs. According to the Warden, the minimum staffing is determined by the numbers of priority one posts, which must be manned 24/7. To accommodate manning posts, the Captain related they have a "split shift" with staff who can supplement the staffing as the needs change from day to day. The facility does not deviate from the staffing plan.

Standard 115.14 Youthful inmates

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

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

This standard is rated “not applicable”. The facility does not house youthful inmates.

Standard 115.15 Limits to cross-gender viewing and searches

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

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

Department of Corrections (DOC) Policy, 208.6, Prison Rape Elimination Act, Sexually Abusive Behavior Prevention and Intervention Program 208.6, prohibits cross-gender strip or visual body cavity searches except in exigent circumstances or when performed by medical practitioners. The facility houses male offenders and cross gender pat searches are permitted. Staff are trained to conduct those searches in a manner designed to lessen the chances of the staff receiving an allegation from a resident. These are required to be documented. Policy prohibits staff from searching a cross gender inmate for the sole purpose of determining the inmate’s genital status. Staff are also required by policy and the facility’s local operating procedure to search transgender and intersex inmates in a professional and respectful manner.

Interviewed staff, including random staff as well as specialized staff and all of the interviewed inmates stated female staff do not conduct strip searches or conduct body cavity searches of inmates in this program. They did relate that female staff are permitted to pat/frisk search a male inmate and that they have received training to conduct them. Staff indicated that cross gender pat searches occur occasionally. About half of the interviewed inmates related they have not been “pat searched” by a female. Those who said they had been “pat searched” by a female staff stated the search was respectful and professional. When staff were asked to demonstrate the procedures, they would use, they were able to discuss and demonstrate how they would use the backs of their hands to conduct the searches. Staff also stated they were trained to conduct searches and that included searching transgender and intersex inmates in a respectful and professional manner. They stated they have been trained to search everyone showing respect and being professional. The reviewed Pre-Audit Questionnaire and interviews with staff and inmates confirmed that there have been no cross-gender strip or body cavity searches during the past twelve months.

Inmates are never naked in full view of opposite gender staff and are allowed to and change clothing, shower and use the restroom without nonmedical staff of the opposite gender viewing their breasts, buttocks or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks. Policy requires that inmates should shower, perform bodily functions and change clothing in designated areas. Interviews with staff confirmed residents are able to shower, perform bodily functions and change clothing without being viewed by staff.

During the tour restroom and shower areas were observed. There are basically two types of living units in the facility, excluding restricted housing. Living units with cells have commode/lavatories in each cell. The showers have half walls and “PREA” shower curtains provide privacy while showering. Informal interviews and formal interviews indicated inmates are required to go to the showers clothed and return to their cells clothed. Open bay living units have commodes with half walls and showers with curtrains. Restricted housing has commode/lavatories within each cell and a metal door prevents viewing while inmates shower. Interviewed staff confirmed inmates are able to dress, shower and use the restroom without being viewed by staff of the opposite gender. Staff related that female staff do not go into the shower/restroom area and during count. If inmates are in those areas, they are required to raise their hands enabling a count, rather than staff viewing them.

100% of the interviewed inmates related they are able to shower and use the restroom without being viewed by staff of the opposite gender. The inmates from living units with commodes in their cells related they also have a “flap” they can put on the window when they are using the restroom.

An additional measure required by policy is for staff of the opposite gender to announce their presence when entering an inmate housing unit. Notices are prominently posted advising inmates that male and female staff routinely work and visit inmate housing areas. The Captain issued a MEMO to all shifts requiring female staff working on the units to announce their presence at the beginning of the shift and to document the time of that announcement in the log book. Additionally the MEMO requires “anytime a female staff visitor enters any dormitory, it is the duty of the assigned officer to announce female on the range. If that person fails to announce, the assigned officer is required to announce it for them and document all announcements in the control room logbook. All female officers are instructed to make the announcement and document in logbooks.

Interviewed staff consistently reported female staff announce their arrival in the living unit. Interviewed inmates consistently related that female staff announce their presence. Some said they do so but inconsistently and two said they do not announce their presence.

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

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

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

Department of Corrections Policy 208.6, Prison Rape Elimination Act, Sexually Abusive Behavior Prevention and Intervention GDC Policy, Prison Rape Elimination Act, PREA, Sexually Abusive Behavior Prevention and Intervention Program, 208.06, Paragraph 8, requires the local PREA Compliance Manager to ensure that appropriate resources are made available to ensure the facility is providing effective communication accommodations when a need for such an accommodation is known. It also prohibits the facility from relying on inmate interpreters, readers or other types of inmate assistants except in exigent circumstances where an extended delay in obtaining an effective interpreter could compromise the inmate’s safety, the performance of first response duties or the investigation of the inmate’s allegation.

The facility also provided the auditor with a copy of the contract with Language Line Solutions to provide interpretive services for limited English proficient residents in making an allegation of sexual abuse. The PREA Compliance Manager provided a memo providing instructions to staff on how to access Language Line interpretive services. Officers in Charge are responsible for accessing Language Line if the interpretive services are needed.

The reviewed Pre-Audit Questionnaire and interviews with staff and residents confirmed that the facility has not had any occasions during the past twelve (12) months where an inmate interpreter was used to report an allegation of sexual abuse. Interviewed staff confirmed that staff would not use or rely on another resident to translate for another resident, absent exigent circumstances. An interview with the contracted Health Services Administrator indicated her company has a contract with Language Line Solutions and medical staff have a notebook with instructions for accessing Language Line Translators. She also confirmed, as did other staff, that medical has used the translation services.

None of the residents who were interviewed were disabled or limited English proficient.

Standard 115.17 Hiring and promotion decisions

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

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

Department of Corrections Policy 208.6, Prison Rape Elimination Act, Sexually Abusive Behavior Prevention and Intervention Program, A. Prevention Planning, Paragraph 7, Hiring and Promotion Decisions, complies with the PREA Standards. GDC does not hire anyone or contract for services with anyone who may have contact with inmates who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility or other institution defined in 42USC 1997; who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent; or who has been civilly or administratively adjudicated to have engaged in the activity described in the above. Too policy requires the Department to consider incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contactor who may have contact with inmates. Prior to hiring someone, asking prospective applicants the three PREA Questions, is required and the results documented on the Applicant Verification Form. The questions are asked again when a staff is promoted. The Applicant Verification Form also contains an affirmative duty to report any time staff or contractors may have been involved in any of the activities described in the PREA Questions. Policy also requires, in Paragraph 9.c.2, that the facility perform a Criminal History Record check on all employees and volunteers prior to start date and again within at least every five (5) years. A tracking system is required to be implemented at each local facility to ensure criminal history checks are conducted within applicable time frames, according to policy, for each person with access to that facility. GDC Policy goes on to track the PREA Standards by affirming in Paragraph d. that unless prohibited by law, the Department shall provide information on substantiated allegations upon receiving a request from an institutional employer for whom such employee has applied to work. GDC complies with the Federal Privacy Act and Freedom of Information Act and all other applicable laws, rules and regulations. Where there are material omissions regarding misconduct or the provision of materially false information is grounds for termination.

The auditor interviewed the Human Resources (HR) Staff responsible for employment packages. This staff was exceptionally knowledgeable of the Department's Policy and articulated a hiring process that is consistent with the PREA Standards.. Reviewed employment packages contained the required PREA Questions asked of all applicants. The HR Staff also related that the facility "runs" the background checks of all staff and contractors. This computerized check includes a check of the Georgia Crime Information Center and the National Crime Information Center and fingerprints for custody staff. Additionally, the staff stated that because all security (Peace Officer Standards Certified Staff) are background checked annually to coincide with their annual weapons qualifications, the facility made the decision to conduct background checks annually of all staff. Volunteers and contractors, including services, contractors are background checked annually.

Reviewed personnel files contained the required PREA Questions asked of applicants, professional reference documentation and the required background clearances, including motor vehicle records checks of employees.

The following were reviewed: Ten (10) Volunteer Files; five (5) files of staff who were promoted; and five (5) files for newly hired staff. Each file contained the PREA related questions, PREA Acknowledgments and background checks. The volunteer PREA Audit Report

files contained two separate PREA Acknowledgment forms (supervised and unsupervised volunteers/contractors forms). Information was filed in a consistent manner and easily retrieved by HR staff.

This standard is rated “exceeds” because, in addition to meeting the requirements of the standard, the facility exceeds the standard by conducting background checks on all volunteers, contractors, and staff annually, including a Motor Vehicle Records Check annually of employees, contractors and volunteers.

Standard 115.18 Upgrades to facilities and technologies

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

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

This standard is rated as “not applicable.” Department of Corrections Policy 208.6, Prisons Rape Elimination Act, Sexually Abusive Behavior Prevention and Intervention Program, A, Prevention Planning, Paragraph 8, requires all new or existing facility designs and modifications and upgrades of technology will include consideration of how it could enhance the Department’s ability to protect inmates against sexual abuse. The PREA Coordinator must be consulted in the planning process. The facility’s staffing plan documented that the facility currently has 24 cameras and a project request has been submitted to add cameras in two additional locations to cover identified blind spots.

An interview with the Warden and the PREA Compliance Manager confirmed there have been no modifications to the existing facility in the past twelve months. The facility video monitoring system is currently being upgraded to include cameras in every dorm and in other blind spots that were identified by the Warden and his team. Interviews confirmed the Warden and his team would be involved in decisions about camera placements and the DDC has also determined priorities for locating cameras in similar facilities.

Standard 115.21 Evidence protocol and forensic medical examinations

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

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

DOC Policy, 208.6, Prison Rape Elimination Act Sexually Abusive Behavior Prevention and Intervention Program, B. Responsive Planning, describes the agency’s expectations regarding the evidence protocols and forensic examinations.

Facilities are required to follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions. DOC's response to sexual assault follows the US Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents" dated April 2013, or the most current version. The Department requires that upon receiving a report of a recent incident of sexual abuse, or a strong suspicion that a recent serious assault may have been sexual in nature, a physical exam of the alleged victim is conducted and the Sexual Assault Nurse Examiner's protocol initiated. The Department has promulgated a Local Procedure Directive encompassing the procedures related to responding to victims of sexual assault and the victim is provided the opportunity for a forensic exam as soon as possible. Forensic exams are provided at no cost to the victim.

Policy requires the PREA Compliance Manager to attempt to enter into an agreement with a rape crisis center to make available a victim advocate to inmates being evaluated for the collection of forensic evidence. It also requires an administrative or criminal investigation of all allegations of sexual abuse and sexual harassment. Allegations involving potentially criminal behavior will be referred to the Office of Investigations and Compliance. The facility has trained SART members to serve as advocates for resident victims of sexual abuse. The reviewed curriculum is extensive and equips the SART members to serve as advocates in the absence of an outside advocate. Training rosters were provided documenting SART Training.

The facility provided documentation to confirm that WINGS, a community based Rape Crisis Organization, would provide services to any resident of Wilcox County, including the prison. The services available to incarcerated persons includes a 24 hour crisis line (number provided) which is manned by trained staff. WINGS has a TTY machine as well as a telephone interpreting service for responding to non-English speaking victims. Wings is a participant agency with the national sexual assault hotline sponsored by Rape Abuse Incest National Network. Callers are provided emotional support and information about sexual assault and related issues. They also provide Sexual Assault Exams through a contract with a Sexual Assault Nurse Examiner. Lastly the agency provides a sexual assault advocate (staff and/or volunteer) to meet with the victim during the exam to provide support and information during the forensic exam.

GDC has contracts with Sexual Assault Nurse Examiners who will come into the prison to conduct the forensic exam. The agency has promulgated extensive procedures for SANE Nurse Evaluation/Forensic Collection. This requires facility medical staff to conduct an initial assessment of the offender to determine if there is evidence of any physical trauma requiring immediate medical intervention in accordance with good clinical judgment. They would also complete the Nursing Protocol Assessment for alleged sexual assault and document it on the Nursing Assessment Form for Alleged Sexual Assault. A list of the SANE Nurse call schedule is posted in the medical unit. Once the SANE is notified, the Warden/designee is notified of the time and date for the scheduled forensic assessment and collection. The offender remains in a designated area until the forensic exam is completed. A uniform protocol for the exam and collection of forensic evidence is described with great detail.

An interview with a facility investigator indicated she is in the process of completing the National Institute for Corrections Specialized Training for Investigators: Conducting Sexual Abuse Investigations in Confinement Settings. She also received specialized training in investigations through SART Training. The PREA Compliance Manager also serves as a facility investigator. He has completed the NIC Specialized Training for Investigating Sexual Abuse in Confinement Settings and provided documentation to confirm that. Additionally, the Chief Counselor, who recently accepted a job in another program, was the designated facility investigator during her tenure. She too had completed the NIC training.

An interview with the Director WINGS, the Rape Crisis Center serving Wilcox State Prison confirmed she will provide advocacy services to residents of the Wilcox State Prison. She related her organization has a hotline residents can call 24/7 to report sexual abuse and to access advocacy services. Advocates, she said, would come to the hospital to meet the resident and accompany him through the forensic exams and through the investigation process if requested by the victim. She also related she is available for staff training.

An interview with the Health Services Administrator confirmed she is well aware of the protocol for ensuring inmate victims of sexual abuse are provided a forensic exam at not cost to the resident. She indicated the inmate is offered the exam and

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has the right to refuse. She also related the facility uses the forensic examiners from Satilla SANE's. SANEs from the Satilla Organization recently came to the center to conduct a forensic exam. Facility staff provide treatment as needed to address any issues requiring first aid, taking care to protect potential evidence. Following the forensic exam, the chain of custody is started and the forensic examiner turns the kit over to the SART member who secures it for investigators.

Standard 115.22 Policies to ensure referrals of allegations for investigations

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

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

DOC Policy, 208.6, Prison Rape Elimination Act, requires that an administrative or criminal investigation is to be completed for all allegations of sexual abuse and sexual harassment. Allegations that involve potentially criminal behavior will be referred for investigation to the Office of Investigations and Compliance. If an investigation was referred to an outside entity, that entity is required to have in place a policy governing the conduct of such investigations. DOC Standard Operating Procedure, IK01-0006, Investigation of Allegations of Sexual Contact, Sexual Abuse and Sexual Harassment, thoroughly describes the expectations for reporting allegations including initial notifications, general guidelines for investigations and investigative reports. Policy requires "as soon as an incident of, sexual contact, sexual abuse or sexual harassment (including rumors, inmate talk, kissing etc.) comes to the attention of a staff member, the staff member is required to immediately inform the Warden/Superintendent, and/or the Institutional Duty Officer, and/or the Internal Investigations Unit verbally and follow up with a written report". This SOP states it is the policy of the GDC that all allegations of sexual contact, sexual abuse and sexual harassment filed by sentenced offenders against departmental employees, contractors, vendors or volunteers be reported, fully investigated and then treated in a confidential and serious manner. The SOP addresses staff conduct and attitude by saying, staff conduct and attitude towards such allegations will be professional and unbiased and staff will cooperate with the investigation into all allegations. GDC policy requires GDC investigators to assure that the investigations are conducted in such a manner as to avoid threats, intimidation or future misconduct.

The facility investigator, in an interview, stated she is completing the specialized training for investigators through the SART Training and is currently taking the online course through the National Institute of Corrections Specialized Training for Investigating Sexual Abuse in Confinement Settings. She described an investigation process consistent with the PREA Standards. Randomly selected staff and specialized staff stated consistently they were required to report all allegations of sexual abuse or sexual harassment, including suspicions, reports, knowledge or allegations. They said they are required to report immediately to their immediate supervisor followed up with a written statement. They said they also would take any report from any source and treat it seriously, reporting it just as any other report or allegation. Staff were aware that the SART will initially investigate all allegations of sexual abuse or sexual harassment. It is the job of the SART to determine, based on reviewed evidence, if the allegation is PREA related. If so, they continue the investigation. The Office of Professional Standards may also be involved in the investigation, especially if the case involves a staff and the allegations appear criminal. The local law enforcement may also become involved however the OPS Investigators have arrest powers. All of the interviewed inmates except one stated they had never made an allegation but if they did they believed the report would be taken seriously and investigated. One inmate reported an allegation of sexual abuse or harassment. He related he reported to staff and they immediately responded and investigated the issue. Reviewed investigation files confirmed that allegations from a variety of sources including telling a staff, calling the PREA Hotline, a report from another facility and via the grievance process were referred for investigation and were investigated.

Standard 115.31 Employee training

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

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

Georgia DOC Policy, 208.6, Prison Rape Elimination Act, Sexually Abusive Behavior Prevention and Intervention Program, C. Training and Education, requires annual training that includes the following: The Department's zero-tolerance policy, how to fulfill their responsibilities under the sexual abuse and sexual harassment prevention, detection, reporting and response policies and procedures, inmate's right to be free from sexual abuse and sexual harassment, the right of inmates and employees to be free from retaliation for reporting sexual abuse and sexual harassment, the dynamics of sexual abuse and sexual harassment victims, how to detect and respond to signs of threatened and actual sexual abuse, how to avoid inappropriate relationships with inmates, how to communicate effectively and professionally with inmates, including lesbian, gay, bisexual transgender, intersex or gender non-conforming inmates ; how to avoid inappropriate relationships with inmates and how to comply with relevant laws related to mandatory reporting of sexual abuse and sexual harassment. New employees receive PREA Training during Pre-Service Orientation. Staff also receive annual in-service training that includes a segment on PREA. In-service training takes into account the gender of the inmate population. Staff also sign the PREA Acknowledgment Georgia Department of Corrections Sexual Assault/Sexual Misconduct Prison Rape Elimination Act (PREA) Education Acknowledgment Statement acknowledging they have received training on the Department's Zero Tolerance Policy on Sexual Abuse and Sexual Harassment and that they have read GDC SOP, 208.06, Sexually Abusive Behavior Prevention and Intervention Program. The Department also required every staff to complete the National Institute of Corrections On-Line Training, Communicating Effectively and Professionally with LGBTI Inmates.

Multiple training rosters documenting PREA Training were provided. Additionally the auditor reviewed multiple acknowledgment statements confirming staff had received PREA Training and that they understood it. Each topic identified in the PREA Standard is listed and employees document the training by initialing each block. The reviewed training rosters documented the required PREA Training. Refresher training is provided during shift briefings and through quarterly mandatory staff meetings and again, staff attend annual in-service, that includes PREA. Multiple training rosters and certificates documenting PREA training, In-service Training, Nurse's Protocol Training (including PREA) and Sexual Assault Response Training rosters document the breadth and scope of the PREA Training Program at this facility.

Staff have a PREA Brochure entitled: "Staff Guide on the Prevention and Reporting of Sexual Misconduct with Offenders." This brochure discusses avoiding inappropriate staff/offender relationships, red flags, duty to report and resources for staff with contact information for reporting.

This standard is rated exceeds because the facility trains staff during Basic Correctional Officers Training as newly hired staff; through annual inservice training, through topics brought up during shift briefings, and the requirement that all staff complete the online NIC training, Communicating Professionally with LGBTI Inmates. Additionally, interviews with staff indicated they have been well trained in PREA.

Standard 115.32 Volunteer and contractor training

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

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

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

The Volunteer/Contractor Acknowledgment Statement for Supervised Visitors affirms the volunteer or contractor understands the agency has a zero tolerance policy prohibiting visitors from having sexual contact of any nature with offenders. In addition to agreeing not to engage in sexual contact with any offender, they are also agreeing to report such conduct when they learn of it and if they witness another having sexual contact with an offender. They also acknowledge they may be criminally prosecuted for participating in such behavior. Another acknowledgement form is for unsupervised contractors and unsupervised volunteers affirms they have received training on the Department's Zero Tolerance Policy on Sexual Abuse and Sexual Harassment and that they have read DGC's Standard Operating Procedure 208.06, Sexually Abusive Behavior Prevention and Intervention Program. The statement acknowledges a duty to refrain from such conduct and to report it if they witness it or have knowledge of it. They are instructed to report it to a nearby supervisor. Sanctions, penalties and consequences for engaging in such behavior is stipulated. Multiple examples of each type of acknowledgement form was provided documenting PREA Training for Volunteers and Contractors.

Standard 115.33 Inmate education

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

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

DOC Policy 208.6, Prison Rape Elimination Act, Sexually Abusive Behavior Prevention and Intervention Program, C. Training and Education, Paragraph 4, Inmate Education, requires that PREA training is provided to every inmate within 72 hours of arrival of a facility whether it be by new intake or transfer. During orientation a designated staff member will present the program and the presentation must include the following: the Department's Zero Tolerance of sexual abuse and sexual

harassment; definitions of sexually abusive behavior and sexual harassment; prevention strategies the inmate can take to minimize his risk of sexual victimization; methods of reporting an incident of sexually abusive behavior and for reporting allegations of sexually abusive behavior involving other inmates; methods of reporting sexual harassment; treatment options and programs available to inmate victims of sexually abusive behavior and sexual harassment and notice that male/female staff routinely work and visit inmate housing areas.

Inmate PREA Education must be provided in formats accessible to all inmates, including those who are limited English proficient, deaf, visually impaired or otherwise disabled, as well as to inmates who have limited reading skills. Inmate's participation in PREA Education will be documented and maintained in the inmate's file.

Inmates are provided PREA Information and Education "off the bus" upon arrival at the facility and during orientation. Within 15 days of arrival a designated staff person will provide orientation to the inmate. This includes a video entitled, "Speaking Up" on sexual abuse. Acknowledgements are signed acknowledging the initial information provided as well as the PREA Education within 15 days of arrival. Fifteen (15) days is the GDC's policy. Orientation at this facility is conducted within 72 hours and generally the day after the inmate arrives.

An interview with the Intake Staff and Orientation Staff indicated that as soon as an inmate arrives and is "off the bus" they are provided a PREA Packet containing the PREA Brochure and the Inmate Handbook and they watch the PREA Video. They sign an acknowledgement at that time and then generally the next day, the inmate will receive an orientation by the administrative counselor. This orientation goes over PREA information once again. The administrative counselor indicated inmates are given information both orally and in writing and are given the opportunity to ask questions. After receiving the intake PREA information the day of arrival, the inmate acknowledges receiving the PREA information, acknowledging he has been given the information pamphlet from the GDC explaining their Sexual Abuse Zero Tolerance Policy; that he has seen the video, "Discussing Prison Rape Elimination Act" and that he has been informed of the reporting procedure and given a verbal introduction to the Prisons Rape Elimination Act process at Wilcox State Prison. He also acknowledges having received instruction that the Wilcox State Prison Institutional Handbook of Rules and Regulations is accessible to them in the library and inmates indicated it is available via the KIOSK and their Tablet. They acknowledge their responsibility for knowing the rules and regulations of the prison and will be held accountable for any violations. Finally they acknowledge, in writing, on the Offender Orientation Checklist, having received a formal orientation and have been given the opportunity to ask questions. The orientation checklist documents the inmate has received an "Oral Review of Rules, Regulations, and Department Procedure; Viewed PREA Video and Completed the PREA Survey Form. They initial each item on the orientation checklist and then sign one acknowledgment confirming they received all the information on the form then they sign another acknowledgment affirming they have received the formal orientation and were given the opportunity to ask questions. Additionally the PREA Advocate contact information is provided through the streaming information on the monitor in each of the dorms. WINGS is the Rape Crisis Center/Advocacy Organization. A toll free number is provided. Inmates are also instructed on visitation and attorney visits both ways inmates can report.

Additional education is provided on continuous basis through posters reflecting the Department's zero tolerance for sexual abuse and harassment and contact information for inmate reporting of sexual abuse allegations. The facility streams information for inmates via the monitors in each dorm. PREA is included in the continuous streaming.

The auditor reviewed 20 Counseling Orientation Checklists confirming receipt of the PREA Information, including receipt of the PREA Brochure; 20 Acknowledgement Forms and 20 Handbook Acknowledgments.

Interviews with inmates confirmed they were provided a PREA package as soon as they got off the bus and before they were even issued clothing. They were provided information orally from the counselor and in writing through the PREA Brochure. They also said they had to watch the PREA video which they have already seen multiple times in each of the GDC facilities they have been in. They acknowledged intake procedures as described by the intake staff as well as orientation provided not later than the next day, during which they were provided additional PREA information. 100% of the interviewed inmates were told, once again, about the Zero Tolerance Policy and the facility's rules against sexual abuse and sexual harassment during orientation and that they had the right not to be sexually abused while in this facility and not to be punished for reporting it. They also consistently stated they were given this information either on the same day as admission or the day after. They

also were able to articulate multiple ways to report sexual abuse or sexual harassment if it happened to them or to someone else. Residents also said there were posters “all over the prison” about PREA. They said there was not one inmate in GDC who did not know about PREA.

Standard 115.34 Specialized training: Investigations

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

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

DOC Policy 208.6, Prison Rape Elimination Act, Sexually Abusive Behavior Prevention and Intervention Program, C. Training and Education, Paragraph 5., Specialized Training Investigations, requires the OIC to ensure all investigators are appropriately trained in conducting investigations in confinement settings. That training includes techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity Warnings, sexual abuse evidence collection in confinement settings, and the criteria and evidence required to substantiate a case for administrative action or prosecution referral. The Department is required to maintain documentation of that training. In addition to completing the online training provided through NIC, the agency provides specialized training for investigators during their Sexual Assault Response Team Training.

The Facility provided Certificates of Completion documenting the National Institute of Corrections online training, “PREA: Investigating Sexual Abuse in a Confinement Setting” for four (4) facility investigators. Three (3) of these four (4) also had NIC Training Certificates documenting an additional NIC Online Training, “PREA, Your Role Responding to Sexual Abuse and one investigator serves as the PREA Compliance Manager and documentation of completing the NIC Online NIC Training entitled, “PREA: Coordinator’s Roles and Responsibilities was provided and reviewed.” All staff completed the NIC Online Training, “Communicating Effectively and Professionally with LGBTI Offenders.” Documentation was also provided to confirm these staff have also completed their required PREA Training that is required of all staff. Specialized training is in addition to the regular PREA Training. They also receive PREA Training during annual inservice training, ensuring staff receive refresher PREA Training

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.

Program, C. Training and Education, Paragraph 6, requires the GDC medical and mental health staff and GCHG staff are trained using the NIC Specialized Training PREA Medical and MH Standards curriculum. Certificates of Completion are required to be printed and maintained in the employee training file. Staff also must complete GDC's annual PREA in-service training.

The facility provided six (6) Certificates documenting these healthcare staff completed the NIC Online Specialized Training, "PREA: Medical Health Care for Sexual Assault Victims in a Confinement Setting." The Health Services Administrator is very knowledgeable about medical's role in the event of a sexual assault. She related that all of her staff have completed the specialized training through the on-line NIC Specialized Training for medical staff. Too she related the company's training provides the specialized training as well.

In addition to the online training and the required annual inservice training with the PREA component, medical staff complete the Sane Nurse Procedures/Log Training documenting that staff understand the procedures for obtaining a SANE Nurse Evaluation and Forensic Collections processes; understanding the time frame for collecting evidence; location of the PREA binder; understanding the nursing assessment form for alleged sexual assault and that the offender must sign the General Consent for Medical Treatment form consenting for a SANE exam; reviewing the PREA SOPs, understanding the goals of PREA reporting (preventing, detecting and responding); and understanding about reporting immediately to a supervisor on duty. Eight (8) samples were reviewed. Additional training rosters, including Certificates of Completion, documenting annual inservice training for medical staff were provided for review. Lastly the facility provided ten (10) PREA Acknowledgment Statements acknowledging training in the zero tolerance policy and GDC Standard Operating Procedure, 208.06, Sexually Abusive Behavior Prevention and Intervention Program.

The facility does not have mental health staff. If an inmate needed mental health services he would be referred to another prison having mental health staff.

Standard 115.41 Screening for risk of victimization and abusiveness

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

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

Department of Corrections Policy 208.6, Prison Rape Elimination Act, Sexually Abusive Behavior Prevention and Intervention Program, D. Screening for Risk of Sexual Victimization and Abusiveness, Paragraph 1. Screening for victimization and abusiveness, requires all inmates be assessed during intake screening and upon transfer to another facility for their risk of being sexually abused by other inmates or sexually abusive toward other inmates. This instrument, the Victim/Aggressor Classification Instrument, is administered by a counselor, within 72 hours of arrival at the facility. Information from the screening will be used to inform housing, bed assignment, work, education and program assignments. Policy requires that screening is documented in SCRIBE. The screening process considers minimally, the following criteria to assess inmate's risk of sexual victimization: Whether the inmate has a mental, physical, or developmental disability; the age of the inmate; the physical build of the inmate; whether the inmate has been previously incarcerated; whether the inmate's criminal history is exclusively nonviolent; whether the inmate has prior convictions for sex offenses against an adult or child; whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex or gender nonconforming; whether the inmate has previously experienced sexual victimization; the inmate's own perception of vulnerability and whether the inmate is

detained solely for civil immigration purposes. It also considers prior acts of sexual abuse, prior convictions for violent offenses and history of prior institutional violence or sexual abuse, as known by the Department, in assessing inmates for risk of being sexually abusive. Reassessments are conducted when warranted and within 30 days of arrival at the facility based up on any additional information and Mental Health staff will reassess when warranted due to a referral, incident of sexual abuse or receipt of additional information bearing on the inmate's risk of sexual victimization or abusiveness. Inmates are not disciplined for not answering questions. Information derived during the process is limited to a need to know basis for staff, only for the purpose of treatment, security and management decisions including housing and cell assignment as well as work, education and programming assignments. Policy has a note: stating some offenders are at risk for victimization due to one or a combination of factors such as physical appearance (small in stature, effeminate etc.), demeanor (weak, nonassertive, anxious, depressed); special situation (high profile, sexual activity with a child, first time offender) or special needs.

Any information related to sexual victimization or abuseiveness, including information entered into the comment section of the Intake Screening Form, is limited to a need-to-know basis for staff, only for the purpose of treatment and security and management decisions, such as housing and cell assignments, as well as work education, and programming assignments with the goal of keeping separate those offenders at high risk of being sexually victimized from those at high risk of being sexually abusive.

Policy requires the Warden to designate a safe dorm(s) or safe beds for those offenders identified as highly vulnerable to sexual abuse. In an memorandum dated April 21, 2016, The Warden designated that perpetrators are to be housed in J2 segregation at this facility during the initial investigation. Victims will be housed in L3 (with 24 hours surveillance) during the initial investigation. Inmates may also be transferred based on the investigation or recommendation of Inmate Affairs and the PREA Coordinator.

The administrative counselor completes the Victimization/Aggressor Screening Instrument. He related he completes this in complete privacy the Monday following their arrival. He stated he calls the inmate into his office. Prior to an individual arriving at the facility the counselor has the "bus list" and goes into SCRIBE (offender database) to review the inmates record. This includes multiple items, including prior screening, any flags, disciplinary history and case notes. He reviews any information that comes with the inmate. During the screening he related he asks each question because some information may not be in the files. The ID Lieutenant then makes the housing assignments and pulls the PREA Screening Up prior to assigning a dorm and room/bunk.

Twenty (20) examples of completed Victim/Aggressor Classification Instruments were provided for review. Samples of reassessments were also provided for review.

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.

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

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

If an inmate answers "yes" to question Number 1 on the Sexual Aggressor Factor Rating, the inmate will be classified as a PREA Aggressor regardless of the responses to the other questions and the PREA Aggressor icon will be generated on the Scribe Offender Page. If 2 or more questions, in questions 2-6, are answered "yes" the inmate will be classified as a PREA Potential Aggressor and a PREA Potential Aggressor icon will be generated on the Scribe Offender Page.

Instructions require if an inmate scores out as both victim and aggressor the "rater" must thoroughly review the offender's history to determine which rating will drive the offender's housing, programming etc., and the appropriate alert is set.

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

Standard 115.43 Protective custody

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

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

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

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

The Pre-Audit Questionnaire documented the facility did not place any inmate in involuntary segregation during the past 12 months. An interview with the Warden indicated he has established safe dorms for inmates and his expectation is that an inmate at risk for victimization or retaliation be placed in one of the safe dorms if that can keep the inmate safe, in lieu of administrative segregation. The PREA Compliance Manager related the facility would attempt to place the inmate in one of the safe dorms and in involuntary segregation only as a last resort after all other options for placement had been considered and determined there are no safe alternatives other than administrative segregation. Interviewed staff related that placement in administrative segregation is a last resort and is not the “default” response when an inmate is at risk. Too, the Warden and PREA Compliance Manager indicated the inmate could be transferred to a another facility where they could feel safe. None of the interviewed inmates reported either sexual assault or of having been at imminent risk of sexual assault. Staff related that if an inmate was placed in involuntary protective custody he would have access, insofar as possible, to programs and services. If an inmate is placed in involuntary protective custody, the reasons for placement are documented, including why no other alternative means of keeping the inmate safe were identified. The facility has not had any inmates placed in involuntary protective custody in the past twelve months according the Warden.

Standard 115.51 Inmate reporting

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

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

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

Residents have multiple ways to report allegations of sexual abuse or sexual harassment internally and externally. They may

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report by calling the PREA Hotline, to the Ombudsman, to the State Board of Pardons and Parole, Victim Services, to the PREA Coordinator, to staff, friends, family and inmates, via the grievance process, the DOC Tip Line, to the outside Rape Crisis Center/Outside Advocacy Organization, the Director of Victim Services and by telling a trusted staff. The outside Rape Crisis Center/Outside Advocacy Center is WINGS. WINGS has a 24/7Crisis Line with equipment and interpretive services to meet the needs of the hearing impaired and inmates or inmate family members who may not speak English. The WINGS MOU states Victims, friends or family can call anytie day or night to ask a questions, to find out about services or just to talk.

Posters throughout the facility inform residents of ways to report sexual abuse and sexual harassment. Interviewed residents named multiple ways to report allegations of sexual abuse and sexual harassment. Residents consistently stated they would tell a staff or use the PREA Hotline.

The facility streams information to inmates in each dorm via video. Included in the information being streamed, is information related to PREA. That information includes the PREA Flyer, Cross-Gender Announcement, PREA Hotline Dialing Instructions, the poster advising inmates “Sexual Abuse is Not a Part of Youth Sentence” and information informing inmates how to access the outside advocacy organization, WINGS, has been added to that information to be streamed on an ongoing basis.

Interviewed staff, both randomly selected and specialized, were able to name multiple ways inmates could report. Once again, they also related they would take any and every allegation, as well as reports received in any manner and suspicions, seriously and would report them. They indicated that following an oral report to their supervisor they would complete a written statement prior to the end of the shift.

Interviewed inmates were able to articulate multiple ways to report. The most common way to report, according to most of the interviewed inmates, was to report it to a higher level security staff, such as a Sergeant, Lieutenant of Captain. The next most common way inmates stated they would report was through the PREA Hotline. Everyone knew the hotline number by heart. Reviewed investigation files documented inmates using the PREA Hotline to report and telling staff.

This standard is rated exceeds because inmates have, in addition to traditional methods for reporting, the ability to report using their KIOSK in the dorm. On the KIOSK they are also able to video call their family and have a face to face meeting. Too, they can email anyone on their approved list. They also have tablets provided by the GDC to each inmates, enabling them to email from the tablet. An interview with the Assistant Statewide PREA Coordinator indicated plans are to eventually enable inmates to email directly to the PREA Coordinatr/Assistant PREA Coordinator. Inmates have multiple entities they can report to outside the facility: these include the Ombudsman, the Victim Services Officer, WINGS, the TIPS line, through visitation with their families and attorneys, through letters to their families and attorneys, and to any staff member. Too, information on how to report, is posted throughout the facility and is streamed via video in each dorm during the mornings and afternoons, prior to around 4:00PM. Lastly, most of the interviewed inmates related they could tell the Warden whom they indicated was accessible to them almost daily during his tours of the facility.

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.

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

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

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

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

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

The Pre-Audit Questionnaire documented that there have been no grievances alleging substantial risk of imminent sexual abuse that were filed in the past 12 months; none that were filed requiring a response within 48 hours; and none filed alleging sexual abuse that resulted in discipline for an inmate for filing a grievance alleging sexual abuse to occasions where the agency demonstrates that the inmate filed the grievance in bad faith. Interviews with residents acknowledged they could report allegations of sexual abuse and sexual harassment using the grievance process. They stated they would be able to get a grievance form but they did not see the grievance process as the best way for them to address a PREA issue. They said they would report to a staff or through the PREA Hotline.

Standard 115.53 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.

The outside advocacy organization for Wilcox State Prison is WINGS Sexual Assault Intervention and Prevention Program. This organization provides a 24-Hour Crisis Line which is manned by trained staff. To facilitate communications with WINGS, the organization has a TTY machine for responding to hearing impaired persons as well as a contract with a telephone interpreting service for responding to non-English speaking victims. This organization is a participant agency with the national sexual assault hotline sponsored by the Rape Abuse Incest National Network. Victims, family or friends can call anytime day or night to ask a question, find out about services or just to talk. Callers are provided emotional support and information about sexual assault and related issues. To access the organization through correspondence they provide their address, the website and their facebook contact information. Contact information is provided to inmates via video streaming in each of the dorms.

An interview with the Director of WINGS, the Rape Crisis Center serving Wilcox State Prison, confirmed she will provide advocacy services to residents of the Wilcox State Prison. She related her organization has a hotline residents can call 24/7 to report sexual abuse and to access advocacy services. Advocates, she said, would come to the hospital to meet the resident and accompany him through the forensic exams and through the investigation process if requested by the victim. She also related she is available for staff training.

Additional outside assistance may be secured from the Ombudsman's Office. Information is provided to inmates that allows them to call or write the Ombudsman's Office. They are also informed they may report in writing to the State Board of Pardons and Paroles, Office of Victim Services. This information is provided in the brochure provided inmates during admissions/orientation. The brochure entitled, "Sexual Assault, Sexual Harassment, Prison Rape Elimination Act – How to Prevent It and How to Report It" provides the phone number and mailing address for the Ombudsman and the mailing address for reporting to the Director of Victim Services". They may also contact the TIPs Line.

This standard is rated exceeds because of the multiple outside support organizations the inmate may access. Additionally, the facility has trained in-house advocates who may provide emotional support for inmates who request it. The SART members have received training to provide that support.

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.

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

The Department's Website contains a section entitled: "How do I report sexual abuse or sexual harassment?". These are provided as ways to make third party reports: Call the PREA Confidential Reporting Line (1-888-992-7849); email

PREA.report@gdc.gov; Send correspondence to the Georgia DOC, Office of Professional Standards/PREA Unit; contact the Ombudsman and Inmate Affairs Office (numbers and email provided and Contact the Office of Victim Services (phone number and email address provided). Anyone wishing to make a report are allowed to do so anonymously however there is a request that as much detail as possible be provided. The agency also has a TIP Line accessible to third parties.

Interviewed staff related they would accept a report from any source, including third parties. They also stated they would treat it like any other allegation. They would report it immediately to their immediate supervisor and document the report. Interviews with inmates confirmed that they have access to family and friends. They have access to their families and anyone else on their authorized visitor's list through phoning, visitation, through email and via the KIOSK Video Visitation. They mentioned family as a third party who could make reports on their behalf and a way to report without the inmate having to give his name in a report. They reiterated they would report it to a staff but if needed, they could use a third party to report for them.

Standard 115.61 Staff and agency reporting duties

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

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

Department of Corrections Policy, 208.6, Sexually Abusive Behavior Prevention and Intervention Program, F. Official Response Following and Inmate Report, 1. Staff and Department Reporting Duties, requires staff who witness or receive a report of sexual assault, sexual harassment, or who learn of rumors or allegations of such conduct, must report information concerning incidents or possible incidents of sexual abuse or sexual harassment to the supervisor on duty and write a statement, in accordance with the Employee Standards of Conduct. The highest-ranking supervisor on duty who receives a report of sexual assault or sexual harassment, is required to report it to the appointing authority or his/her designee immediately. The supervisor in charge is required to notify the PREA Compliance Manager and/or SART Leader as designated by the Local Procedure Directive. Appointing authorities or his/her designee may make an initial inquiry to determine if a report of sexual assault, sexual harassment, is a rumor or an allegation. Allegations of sexual assault and sexual harassment are major incidents and are required to be reported in compliance with policy. Once reported, an evaluation by the SART Leader/Team of whether a full response protocol is needed will be made. Appointing authorities or designee(s) are required to report all allegations of sexual assault with penetration to the OIC Senior Investigator and the Department's PREA Coordinator immediately upon receipt of the allegation. Internal Investigations will determine the appropriate response. Staff, failing to comply with the reporting requirements of GDC Policy, may be banned from correctional facilities or will be subject to disciplinary action, up to and including termination. If an alleged victim is under the age of 18, the Department reports the allegation to the Department of Family and Children Services, Child Protection Services Section, however the facility does not house youthful inmates. These are housed at another facility designated by the GDC.

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

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sexual abuse.

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.

GDC Policy 208.06, Prison Rape Elimination Act- PREA, Sexually Abusive Behavior Prevention and Intervention Program, Paragraph 2., Facility Protection Duties, requires that upon learning of a sexual abuse, staff are to separate the alleged victim and abuser and ensure the alleged victim has been placed in safe housing which may be protective custody in accordance with SOP 209.06, Administrative Segregation. If the inmate victim is placed in administrative segregation, a note is placed in SCRIBE indicating the reason for the placement. If the offender remains in Administrative Segregation for 72 hours, ensure that the Sexual Assault Response Team has again evaluated the victim within 72 hours. Again, a note is to be entered into SCRIBE indicating the reason for continued placement. The care and treatment member of SART is responsible for documenting the reasons in SCRIBE. If the alleged perpetrator is an offender, if the alleged perpetrator has been placed in Administrative Segregation in accordance with SOP 209.06, Administrative Segregation, again, a case note documenting the reason for placement is completed and documented in SCRIBE. If the offender remains in Administrative Segregation for 72 hours, the SART evaluates the offender again within 72 hours and if continued placement is required, the reasons are documented in SCRIBE. The care and treatment staff from the SART is responsible for the documentation. If the alleged perpetrator is a staff member, the staff member and alleged victim are separated during the investigation period. The staff member may be reassigned to other duties or other work area; transferred to another institution, suspended with pay pending investigation or temporarily banning the individual from the institution, whichever option the appointing authority deems appropriate. Staff are instructed, if applicable, they are to consult with the SART, Field Operations Manager, the Department's PREA Coordinator or the Regional SAC within 72 hours of the reported incident to determine how long the alleged victim or perpetrator should remain segregated from the general population and document the final decision in the offender's file with specific reasons for returning the offenders to the general population or keeping the offenders segregated and ensure the SART has evaluated the victim within 24 hours of the report. Once a determination has been made that there is sufficient evidence of sexual assault, staff ensure closure of the matter by serving notice of adverse action or banning the staff member, making housing and classification changes if the perpetrator is an offender, and update the victim's offender file with incident information.

The facility specific Coordinated Response Plan identifies actions to take in the event of a sexual assault. Staff are required to ensure the victim is housed separately from the alleged perpetrator. The inmate may be placed in involuntary protective custody only after other alternatives have been exhausted to ensure the safety of the victim. The alleged perpetrator is, if applicable, placed in administrative segregation. If the alleged perpetrator was a staff member, the staff is to be separated from the victim pending further instructions from the Warden.

The facility Sexual Abuse and Response Checklist requires staff ensure the alleged victim has been placed in safe housing, including protective custody. Caution is made, reminding staff not to place the alleged victim in the same segregation area as the alleged aggressor. It also requires a SART evaluation of the alleged victim or alleged aggressor within 24 hours, with additional follow-up at 72 hours. Another block on the response checklist requires SART document evaluations at 24 and 72 hours in SCRIBE.

Standard 115.63 Reporting to other confinement facilities

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

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

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

There were two reports made to the facility by host facilities reporting allegations made by former inmates of Wilcox State Prison. Staff provided documentation that they were notified via email. They also provided documentation that they investigated the allegations as required.

Interviews with staff indicated the facility has not received allegations from inmates that they were sexually assaulted at their former facility.

Standard 115.64 Staff first responder duties

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

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

Georgia DOC Policy, 208.6, Wilcox State Prison Local Operating Procedures, 208.6 and a memo from the Warden described in detail the expectations for first responders, including non-security first responders. All of these documents require that upon learning of an allegation that an inmate was sexually abused, the first security staff to respond to the report is to

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

Staff, who were interviewed, articulated their responsibilities as first responders without hesitation. Essentially they said they would separate the victim from the alleged aggressor and keep the victim safe, report the incident to their immediate supervisor, treat the room or area as a crime scene, ensuring no one comes in or out, request the victim not take any actions that would jeopardize collection of evidence, including showering, bathing, changing clothing, brushing teeth, using the restroom and requiring the alleged perpetrator to not take any actions to degrade or eliminate potential evidence and ensure the resident victim gets to medical or medical comes to him.

Standard 115.65 Coordinated response

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

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

DOC Policy requires each facility to develop a written institutional plan to coordinate actions taken in response to an incident of sexual abuse, among staff first responders, medical and mental health practitioners, investigators and facility leadership. The plan must be kept current and include names and phone numbers of coordinating parties. Medical staff members contact the appropriate Sexual Assault Nurse Examiner. If the SANE is not available within a reasonable time frame, the Appointing Authority, in consultation with the Regional SAC, coordinates with the Office of Health Services, to arrange for the offender to be transported to a hospital for collection of forensic evidence. Security members escorting the offender to the hospital take custody of the Rape Kit or other physical evidence from medical personnel, document the contents and store the evidence in a secure place until it can be turned over to an OIC investigator. Wardens take actions anytime they learn of an allegation of sexual abuse or sexual assault. These include separating the alleged victim from the alleged abuser; ensuring the Local Institutional Sexual Abuse Response Plan is enacted; contact the Field Operations Manager; submit written notification to the Office of Investigations, Senior Investigator and the Department’s PREA Coordinator. Paragraph 5. Coordinated Response, in addition to requiring the coordinated response plan describes specific actions as well. For example, SART is required to evaluate the victim and arrange for an immediate medical examination. The facility provided the Wilcox State Prison PREA Local Procedure Directive. The plan is detailed and specific. Names of all responders including the Warden, Senior Investigator, SART Leader, Retaliation Protection Monitor and Inmate Education on PREA Staff are included. Steps of action to take are delineated. Duties are described but could be more specific to each discipline, including medical and mental health, etc. A more specific action oriented document is the PREA Reporting PREA Audit Report

Process. In addition to the notification process, this document requires the SART Leader interview the victim, Office of Professional Standards (OPS) is notified, SANE Nurse is notified, mental health is notified to set up an appointment within 24 hours and housing is identified for the perpetrator. The plan also included a section entitled, "safe housing". This section identifies the housing set aside for possible victims who need housing for their safety as well as housing for the alleged perpetrator.

Members of the SART are identified in a memo from the Warden dated, May 17, 2016. The SART is to respond to allegations or incidents of sexual abuse/sexual assault. An interview with a member of SART confirmed their roles in the event of a sexual assault. One member serves as investigator and another serves as a facility advocate. An additional member comes from medical.

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.

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

Standard 115.67 Agency protection against retaliation

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

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

Both DOC Policy 208.6, Prison Rape Elimination Act, Sexually Abusive Behavior Prevention and Intervention Program, is committed to protecting inmates or staff who report sexual abuse and sexual misconduct or sexual harassment from retaliation. Policy requires that anyone who retaliates against a staff member or an offender who has reported an allegation of sexual abuse or sexual harassment in good faith is subject to disciplinary action. Policy requires a staff be identified to monitor for retaliation. Additionally, policy provides multiple protection measures including: housing changes for inmates, transfers, removal of alleged staff or inmate abusers from contact with victims and emotional support for inmates or staff who fear retaliation. Monitoring is required to be conducted for at least 90 days following a report of abuse. Monitoring will

include monitoring the conduct and treatment of inmates and staff to see any changes to indicate possible retaliation and to remedy any retaliation. Monitoring includes: review of inmate disciplinary reports, housing or program changes, negative performance reviews or reassignments of staff etc. Monitoring may continue beyond 90 days if the initial monitoring indicates the need for it. Periodic status checks of inmates will be conducted. The obligation for monitoring terminates if the allegation is unfounded.

The facility has designated a retaliation monitor. When an allegation of sexual abuse or sexual harassment is made the retaliation monitor contacts the resident to let them know they can contact the monitor if they feel retaliation and to advise them the monitor will be seeing them every 30 days to check on their status. During the monitoring process the retaliation monitor is looking for changes, checking for random disciplinary reports, schedule changes and not taking passes etc. For employees who may potentially be retaliated against, the monitor checks assignment statuses and performance reports. Checks will be made every 30 days up to 90 days and beyond if needed.

There are two 90 day sexual abuse review checklists; one for staff and one for offenders. The offender checklist requires and documents the following being monitored at 30, 60 and 90 day intervals: 1) Disciplinary Reports/History Review; 2) Housing Unit Placement Reviews; 3) Transfer or Placement Review; 4) Program History Review; 5) Work Performance Review; 6) Schedule History Review; and 7) Case Note(s) Review. If it is a staff being monitored for retaliation, the following are reviewed at 30, 60, and 90 day intervals: 1) Employee Post Rotation; 2) Employee Job Duties; 3) Employee Work Schedule History; 4) Employee Work Location; 5) Employee Personnel File (letters of concern, reprimands, and/or adverse actions); and 6) Employee Performance Management Documents. Staff conducting the retaliation monitoring initial the 30, 60, and 90 day blocks on the checklist and sign the form which is forwarded to the Warden at the conclusion of the monitoring period.

The Pre-Audit Questionnaire reported that there were no incidents in which an inmate or staff were subjected to any form of retaliation during the past twelve months.

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.

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

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

whether there is a continuing need for separation from the general population.

The Pre-Audit Questionnaire documented the facility did not place any inmate in involuntary segregation during the past 12 months. An interview with the Warden indicated he has established safe dorms for inmates and his expectation is that an inmate at risk for victimization or retaliation be placed in one of the safe dorms in lieu of administrative segregation however a decision is made on a case by case basis and options may include protective custody or possible transfer to another facility where the inmate can feel safe. The PREA Compliance Manager related the facility would attempt to place the inmate in one of the safe dorms and in involuntary segregation only as a last resort after all other options for placement had been considered and determined there are no safe alternatives other than administrative segregation. Interviewed staff related that placement in administrative segregation is a last resort.

Standard 115.71 Criminal and administrative agency investigations

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

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

Georgia Department of Corrections Policy, 208.6, G. Investigations, describes the investigative process. Appointing authorities or his/her designee may make the initial inquiry to determine if a report of sexual abuse or sexual harassment is a rumor or an allegation. The Local SART is responsible for initially inquiring and subsequent investigation of all allegations of sexual abuse or sexual harassment with limitations. In cases where allegations are made against staff and the SART deems the allegation is unfounded or unsubstantiated by evidence of facility documentation, video monitoring systems, witness statements, or other investigative means, the case can be closed at the facility level. The Appointing Authority or designee(s) are required to report all allegations of sexual abuse with penetration and those with immediate and clear evidence of physical contact, to the OIC Senior Investigator and the Department's PREA Coordinator immediately upon receipt of the allegation. If an investigation cannot be cleared at the local level, the Senior Investigator determines whether to open an official investigation and if so, dispatches an investigator who has received special training in sexual abuse investigations. When criminal investigations involving staff are completed, the investigation is turned over to the Office of Professional Standards to conduct any necessary compelled administrative reviews. After each SART investigation, all substantiated cases are referred to the OIC Criminal Investigations Division while all unsubstantiated SART investigations are referred to the Office of Professional Standards for an administrative review. The Department follows a uniform protocol for obtaining usable physical evidence for administrative proceedings and criminal prosecution. Investigations are required to be prompt and thorough, including those reported by third parties or anonymously. Administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse. Reports are documented and include descriptions of physical and testimonial evidence, reasoning behind the credibility of assessments and investigative facts and findings. Criminal investigations are documented in written reports that contain thorough descriptions of physical, testimonial, and documentary evidence and copies of all documentary evidence when feasible. Substantiated allegations of conduct that appears to be criminal are referred for prosecution. The departure of the alleged abuser or victim from the employment or control of the Department does not provide a basis for termination of the investigation.

An interview with the facility investigator confirmed the SART (the investigator is a member of SART) will investigate allegations of sexual abuse and sexual harassment, interviewing alleged victims and perpetrators, interviewing witnesses, reviewing videos and collecting evidence and then making a determination of whether the incident meets the requirements

for a PREA case and whether the case is substantiated or not. Staff confirmed that if an allegation appears criminal, the Office of Professional Standards (OPS) will come and conduct the investigation with the support of the facility investigator. Too, if a sexual harassment allegation involves staff, OPS will come in to conduct the investigation for administrative purposes.

The Facility Investigator was asked to review a sample of investigations files with the PREA Auditor. Investigations were documented and included the incident reports, witness statements, document reviews, and if available, video footage as well as documentation to confirm forensic evidence had been collected within time frames allowing the collection of forensic evidence. Where investigations had been concluded, inmate notifications were documented as were incident reviews.

The reviewed Pre-Audit Questionnaire reported 39 criminal or administrative investigations of alleged inmate sexual abuse. None of the investigations were completed by an outside agency. This was confirmed through review of the Pre-Audit Questionnaire and interviews with staff. The majority of the cases were either unfounded or unsubstantiated primarily because of the lack of supporting evidence, including witnesses or video, resulting in a number of “he said” vs “he said” cases.

Standard 115.72 Evidentiary standard for administrative investigations

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

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

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

Standard 115.73 Reporting to inmates

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

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

corrective actions taken by the facility.

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

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

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

Staff provided notices of the results of investigations into allegations of sexual abuse. The notification forms documented, for the resident, whether the allegations were determined to have been substantiated, unsubstantiated, unfounded or referred to OIC. If the allegation is determined to be substantiated, the resident is notified of any of the following if applicable:

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

The notification comes from the SART Member/Warden's Designee.

Standard 115.76 Disciplinary sanctions for staff

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

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

Department of Corrections Policy, 208.6, Prison Rape Elimination Act, H. Discipline, 1., Disciplinary Sanction for Staff, requires that staff who engage in sexual misconduct with an offender are banned from correctional institutions or subject to disciplinary action, up to and including, termination, whichever is appropriate. Staff may also be referred for criminal PREA Audit Report

prosecution when appropriate. The presumptive disciplinary sanction for sexual touching is termination. Violations of Department policy related to sexual abuse or sexual harassment (other than engaging in sexual abuse) will be commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history and the sanctions imposed for comparable offenses by other staff with similar histories. Terminations for violations of the Department sexual abuse or sexual harassment policies or resignations by staff that would have been terminated if not for their resignation are reported to law enforcement agencies unless the activity was clearly not criminal. These cases are also reported to the Georgia Peace Officers Standards and Training Council (POST). Substantiated cases of nonconsensual sexual contact between offenders or sexual contact between a staff member and an offender will be referred for criminal prosecution.

The Pre-Audit Questionnaire reported there were no staff, during the past twelve months, who have violated agency sexual abuse or sexual harassment policies; none who have been disciplined short of termination, for violation of agency sexual abuse or sexual harassment policies; and none who have been reported to law enforcement or licensing boards following termination (or resignation prior to termination) for violating agency sexual abuse or sexual harassment policies.

Standard 115.77 Corrective action for contractors and volunteers

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

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

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

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

Standard 115.78 Disciplinary sanctions for inmates

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

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

recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Consensual sexual activity between inmates is prohibited and inmates may be subject to disciplinary action for such activity. Consensual sexual activity, while not sexual abuse, is considered a disciplinary issue. Inmates are subject to a disciplinary sanction pursuant to a formal disciplinary process following an administrative finding that the inmate engaged in inmate-on-inmate sexual abuse or a criminal finding of guilt for inmate-on-inmate sexual abuse.

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

Inmates may be disciplined for sexual contact with a staff member upon a finding that the staff member did not consent to such contact.

A report of sexual abuse made in good faith is not considered to be falsely reporting an incident, even if an investigation does not establish sufficient evidence to substantiate an allegation however following an administrative finding of malicious intent in filing a report, the inmate is subject to disciplinary sanction pursuant to a formal disciplinary process. The PREA Compliance Manager and Warden related the resident, in cases of sexual harassment, could be disciplined in compliance with the resident disciplinary code. If it is a sexual abuse case and it is substantiated the resident would be referred for prosecution.

The reviewed Pre-Audit Questionnaire and interviews with staff and inmates indicated there have been 39 allegations of sexual abuse or sexual harassment that were investigated during the past twelve months. None of those were resulted in a criminal finding of guilt for inmate-on-inmate sexual abuse that have occurred at the facility.

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

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

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

Interviews with medical and mental health staff indicated that they obtain informed consent from offenders before reporting information about prior sexual victimization that did not occur in an institutional setting. The reviewed vulnerability surveys did not document any inmate who reported prior sexual victimization. One of the interviewed inmates related he had been sexually abused as a child and reported it during the screening process. He related he was offered mental health services, but declined because the issue was when he was a child and he had worked through it. The facility has a MOU with WINGS, a Rape Crisis Center. In addition to providing a forensic examination the center at the hospital if needed, the organization provides around the clock crisis intervention and access to an advocate, if requested.

Standard 115.82 Access to emergency medical and mental health services

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

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

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

The facility has a MOU with WINGS, a Rape Crisis Center. Although WINGS provides a SANE to conduct forensic exams at the Hospital or at WINGS, GDC has a contract with Satilla SANEs who come to the facility to conduct the exam. If the inmate has been injured and needs medical attention, the inmate will be taken to the local hospital for treatment and the forensic exam. If the forensic exam is conducted at the facility, the RAPE Kit will be turned over to the SART Leader/designee and a chain of custody initiated.

The facility provided an example of an inmate being emergency referred for mental health assessment after reporting he had been forced to have anal sex with an inmate “for the past three weeks.” The facility responded and sent the inmate for mental health services the next day at another prison capable of conducting those assessments.

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.

GDC Policy, 208.06, Prison Rape Elimination Act, Sexually Abusive Behavior Prevention and Intervention Program, I. Medical and Mental Health Care, requires the Department to provide prompt and appropriate medical and mental health services, in compliance with 28 CFR 115 and in accordance with Department SOPs. The agency’s “Procedure for Sane Nurse Evaluation/Forensic Collection” provides very comprehensive, detailed and specific actions required when an inmate alleges sexual abuse/assault. It also requires that following a SANE Examination, the facility provider or designee is responsible for ordering prophylactic treatment for STIs. A follow up visit by a clinician is required three working days following the exam. The facility has a facility specific coordinated response plan (Local Procedure Directive). This plan requires each victim receive a mental health evaluation within 24 hours. The facility also will attempt to conduct a mental health evaluation of all known inmate-on-inmate abusers within 60 days of learning of such abuse history and offers treatment when deemed appropriate by mental health practitioners. Interviewed medical staff were aware of the requirements of this procedure and following an exam by a SANE the facility’s medical doctor would prescribe the prophylaxis or if the resident were taken to the hospital, the hospital staff will provide the prophylaxis.

Standard 115.86 Sexual abuse incident reviews

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

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

corrective actions taken by the facility.

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

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

Standard 115.87 Data collection

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

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

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

unsubstantiated and unfounded. A chart then breaks down the data by facility. The 2015 report indicated there was a 58% increase in allegations reported and this was attributed to better reporting. An increase in substantiated cases was noted and attributed to better trained investigators. The report concluded with a breakdown of PREA related initiatives in each of the Georgia Department of Corrections facilities.

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

Standard 115.88 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.

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

Standard 115.89 Data storage, publication, and destruction

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

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

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

AUDITOR CERTIFICATION

I certify that:

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

Robert Lanier

April 14, 2017

Auditor Signature

Date