

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

Interim       Final

Date of Report    November 12, 2018

### Auditor Information

Name: Robert Lanier	Email: rob@diversifiedcorrectionalservices.com
Company Name: Diversified Correctional Services, LLC	
Mailing Address: 1825 Donald James Rd	City, State, Zip: Blackshear, GA 31516
Telephone: 912-281-1525	Date of Facility Visit: September 27, 2018 2 auditors

### Agency Information

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

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

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

### Agency Chief Executive Officer

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

### Agency-Wide PREA Coordinator

Name: Grace Atchison	Title: GDC Statewide PREA Coordinator
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<b>Email:</b> grace.atchison@gdc.ga.gov	<b>Telephone:</b> 678-332-6066
<b>PREA Coordinator Reports to:</b> Sharon Shaver, Office of Professional Standard Compliance Unit	<b>Number of Compliance Managers who report to the PREA Coordinator</b> 88

### Facility Information

<b>Name of Facility:</b> Metro Transitional Center
<b>Physical Address:</b> 1303 Constitution Road, Atlanta, GA 30316
<b>Mailing Address (if different than above):</b> <a href="#">Click or tap here to enter text.</a>
<b>Telephone Number:</b> 404-624-2380

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

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

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

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

### Director

<b>Name:</b> Myra Orsborn	<b>Title:</b> Superintendent
<b>Email:</b> myra.orsborn@gdc.ga.gov	<b>Telephone:</b> 404-624-2380

### Facility PREA Compliance Manager

<b>Name:</b> Susan Smith	<b>Title:</b> PREA Compliance Manager/Counselor
<b>Email:</b> susan.smith2@gdc.ga.gov	<b>Telephone:</b> 404-624-2617

### Facility Health Service Administrator

<b>Name:</b> Pansy Williams	<b>Title:</b> Registered Nurse
<b>Email:</b> pansy.williams@gdc.ga.gov	<b>Telephone:</b> 404-624-2618

<b>Facility Characteristics</b>			
Designated Facility Capacity: 234		Current Population of Facility: 232	
Number of residents admitted to facility during the past 12 months: 379			
Number of residents admitted to facility during the past 12 months who were transferred from a different community confinement facility:			379
Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for 30 days or more:			379
Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:			379
Number of residents on date of audit who were admitted to facility prior to August 20, 2012:			0
Age Range of Population: 18-Adult	<input checked="" type="checkbox"/> Adults 18-68	<input type="checkbox"/> Juveniles N/A	<input type="checkbox"/> Youthful residents N/A
Average length of stay or time under supervision:			6-12 months
Facility Security Level:			Transitional Center
Resident Custody Levels:			Min. Med and Close
Number of staff currently employed by the facility who may have contact with residents:			45
Number of staff hired by the facility during the past 12 months who may have contact with residents:			13
Number of contracts in the past 12 months for services with contractors who may have contact with residents:			0
<b>Physical Plant</b>			
Number of Buildings: 4		Number of Single Cell Housing Units: 1	
Number of Multiple Occupancy Cell Housing Units:		68	
Number of Open Bay/Dorm Housing Units:		0	
Description of any video or electronic monitoring technology (including any relevant information about where cameras are placed, where the control room is, retention of video, etc.): Eight live feed non recording video cameras. .			
<b>Medical</b>			
Type of Medical Facility:		On-site and community facility	
Forensic sexual assault medical exams are conducted at:		S.A.N.E nurse	
<b>Other</b>			
Number of volunteers and individual contractors, who may have contact with residents, currently authorized to enter the facility:			85
Number of investigators the agency currently employs to investigate allegations of sexual abuse:			83

# Audit Findings

## Audit Narrative

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

### Pre-Audit Activities

**Notice of PREA Audit:** The Notice of PREA Audit for the METRO Transitional Center, located in Atlanta, Georgia, was forwarded to the Georgia Department of Corrections PREA Coordinator, six weeks prior to the on-site audit, for posting in the Transitional Center. The PREA Coordinator instructed via email to the facility, to post the notices in areas accessible to offenders, staff, contractors, and visitors. The purpose of the posting of the Notice is to allow anyone with a PREA issue or concern, or an allegation of sexual abuse or sexual harassment to correspond, confidentially, with the Certified PREA Auditor. The auditor did not receive any correspondence as a result of that posting. On-site the Notice of PREA Audit was observed posted throughout the facility, including in living units, common areas and in the entrance to the facility.

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

**Outreach to Outside Advocates:** The auditor contacted the Grady Rape Crisis Center. An interview with an advocate confirmed the facility offers forensic exams for victims of sexual assault who are residents of the METRO Transitional Center. She indicated the center has five (5) PRN paid advocates and five (5) volunteer advocates who would meet the victim at the center and provide emotional support. She also affirmed the center offers Sexual Assault Forensic Exams and SANEs are on site 24/7 at the hospital if needed and that the center would provide sexually transmitted infection prophylaxis as well. The center has not had any victims from the METRO Transitional Center but indicated they would provide those services when needed.

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

Additionally, the morning of the audit, the auditor had previously requested and received, a list of residents listed by housing units to enable the auditor to select inmates from each living unit. The PREA Compliance Manager, Superintendent, and counselors stated the facility did not have any transgender inmates, youthful detainees, any detainees who had experienced sexual abuse at this facility and did not recall any who had reported prior victimization during the initial victim/aggressor assessment. The auditor communicated with the agency's PREA Unit, PREA Analyst and requested a list of detainees who were physically disabled, Limited English Proficient, or who had reported either sexual abuse at this center or who had experience prior sexual victimization during the initial victim/aggressor assessment or reassessment. The auditor reviewed 10 initial assessments and 10 reassessments and did not locate any detainees disclosing prior sexual victimization. The PREA Analyst reported via email that the PREA Unit did not receive any hotline calls from the TC during the past 12 months.

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

The auditor arrived at the facility at 0830, September 27-28, 2018. The auditor was assisted in conducting the on-site audit by another Certified PREA Auditor. Processing through the security area of the lobby of the facility included providing identification and signing into the facility. Following a brief meet and greet with the PREA Compliance Manager, Superintendent and Assistant Statewide PREA Coordinator, the auditors randomly selected staff and residents for interviews and began interviews.

### **Staff and Contractor Interviews**

#### **Randomly Selected: (13)**

The auditor selected, at random, staff representing areas other than security in an attempt to get a cross-section of staff to assess the culture related to PREA and the knowledge of all staff who may have contact, even remotely, with residents. Thirteen (13) staff were randomly selected. Of those, seven (7) were security staff, including line staff from both shifts and supervisors, as well as line staff.

#### **Random Staff included the following: (13)**

- (7) Correctional/Uniformed Staff
- (2) General Population Counselors
- (2) Administrative Staff from the Business Office
- (1) Maintenance Staff
- (1) Employment Specialist

#### **Specialized Staff and Contractors: (30) Interviews)**

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

- Agency Head Designee (previous interview)
- Agency PREA Coordinator (previous interview)
- Assistant Agency PREA Coordinator (previous interview)
- Agency Contract Manager Designee (previous interview)

- Superintendent
- Assistant Superintendent
- PREA Compliance Manager
- Human Resource Staff (3)
- Intake Staff
- Orientation Staff
- Counselor conducting victim/aggressor assessments
- First Responders-Security Staff
- First Responders – Non-Security Staff
- Investigator
- Upper Level Staff conducting unannounced rounds
- Facility Nurse (Contracted)
- Incident Review Team Member
- Retaliation Monitor
- SANE
- Advocate; Rape Crisis Center of the Coastal Empire
- First Responders (security and non-security)
- Volunteer Coordinator
- Volunteer
- Contractor
- OPS Investigator (previous interview)
- Special Agent (previous interview)
- Sexual Assault Response Team Members
- Upper Level Staff Conducting Unannounced PREA Rounds

This facility does not house youthful offenders. This has been confirmed through the reviewed Program Description, reviewed resident alpha rosters, interviews with the Statewide PREA Coordinator, Assistant Statewide PREA Coordinator, Superintendent, and Assistant Superintendent, and interviews with randomly selected staff, specialized staff, randomly selected residents and targeted residents.

The facility does not have a segregation unit.

### **Inmate Interviews (Total of 20; Random 10; Targeted 10)**

The auditors requested and received an alpha roster of all residents at the facility. The Assistant Certified PREA Auditor selected residents at random from the alpha roster provided. A total of ten (10) random residents were selected to be interviewed. The facility provided a list of targeted residents. These included the following:

- Six (6) residents disclosing prior sexual abuse (not at this facility)
- Four (4) residents identifying as Lesbian, Gay, Bisexual

There were no other targeted residents at this facility. This was confirmed by reviewing the Pre-Audit Questionnaire, Sampled Grievances and Incident Reports, Monthly PREA Reports to the PREA Unit, reviewed victim/aggressor assessments and interviews with staff and residents, both formally and informally.

The Transitional Center does not house youthful offenders. There were no transgender residents at the facility at this time. Staff indicated that they have had transgender residents in the past. There were not any deaf or hard of hearing or visually impaired residents. There were no residents in segregation as the result of sexual abuse or for protection. This facility does not use segregation. There is a holding room. Residents placed in the holding room may be held in that status for only 8 hours. Lastly there were no residents at the facility who had ever reported sexual abuse or sexual harassment at the facility. This information was confirmed through a review of 20 victim/aggressor assessments; 20 victim/aggressor reassessments; interviews with staff and inmates and observations made during the on-site audit.

**Informal Interviews:** Additionally, thirteen (13) residents from different rooms and various work assignments were interviewed. These interviews focused on such issues as staffing in the living units, searches, privacy while showering and using the restroom, and how to report allegations of sexual abuse and sexual harassment. This facility does not have any segregated housing.

The auditor did not receive any correspondence from any resident. Notices of PREA Audit were observed posted in the facility, accessible to detainees, staff, visitors, contractors, and volunteers.

### **Testing of Processes**

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

The auditor selected the most populated bedroom and asked the staff to pull the victim/aggressor assessments for all residents in each bedroom. A total of 10 assessments were reviewed. There were no cases in which a potential victim was housed with a potential aggressor.

### **Documents and Files Reviewed**

**Facility Staffing Plan Annual Review:** The auditor reviewed the staffing plan for the facility for the year 2017.

**Facility Log Books and Duty Officer Log Books:** Ten pages (10) reflecting PREA rounds by upper level management serving as duty officers.

### **Certificates of Training/PREA Acknowledgment Statements Staff**

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

**PREA Acknowledgment Statements Inmates:** Twenty (20) Prison Rape Elimination Act Orientation Video Acknowledgment Statements were reviewed.

### **Certificates of Specialized Training: National Institute of Corrections (NIC)**

## **Victimization/Aggressor Assessments: (20)**

## **Victimization/Aggressor Reassessments: (20)**

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

**Grievances:** The auditor reviewed two (2) grievances representing every grievance filed during the past 12 months. None of the reviewed grievances alleged sexual abuse or sexual harassment.

**Investigations:** There were four incidents alleging sexual abuse or sexual harassment in the past 12 months and beyond. Only one met the criteria for an allegation of sexual abuse. (Also see 115.271 Investigations).

**Notifications to Inmates:** There was one allegation of sexual abuse. Staff were able to articulate the process for notifying residents of the outcome of investigations.

**Incident Review Forms:** None of the reviewed incident reports alleged any form of sexual abuse or sexual harassment.

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

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

### **Follow-Up Required:**

**Issue:** The facility complies with the requirement for referring residents who disclose victimization either current, recent, or previously to mental health for a follow-up. Because the facility is compact and counseling offices located in close proximity to each other, referrals are being made and residents are seen by mental health as a result of their disclosure. The process is informal. The Counseling Staff who conducts the victim/aggressor assessments, which are done at intake and not later than the next day, simply informs the mental health counselors who conduct an assessment within a few days and well within the required 14 days. Documentation was provided to confirm those referrals. The facility needs a written local operating procedure governing the referral process and counseling and medical staff should be trained in the procedure.

### **Corrective Action:**

## **Facility Characteristics**

*The auditor's description of the audited facility should include details about the facility type, demographics and size of the inmate, resident or detainee population, numbers and type of staff positions, configuration and layout of the facility, numbers of housing units, description of housing units including any special*

*housing units, a description of programs and services, including food service and recreation. The auditor should describe how these details are relevant to PREA implementation and compliance.*

METRO Transitional Center is a community-based Georgia Department of Corrections program, located at 1303 Constitution Road, Atlanta, Georgia, housing adult female felons with minimum custody levels. The mission of the program is to assist residents in making successful transitions back into the community by providing therapeutic counseling and social and employment skills.

Offenders work on “work release” details throughout the Metropolitan Atlanta Area and find employment in the area as well. In addition to the offenders working on those outside details and on jobs, long term maintenance offenders provide services inside the facility, at the GDC Helms Facility, and other governmental facilities.

All the residents are 18 years old or older. There are no youthful offenders housed at this facility. Offenders are sentenced by the courts and assigned by the Georgia Department of Corrections to complete a Work Release Program.

The maximum capacity of the facility is 234 and housing is provided in three (3) buildings with rooms containing three to four beds. Building A and B accommodate Phase II and Long-Term Maintenance residents. Building C houses all Orientation Residents, Phase I, II, and when applicable, Guide God Residents.

Programs at the facility include the following:

- Academic Programs, including General Education Diploma, Adult Basic Education, and Literacy Remedial Counseling
- AA and NA
- Moral Recognition Therapy
- Motivation for Change
- Relapse Prevention
- Battered Women
- Individual Counseling
- Therapeutic Counseling
- Work Release
- Community Pass
- Job Readiness
- STD/HIV Education
- Parenting
- Grief Loss and Healing
- Relationships Group
- Career Development
- Goals Setting and Achievement
- Wise Money Management
- Art Appreciation
- Matrix Program
- DETOUR
- Basic World of Work
- Recreation
- Religious Activities

- Religious Programming including Worship Services, Bible Study, Pastoral Counseling, Choir
- Vision Program
- Career Center

**Staffing:** The facility has 45 staff including 24 Security Staff.

**SECURITY (24) Currently 5 Vacancies**

- 01 Superintendent
- 01 Assistant Superintendent
- 01 Chief of Security
- 06 Correctional Sergeants
- 15 Correctional Officers

**ADMINISTRATION (3)**

- 01 Administrative Support Staff
- 01 Financial Clerk 2
- 01 Financial General Ops

**Counselors/Case Managers (6)**

- 03 Behavioral Health Counselors
- 01 Mental Health Counselor

**Contract Employees**

- 01 MHM Mental Health Services
- 02 Georgia Correctional Healthcare (One RN-Lead Nurse; One LPN)

**Maintenance**

- 01 General Trades Staff

**PHYSICAL LAYOUT**

The METRO Transitional Center consist of three (3) buildings. A-Building is the main building and consists of two wings, south and east. Some administrative offices and 14 bedrooms are located in A-Building East Wing. South Wing houses the CO Station, Staff Lounge, Superintendent’s Office, 5 staff offices and 11 bedrooms. Building B houses offices, the dining area, laundry room and 21 bedrooms. C Building has a dining hall, day room, officers, Correctional Officer’s Station and 25 bedrooms. A Building houses a maximum of 71 residents in bedrooms with two to three residents. B Building has a capacity of 63 residents in bedrooms with three residents in each bedroom. C Building houses up to 100 residents. Resident rooms either have a curtain to afford privacy or windows in the solid doors.

Building A and B houses residents who are in Phase II and Long-Term Maintenance residents. Building C houses residents in Orientation, Phase I, II, and when applicable, guide dog residents. Residents work either in the facility or are assigned to work details in and around the Metropolitan Area.

Residents are afforded privacy while showering and using the restrooms. Showers have curtains and restrooms have doors and are separated by stalls.

Each unit has a laundry area. Doors remain open to the laundry. Other storage areas generally have a memo identifying who is authorized into the area/closet.

There are no cameras in the facility however the facility has installed mirrors to mitigate blind spots.

## **SITE REVIEW**

A complete site review of all areas of the facility was conducted on the first day of the on-site audit. The auditor was accompanied on the site review by the Superintendent, /PREA Compliance Manager and Georgia Department of Corrections Assistant PREA Coordinator.

The grounds of this facility are immaculate. Grass is cut, and sidewalks neatly edged. The grounds are maintained by the female residents of the facility. The administrative area as well as other areas of the facility, including housing units and rooms were attractively decorated and furnished with floors that were shined. Every building visited during the tour was clean, neat, orderly and furnished. Residents were observed to be cordial, polite, relaxed and were observed interacting positively with staff, including correctional and program staff as well as the administration.

Bulletin Boards contained multiple PREA related posters as well as Notices of the PREA Audit to enable residents to communicate with the PREA Auditor if they so desired.

The facility is housed in three (3) buildings, A, B and C. A Building however has two (2) separate wings.

Residents are housed in bedrooms with occupancies between two and four residents. Curtains are used to provide privacy while other bedrooms have doors with small windows.

Phones, enabling offenders to contact, family, attorneys and the Outside Advocacy Organization were available in common areas. Instructions for dialing the PREA Hotline.

This facility does not have any video cameras however the Superintendent has requested some cameras. Mirrors are used to mitigate blind spots.

A Unit houses a maximum capacity of 73 residents in bedrooms housing between two and three residents. Honor's rooms are in this unit house only two residents. The laundry and cosmetology are housed in this area as well. The laundry is small, and the door remains open to facilitate viewing. The cosmetology area has a large window enabling viewing.

B Unit houses a maximum of 63 residents in bedrooms housing three to a bedroom. Again, the laundry in this unit is essentially the same as the other laundry rooms and the door remains open to facilitate viewing. An electrical room has a solid door but has a sign on the doors identify who is authorized to enter the room. Other areas contained similar memos. Showers and toilets provide privacy through separate shower stalls with curtains and separate toilets with stalls and privacy curtains.

The Butler Building is a stand-alone building utilized for training and orientation of residents. This building provides a wide-open space serving as a meeting room or training room as well as orientation of incoming residents.

Located outside and away from the living units is the Chemical Storage Area. The door to the storage area remains open, according to staff, while in use. Staff also related residents are supervised by staff while working in this area. Each storage unit had a memo posted identifying who is authorized to enter the area.

C Building is a stand-alone unit housing a maximum capacity of 100 residents. This area houses the counselor's offices, a classroom, and a dining and serving area. Food is prepared at another facility and served in this facility. There are no food service employees at this facility. The area, both the dining area and the serving area are wide open spaces facilitating viewing. This area also houses administrative offices, a large conference room and offices for the two part time teachers, as well as the Chaplain/Volunteer Coordinator.

Most of the offenders have cell phones and can place calls to family, friends, attorneys, employers, and to the PREA Unit.

The auditor interacted with and informally interviewed thirteen (13) residents during the site review. These included residents from each of the living units and chemical storage area. Residents were very relaxed talking with the auditor. All of them were knowledgeable of PREA, knew how to report, and stated they felt safe at this facility. None had reported any allegations of sexual abuse or sexual harassment while in this facility.

The site review included the following:

- Front Control and Lobby (This area is staffed by one Correctional Officer 24/7; no camera coverage in this area.)
- Administrative Offices (Staff in the offices are responsible for coverage; there are eight offices and no camera coverage)
- Chief of Security Office (No camera coverage)
- Housing Unit A – (This unit is staffed with one gender-specific Correctional Officer, 24/7. This unit houses 71 residents residing in single and double bunks in a room. There is no camera coverage).
- B Control (This is a gender-specific post with one Correctional Officer, 24/7. This area is highly restricted, and no residents are allowed in the area. There is no camera coverage in the Control Room)
- Housing Unit B (This post is manned with one gender-specific Correctional Officer, 24/7. This unit houses 63 residents in a combination of single and double bunks in a room. The officer assigned to the unit is required to conduct checks at least every 30 minutes)
- C Building (Front Control and front Lobby staffed by one Correctional Officer 24/7. The facility camera monitoring system is monitored in this area.)
- C Control (Staffed by one gender specific Correctional Officer, staffed 24/7. It is a highly restricted area and offenders are not allowed)
- C Post (This staff is required to make 30 minutes interval checks. The unit houses 100 residents)
- Medical/Counselor Offices (Medical staff provide coverages Monday through Friday, 8AM to 4:30PM, excluding holidays) There is no camera coverage in this area.
- Case Management/Counselors area (There is no camera coverage in the area and staff provide the coverage during their normal duty hours.)
- Mental Health (Same as above)

- Visitation/Program Area (This area is used for Visitation and Programming. There are two cameras monitoring the area. The area is staffed with one Correctional Officer during resident's presence)
- C Building Dining Hall (Residents are constant supervision while in this area and there are no cameras)
- Chemical Shed (There is no camera coverage however the area is staffed with one Correctional Officer. There are no fewer than 3 and no more than 4 offenders working at any given time in this area)

## Summary of Audit Findings

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

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

**Number of Standards Exceeded:** 04

115.211; 115.231; 115.251; 115.287

**Number of Standards Met:** 37

115.212; 115.213; 115.215; 115.216; 115.217; 115.218; 115.221; 115.222; 115.232; 115.233; 115.234; 115.235; 115.241; 115.242; 115.252; 115.253; 115.254; 115.261; 115.262; 115.263; 115.264; 115.265; 115.266; 115.267; 115.271; 115.272; 115.273; 115.276; 115.277; 115.278; 115.282; 115.283; 115.286; 115.288; 115.289; 115.401; 115.402

**Number of Standards Not Met:** 0

0

## Summary of Corrective Action (if any)

**Issue:** The facility complies with the requirement for referring residents who disclose victimization either current, recent, or previously to mental health for a follow-up. Because the facility is compact and counseling offices located in close proximity to each other, referrals are being made and residents are seen by mental health as a result of their disclosure. Documentation provided indicated they are seen expeditiously. The referral process has been informal. The Counseling Staff who conducts the victim/aggressor assessments, which are done at intake and not later than the next day, simply informs the mental health counselors who conduct an assessment within a few days and well within the

required 14 days. Documentation was provided to confirm the residents were seen by mental health as required. The facility needs a written local operating procedure governing the referral process and counseling and medical staff should be trained in the procedure.

**Corrective Action:** The facility developed a formal process for documenting referrals to mental health, all residents who disclose prior victimization during the initial victim/aggressor assessment. The process requires the referrals are documented on the GDC referral form and forwarded to mental health. If the resident is already on mental health services, counseling for the victimization will be offered and the resident will be continued on the mental health caseload. If the resident is not on the mental health caseload, the resident will be seen by a licensed mental health professional and offered more treatment and follow-up with the psychologist, who may determine if the resident requires being placed on the mental health caseload.

## PREVENTION PLANNING

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

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

#### 115.211 (a)

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

#### 115.211 (b)

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

#### Auditor Overall Compliance Determination

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

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

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

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

**Policy and Documents Reviewed:** Georgia Department of Corrections (GDC) Policy 208.6, Prison Rape Elimination Act-PREA, Sexually Abusive Behavior Prevention and Intervention Program; METRO Transitional Center Staffing Plan; Georgia Department of Corrections Organizational Chart; Statewide PREA Structure (Organizational Chart depicting lines of authority and responsibility for the PREA Unit)); Job Description Statewide PREA Coordinator; PREA Brochures; Resident Handbook; Training Rosters with signatures documenting Day One In-Service Training (that includes PREA); Twenty (20) Staff PREA Acknowledgment Statements; Twenty (20) Residents PREA Acknowledgment Statements Organizational Chart; Zero Tolerance Posters located throughout the facility

**Interviews:** Superintendent; PREA Coordinator (Previous Interview), Assistant PREA Coordinator, PREA Compliance Manager, Back-Up PREA Compliance Manager; (13) Randomly Selected Staff; Thirty (30) Specialized Staff, (10) Random Inmates, (10) Targeted Inmates; (13) Residents Informally Interviewed.

**Other:** Observed posters throughout the facility; Resident Cellphones; Phones with PREA Hotline dialing instructions, and Phones were observed in all living units.

**Policy Review:** Georgia Department of Corrections (GDC) Policy 208.6, Prison Rape Elimination Act-PREA, Sexually Abusive Behavior Prevention and Intervention Program, is a comprehensive PREA Policy that not only details the agency's approach to prevention, detection, reporting and responding to allegations of sexual abuse and sexual harassment but also integrates this information in a manner that flows logically and is easily understood. The policy affirms that the Department will not tolerate any form of sexual abuse or sexual harassment of any offender. Policy states that the Department has a zero tolerance for all forms of sexual abuse, sexual harassment and sexual activity among 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 appears that the Georgia Department of Corrections takes sexual safety seriously. This is based on a number of factors. The GDC appointed a Director of Compliance who is ultimately responsible for the Department's compliance with the PREA Standards, the Americans with Disabilities Act and the American Correctional Association Standards. This staff person was previously the agency's PREA Coordinator.

Additionally, the Department has appointed a Statewide PREA Coordinator and an Assistant Agency Statewide PREA Coordinator with sufficient time and authority to develop, implement, and oversee the Department's efforts to comply with the PREA Standards in the GDC facilities. The Statewide PREA Coordinator has responsibility for the entire state. Both staff are experienced in adult corrections. They

are heavily involved in training staff; whether it is training for the PREA Compliance Managers, Sexual Assault Response Team Members, or staff first responders to mention a few. PREA Compliance Manager training and SART training is held consistently at least twice a year. The PREA Coordinator is training to be a POST Certified Instructor (Peace Officer Standards Training).

The reviewed Statewide PREA Structure documented that the Statewide PREA Coordinator reports directly to the Agency's Director of the GDC Compliance Unit however it also reflects that the coordinator also has access to the Commissioner of the Department and this is reflected in the dotted line from the PREA Coordinator up to the Commissioner. An interview with the PREA Compliance Manager indicated that the Director of Facilities is actively supporting the PREA Coordinator and PREA in all facilities.

The PREA Coordinator is one of the most knowledgeable PREA Coordinators I have had the pleasure of working with. She is not just knowledgeable of PREA, but she brings to the table experience working in adult facilities prior to her appointment. She has been responsible for ensuring that the prisons and facilities comply with the PREA Standards and that they maintain compliance. To that end she and the Assistant PREA Coordinator serve as a resource staff for the GDC facilities and programs. Visits to facilities are working visits during which she and/or the Assistant PREA Coordinator often sit with the facility's investigators and review investigations of allegations of sexual abuse and sexual harassment. Additionally, they now have the capacity to review investigations uploaded into the facility database prior to closing them out. This serves as a quality assurance function to provide some oversight to the investigation process. The Assistant PREA Coordinator is also a seasoned Corrections Staff with experience in both the private and public sector. He is knowledgeable of PREA and provides technical assistance when needed to the GDC Facilities. A previous interview with the PREA Coordinator and the Assistant Statewide PREA Coordinator confirmed that they have sufficient time to perform their PREA related duties.

The PREA Unit is heavily involved as well in capturing data for planning and other purposes. To that end, the agency and PREA Unit has a PREA Analyst assigned to the PREA Unit. His job is to collect and analyze the data that is submitted to the PREA Unit on a monthly basis, by each facility. This staff also receives the calls from inmates/residents on the Department of Corrections PREA Hotline. In working with the PREA Auditor, the PREA Analyst assists by retrieving information on all calls to the PREA Hotline from each facility prior to the on-site audit. He also assists the auditor by securing from the Georgia Department of Corrections Technical Section, rosters of disabled inmates, identifying the inmate and his/her disability, enabling the auditor to select disabled inmates to interview during on-site visits. He keeps statistics for each facility and cumulatively for the agency that are used by the Department in analyzing issues related to PREA.

The agency has a designated staff responsible for ADA and has arranged for the GDC to utilize statewide contracts for inmates with disabilities. This state level position, also under the umbrella of the Office of Professional Standards, Compliance section, has also been actively involved in trying to get GDC staff trained in ADA. The ADA Director has also assisted facilities in securing interpretive services when needed.

The PREA Unit has reached out to Nationally recognized organizations to assist in implementing PREA. They contracted with Just Detention in the past to assist in implementing PREA and is now under contract with the Moss Group to help the Department develop their Transgender Policy. They are also working with a contractor to help with developing accessibility to outside advocate organizations.

The Moss Group is also working with the Department to assess and recommend additional female programming (gender specific programming).

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

Wardens/Superintendents are also required to assign an Institutional PREA Compliance Manager, who also has sufficient time and authority to develop, implement and oversee the facility efforts to comply with the PREA Standards. This Superintendent has also appointed a general population counselor to serve as the "back-up" to the PREA Compliance Manager to ensure, in the absence of the PREA Compliance Manager, the PREA mission will continue. Interviews with the PREA Compliance Manager and "Back-Up" PREA Compliance Manager confirmed the "Back-Up" PREA Compliance Manager is actively involved in PREA and attends meetings for the Sexual Assault Response Team and the PREA Compliance Managers.

The PREA Compliance Manager reports directly to the Assistant Superintendent but has direct access to the Superintendent for any PREA related issues. ensuring that the PREA standards and PREA issues get priority in attention. The PREA Compliance Manager has the responsibility and authority to implement and maintain PREA in this facility. Interactions between the Superintendent and the PREA Compliance Manager during the on-site audit confirmed how involved the Superintendent is with PREA and also confirmed a partnership in assuring the sexual safety of residents in their custody.

The PREA Compliance Manager is very knowledgeable of PREA. It is evident too, from the documentation she has been able to provide, that she is committed to PREA and its implementation and maintenance (institutionalization) creating a culture of zero tolerance. When asked for information, this facility did not have to spend an inordinate amount of time providing what the auditor asked for.

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

The agency's proactive approach to working towards preventing, detecting, responding and reporting PREA incidents was described by the PREA Coordinator and included the fact that they have been working with Just Detention International on a variety of initiatives and projects. The agency provided documentation of their JDI PREA Demonstration Grant, including the Final Close-Out Report dated March 2, 2018. The grant included nine (9) GDC project pilot facilities. The initiatives included: 1) Promote broad-based culture shift within GDC through new staff training programs that comply with the PREA Standards and address each employee's role in preventing and responding to sexual abuse. This included assessing the cultures in the pilot facilities and then developing and providing training. 2) Develop a trauma-informed response to sexual assault, ensuring incarcerated survivors have access to the same quality of care that is available in the community. During this part of the project the JDI worked with the Georgia Network to End Sexual Assault (GNESA in providing training to staff in providing trauma-informed response to inmates reporting sexual abuse, in building partnerships with community-based rape crisis centers and to provide training to the facility-based sexual assault response team members, ensuring a coordinated response to inmates reporting sexual abuse. This

goal included objectives related to more training for staff and SARTs as well as securing written MOUs with rape crisis centers. 3) Develop PREA inmate education programs that address the needs of detainees with GDC's facilities. This included an assessment of existing inmate education curricula and materials, identifying inmate education delivery methods best suited for each of GDC's facility types and revising or developing new inmate education curricula and materials tailored to the needs of each facility type, and establishing a plan for delivering that education to new inmates and on an ongoing basis. 4) Enhance GDC's procedures regarding PREA standards and audit compliance.

Zero Tolerance is reinforced in the GDC prisons this auditor has audited. Inmates tell the auditor they have received this information in every facility they have been in and most have been transferred multiple times throughout the years. This is also reflected in multiple documents, including PREA Acknowledgment Statements for staff, contractors, volunteers and inmates. Posters were observed in every area of the building, and in every living unit.

The Offender Handbook (PREA) asserts that the GDC fully supports PREA and has a zero tolerance for any form of sexual activity.

Inmates, staff, contractors and volunteers are trained in the zero-tolerance policy. They acknowledge that in signed PREA Acknowledgment Statements. The auditor reviewed 20 PREA Acknowledgment Statements documenting staff understanding zero tolerance and PREA as well as documentation of completion of Day 1, Annual In-Service Training that includes PREA Training. Acknowledgement Statements for Employees and Unsupervised Contractors and Volunteers affirms that they have received training on the Department's Zero Tolerance Policy on Sexual Abuse and Sexual Harassment and that they have read to GDC Standard Operating Procedure 208.06, Sexually Abusive Behavior Prevention and Intervention Program. They also acknowledge that violation of the policy will result in disciplinary action, including termination or being banned from entering any correctional institution. 26 PREA Acknowledgment Statements for selected volunteers was also provided to the auditor in hard copy.

The agency appears to value training to assist in the agency's prevention efforts. The agency plans and provides additional training for Sexual Assault Response Team Members as well as ongoing training for PREA Compliance Managers. The Agency also requires all staff to complete, in addition to their regular PREA Training, the NIC Online Training Course, "Communicating Effectively with LGBTI Inmates." Sexual Assault Team Members attend training at least semi-annually and often complete the NIC on-line Specialized Training for Investigating Sexual Abuse in Confinement Settings, in addition to the specialized training for their respective fields; i.e., Medical and Mental Health. Healthcare staff attend training in Nursing Protocols. A qualified staff in most or all the GDC facilities is trained to serve as an advocate for victims of sexual abuse and advocates are generally a part of the Sexual Assault Response Team.

Offenders are provided PREA related information upon admission to the facility during the intake process. During Intake, offenders are advised of the zero-tolerance policy and how to report allegations of sexual abuse and sexual harassment. Offenders are provided PREA Education as well. This is provided through written information, information provided verbally and through watching the PREA Video.

**Interviews:** The PREA Compliance Manager has multiple responsibilities in this facility. Those include serving as a Counselor, the Grievance Coordinator, Re-Entry Coordinator, and the OJT Coordinator. She indicated she has sufficient time to perform her PREA related duties and anticipates the

reallocation of duties in the upcoming year. She reported she has the complete support of her immediate supervisor, the Assistant Superintendent and the Facility Superintendent.

One-hundred percent (100%) of the interviewed staff were all aware of the zero-tolerance policy and agency's zero tolerance for any form of sexual abuse, sexual assault, sexual harassment or retaliation. All of them stated they are trained to and required to report all allegations of sexual abuse or sexual harassment including suspicions. Allegations and reports, regardless of the source, are required to be documented and investigated. They stated they would report the allegation immediately to their immediate supervisor and follow up with a written statement prior to the end of their shift. They affirmed they receive training annually during in-service training (Day 1), during shift briefings periodically, through information provided by the PREA Compliance Manager, and through multiple posters located throughout the facility. Interviewed staff affirmed having been trained in each of the topics required by the PREA Standards. Staff also are required by the PREA Unit to complete the National Institute of Corrections on-line training entitled: "Communicating Effectively and Professionally with LGBTI Offenders". Interviews confirmed that each of the interviewed staff completed that training as well.

Residents, staff, contractors and volunteers are trained in the zero-tolerance policy. All formally interviewed offenders as well as informally interviewed offenders, during the site review, were aware the facility and GDC has a zero tolerance for all forms of sexual activity. All the interviewed residents stated they received information about the zero- tolerance policy during intake and that that, along with ways to report, were explained by the intake, staff. Inmates knew how to report, knew there was no such thing as consensual sex, said they have posters all over the facility and that they received a PREA Brochure asserting the agency has a zero tolerance for all forms of sexual abuse and sexual harassment and retaliation for reporting or cooperating with an investigation.

**Other:** Zero Tolerance is reflected in multiple documents, including PREA Acknowledgment Statements for staff, contractors, volunteers and residents. Posters were observed in every building, every living unit and throughout the facility.

The facility provided twenty (20) PREA Acknowledgment Statements confirming staff have been trained in PREA and are aware the agency and facility has a zero tolerance for sexual abuse, sexual harassment and retaliation. The PREA Acknowledgement Statements for Employees and Unsupervised Contractors and Volunteers affirms that they have received training on the Department's Zero Tolerance Policy on Sexual Abuse and Sexual Harassment and that they have read to GDC Standard Operating Procedure 208.06, Sexually Abusive Behavior Prevention and Intervention Program. They also acknowledge that violation of the policy will result in disciplinary action, including termination or being banned from entering any correctional institution. The auditor also reviewed personnel files of staff including newly hired staff, promoted staff, regular non-security staff, contractors and volunteers. Each of the pulled files contained the signed PREA Acknowledgement Statements and other documents indicating they have been informed multiple times about the agency's zero tolerance policy.

This standard is rated "exceeds" because of the agency's and this facility's commitment to zero tolerance and to PREA. The Department has designated a Statewide Compliance Director with overall responsibility for implementing PREA. Additionally, the Department has designated a Statewide PREA Coordinator and Assistant PREA Coordinator to oversee the implementation of PREA in the GDC facilities. Interviews with the Coordinators confirmed they have direct access to the Commissioner, if needed, regarding PREA. Observations of the work of the Statewide PREA Coordinator and the

Assistant PREA Coordinator convinced the auditor that they are “hands on” and work with their facilities by monitoring and providing technical assistance. They are very knowledgeable of what was going on in their facilities. Either the PREA Coordinator or Assistant PREA Coordinator make themselves available throughout the on-site audits to provide additional information and/or clarification when needed. An interview with the Assistant PREA Coordinator confirmed he too is knowledgeable of PREA and with his institutional experience, is resourceful in helping the facilities with compliance issues. GDC has also provided the PREA Unit the position of “analyst” who collects data from monthly reports sent to the PREA Unit. He is also a valuable resource to auditors in that he can pull PREA reports from facilities; identify inmates who have called the PREA Hotline in the past twelve months; and can provide a roster identifying the disabled inmates in the prisons. The Agency has an Americans with Disabilities Coordinator who facilitates getting interpreters/translators for inmates. The state has multiple statewide contracts for interpretive services in addition to Language Line, a telephonic interpretive service.

The Superintendent has designated a “back-up” PREA Compliance Manager. Staff and inmates are aware of the zero-tolerance policy and of the agency’s approach to preventing, detecting, responding and reporting all suspicions, allegations, knowledge, or reports of sexual abuse, sexual harassment or retaliation.

All the interviewed residents, including 10 randomly selected residents, 10 targeted residents and 14 informally interviewed residents confirmed having been provided information on the Zero Tolerance Policy and how to report and that they have received it in each of the Georgia Department of Correction’s Facilities they have been in. Additionally, 100% of the residents stated they feel safe in this facility. Observed interactions between residents and staff during the on-site audit were observed to be cordial and relaxed.

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

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

#### **115.212 (a)**

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

#### **115.212 (b)**

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

#### **115.212 (c)**

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

**Auditor Overall Compliance Determination**

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

**Instructions for Overall Compliance Determination Narrative**

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

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

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

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

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

The Agency PREA Coordinator provided the auditor two contracts the agency promulgated for the confinement of residents by a county prison and a private vendor. Both contracts contained

requirements for the contactor to comply with PREA and to acknowledge that the Georgia GDC has the right to monitor for compliance.

## Standard 115.213: Supervision and monitoring

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

#### 115.213 (a)

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

#### 115.213 (b)

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

#### 115.213 (c)

- In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the staffing plan established pursuant to paragraph (a) of this section?  Yes  No

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

**Policy and Documents Reviewed:** METRO Transitional Center Pre-Audit Questionnaire; Georgia Department of Corrections Policy, 208.6, Prison Rape Elimination Act, Sexually Abusive Behavior Prevention and Intervention Program, A. Prevention Planning, Paragraph 3; Reviewed METRO Transitional Center Staffing Plan for 2018; Log Book pages documenting unannounced rounds.

**Interviews:** Superintendent, PREA Coordinator, Assistant PREA Coordinator; PREA Compliance Manager, thirteen (13) Randomly selected staff; Thirty (30) Specialized Staff; Ten (10) Randomly selected residents; Ten (10) Targeted residents; Thirteen (13) Informally interviewed residents.

**Other:** Observations made during the on-site audit of the METRO Transitional Center. The auditor was given unfettered access to all areas of the facility. In moving about during the site-review and throughout the on-site audit the auditor observed officers actively engaged with residents and those interactions were observed to be professional and respectful and helpful to the residents. Staffing levels representing the minimum levels, as described by the Superintendent, Assistant Superintendent and others, were observed. Supervision of residents was also observed, and residents were under the supervision of staff. This facility is a transitional center and because of the mission of the center, residents are afforded more freedom than typically seen in more secure facilities. There were no video cameras in the facility however attempts to mitigate blind spots was evident with the placement of mirrors.

**Policy and Document Review:** The reviewed Georgia Department of Corrections Policy, 208.6, Prison Rape Elimination Act, Sexually Abusive Behavior Prevention and Intervention Program, A. Prevention Planning, Paragraph 3, requires each facility to develop, document and make its best efforts to comply on a regular basis with the established staffing plan that provides for adequate levels of staffing, and, where applicable, video monitoring to protect residents against sexual abuse.

The Department of Corrections performs staffing analyses to determine the staffing levels for each of its facilities and based upon the mission of the facility. The Department determines the numbers of staff that are allocated to that facility or program and the facility administrator has the flexibility to deploy staff based on the allocation. Priority one posts are posts that must be covered and staffed twenty-four (24) hours per day, seven (7) days per week. Staffing analyses allow for a “relief” factor when determining the numbers of staff. The relief factor considers staff training, annual and sick leave and time off.

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. Memos from the PREA Unit remind the facilities when the Staffing Plans are due for review. Additionally, policy requires unannounced rounds by supervisory staff with the intent of identifying and deterring sexual abuse and sexual harassment every week, including all shifts and of all areas. These rounds are documented in area logbooks and staff are prohibited from alerting other staff of the rounds. Duty Officers are required to conduct unannounced rounds and these rounds are required to be documented in the Duty Officer Log book. Shift rosters confirmed the minimum staffing required. All priority one posts were staffed as required without deviations.

**Staffing Plan Review:** The staffing plan for the METRO Transitional Center is addressed in their local operating procedure. PREA Staffing Plan. Staffing plans were provided and documented for 2018.

The staffing plan is predicated upon a maximum population of up to 234 female felon residents, 18 and above, who have been sentenced by the State of Georgia to complete a Work Release Program. The program serves both Long Term Maintenance Residents and Work Release Residents. Residents are assigned to one of three housing units based upon their status as either being in Orientation Status, Phase I or Phase II, work release or long- term maintenance. Offenders in this facility are assigned to work details outside the facility, performing work for a number of city, county and state agencies. Long Term offenders perform “in-house” details and at a nearby center, the Helms Facility. Residents also work on real jobs in the community. Approximately 150 are employed at the time of the on-site PREA Audit.

To provide adequate staffing the Department has determined that this facility requires Twenty-Four (24) security staff including the Superintendent, Assistant Superintendent, Chief of Security, six (6) Sergeants and fifteen (15) Correctional Officers. The facility reported five (5) vacancies on the days of the on-site audit.

Posts are identified, including a breakdown of the total staffing, deployment of posts and identification of priority posts.

Minimum staffing for each shift, according to the Superintendent is two (2) Correctional Staff consisting of at least one supervisor and one correctional officer. A and B units (housing units) are in the same building and one officer can be assigned to rove both living units while C Building requires at least one officer. The Superintendent indicated the expectation is at least three or more staff per shift however

they can get by with two. Additionally, there is a split shift which supplements the staffing levels. During the on-site audit more than adequate staffing was provided.

There are two correctional officer shifts. These are from 6AM to 6PM and 6PM to 6AM. To further enhance coverage and meet the needs and mission of the facility, the Superintendent has a split shift. The split shift operates from 7:30PM to 5:30PM, supplementing the supervision of residents. In the event of staff calling out, to meet the minimum adequate staffing, the facility would, according to interviews, hold staff over, call in staff, or close non-essential (non-priority one posts). The plan addresses deviations from the minimum staffing. If for any reason a staff cannot report for duty, staff are requested or required to stay over to cover the post until properly relieved. The Chief of Security is notified. The Chief of Staff will give further instructions as well as giving permission to start the recall. Priority one essential posts will stay manned until someone comes in to relieve the staff on the post. The Pre-Audit Questionnaire reported no deviations from the minimum in the past twelve months for any gender specific post. Reportedly the facility has had very few issues covering posts.

The plan is also proactive in that it identifies vulnerable areas and how those areas are to be covered.

The facility does not have any video cameras. The mission of this facility is to provide a transition back into the community therefore the expectation is that the ladies assigned to the center accept more and more responsibility to prepare them for re-entry into the community. These residents should not require the levels of supervision that one would find in a more secure facility. Residents at this facility have access to the community through passes and through employment in the community. They also may have cell phones.

While there is no video monitoring capability, the facility has used mirrors to mitigate blind spots. Too, storage areas and utility rooms have Memo's posted on the doors identifying who is authorized to enter the rooms. Correctional staff are required to walk through the living units at least every 30 minutes. Staff were observed making rounds and interacting with the residents in each living unit on a continuous basis.

Unannounced PREA Rounds are addressed in the Staffing Plan as well. The plan asserts that unannounced rounds are conducted randomly by the Assistant Superintendent and PREA Compliance Manager and documented in the area log books.

**Interviews:** The Superintendent and Assistant Superintendent affirmed that the staffing levels at this facility is adequate for the mission of the center. Interviewed staff, including the Superintendent, Assistant Superintendent, Chief of Security, randomly selected staff and randomly selected and targeted residents confirmed the numbers of staff required to be on duty on each shift and affirmed that they minimum number of staff is always met and most often exceeds the minimum.

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

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

#### 115.215 (a)

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

#### 115.215 (b)

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

#### 115.215 (c)

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

#### 115.215 (d)

- Does the facility implement policies and procedures that enable residents to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?  Yes  No
- Does the facility require staff of the opposite gender to announce their presence when entering an area where residents are likely to be showering, performing bodily functions, or changing clothing?  Yes  No

#### 115.215 (e)

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

#### 115.215 (f)

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

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

**Policies and Documents Reviewed:** Georgia Department of Corrections (GDC) Policy 208.6, Prison Rape Elimination Act, Sexually Abusive Behavior Prevention and Intervention Program; GDC Policy 226.01, Searches, 1.d; Training Module for In-Service Training for 2017; Pre-Audit Questionnaire

**Interviews:** 13 Randomly selected staff, 30 Special category staff; 10 Randomly selected residents; 10 Targeted residents, 13 Informally interviewed staff.

**Observations:** Residents are not in full view of any staff while showering, changing clothing, or while using the restroom. Each living unit, A, B and C has community showers however, the showers are separated by single occupancy shower stalls equipped with shower curtains. Additionally, the restroom areas have separate stalls and doors/curtains. Residents change clothing in bedrooms equipped with curtains or doors with small windows.

**Policy Review:** Department of Corrections (DOC) Policy, 208.6, Prison Rape Elimination Act, Sexually Abusive Behavior Prevention and Intervention Program, prohibits cross-gender strip or visual body cavity searches except in exigent circumstances or when performed by medical practitioners. This facility houses female offenders only. Although there are no male correctional officers on staff at the present, policy requires that male staff are prohibited from conducting either strip or pat searches of female offenders absent exigent circumstances that are documented and approved. The reviewed Pre-Audit Questionnaire and interviews with staff and residents confirmed that there have been no cross-gender strip or body cavity searches during the past twelve months.

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

conducted under exigent circumstances must be documented on an incident report. There have been no cross-gender searches during the past twelve months. This is confirmed through the reviewed Pre-Audit Questionnaire and interviews with staff and with residents.

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

GDC Policy, 226.01, Facilities Operations, with an effective date of 10/16/2015, requires the use of the edge of the hand when searching the groin area. The policy reiterates searching residents/residents with concern for their dignity. Interviewed staff articulated the training they received in conducting searches, including cross-gender searches and searches of transgender and intersex residents in a respectful and professional manner.

GDC Policy prohibits staff from searching a transgender inmate for the sole purpose of determining the inmate's genital status. Staff are also required by policy to search transgender and intersex residents in a professional and respectful manner. Staff at all GDC facilities are required to complete the on-line NIC Training, "Communicating Effectively and Professionally with LGBTI Inmates". Staff articulated that they would ask the transgender resident whom they would feel more comfortable with searching them

GDC requires facilities to implement procedures enabling residents to shower, perform bodily functions and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks. Showers were equipped with curtains and toilets were in separate stalls as well and equipped with doors to the stalls affording privacy.

Policy requires that residents should shower, perform bodily functions and change clothing in designated areas. Interviews with staff confirmed residents can shower, perform bodily functions and change clothing without being viewed by staff.

An additional measure required by policy is for staff of the opposite gender to announce their presence when entering an inmate housing unit. Notices are prominently posted advising residents that male and female staff routinely work and visit inmate housing areas. Interviewed staff, randomly selected as well as specialized staff, affirmed that staff consistently announce their presence before entering the housing area. During the tour the auditor did not observe cameras in any restroom area or in any cell. Interviewed residents affirmed that the only male staff, including the maintenance man and one male counselor announce their presence consistently. The male counselor emphatically stated he does not go on the unit without a female escort.

**Documents Review:** The Pre-Audit Questionnaire documented that there have been no cross-gender searches, either strip, body cavity or pat searches during the reporting period. The reviewed training module used by GDC in training staff, reminds them that residents are less resistant when staff treat them with dignity. Staff are trained to conduct cross-gender searches in exigent circumstances. This was confirmed by interviews with staff.

**Discussion of Interviews:** All the interviewed staff reported that there are currently no male security staff employed at the facility, however policy and local procedures require that male staff do not strip search or conduct body cavity searches of offenders nor do they conduct pat searches of the female

offenders. Staff related that they have received training in conducting cross gender searches in “emergencies”. They also stated they were trained to conduct searches of transgender and intersex offenders in a professional and respectful manner. Additionally, all staff are required to complete the online training provided by the National Institute of Corrections entitled, “Communicating Effectively and Professionally with LGBTI inmates”.

All the twenty (20) interviewed residents affirmed that they have never been searched by a male staff, either a strip or pat search.

One-hundred percent (100%) of the twenty (20) interviewed residents stated they are never naked in full view of any staff, apart from strip searches. They indicated that when using the restroom and while showering they have privacy. One hundred percent (100%) of the interviewed residents stated that the resident showers are single showers separated by stalls and that they have curtains to provide privacy. Toilets are similarly separated by stalls with doors or curtains to provide privacy.

One-hundred percent (100%) of the interviewed staff indicated, in their interviews, that staff of the opposite gender announce their presence saying things like “male on the floor or on deck”. There are two male employees at the facility, a general population counselor and a maintenance staff. These two related they do not go down the halls without having a female escort however they stated affirmatively that they do announce their presence.

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

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

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

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

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

#### 115.216 (b)

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

#### 115.216 (c)

- Does the agency always refrain from relying on resident interpreters, resident readers, or other types of resident assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's safety, the performance of first-response duties under §115.264, or the investigation of the resident's allegations?  Yes  No

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

#### **Policies and Documents Reviewed:**

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

**Interviews:** Georgia Department of Corrections ADA Coordinator; Randomly selected staff (13); Specialized Staff (30); Randomly Selected Residents (10); Special Category Residents (10); (13) Informally Interviewed Residents

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

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

Department of Corrections Policy 208.6, Prison Rape Elimination Act, Sexually Abusive Behavior Prevention and Intervention Program, A. Prevention Planning, Paragraph 6, Residents with Disabilities and Residents who are limited English proficient, requires the local PREA Compliance Manager to ensure that appropriate resources are made available to ensure the facility is providing effective communication accommodations when a need for such an accommodation is known. It also prohibits the facility from relying on inmate interpreters, readers or other types of inmate assistants except in exigent circumstances where an extended delay in obtaining an effective interpreter could compromise the inmate's safety, the performance of first response duties or the investigation of the inmate's allegation.

The METRO Transitional Center has a contract with Language Line Solutions to provide interpretive services for disabled and limited English proficient residents in making an allegation of sexual abuse. This service provides interpretive services for over 100 languages. Although there were no disabled residents or residents with limited English proficiency during the period of the on-site audit, resources available to assist in ensuring they can participate in the facility's efforts to prevent, detect, respond and report sexual abuse and sexual harassment, include the following:

- Two part time teachers who teach Adult Basic Education and GED
- Two licensed mental health professionals
- Statewide Contracts for Interpretive Services (to include American Sign Language and Languages)
- Language Line Interpretive Services
- A designated staff person serving as the facility ADA Coordinator

The Agency provided Statewide Contracts (Georgia Department of Administrative Services) that provide access to interpreters for American Sign Language. Instructions for accessing these services are included. The auditor reviewed the PREA Brochures in both Spanish and English.

The facility had no residents who were either disabled, cognitively challenged or limited English proficient. This was confirmed through interviews with the Superintendent, Assistant Superintendent, Teacher and PREA Compliance Manager as well as interviews with 13 randomly selected staff, 30 specialized staff, 10 randomly selected residents; 10 targeted residents; 13 informally interviewed residents.

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

For any inmates who are cognitively challenged or who need help may have reading issues, the facility's educational program is geared toward Literacy Remedial, Adult Basic Education, and GED. Teachers are certified teachers and would be called on to assist any educationally challenged offender. A mental health counselor would also be available to assist with any offenders with mental health issues.

**Discussion of Interviews:** The auditor conducted a previous telephone interview with the Agency ADA Coordinator. According to the Coordinator if the facility had a limited English proficient detainee needing translation services the facility has access to Language Line and if on-site interpreters were needed she would arrange that. She also affirmed the availability of translators or interpreters for the hearing impaired via statewide contracts and indicated she would, if called, make the contacts to provide signing and any other translation services needed.

Interviews with thirteen (13) random staff, indicated they would not rely on an inmate to provide interpretive services in assisting an inmate in making an allegation of sexual abuse unless it was an emergency. None of the interviewed staff were aware of any occasions at all where an inmate was used to translate for another inmate. Interviews with mental health staff confirmed the facility has Language Line and that they had used it in the past in communicating with limited English residents.

## Standard 115.217: Hiring and promotion decisions

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

### 115.217 (a)

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

### 115.217 (b)

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

### 115.217 (c)

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

### 115.217 (d)

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

#### 115.217 (e)

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

#### 115.217 (f)

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

#### 115.217 (g)

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

#### 115.217 (h)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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**Policy and Documents Review:** Department of Corrections Policy 208.6, Prison Rape Elimination Act, Sexually Abusive Behavior Prevention and Intervention Program, A. Prevention Planning, Paragraph 7, Hiring and Promotion Decisions; GDC Applicant Verification form; Form SOP IV00312, Attachment 1), to a Criminal Background Check and a Driver History Consent; "Georgia Department of Corrections, Professional Reference Check, IV003-0001, Attachment 5; Georgia Department of Corrections Policy, 104.09, Filling A Vacancy; Reviewed Applicant Verification Forms; Reviewed Background checks for Newly hired employees; (10) security staff; six (6) volunteers

**Interviews:** Human Resources/Personnel Staff at the Atlanta Transitional Center; Manager of the METRO Hub (HR), PREA Compliance Manager; Superintendent.

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

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

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

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

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

Regarding the agency providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for who such employee has applied to work, the facility will forward to the Department of Corrections Human Resource Management, Audits and Compliance Unit. The Analyst and the Office of Investigations will review any potential offenses and provide a response to the proposed work location or vendor service. Once completed the analyst will forward a copy of the response to the CHRM Records Technician for permanent retention in the employee's personnel file.

The GDC Applicant Verification form contains an acknowledgement that the applicant understands that if they do become subject to those prohibitions in their current or subsequent positions involving contact with persons in confinement or under supervision, they have an affirmative duty to report that within 24 hours. They also are acknowledging that if they become involved in such activity, they are subject to termination and if they falsely certify their eligibility for employment they are subject to termination or disqualification for employment for this falsification.

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

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

Volunteers are processed through either the Agency headquarters or at one of the GDC Regional Offices. The volunteer is background checked there as well. Once the volunteer is background cleared and completes orientation, he/she is issued a volunteer badge enabling the volunteer to enter the facility. The badge expires in a year and the volunteer, according to the volunteer coordinator, must undergo another background check prior to being reissued an updated badge.

GDC Policy 208.06, Paragraph d, requires that unless prohibited by law, the Department will provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied

to work. The Department complies with the Federal Privacy Act and Freedom of Information Act, and all other applicable laws, rules and regulations

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

**Discussion of Interviews:** Interviews with the personnel staff indicated that all persons selected for employment or to provide services at the prison must consent in writing (Form SOP IV00312, Attachment 1), to a Criminal Background Check and a Driver History Consent to be conducted prior to officially hiring someone. Staff also stated that all newly hired staff have background checks that include Fingerprints. She also indicated these checks are conducted annually on all staff whether they are security officers or not.

## Standard 115.218: Upgrades to facilities and technologies

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

#### 115.218 (a)

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

#### 115.218 (b)

- If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency’s ability to protect residents from sexual abuse? (N/A if agency/facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.)  
 Yes  No  NA

### Auditor Overall Compliance Determination

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

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

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

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

The Superintendent acknowledged that the facility has not had any modifications to the facility since the last PREA Audit nor has the facility installed any video cameras or other monitoring technology. She did indicate she has requested cameras. The issue in approval is that this facility houses minimum security residents who are transitioning back into the community. She also affirmed that if there were going to be modifications to the facility or cameras added, she would be heavily involved in ensuring that sexual safety as well as safety in general is considered in those modifications or placement of cameras.

## RESPONSIVE PLANNING

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

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

#### 115.221 (a)

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

#### 115.221 (b)

- Is this protocol developmentally appropriate for youth where applicable? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)  Yes  No  NA

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

#### 115.221 (c)

- Does the agency offer all residents who experience sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate?  Yes  No
- Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible?  Yes  No
- If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)?  Yes  No
- Has the agency documented its efforts to provide SAFEs or SANEs?  Yes  No

#### 115.221 (d)

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

#### 115.221 (e)

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

#### 115.221 (f)

- If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating entity follow the requirements of paragraphs (a) through

(e) of this section? (N/A if the agency/facility is responsible for conducting criminal AND administrative sexual abuse investigations.)  Yes  No  NA

#### 115.221 (g)

- Auditor is not required to audit this provision.

#### 115.221 (h)

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

#### Auditor Overall Compliance Determination

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

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

**Interviews:** Sexual Assault Response Team Members; PREA Compliance Manger; Facility Licensed Practical Nurse; Advocate Representing the Grady Rape Crisis Center; Thirteen (13) Randomly selected staff; Thirty (30) Specialized Staff; Interviews with Ten (10) Randomly selected Residents and Ten (10) Targeted Residents; Thirteen (13) Informally Interviewed Residents.

**Discussion of Policy and Document Review:** DOC Policy, 208.6, Prison Rape Elimination Act Sexually Abusive Behavior Prevention and Intervention Program, B. Responsive Planning, describes the agency's expectations regarding the evidence protocols and forensic examinations. Facilities are

required to follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions. These procedures are covered, GDCs response to sexual assault follows the US Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents" dated April 2013, or the most current version. The Department requires that upon receiving a report of a recent incident of sexual abuse, or a strong suspicion that a recent serious assault may have been sexual in nature, a physical exam of the alleged victim is performed, and the Sexual Assault Nurse Examiner's protocol initiated.

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

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

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

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

GDC Policy also requires the PREA Compliance Manager to attempt to enter into an agreement with a rape crisis center to make available a victim advocate to residents being evaluated for the collection of forensic evidence. The facility provided the auditor a memo stating that the Grady Rape Crisis Center will provide service to Metro Transitional Center on an as needed basis. The mailing address and phone number are provided. This information is also included in the Resident Handbook.

It also requires an administrative or criminal investigation of all allegations of sexual abuse and sexual harassment. Allegations involving potentially criminal behavior will be referred to the Office of Professional Standards (OPS).

Additionally, the Superintendent provided a memo designating a behavioral health counselor as the facility-based victim advocate.

The facility would call in a contracted SANE, time permitting and depending on the resident's physical status. For example, without serious injury the facility nurse may report to the Superintendent/designee to call the contracted SANE. If there were serious injuries requiring medical treatment beyond the facility, the resident would go to Grady for treatment and forensic exam.

**Discussion of Interviews:** An interview with the Licensed Practical Nurse indicated that the facility does not conduct forensic examinations. They are conducted either at the facility by a SANE or at Atlanta Medical Center or Grady. She also affirmed the agency and transitional center use the sexual assault protocol when responding to allegations of sexual abuse and sexual abuse victims. She related the resident would receive STI prophylaxis at the Hospital if she had to be transported there and if not, the prison doctor would order the medications. The facility nurse also related a mental health referral would also be made. Staff related there have been no incidents involving any form of penetration in the past twelve months.

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

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

#### 115.222 (a)

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

#### 115.222 (b)

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

#### 115.222 (c)

- If a separate entity is responsible for conducting criminal investigations, does such publication describe the responsibilities of both the agency and the investigating entity? [N/A if the agency/facility is responsible for conducting criminal investigations. See 115.221(a).]  
 Yes  No  NA

#### 115.222 (d)

- Auditor is not required to audit this provision.

## 115.222 (e)

- Auditor is not required to audit this provision.

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

**Policy and Documents Review:** GDC Policy, 208.6, Prison Rape Elimination Act, G. investigations; GDC Standard Operating Procedure, IK01-0006, Investigation of Allegations of Sexual Contact, Sexual Abuse and Sexual Harassment; Pre-Audit Questionnaire; NIC Certificates (National Institute of Corrections, PREA: Investigating Sexual Abuse in Confinement Settings.

**Interviews:** 13 Randomly selected and 30 special category staff; staff informally interviewed staff during the audit; 10 randomly selected residents; 10 targeted residents; 13 informally interviewed residents; Facility-Based Investigator; Superintendent; Assistant Superintendent, Previous interviews with the investigator for the Office of Professional Standards; PREA Compliance Manager; Interview with the Agency Assistant PREA Coordinator.

**Discussion of Policy and Documents Reviewed:** The facility adheres to GDC Policy with regard to referring all allegations, regardless of their source, for investigation. The Pre-Audit Questionnaire documented four allegations investigated as administrative cases and one investigated as a criminal allegation. Only one of the investigations met the criteria for sexual abuse. One alleged staff misconduct, not PREA, and the others involved other residents making them feel uncomfortable.

GDC Policy, 208.6, Prison Rape Elimination Act, requires that an administrative or criminal investigation is to be completed for all allegations of sexual abuse and sexual harassment. Allegations that involve potentially criminal behavior will be referred for investigation to the Office of Professional Standards. Policy further states that referral to OPS does not alleviate the facility from its responsibility of reaching a disposition on the administrative SART investigation.

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. Investigations at this facility will be conducted by the

SART and if the allegation appears criminal in nature, by the Office of Professional Standards Special Agents.

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

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

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

Policy requires investigations to continue whether the alleged victim refuses to cooperate with the investigator and whether another investigation is being conducted and even if the employee resigns

during an investigation. The time limit for completing investigations is 45 days from the assignment of the case.

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

The facility-based investigators at the METRO Transitional Center have completed the NIC specialized training, "PREA-Conducting Sexual Abuse Investigations in Confinement Settings". Criminal investigations are investigated by the designated or assigned Special Agent from the Regional Office. Allegations that do not appear criminal in nature are investigated by the local SART.

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

Policy requires that substantiated cases of offender on offender and staff on offender sexual abuse are referred for criminal prosecution.

There were four allegations reported during the past 12 months. None of these allegations involved sexual assault per se. They involved allegations of someone watching someone in the shower, attempting to kiss another, and another alleging the resident touched her "booty". All were investigated and determined to have been unsubstantiated. The residents involved were separated from each other by assignment to another housing unit. Another allegation received alleged staff misconduct. That investigation was referred up to the Office of Professional Standards for investigation and was determined, after an investigation, to be "unfounded".

Residents making reports made them to the staff who reported them and referred them for investigation.

**Discussion of Interviews:** An interview with the Superintendent confirmed her commitment to zero tolerance and her expectation that everything is reported for investigation. She was knowledgeable of GDC Policy related to investigations and affirmed her role in receiving a report from another facility that a resident was sexual assaulted at her facility. She also described how facility-based investigations are conducted by the Sexual Assault Response Team and if the allegation appears to be criminal in nature, how the case is referred to the Office of Professional Standards for investigation.

Interviewed staff consistently stated they would report all information and allegations of sexual abuse regardless of how they received the information. They said they must report it immediately to their Officer in Charge/Shift Supervisor and follow-up with a written statement before the end of their shift. They also knew who the Sexual Assault Team Members were.

The auditor conducted previous interviews with an Office of Professional Standards (OPS) investigator and an on-site interview with a facility based Sexual Assault Response Team Investigator. The Office of Professional Standards investigators have arrest powers and handle those cases that appear to be criminal in nature. He related that once an allegation is made, the Regional Officer Staff is notified, after which it goes to the Special Agent in Charge who assigns the case to a Special Agent and notifies OPS Investigations. He described his role in ensuring the scene is secured, interviewing the victim, staff, witnesses, reviewing videos and getting medical records. He related if an employee involved in an allegation of sexual abuse resigned or terminated his/her employment prior to the conclusion of an

investigation, the investigation would continue. Too, if an inmate who is an allege abuser is transferred to another facility or terminated of otherwise discharged from the program, the investigation, according to the investigators would continue.

An interview with members of the local Sexual Assault Response Team confirmed that they would receive the allegation and proceed with their investigation, that is primarily conducted by the facility - based investigator. The facility- based investigator described a process consistent with GDC Policy. She has completed the National Institute of Corrections Specialized Training, "Conducting Sexual Abuse Investigations in Confinement Settings".

## TRAINING AND EDUCATION

### Standard 115.231: Employee training

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

#### 115.231 (a)

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

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

#### 115.231 (b)

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

#### 115.231 (c)

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

#### 115.231 (d)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

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

This standard is rated exceeds. The wide variety of training offered and required appears to confirm the agency's commitment to zero tolerance and their commitment to sexual safety in their facilities. Training), begins with that provided to newly hired employees through training at the facility (Pre-Service Orientation) and then at Basic Correctional Officers Training conducted at the Georgia State Public Safety Training Center.

Additionally, training is provided through annual in-service training. This training is developed to address the needs of different categories of staff therefore some staff attend a full week (Security) while others attend specified numbers of days. Day 1 of annual in-service addresses PREA.

PREA is also brought to staff in shift briefings and memos, as well as through numerous posters, continuously keeping zero tolerance and PREA in the forefront of daily activity.

All staff are required to complete the National Institute of Corrections on-line training, "Communicating Effectively with LGBTI Inmates".

Training for regular employees is confirmed through reviewed curricula, training rosters, PREA Acknowledgment Statements and through interviews with a cross section of randomly selected staff.

In addition to the regular training provided by the agency, the PREA Coordinators require and provide training at least twice a year for the PREA Compliance Managers.

Training for the Sexual Abuse Response Team members is provided at least twice a year. This training is similar to that provided on-line through the National Institute of Corrections, "Investigating Sexual Abuse in Correctional Settings". Additional Specialized training is required for investigators, medical and mental health staff. This training was documented through reviewed certificates from the National Institute of Corrections and interviews with staff. Mental Health Staff and Medical Staff attend training specific to their areas. This often includes response to sexual assault and working with sexual assault victims.

**Policy and Document Review:** Pre-Audit Questionnaire; Georgia DOC Policy, 208.6, Prison Rape Elimination Act, Sexually Abusive Behavior Prevention and Intervention Program, C. Training and Education; Sampled Certificates documenting NIC On-Line Training: Communicating Professionally with LGBTI Residents; Training Rosters documenting SART Training; Training Rosters documenting PREA Compliance Manager Training; PREA Acknowledgment Statements.

**Interviews:** Superintendent; PREA Compliance Manager; 13 Randomly selected staff, 30 Special Category Staff, Staff informally interviewed during the site review process.

**Observations:** Staff observed interacting with residents in a professional and positive manner.

**Discussion of Policies and Documents:** Georgia DOC Policy, 208.6, Prison Rape Elimination Act, Sexually Abusive Behavior Prevention and Intervention Program, C. Training and Education, requires annual training that includes the following: The Department's zero-tolerance policy, how to fulfill their responsibilities under the sexual abuse and sexual harassment prevention, detection, reporting and response policies and procedures, inmate's right to be free from sexual abuse and sexual harassment, the right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment, the dynamics of sexual abuse and sexual harassment victims, how to detect and respond

to signs of threatened and actual sexual abuse, how to avoid inappropriate relationships with residents, how to communicate effectively and professionally with residents, including lesbian, gay, bisexual transgender, intersex or gender non-conforming residents ; how to avoid inappropriate relationships with residents and how to comply with relevant laws related to mandatory reporting of sexual abuse and sexual harassment. New employees receive PREA Training during Pre-Service Orientation. Staff also receive annual in-service training that includes a segment on PREA. In-service training considers the gender of the inmate population.

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

In addition to PREA training, the Department PREA Coordinator and the Georgia Department of Corrections provides training for PREA Compliance Managers on an on-going basis and at least several times a year. This was confirmed through reviewing the training rosters documenting that specialized training and interviews with the Statewide PREA Coordinator, Assistant PREA Coordinator, and PREA Compliance Manager.

Sexual Assault Response Teams also are provided training on responding to and investigating allegations of sexual abuse and sexual harassment. A review of the training curriculum for the SART Team indicated it provides information specific to conducting investigations, the investigation process, interviewing victims and witnesses, investigating allegations involving staff as well as residents or inmates. It addresses the collection of evidence and the standard for substantiating an allegation. Miranda and Garrity Warnings are discussed.

Nurses attend training on the nursing protocols for responding to sexual abuse incidents. Mental Health Staff attend a variety of trainings during the year. Included in that is working with victims of sexual assault.

Documentation was also provided confirming that Just Detention International conducted training to for staff responsible for educating inmates/residents on PREA and their rights relative to sexual abuse and sexual harassment.

The Department's PREA Unit has required all staff to take and complete the on-line training, "Communicating Professionally and Effectively with LGBTI Residents/Inmates. This was confirmed through interviewing staff and reviewed Certificates documenting the National Institute of Corrections training.

The auditor reviewed twenty (20) PREA Acknowledgment Statements and an additional ten (10) while reviewing personnel files for background checks. The acknowledgments documented PREA training indicating staff were trained and that they understood the agency's zero tolerance policy and PREA. These statements affirm the employee has received training on the Department's Zero Tolerance Policy on Sexual Abuse and Sexual Harassment and that they have read the GDC Standard Operating Procedure 208.06, Sexually Abusive Behavior Prevention and Intervention Program. They also affirm they understand that any violation of the policy will result in disciplinary action, including termination, or that they will be banned from entering any GDC institution. Penalties for engaging in sexual contact with an offender commit sexual assault, which is a felony punishable by imprisonment of not less than one nor more, than 25 years, a fine of \$100,000 or both.

PREA Compliance Managers attend training at least twice a year. The Sexual Assault Response Team receives training at least semi-annually on their roles in responding to allegations of sexual abuse.

Specialized training is completed by SART members and medical staff. Medical staff consistently receive training on the Sexual Assault Protocols.

PREA Related posters are prolific and posted in numerous locations throughout this facility and in this facility the posters.

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

**Discussion of Interviews:** The auditor interviewed thirteen (13) randomly selected staff and thirty (30) special category staff. The auditor specifically asked each interviewee to review the topics related to PREA as documented on the PREA Questions for Random Staff and then to explain the training they received relative to those topics. One-hundred percent (100%) of the interviewed staff affirmed they have been trained in all the required topics. When asked how they receive PREA Training, staff stated that they receive PREA Training during annual in-service training, through shift briefings, through training and conversation with the PREA Compliance Manager. Newly hired staff get trained at the facility prior to going to Basic Correctional Officers Training at the academy where they receive PREA Training again. The reviewed curriculum for the annual in-service training covered the required topics. Staff were knowledgeable of all the topics and responded confidently and appropriately to all the questions asked them.

## Standard 115.232: Volunteer and contractor training

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

#### 115.232 (a)

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

#### 115.232 (b)

- Have all volunteers and contractors who have contact with residents been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with residents)?  Yes  No

#### 115.232 (c)

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

### Auditor Overall Compliance Determination

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

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

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

**Policy and Documents Reviewed:** Pre-Audit Questionnaire; DOC Policy, 208.6, Prison Rape Elimination Act, Sexually Abusive Behavior Prevention and Intervention Program, C. Training and Education, Paragraph 3, Volunteer and Contractor Training; twenty-one (21) PREA Acknowledgement Statements for Volunteers; Ten (10) contractors; Twenty-One (21) Volunteer Acknowledgment Forms affirming compliance with GDC Policies.

**Interviews:** Superintendent; PREA Compliance Manager; Human Resources: Facility Nurse; Chaplain/Volunteer Coordinator; Trauma Counselor Volunteer.

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

**Discussion of Policies and Documents that were reviewed:** DOC Policy, 208.6, Prison Rape Elimination Act, Sexually Abusive Behavior Prevention and Intervention Program, C. Training and Education, Paragraph 3, Volunteer and Contractor Training, requires all volunteers and contractors who have contact with residents to be trained on their responsibilities under the Department's PREA policies and procedures. This training is based on the services being provided and the level of contact with residents, however all volunteers and contractors are required to be notified of the Department's zero-tolerance policy and informed how to report such incidents. Participation must be documented and indicates understanding the training they received. Regional training is provided now for volunteers and contractors. Everything, according to staff, is done at the Regional Office and upon a successful background check and completed training requirements, the Regional Office issues a Contractor or Volunteer Badge. The agency volunteers often volunteer in multiple prisons and that is the reason for the regional training. Too it provides consistency in the training provided. Once the regional office issues a "Badge" the volunteer or contractor is authorized to enter a facility. The badge is required to be renewed annually.

A memo from the GDC Transitional Services Coordinator explained to Wardens that volunteers who participate in the volunteer training at Tift receive initial PREA training and have a background check completed. Documentation of the training previously was submitted to the facility. In the training, the Coordinator, asserted volunteer training includes: 1) zero-tolerance for sexual abuse and sexual harassment; 2) How to fulfill their responsibilities under agency sexual and sexual harassment prevention, detection, reporting and response policies and procedures; 3) Inmate's right to be free from sexual abuse and sexual harassment; The dynamics of sexual abuse and sexual harassment in

confinement; 4) The right of residents to be free from retaliation for reporting sexual abuse and sexual harassment; 5) The dynamics of sexual abuse and sexual harassment in confinement; 6) The common reactions of sexual abuse and sexual harassment victims; 7) How to detect and respond to signs of threatened and actual sexual abuse; 8) How to avoid inappropriate relationships with residents; and 9) How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents. The trainer indicated they use the Power Point presentation provided by the agency PREA Coordinator. Regional Training is now being provided

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

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

The volunteer/contractor or visitor agrees not to engage in any sexual contact with any offender while visiting a correctional institution. They also agree to immediately report anything they may witness related to sexual contact or if someone reports such activity to them, they will report it immediately to a Corrections Employee. If they violate the agreement, they understand they will be permanently banned from entering all GDC correctional institutions and the GDC may pursue criminal prosecution. Lastly, they acknowledge they understand if they should learn of an incident of sexual abuse or sexual harassment they will report it to the GDC supervisor in charge immediately.

**Discussion of Interviews:** The Volunteer Coordinator for this facility is the Chaplain who is a part time contracted staff paid by Heartbound Ministries. Volunteer background checks are conducted by the GDC State Office of Volunteer Services. Potential volunteers are then scheduled for the next class for training as a volunteer. After completion of a successful background check and required training, volunteer badges are issued indicating that the volunteer has been cleared to enter any facility to provide needed volunteer services. Badges are generally issued at the regional office. The Chaplain stated the badges are issued prior to the expiration of the current badge and issuance is contingent upon another successful background check. An interview with another volunteer indicated that she was trained in PREA prior to services and that she had completed the required background investigation.

## Standard 115.233: Resident education

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

**115.233 (a)**

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

**115.233 (b)**

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

**115.233 (c)**

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

**115.233 (d)**

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

**115.233 (e)**

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

**Policy and Documents Reviewed:** Pre-Audit Questionnaire; DOC Policy 208.6, Prison Rape Elimination Act, Sexually Abusive Behavior Prevention and Intervention Program, C. Training and Education, Paragraph 4, Offender Education; Georgia Department of Corrections Sop 220.04, Offender Orientation (applicable to all correctional facilities, transitional centers, pre-release centers, detention centers, Diversion Centers and Boot Camps); GDC PREA pamphlet; Twenty (20) METRO Transitional Center Forms acknowledging they have received PREA Orientation;

**Interviews:** Staff conducting intake; staff conducting orientation (inmate education); PREA Compliance Manager; General Population Counselors; Ten (10) Randomly Selected Residents from every housing unit; Ten (10) Targeted Residents

**Discussion of Policy and Documents: Reviewed:** DOC Policy 208.6, Prison Rape Elimination Act, Sexually Abusive Behavior Prevention and Intervention Program, C. Training and Education, Paragraph 3, Offender Education, requires notification of the GDC Zero-Tolerance Policy for Sexual Abuse and Harassment and information on how to report an allegation upon admission to the facility. In addition to verbal information, policy requires the inmate to be given a GDC PREA pamphlet.

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

The initial notification and the education are documented in writing by signature of the inmate and placed in offender's institutional file.

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

The PREA Education must include: 1) The Department's zero-tolerance of sexual abuse and sexual harassment; 2) Definitions of sexually abusive behavior and sexual harassment; 3) Prevention strategies the offender can take to minimize his/her risk of sexual victimization while in Department Custody; 4) Methods of reporting; 5) Treatment options and programs available to offender victims of sexual abuse and sexual harassment; 6) How an investigation begins and the general steps of an investigation; 7) Monitoring, discipline, and prosecution of sexual perpetrators; 8) The prohibition against retaliation; 9) Notice that male and female routinely work and visit housing area.

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

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

Residents confirm their orientation on the Acknowledgment of having received the PREA Orientation (to include the PREA Video on sexual assault and sexual harassment) Form.

The resident signs a PREA Acknowledgment and initials the Orientation Checklist affirming they viewed the PREA Video, they understood it and that they had the opportunity to ask questions. By signing the Video Acknowledgment, inmates affirm that they have viewed and understood the video on PREA.

Residents are provided PREA information on a continuous basis through posters on bulletin boards and on walls reflecting the Department's zero tolerance for sexual abuse and harassment and contact information for inmate reporting of sexual abuse allegations.

Formal Orientation, is conducted by the General Population Counselor. The interviewed counselor conducting orientation stated she begins by asking the offenders what they know about PREA, then she indicated she explains zero tolerance and how to report it, including verbally, in writing and using the hotline, after which offenders watch the PREA Video. Following that orientation, offenders sign an acknowledgment form indicating they have received the information. They also sign an Orientation Checklist documenting having received the required information, including PREA.

The initial PREA information is provided during intake. Residents arrive on Tuesday and Thursday. The PREA Assessment is conducted on the same day and initial PREA information, according to an interview with the staff conducting the PREA Assessment, is given at that point.

Orientation is provided on the Friday following admission. The Chief of Security provides orientation. She indicated that the PREA Orientation includes an explanation of the Zero Tolerance Policy, how to report and viewing the PREA Video covering the PREA required PREA topics.

Twenty (20) Orientation Acknowledgment Forms were reviewed. These documented confirming once again that the inmate received the PREA education. The Acknowledgement Statements documented that the inmate viewed the PREA video.

### **Discussion of Interviews:**

An interview with the Chief of Security, indicated that residents arrive on Tuesday and Thursday, each week. She related the resident watches, on Friday following admission, the PREA video and receives the PREA brochure the same day as admission. Additionally, the resident during intake, she indicated, receives the Resident Handbook. She also related that when the counselor conducts the victim/aggressor assessment, they again tell the resident about PREA. It should be noted that all the residents at the facility have come from other GDC facilities where they have also received PREA information, including the PREA Video.

One-hundred percent (100%) of the twenty (20) interviewed residents affirmed and stated they receive PREA information during intake and watched a video and discussed the information during orientation. All of them also related they received PREA Information on admission and education not later than a day or two following admission.

Informal interviews and interactions with thirteen (13) residents during the site review confirmed residents received PREA Information upon admission to the facility and then again during Orientation.

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

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

#### **115.234 (a)**

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

#### **115.234 (b)**

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

### 115.234 (c)

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

### 115.234 (d)

- Auditor is not required to audit this provision.

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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The facility-based investigators have completed the specialized training provided by the National Institute of Corrections, "Investigating Sexual Abuse in Confinement Settings." The PREA Coordinator/Agency provides at least semi-annual training for SART members. The reviewed training curriculum is extensive and includes SART investigations and Investigation Responsibilities. The curriculum is detailed and includes interviews, interviewing techniques, interviewing victims, aggressors and witnesses, Investigations involving staff, use of Miranda and Garrity Warnings, Evidentiary standards for substantiating an allegation, evidence collection and the elements of a report.

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

**Interviews:** Previous interview with agency PREA Coordinator; Previous interview with the agency Assistant PREA Coordinator; PREA Compliance Manager; Office of Professional Standards Investigator; Facility-Based Investigator, PREA Compliance Manager, Assistant Superintendent; Superintendent; Chief of Security.

**Discussion of Policies and Documents:** DOC Policy 208.6, Prison Rape Elimination Act, Sexually Abusive Behavior Prevention and Intervention Program, C. Training and Education, Paragraph 5.

Specialized Training Investigations requires the Office of Professional Standards to ensure all investigators are appropriately trained in conducting investigations in confinement settings. That training includes techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity Warnings, sexual abuse evidence collection in confinement settings, and the criteria and evidence required to substantiate a case for administrative action or prosecution referral. The Department is required to maintain documentation of that training.

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

The primary facility-based investigator at the facility has completed the online NIC course: PREA: Investigating Sexual Abuse in Confinement Settings. The Specialized Training provided by the National Institute of Corrections: PREA: Conducting Sexual Abuse Investigations in Confinement Settings was documented in a certificate issued by the National Institute of Corrections.

**Discussion of interviews:** In a previous interview with an OPS investigator and a Special Agent for OPS, the investigators related that as OPS investigators they are responsible for any assigned investigations, including PREA, however the Special Agent is the one charged with conducting the criminal investigation into an allegation of sexual abuse when there is some evidence that an assault took place or that there was a sexual assault. The Special Agent described extensive training and education into conducting sexual abuse investigations.

An interview with the facility-based investigator indicated she completed the online NIC training for investigating sexual abuse in confinement settings. She also attends the training GDC provides for the Sexual Assault Response Team at least twice a year.

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

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

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

### **115.235 (a)**

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

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

#### 115.235 (b)

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

#### 115.235 (c)

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

#### 115.235 (d)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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**Policy and Documents Reviewed:** Pre-Audit Questionnaire, Department of Corrections Policy, 208.6, Prison Rape Elimination Act, Sexually Abusive Behavior Prevention and Intervention Program, C. Training and Education, Paragraph 6, Specialized Training: Medical and Mental Health Care; Pre-Audit

Questionnaire; National Institute of Corrections Certificates documenting specialized training: Medical Health Care for Sexual Assault Victims in Confinement Settings (1).

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

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

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

The nurse indicated she has completed the NIC On-Line training for health care providers. Too, she related nurses and health care staff get additional specialized training especially in the nursing protocols.

Medical staff at this facility do not conduct forensic examinations. The agency has contracts with Sexual Assault Nurse Examiners who would come to the facility to conduct the exam. The facility provided the List of SANES, which documents the contact information for the SANES. The Nurses indicated that if an inmate required treatment for serious injuries, the inmate would be transported to the Fairview Hospital in Dublin, Georgia.

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

There are two mental health staff assigned to this facility. NIC Certificates were provided documenting specialized training. Both mental health staff are licensed professional counselors. Staff related that they attend PREA Training at least annually during annual in-service training.

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

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

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

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

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

#### 115.241 (b)

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

#### 115.241 (c)

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

#### 115.241 (d)

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

- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has previously experienced sexual victimization?  Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The resident's own perception of vulnerability?  Yes  No

#### 115.241 (e)

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

#### 115.241 (f)

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

#### 115.241 (g)

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

#### 115.241 (h)

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

#### 115.241 (i)

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

### Auditor Overall Compliance Determination

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

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**Policy and Documents Reviewed:** Department of Corrections Policy 208.6, Prison Rape Elimination Act, Sexually Abusive Behavior Prevention and Intervention Program, D. Screening for Risk of Sexual Victimization and Abusiveness, Paragraph 1. Screening for victimization and abusiveness, Victim/Aggressor Classification Instrument; Policy 208.06, Prison Rape Elimination Act-PREA, Sexually Abusive Behavior Prevention and Intervention Program in paragraph 9.; Victim/Aggressor Assessments (20) representing Victim/Aggressor Reassessments (20);

**Interviews:** PREA Compliance Manager; Superintendent; Assistant Superintendent; A staff representing classification; Interviews with twenty (20) residents, including (10) randomly selected and (10) targeted residents.

#### Discussion of Policy and Documents:

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

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

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

- Offender is a former victim of institutional rape or sexual assault

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

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

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

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

If questions #1 is answered yes, the inmate will be classified as a Sexual Aggressor regardless of the other questions. This will generate the PREA Aggressor icon on the SCRIBE Offender page. If two (2) or more of questions (2-4) are checked, the offender will be classified as a Potential Aggressor. This will generate the PREA Potential Aggressor icon on the SCRIBE Offender page.

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

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

Policy requires offenders whose risk screening indicates a risk for victimization or abusiveness is required to be reassessed when warranted and within 30 days of arrival at the facility based up on any

additional information and when warranted due to a referral, report or incident of sexual abuse or receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness.

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

The information from the risk screening is required to be used to determine housing, bed, work, education and program assignments with the goal of keeping separate those offenders at high risk of being sexually victimized from those at high risk of being sexually abusive. Residents in this facility are housed in bedrooms and living units closest to the control rooms.

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

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

In making housing assignments for transgender or intersex offenders, the Department will consider on a case-by-case basis, whether a placement would ensure the offender's health and safety and whether the placement would present management or security problems. Also, in compliance with the PREA Standards, placement and programming assignments for each transgender or intersex offender will be reassessed at least twice a year to review any threats to safety experienced by the offender.

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

The PREA Compliance Manager provided the auditor multiple assessment history sheets/forms documenting all the times the detainee had been assessed for potential victimization/abusiveness. This document tracks and documents every time the resident (formerly inmate) had been assessed for victimization potential or potential for being an aggressor.

**Discussion of Interviews:** Interviews with a counselor who conducts the risk screening indicated that she conducts the assessment either the same day the resident arrives and not later than the next day.

She related she conducts the assessment in her office and in complete privacy. When asked to describe the things she considers in conducting the assessment she indicated she is looking at things like age, weight, height, violence in his background, prior victimization, prior abusiveness, and gender. She uses the GDC Form PREA Sexual Victim/Sexual Aggressor Classification Screening and the questions are asked orally. The screening form considers things such as: 1) Prior victimization, 2) Weight, 3) Age, 4) Body type, 5) Disability, 6) Mental issues, 7) First incarceration or not, 8) Criminal history that is non-violent, 9) Sexual offenses, 10) Sexual abuse against adults, children etc., 11) Current offense, and 12) Prior convictions for violence. The department instruments populate information in the system to assign a score for body mass index.

When asked if a resident is disciplined in any way for not responding or answering any of those sensitive questions, she related the resident is encouraged to answer them but not disciplined for not answering them.

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

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

Almost 100% of the twenty (20) interviewed residents indicated they were asked the questions from the assessment including: 1) were you in jail or prison previously? 2) were you sexually abused previously 3) do you identify yourself as gay, bisexual or transgender? and 4) do you feel like you will be a victim of sexual abuse while in this facility? These responses indicated they were administered the Victim/Aggressor assessment. They also related the assessment was conducted the same day they arrived. Additionally, resident interviews indicated they also were reassessed by having been asked the same questions at a later date in private.

## Standard 115.242: Use of screening information

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

#### 115.242 (a)

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

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

#### 115.242 (b)

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

#### 115.242 (c)

- When deciding whether to assign a transgender or intersex resident to a facility for male or female residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns residents to a male or female facility on the basis of anatomy alone, that agency is not in compliance with this standard)?  Yes  No
- When making housing or other program assignments for transgender or intersex residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems?  Yes  No

#### 115.242 (d)

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

#### 115.242 (e)

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

#### 115.242 (f)

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

bisexual, transgender, or intersex residents, does the agency always refrain from placing: transgender residents in dedicated facilities, units, or wings solely on the basis of such identification or status?  Yes  No

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

**Policy and Documents Reviewed:** Pre-Audit Questionnaire; DOC Policy 208.6, D. Screening for Risk of Victimization and Abusiveness, Paragraph 2. Use of Screening Information; Staffing Plan; Victim/Aggressor Assessments (20) Reassessments (20)

**Interviews:** Counselor Conducting Victim/Aggressor Assessments; Assistant Superintendent; Superintendent, Classification Staff, Intake Staff; ID Staff.

**Discussion of Policies and Documents:** DOC Policy 208.6, D. Screening for Risk of Victimization and Abusiveness, D. Screening for Risk of Sexual Victimization and Sexual Abusiveness, requires that the information from the assessment be used to determine classification decisions with the goal of keeping separate those offenders at high risk of being sexually victimized from those at high risk of being sexually abusive.

Facilities are required by policy to make individualized determinations about how to ensure the safety of each inmate.

Paragraph 6, asserts that in deciding whether to assign a transgender or intersex offender to a male or female facility and in making other housing and programming assignments, the Department will consider on a case-by-case basis whether the placement would present management of security problems and in Paragraph 7, Policy requires placement and programming assignments for reach transgender and intersex offender shall be reassessed no less than every six months to review any threats to sexual safety of the offender.

Offenders whose screenings indicate they have experienced prior sexual victimization or have a history of sexually assaultive behavior are required to be offered a follow-up meeting with medical or mental health counseling within 14 days of the screening.

Policy also requires that inmates at high risk for sexual victimization will not be placed in involuntary segregated housing unless an assessment of all available alternatives have been made and there is no Offenders at high risk for sexual victimization or aggression shall not be placed in involuntary segregation based solely on that determination unless a determination has been made that there is no available means of separation from likely abusers. This placement, including the concern for the offender's safety must be noted in SCRIBE case notes with documentation of why no alternative means of separation can be arranged. The offender shall be assigned to involuntary segregated housing only until an alternative means of separation from likely abusers can be arranged and such an assignment shall not ordinarily exceed a period of 30 days.

Every 30 days, the facility shall afford each offender a review to determine whether there is a continuing need for separation from the general population.

If an offender is placed in segregated housing have restricted access to programs, privileges, education, or work opportunities, the facility is required to document the opportunities limited, the duration of the limitation, and the reasons for the limitations.

Residents are housed in general population and housing assignments are based on a case by case basis, determined by the outcome of the victim/aggressor assessment and other factors. The facility's Local Operating Directive (Local Operating Procedure) identified Building A as the safe place for potential victims and Building B to house any offenders identified as potential abusers. Building C will house both potential victims and potential abusers however one hall (1) houses potential victims while hall (2) houses potential abusers.

Housing assignments are made initially by ID staff who are required to review the offender's information in SCRIBE or that came with the resident and to look for previous flags indicating the offender has already been identified as a potential victim or aggressor. The ID staff also are required to consider other factors including gang affiliations. An interview with the ID staff confirmed inmates arrive at the facility from GDC Diagnostics. She related she goes into SCRIBE to review the offender's data, including any flags, and assigns offenders initially. If the counselor conducting the victim/aggressor assessment identifies a resident as being assessed as a potential victim or aggressor, she advises the ID staff, who then are responsible for housing the resident in the appropriate general population dorm.

The classification committee assigns offenders to programming and details, some of which are mandatory for specific offenders. Information is reportedly reviewed to make those decisions. Because these residents are transitioning back into the community they are required to obtain employment in the community.

Transgender offenders, according to the staff, are not assigned to dorms whose sole mission is to house transgender or intersex residents. Local procedures require that they will be housed with non-aggressors. Showers are single occupancy showers separated by stalls with privacy curtains. Staff said transgender offenders can shower separately if they need to and their views for their own safety are taken into consideration.

**Discussion of Interviews:** ID Staff make the initial room assignments. Reportedly they check SCRIBE and any available information on the resident to determine the most appropriate housing assignment.

SCRIBE contains information on the specific resident, including any flags that may identify the resident as a potential victim or potential aggressor. The Counselor who conducts the victim/aggressor assessment stated she conducts it either the same day the offender arrives or the next day. If the assessment identifies the offender as either a potential victim or potential aggressor, the counselor notifies the ID staff, who adjust the room assignment, if needed. The Classification Team meets to examine the offender's history even further and if a room assignment needs to be changed, the room is changed. The information gleaned from the assessment is also used to determine potential programming and potential work details/assignments for the resident.

## REPORTING

### Standard 115.251: Resident reporting

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

#### 115.251 (a)

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

#### 115.251 (b)

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

#### 115.251 (c)

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

#### 115.251 (d)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

This standard is rated exceeds because the Georgia Department of Corrections (GDC) provides not only multiple ways to report, but also allows residents of the METRO Transitional Center to have cell phones. These enable residents to check on employment opportunities and to communicate with family. Residents who may not have a cell phone can easily access one from residents who do have them. Residents may have their personal tablets (GOAL Devices) enabling them to report allegations of sexual abuse with privacy and anytime they decided to without anyone knowing. PREA phones are in every living unit/pod with instructions for dialing. Most of the residents at the facility work in the community or are on work details in the community and have access to the general public as well as their employers to report, if needed. In addition to reporting outside the facility to the Ombudsman, inmates may report to Victim Services, to the PREA Unit, and via the agency's TIP Line. Interviewed residents consistently named multiple ways they could report allegations of sexual abuse and sexual harassment.

**Policy and Documents Reviewed:** Pre-Audit Questionnaire; Policy, 208.6, Prison Rape Elimination Act, Sexually Abusive Behavior Prevention and Intervention Program, E. Reporting, 1. Inmate Reporting; The GDC policy (208.06, 2. Offender Grievances); Standard Operating Procedure 227.02, Statewide Grievance Procedures; brochure entitled, "Sexual Assault, Sexual Harassment, Prison Rape Elimination Act (PREA), Reporting is the First Step; PREA related posters; "Sexual Assault and Sexual Harassment Prison Rape Elimination Act (PREA) How to Prevent it; How to report it"; GDC Policy IIA23-0001, Consular Notification; Four (4) Investigation Packages.

**Interviews:** Twenty (20) residents, both randomly selected (10) and targeted inmates (10); Thirteen (13) informally interviewed inmates during the site review; Thirteen (13) randomly selected staff from representing a cross section of positions; Thirty (30) Specialized Staff.

**Observations:** Phones in each dorm with dialing instructions; Testing a PREA Phone in each living unit, Multiple Posters related to PREA, including how to and to whom to report allegations of sexual abuse

**Discussion of Policy and Documents:** Policy, 208.6, Prison Rape Elimination Act, Sexually Abusive Behavior Prevention and Intervention Program, E. Reporting, 1. Offender Reporting, provides multiple ways for inmates to report. These include making reports in writing, verbally, through internal and external methods available, including 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). Additionally, the resident is provided contract information, including dialing instructions for reporting via the GDC Tip Line. The instructions tell the resident the Tip Line is for anonymous reporting of staff and inmate suspicions and illegal activity. This information is posted next the phones providing dialing instructions. The auditor observed the dialing instructions next to the phone for reporting sexual abuse.

If an offender has a hearing impairment or other disability that the facility cannot accommodate, the facility will contact the ADA Coordinator for the Georgia Department of Corrections.

Staff have been instructed and trained to accept reports made both verbally and in writing from third parties and promptly document them. Inmates may file grievances as well, however the grievance system is not the appropriate way to report. If, however an inmate does file a grievance and that 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).

Staff, both random and specialized confirmed staff are required and trained to accept all reports, regardless of how they are made and regardless of the source, to notify their supervisor and write either an incident report or a witness statement to document receipt of verbal reports, third party reports, anonymous reports etc.

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

GDC Policy IIA23-0001, Consular Notification affirms it is the policy of GDC that the Consulate General of an inmate's native country be kept informed as the inmate's custody status or occurrences to the Vienna Convention on Consular Relations. Inmates will be provided information on how to access Foreign Consular Offices in the United States. This information is available for download at <http://www.state.gov/s/cpr/ris/fco> This policy prescribes the GDC's responsibility for notification and that the inmate be informed of such notification. Foreign National inmates are allowed visitation with representatives from the Consulate General of his/her native country. The visit must be scheduled at least 24 hours in advance unless the Warden approves a shorter time period.

Inmates have access to visitation, to make phone calls, to visitation with their legal counsel if they have one, phone calls to their legal counsel, to communicate via legal correspondence, to drop a note to any staff, and file request forms to see medical, their counselors or others.

Inmates have multiple ways to report allegations of sexual abuse or sexual harassment internally and externally. They may 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 Georgia Department of Corrections has not only provided multiple ways to report but have also given inmates tools with which to report. These tools include a phone for reporting, phones with instructions for dialing to report an allegation of sexual abuse, grievance forms, request forms to contact medical and the administration and access to cell phones.

Four (4) reviewed investigations indicated reports were made to staff. Interviews however indicated residents are aware of multiple ways to report.

#### **Discussion of Observation and Testing Processes:**

Phones were observed on the walls of each dorm. Posted at the phones were instruction for dialing the PREA Hotline. A phone in each of the living units was tested by dialing the posted number and leaving a message for the PREA Analyst to email the auditor confirming receipt of the hotline call. An email was provided on October 1, 2018 confirming receipt of the three calls.

Multiple PREA related posters were observed posted throughout the facility keeping PREA information continuously available to inmates.

Residents are provided the brochure entitled, "Sexual Assault and Sexual Harassment Prison Rape Elimination Act (PREA) How to Prevent it; How to report it". This brochure advises 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).

**Interviews:** Twenty (20) residents, both randomly selected and special category; Thirteen (13) randomly selected staff representing a cross section of positions; Thirty (30) special category staff.

#### **Discussion of Interviews:**

Interviewed staff confirmed that offenders can report verbally, in writing, anonymously and through third parties and that even a suspicion would be reported and investigated.

Interviews with 20 residents (20 random and 10 Targeted) at the center, confirmed that they understand and are aware of how to report sexual assault/abuse or sexual harassment. The majority of those interviewed named three or four ways to report. They also were aware they could make reports anonymously and all of them had third parties who could report for them. Thirteen (13) Informally interviewed residents named multiple ways to report and said they received that information at this facility as well as all other GDC facilities they have been to.

## Standard 115.252: Exhaustion of administrative remedies

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

#### 115.252 (a)

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

#### 115.252 (b)

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

#### 115.252 (c)

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

#### 115.252 (d)

- Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by residents in preparing any administrative appeal.) (N/A if agency is exempt from this standard.)  Yes  No  NA
- If the agency determines that the 90-day timeframe is insufficient to make an appropriate decision and claims an extension of time [the maximum allowable extension of time to respond is 70 days per 115.252(d)(3)] , does the agency notify the resident in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.)  Yes  No  NA
- At any level of the administrative process, including the final level, if the resident does not receive a response within the time allotted for reply, including any properly noticed extension,

may a resident consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.)  Yes  No  NA

#### 115.252 (e)

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

#### 115.252 (f)

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

- Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)  Yes  No  NA

### 115.252 (g)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

**Policy and Documents Reviewed:** Policy and Documents Reviewed: The METRO Transitional Center Pre-Audit Questionnaire; Revised GDC PREA SOP, 208.06

**Interviews:** Grievance Officer; Randomly selected staff; Randomly selected residents; PREA Compliance Manager, Previous Interview with the Agency PREA Coordinator; 20. Inmates, Randomly selected staff (13) and Special category staff (30); Random Residents (20); Targeted Residents (10)

### Discussion of Policies and Documents:

GDC Policy 208.6, E.3, Offender Grievances, states that all allegations of sexual abuse and sexual harassment are not issues that are grievable. These should be reported in accordance with methods outlined in the policy.

Prior to the change in the policy, with an effective date of March 2, 2018, inmates did file grievances and those reviewed by the auditor were responded to by immediately turning them over to the Sexual Assault Response Team for investigation.

The policy changed effective March 2018 when this revision was included.

The auditor reviewed the only two (2) grievances filed during the past 12 months. None of the grievances contained any allegations of either sexual abuse or sexual harassment.

Reviewed investigation packages did not contain any reports or allegations made via the grievance process.

**Discussion of Interviews:** Interviews confirmed that sexual abuse allegations are not handled through the normal grievance process.

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

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

#### 115.253 (a)

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

#### 115.253 (b)

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

#### 115.253 (c)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

**Policy and Documents Reviewed:** GDC Policy 208.6, PREA, Pre-Audit Questionnaire; GDC Policy IIA234-0001, Consular Notification; PREA Related Posters; Resident Handbook with contact information

**Interviews:** PREA Compliance Manager, PREA Coordinator, Assistant Superintendent, twenty (20) randomly selected residents; Legal Advocate Grady Rape Crisis Center

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

The facility utilizes the Grady Rape Crisis Center in Atlanta, Georgia as the agency providing outside advocacy services to the facility. The contact information, including a telephone number and mailing address, along with the social worker's phone number.

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

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

**Discussion of Interviews:** The auditor interviewed a legal advocate from the Grady Rape Crisis Center. She affirmed the center offers sexual assault forensic exams and would provide the exam to any resident of the METRO Transitional Center and that the exam would be conducted by a Sexual Assault Nurse Examiner. She indicated a SANE would be available around the clock. Additionally, the center would provide STI Prophylaxis to the resident if requested. There are five (5) PRN Victim Advocates and Five (5) Volunteer Victim Advocates available to accompany the victim through the forensic exam to provide emotional support if requested. The Center, according to the legal advocate, is accredited through the Joint Commission on Accreditation. Contact information for the program is provided to the resident in the resident handbook. Interviews with residents confirmed the information is available in the handbook. Residents also confirmed they have access to their family and attorneys.

## **Standard 115.254: Third-party reporting**

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

### 115.254 (a)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

**Policy and Documents Reviewed:** Pre-Audit Questionnaire; Georgia Department of Corrections Policy, 208.6, PREA; The METRO Transitional Center Pre-Audit Questionnaire; GDC Policy, 227.02, Statewide Grievance Process; The Department's Website contains a section entitled: "How do I report sexual abuse or sexual harassment?"; The brochure entitled, "Sexual Assault, Sexual Harassment, Prison Rape Elimination Act – How to Prevent It and How to Report It"; Reviewed PREA Related Brochures; PREA Related Posters

**Interviews:** Twenty (20) residents, (10) randomly selected and (10) special category; Thirteen (13) Randomly Selected Staff; Thirty (30) Special Category Staff, Thirteen (13) Informally Interviewed Residents; PREA Compliance Manager; Superintendent; previous interviews with the agency PREA Coordinator and Assistant PREA Coordinator; Legal Advocate, Grady Rape Crisis Center

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

**Discussion of Policy and Documents:** Georgia Department of Corrections Policy, 208.6, PREA; The METRO Transitional Center Pre-Audit Questionnaire; The Department's Website contains a section entitled: "How do I report sexual abuse or sexual harassment?"; Four (4) Reviewed Investigation Packages; The brochure entitled, "Sexual Assault, Sexual Harassment, Prison Rape Elimination Act – How to Prevent It and How to Report It"; Reviewed PREA Related Brochures; PREA Related Posters

**Interviews:** (10) Randomly selected residents; (10) Special category residents; (13) Informally interviewed staff; (13) Randomly Selected Staff; PREA Compliance Manager; Superintendent

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

**Discussion of Policy and Documents:** The Georgia Department of Corrections and the METRO Transitional Center provides multiple ways for residents to access third parties who may make reports on behalf of an inmate. GDC provides contact information enabling residents to access the Ombudsman's Office and Office of Victim Services, as well as the Grady Rape Crisis Center.

Third Party reports may be made to the Ombudsman's Office, to the GDC TIP Line and to the agency's PREA Coordinator. 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 given to 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". Tested phones were operational and the PREA Unit confirmed receiving the calls. Dialing instructions are posted at the phone.

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

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

None of the four (4) allegations made during the past 12 months were made by a third party. All of them were reported to a staff member.

**Discussion of Interviews:** Interviewed staff named multiple ways offenders can report sexual abuse and sexual harassment, including anonymous and third -party reports. Third Parties include other residents, family members, attorneys, or the GDC Ombudsman. As with any report or allegation, they said they would be expected to complete a written report, following a verbal report, prior to the end of the shift. Offenders at this facility Inmates have access to cell phones and phones in the living units and potentially phones on the job to call home or to their attorney's if they have one, Residents have access to the community through earned passes, work, details, the mail and by phone. When asked if a family member or someone outside the facility could make a report for them, they indicated they could. Others, including family members, friends and other residents, may make a report for a resident. They may also assist a resident in filing a grievance or file one for him.

Residents at the transitional center have access to the community to facilitate third-party reporting. Residents can go on job searches, work on jobs in the community (work release residents), and while

on various increments of passes based on the resident's level within the program. They have access to relatives during visitation and via phone.

**Discussion of Interviews:** Staff were asked to name the ways residents could report allegations of sexual abuse. Staff consistently stated the residents could report to a staff or call the PREA hotline. When asked if an inmate report could be made by a third-party 100% of the twelve (12) randomly selected staff related they could report for another resident, so she did not have to be identified. Staff state they would accept a third-party report and any report made through any source. When asked if they would have to document a third - report, they said they would have to verbally report it and must do a witness statement or an incident report, depending on the direction from the supervisor. Asked if there was a time frame for completing the reports the staff said they would do it before the end of the shift.

Residents, who were interviewed, most often said they would report either to a staff or they could call the PREA Hotline however 100% of them also stated a family member could report for them.

## OFFICIAL RESPONSE FOLLOWING A RESIDENT REPORT

### Standard 115.261: Staff and agency reporting duties

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

#### 115.261 (a)

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

#### 115.261 (b)

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

#### 115.261 (c)

- Unless otherwise precluded by Federal, State, or local law, are medical and mental health practitioners required to report sexual abuse pursuant to paragraph (a) of this section?  
 Yes  No
- Are medical and mental health practitioners required to inform residents of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services?  Yes  No

#### 115.261 (d)

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

#### 115.261 (e)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

Staff employed by the Georgia Department of Corrections acknowledge their duty to report all allegations, information, and even suspicions of sexual abuse or sexual harassment. They have been trained in the reporting process and acknowledge as well that they will be disciplined up to and including termination for failing to report. They acknowledge they would take reports from all sources and report them to their immediate supervisor and follow-up with a written report. Interviewed residents consistently stated they would tell a staff to report allegations of sexual abuse. The agency also has a zero tolerance for retaliation against a staff or resident in making an allegation of sexual abuse or sexual harassment or for cooperating with an investigation. They are also required to report any staff neglect that may have contributed to an allegation of sexual abuse or sexual harassment. Staff related these reports are made in private to the Officer in Charge/Shift Supervisor and kept confidential and

released only to authorized personnel on a need to know basis. Medical and Mental Health staff are mandated reporters and are required to report all allegations.

**Policy and Document Review:** Pre-Audit Questionnaire; Department of Corrections Policy, 208.6, Sexually Abusive Behavior Prevention and Intervention Program, F. Official Response Following and Inmate Report, 1. Staff and Department Reporting Duties; the reviewed Sexual Assault/Sexual Misconduct Prison Rape Elimination Act (PREA) Education Acknowledgment Statement; Local Directive for Reporting/Responding to Sexual Allegations. There were four (4) allegations made during the past 12 months. These allegations involved a report of staff misconduct with a resident, inappropriate touching and voyeurism. All but one of these allegations were reported as required and investigated by the Sexual Assault Response Team and that one allegation was referred to the Office of Professional Standards Special Agent for investigation. All the allegations were made to a staff member.

**Interviews:** Superintendent, PREA Coordinator; PREA Compliance Manager; Facility Investigator; Thirteen (13) Randomly Selected Staff; Thirty (30) Special Category Staff.

**Discussion of Policy and Documents Reviewed:** Department of Corrections Policy, 208.6, Sexually Abusive Behavior Prevention and Intervention Program, F. Official Response Following and Inmate Report, 1. Staff and Department Reporting Duties, requires staff who witness or receive a report of sexual assault, sexual harassment, or who learn of rumors or allegations of such conduct, must report information concerning incidents or possible incidents of sexual abuse or sexual harassment to the supervisor on duty and write a statement, in accordance with the Employee Standards of Conduct. The highest-ranking supervisor on duty who receives a report of sexual assault or sexual harassment, is required to report it to the appointing authority or his/her designee immediately. The supervisor in charge is required to notify the PREA Compliance Manager and/or SART Leader as designated by the Local Procedure Directive. Appointing authorities or his/her designee may make an initial inquiry to determine if a report of sexual assault, sexual harassment, is a rumor or an allegation. Allegations of sexual assault and sexual harassment are major incidents and are required to be reported in compliance with policy. Once reported, an evaluation by the SART Leader/Team of whether a full response protocol is needed will be made. Appointing authorities or designee(s) are required to report all allegations of sexual assault with penetration to the Office of Professional Standards (OPS) Special Agent In-Charge and the Department's PREA Coordinator immediately upon receipt of the allegation. OPS will determine the appropriate response. Staff, failing to comply with the reporting requirements of DOC Policy, may be banned from correctional facilities or will be subject to disciplinary action, up to and including termination. If an alleged victim is under the age of 18, the Department reports the allegation to the Department of Family and Children Services, Child Protection Services Section. Staff are not to disclose any information concerning sexual abuse, sexual harassment or sexual misconduct of an offender, including the names of the alleged victims or perpetrators, except to report the information as required by policy, or the law, or to discuss such information as a necessary part of performing their job.

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

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

The Superintendent issued a local directive with local procedures for reporting allegations of sexual abuse. The directive requires staff to adhere to GDC Policy 208.06 in preventing, reporting and responding to allegations of sexual abuse.

**Discussion of Interviews:** All the interviewed staff responded, when asked, saying they are required to report allegations of sexual abuse and sexual harassment. They stated the facility has a zero tolerance for all forms of sexual misconduct, sexual assault and sexual harassment as well as for retaliation. They stated they would report directly to their immediate supervisor and that this would be privately to keep the information as confidential as possible. They said they would also be required to complete a statement prior to the end of the shift. When asked if they would report something they suspected they responded in the affirmative. Staff said they would accept a report that was made verbally, in writing, anonymously or through a third party.

## Standard 115.262: Agency protection duties

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

#### 115.262 (a)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

Reviewed incident reports and investigation packages as well as interviews with the Superintendent, Assistant Superintendent, randomly selected staff, specialized staff, randomly selected residents, and

targeted residents indicated the facility has not had any residents at risk of imminent sexual assault/abuse.

Additionally, the reviewed monthly PREA report sent to the PREA Analyst of the Georgia Department of Corrections PREA Unit also documented four (4) allegations during the past twelve (12) months. None of these involved a resident being at a substantial risk of imminent sexual abuse. Interviews with staff and residents indicated there have been no cases involving a resident being subject to a substantial risk of imminent sexual abuse however every interviewed staff affirmed responding immediately to protect a resident in the event they were subject to a substantial risk of imminent sexual abuse. Three of the four allegations indicated another resident was making them feel uncomfortable. In each case, the resident making the allegation, or the alleged perpetrator were separated and assigned to different dorms.

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

**Interviews:** Superintendent; Assistant Superintendent; Grievance Officer; PREA Compliance Manager; Thirteen (13) Randomly selected staff; Thirty (30) Special Category Staff; Twenty (20) residents, randomly selected and targeted; Thirteen (13) residents informally interviewed

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

The Pre-Audit Questionnaire documented there have been no incidents in which a resident was subject to a substantial risk of imminent sexual abuse during the past twelve months or more. In the event there was an inmate requiring protection staff indicated the resident would be moved to another living unit, if practical or transferred to another transitional center. The facility does not have segregation per se. They have several holding cells that could be used for Protective Custody. The Superintendent stated a resident may stay in the holding cell for nor more than eight (8) hours. The Superintendent also indicated there have been no occasions in which a resident was placed in the holding cell as the result of an allegation of sexual abuse or for protection as a result of sexual abuse or sexual harassment during the past 12 months.

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

All of the interviewed staff stated they would take the resident's allegation seriously and they would act immediately by removing the resident from the source of the threat and keep that resident with them and take them to the Officer in Charge or Shift Supervisor but at any rate would keep that resident safe and with them if necessary until a decision could be made about where best to house the resident safely.

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

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

## Standard 115.263: Reporting to other confinement facilities

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

#### 115.263 (a)

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

#### 115.263 (b)

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

#### 115.263 (c)

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

#### 115.263 (d)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

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

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

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

The Pre-Audit Questionnaire and interviews with the Superintendent, PREA Compliance Manager, and investigator confirmed there were no allegations received from other facilities that an inmate was sexual abused or sexually harassed while at the METRO Transitional Center nor did the facility receive any allegations from another facility that a detainee was sexual abused while at the METRO Transitional Center.

**Discussion of Interviews:** Interviews with the PREA Compliance Manager and Superintendent confirmed they are aware of the policy requiring reporting to other facilities upon receiving an allegation

of sexual abuse that occurred in another facility. They also indicated if they received an allegation from another facility that an inmate, while assigned to this facility, was sexually abused at this prison, they would initiate an investigation and cooperate with any investigation and treat it as any other investigation.

## Standard 115.264: Staff first responder duties

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

#### 115.264 (a)

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

#### 115.264 (b)

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

### Auditor Overall Compliance Determination

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

## Instructions for Overall Compliance Determination Narrative

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The Pre-Audit Questionnaire documented three incidents in which the first responder was a staff however none of the cases involved any form of penetration. The reports were just made to a staff rather through another means. Staff are trained in their responsibilities as first responders, whether they are security or non-security staff. The reviewed local directive documented the responsibilities of staff in responding to an allegation of sexual abuse (see Local Operating Directive).

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

**Interviews:** Superintendent; Assistant Superintendent; PREA Compliance Manager; thirteen (13) randomly selected staff; the facility's nurse; the facility-based investigator; multiple informal Interviews with staff during the on-site review and audit; Security and Non-Security First Responders

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

The Sexual Assault Response Team will be notified and will implement the local protocol. The members of the SART are identified on the Local Operating Directive that serves as the Coordinated Response Plan. Contact information for all the SART, in addition to the administration, are provided in the directive.

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

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

Non-custody staff have been trained in first responding. Non-security staff are trained in the same first responding procedures as the custody staff. They attend PREA Training during annual in-service. They know that their role is to report the allegation, keep the offender safe, and protect the evidence insofar as possible, including telling the offender not to eat, shower, drink, brush their teeth, use the restroom or do anything to contaminate the evidence. They also were aware that medical would contact the SANE to conduct a forensic exam. A list of SANEs who are to be called in response to a sexual assault. The list contains the contact information for all SANEs.

**Discussion of Interviews:** Interviews with thirteen (13) randomly selected staff representing a cross section of employees, including staff from the business office, general population counselors, and an employment specialist, articulated the steps they would take if they were the first person to be alerted that a resident was the victim of sexual abuse. Consistently they enumerated these steps: 1) Immediately separate the alleged victim from the alleged perpetrator if known, 2) secure the scene; 3) Simultaneously notify the shift supervisor; 4) place the alleged victim in a safe area and advise them not to take a shower, eat, drink, use the restroom, or anything that might contaminate or destroy potential evidence, 5) tell the alleged perpetrator not to eat, drink urinate, defecate, change clothes, or shower; 6) Get the resident victim to medical; 7) Notify the SART, 8) Notify Mental Health. Staff who were non-security also stated steps they would take to protect the resident victim and to preserve the evidence.

## Standard 115.265: Coordinated response

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

#### 115.265 (a)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

**Interviews:** Thirteen (13) randomly selected staff representing a cross section of employees; Superintendent, PREA Compliance Manager; Non-Security First Responders.

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

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

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

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

The Office of Professional Standards investigator will continue the investigation following GDC Policy. This investigator is a Special Agent who attended and completed training at the GBI academy and who has powers to effect arrests.

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

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

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

### 115.266 (a)

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

### 115.266 (b)

- Auditor is not required to audit this provision.

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

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

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

## Standard 115.267: Agency protection against retaliation

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

#### 115.267 (a)

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

#### 115.267 (b)

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

#### 115.267 (c)

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

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

#### 115.267 (d)

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

#### 115.267 (e)

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

#### 115.267 (f)

- Auditor is not required to audit this provision.

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

There have been four (4) allegations of sexual abuse or sexual harassment in the past twelve (12) months. One of the residents alleged to have been involved in misconduct with a staff was not assigned to this facility when the allegation was made. Reviewed GDC policy and interviews with the Superintendent, Assistant Superintendent, PREA Compliance Manager, and Retaliation Monitor confirmed the facility has a zero tolerance for any form of retaliation against and inmate or staff for

reporting sexual abuse or for cooperating with an investigation and that staff understand the process and have the tools to implement retaliation monitoring.

**Policy and Documents Reviewed:** Pre-Audit Questionnaire; DOC Policy 208.6, Prison Rape Elimination Act, Sexually Abusive Behavior Prevention and Intervention Program; GDC Retaliation Monitoring Form.

**Interviews:** Facility Staff Designated as the Facility's Retaliation Monitor; Superintendent; Assistant Superintendent; PREA Compliance Manager.; Twenty (20) Residents, randomly selected and targeted; Thirteen (13) randomly selected staff; Thirty (30) special category staff.

**Discussion of Policy and Documents Review:** GDC Policy 208.6, Prison Rape Elimination Act, Sexually Abusive Behavior Prevention and Intervention Program, affirms the agency has a zero tolerance for any form of retaliation and is committed to protecting residents or staff who report sexual abuse and sexual misconduct or sexual harassment from retaliation. Policy requires that anyone who retaliates against a staff member or an offender who has reported an allegation of sexual abuse or sexual harassment in good faith is subject to disciplinary action. Policy requires a staff be identified to monitor for retaliation. Additionally, policy provides multiple protection measures including: housing changes for residents, transfers, removal of alleged staff or inmate abusers from contact with victims and emotional support for residents or staff who fear retaliation. Monitoring is required to be conducted for at least 90 days following a report of abuse. Monitoring will include monitoring the conduct and treatment of residents and staff to see any changes to indicate possible retaliation and to remedy any retaliation. Monitoring includes: review of inmate disciplinary reports, housing or program changes, negative performance reviews or reassignments of staff etc. Monitoring may continue beyond 90 days if the initial monitoring indicates the need for it. Periodic status checks of residents will be conducted. The obligation for monitoring terminates if the allegation is unfounded. Policy requires that monitoring is documented on the GDC Form 90 Day Offender Sexual Abuse Review Checklist. The checklist is completed for each inmate being monitored.

The Department uses multiple protective measures including housing changes, transfers, removal of alleged staff or inmate abusers from contact with victims and reporting or for cooperating with investigations. Monitoring will include period status checks and in addition to 30 day checks the retaliation monitor will conduct reviews every 30 days to monitor for retaliation. Residents fearing or experiencing retaliation may be placed in another hall, another living unit or transferred to another transitional center. The resident retaliating will be removed from the program. If the allegation involves a staff, the staff may be placed on "no-contact" pending an investigation.

Documentation was provided indicating 30-60-90-day monitoring of each item required by the GDC Policy and PREA Standards.

**Discussion of Interviews:** The auditor interviewed the facility's Retaliation Monitor. The monitor is a General Population Counselor. She described the measures the Superintendent could take to prevent retaliation. These included such things as separating the residents (if the incident involved residents). Separation may involve changing the resident's hall and moving the resident to another dorm/building or transferring the resident to another transitional center. If a staff is involved, the monitor indicated the staff may be separated, as well, from the resident. She also related she would call the resident or staff into her office to explain her role and then monitor all the items required by the standard (and noted on

the GDC form). She also indicated she documents monitoring every 30 days for 90 days and beyond, if needed.

## INVESTIGATIONS

### Standard 115.271: Criminal and administrative agency investigations

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

#### 115.271 (a)

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

#### 115.271 (b)

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

#### 115.271 (c)

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

#### 115.271 (d)

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

#### 115.271 (e)

- Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as resident or staff?  
 Yes  No
- Does the agency investigate allegations of sexual abuse without requiring a resident who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding?  Yes  No

#### 115.271 (f)

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

#### 115.271 (g)

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

#### 115.271 (h)

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

#### 115.271 (i)

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

#### 115.271 (j)

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

#### 115.271 (k)

- Auditor is not required to audit this provision.

#### 115.271 (l)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

**Policy and Documents Reviewed:** Pre-Audit Questionnaire; Georgia Department of Corrections Policy, 208.6, G. Investigations; Four (4) Investigation Packets,

**Interviews:** Superintendent, PREA Compliance Manager; Facility-Based Investigator, SART Members; Previous interview with a Special Agent (OPS). Assistant GDC PREA Coordinator

**Discussion of Policy and Documents Reviewed:** Georgia Department of Corrections Policy, 208.6, G. Investigations, describes the investigative process. It requires that all reports of sexual abuse or sexual harassment will be considered allegations and will be investigated. All reports including those made via J Pay, via email to the PREA Unit, verbally to staff, in writing, through inmates and other third parties, and those anonymously are investigated.

In Georgia Department of Correction’s Facilities, the local Sexual Assault Response Team is responsible for the administrative investigation of all allegations of sexual abuse or sexual harassment. Sexual Assault Response Team members include a facility-based investigator, and a representative from medical and counseling. The agency has developed a checklist (Sexual Allegation Response Checklist) that is required to be completed for all PREA Allegations. If the allegation is made against a staff member and the SART deems the allegation to be unfounded or unsubstantiated by evidence, the case can be closed at the facility level. If the allegation is criminal in nature, SART will not interview nor will a statement be collected from the accused perpetrator, without first consulting the Regional Special Agent in Charge.

When there is an allegation of sexual assault with penetration and those with immediate and clear evidence of physical contact, the alleged incident will be reported to the Regional Special Agent in Charge who will determine the appropriate response upon notification. If the response is to open a

criminal investigation, the Regional Special Agent in Charge will assign an agent or investigator who has received specialized training in sexual abuse investigations.

Investigations are initiated promptly, beginning with a facility-based investigator who has received the specialized training provided by the NIC. This was confirmed through reviewed investigation packages and interviews with randomly selected, specialized staff and facility-based investigators.

Policy requires agents and investigators to gather and preserve direct and circumstantial evidence; interview alleged victims, suspected perpetrators, and witnesses and review prior complaints and reports of sexual abuse involving the suspected perpetrator.

The credibility of the victim, suspect and witnesses is to be assessed on an individual basis and not determined by the person's status as an offender or staff member. An offender who alleges sexual abuse will not be required to submit to a polygraph exam or other truth-telling device as a condition for proceeding with the investigation of such an allegation.

The GDC PREA Unit is involved in reviewing investigations conducted by the SART. Investigations are uploaded into the database (SCRIBE) where they can be accessed and reviewed by the PREA Unit. After review, the PREA Unit may require the investigator to secure additional information.

For investigations of allegations of sexual abuse, the Department will follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceeding and criminal prosecution in accordance with SOP 103.06, Investigations of Allegations of Sexual Contact, Sexual Abuse and Sexual Harassment of Offenders.

Policy requires the investigations are prompt, thorough, and objective. The reviewed investigation packages documented that the investigations were prompt, thorough and objective.

Administrative and criminal investigations include an effort to determine whether staff actions or failure to act contributed to the abuse. This must be documented in written reports that include a description of the physical and testimonial evidence, the reasoning behind the credibility assessments, and investigative facts and findings.

Substantiated allegations of conduct deemed criminal shall be referred for prosecution. OPS is required to keep all written reports for as long as the alleged abuser is incarcerated or employed by the Department, plus five years.

Investigations will not be terminated because of the departure of an alleged abuser or victim from employment or control of the department.

Outside agencies do not normally conduct investigations of sexual abuse however if they did, the Department will cooperate with them and endeavor to remain informed of the progress of the investigations.

The Pre-Audit Questionnaire documented there were four (4) allegations of either sexual abuse or sexual harassment during the past 12 months. Two investigations alleged uncomfortable touching, one alleged voyeurism, one alleged staff misconduct. The allegations involving staff were turned over to the Office of Professional Standards to investigate. The investigation was determined to be "unfounded"/

A review of the investigation package contained the following:

- 1) Incident Report

- 2) Supplemental Report
- 3) Serious Incident Report
- 4) Witness Statements
- 5) Sexual Abuse Response Checklists (completed for all allegations, including sexual harassment)
- 6) Notifications to Inmates of the Results of the Investigation
- 7) Incident Reviews

**Discussion of Interviews:** An interview with the Superintendent indicated she has an expectation that all allegations are taken seriously and investigated. She described the SART process and affirmed that should an allegation appear criminal in nature, it would be referred to the Office of Professional Standards for investigation. An interview with the PREA Compliance Manager confirmed the process as well. An interview with the Facility-Based Investigator indicated she has completed the NIC online training, “Investigating Sexual Abuse in Confinement Settings”. She also described her process, which was consistent with the policies and standards. The SART Team meets monthly to review incidents. Interviews with staff confirmed that they were aware that the SART Team investigates allegations of sexual abuse. Some said the PREA Compliance Manager investigated. All said they would report any allegation, regardless of how that information came to them.

## Standard 115.272: Evidentiary standard for administrative investigations

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

### 115.272 (a)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

**Policy and Documents Reviewed:** The Georgia Department of Corrections Policy 208.06, Prison Rape Elimination Act-PREA, Sexually Abusive Behavior Prevention and Intervention Program, Section G. 14.

**Interviews:** Superintendent, PREA Compliance Manager; Facility-Based Investigator, SART Leader.

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

Reviewed “specialized training curricula” has a section devoted to understanding the agency’s standard for substantiating an allegation. That standard is the preponderance of the evidence.

**Interviews:** The facility-based investigator confirmed that the standard is used to substantiate a case; stated it is the “preponderance of the evidence”.

## Standard 115.273: Reporting to residents

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

### 115.273 (a)

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

### 115.273 (b)

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

### 115.273 (c)

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

whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility?  Yes  No

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

#### 115.273 (d)

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

#### 115.273 (e)

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

#### 115.273 (f)

- Auditor is not required to audit this provision.

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

There have been four (4) allegations of either sexual abuse or sexual harassment in the past twelve (12) months. Two of these did not meet the criteria for a sexual abuse allegation. This is confirmed

through multiple means, including reviewed monthly PREA reports, Interviews with a Special agent from the Office of Professional Standards, an interview with a facility-based investigator from the Office of Professional Standards, interviews with facility-based SART investigator and members of the SART confirmed that residents are notified at the conclusion of the investigation as to whether the allegation was substantiated, unsubstantiated, or unfounded. Notification is documented on the required GDC Form that contains the notification requirements on the form.

**Policy and Documents Reviewed:** GDC Policy 208.06, Prison Rape Elimination Act – PREA, Sexually Abusive Behavior Prevention and Intervention Program, G.15; Reviewed 13 investigation packages containing GDC PREA Disposition Offender Notification Form; Reviewed GDC Notification Forms, Attachment 5, GDC 208.6; Pre-Audit Questionnaire.

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

**Discussion of Policy and Documents Review:** Following an investigation into an allegation of sexual abuse, within 30 days, the facility is required, by policy, (208.6), to notify the inmate of the results of the investigation as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded or unsubstantiated or substantiated -forwarded to OPS.

Policy requires the notification be completed by a member of the local SART unless the appointing authority delegates to another designee under certain circumstances. Notifications are required to be documented. The facility documents notification to the offender using the PREA Disposition Offender Notification Form. This form documents the allegation type, the disposition (unfounded, unsubstantiated, (Referred to the Office of Professional Standards-for investigation) and the action taken. The actions that may be take include the following:

- The staff member is no longer posted within the inmate's unit
- The staff member is no longer employed at the facility
- The staff member has been indicated on a charge related to sexual abuse within the facility
- The staff member has been convicted on a charge related to sexual abuse within the facility
- The alleged abuser (offender) has been indicted on a charge related to sexual abuse within the facility.
- Other

Definitions of unfounded, unsubstantiated, referred to OPS, substantiated are proved on the form. This form requires a witness as well as the SART member's signature.

If an inmate is released from the Department's custody the Department's obligation to "notify" the inmate of the outcome of the investigation is terminated. Notifications are required to comply with the PREA Standards and DOC Policies.

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

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

The agency would also notify the resident when the agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility; or the agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility.

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

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

The auditor reviewed all four (4) allegations. Only one met the criteria for sexual abuse and at the conclusion of that investigation, the resident was notified of the results of the investigation. The investigation was determined to be unsubstantiated. The reviewed notification documented that notifications were made within a day or two of the conclusion of the investigation. The notification form is signed by the resident and the staff providing the notification.

**Discussion of Interviews:** Interviews with the Facility-Based Investigator and other members of the SART confirmed the SART would be responsible for notifying a resident of the outcome of an investigation. Notification is documented on the GDC Notification Form, Attachment 5, GDC 208.6. Staff confirmed the process during interviews.

<b>DISCIPLINE</b>
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**Standard 115.276: Disciplinary sanctions for staff**

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

**115.276 (a)**

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

**115.276 (b)**

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

#### 115.276 (c)

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

#### 115.276 (d)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

There were four (4) allegations of sexual abuse in the past 12 months. A review of the investigation packages, including the incident report and witness statements, indicated that only one of the allegations was of sexual abuse. One was of misconduct and the others voyeurism and sexual harassment. None of the allegations were determined to be substantiated.

Staff involved in a substantiated case for sexual abuse will be removed from the premises and a recommendation for prosecution may be made after consultation with the District Attorney. This was confirmed through reviewed GDC Policy and interviews with the Superintendent, Assistant Superintendent and PREA Compliance Manager. Interviewed staff verbally and in writing have acknowledged the potential penalties for violating an agency sexual abuse or sexual harassment policy. Reviewed PREA Acknowledgment Statements signed by staff confirmed they are aware of the potential sanctions for violating any agency sexual abuse or sexual harassment policy.

**Policy and Documents Reviewed:** Department of Corrections Policy, 208.6, Prison Rape Elimination Act, H. Discipline, 1. Disciplinary Sanction for Staff; GDC Sexual Assault/Sexual Misconduct Prison Rape Elimination Act (PREA) Education Acknowledgment Statement for Employees and Unsupervised Contractors and Unsupervised Volunteers; Reviewed Pre-Audit Questionnaire.

**Interviews:** PREA Compliance Manager; Superintendent; Assistant Superintendent; Interviews with thirteen (13) randomly selected staff.

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

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

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

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

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

Interviews: During the past 12 months there was one allegation of staff misconduct. That case was having an inappropriate personal relationship with a resident outside the facility. The investigation was referred to the Office of Professional Standards for investigation by a special agent. An investigation was conducted, and the allegation determined to be "unfounded".

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

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

### 115.277 (a)

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

### 115.277 (b)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

There have been no allegations of either sexual abuse or sexual harassment in the past twelve (12) months involving a contractor or volunteer. This was confirmed through reviewed incident reports, grievances, investigation packages, monthly PREA Reports to the PREA Unit, the reviewed Pre-Audit Questionnaire, and interviews with the Volunteer Coordinator, Superintendent, and PREA Compliance Manager.

GDC Policy provides that if a contractor or volunteer violates an agency sexual abuse or sexual harassment policy, the contractor or volunteer will immediately be prohibited from coming inside the facility or any other GDC facility. The contractor's employer is notified. Following an investigation, if the charges are substantiated the contractor or volunteer are permanently barred from entering a GDC Facility and if the incident is criminal, the case is referred for prosecution and it is up to the District Attorney to decide if the contractor or volunteer is prosecuted. Reviewed GDC Policy and interviews with the Superintendent, Assistant Superintendent, PREA Compliance Manager, Volunteer Coordinator

and interviews with a contractor and a volunteer confirmed the potential sanctions. Contractors and volunteers sign an acknowledgement understanding the potential consequences and sanctions for violating an agency sexual abuse or sexual harassment policy.

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

**Interviews:** PREA Compliance Manager; Superintendent; Assistant Superintendent; Volunteer Coordinator.

**Discussion of Policies and Reviewed Documents:** DOC Policy, 208.06, Prison Rape Elimination Act, Sexually Abusive Behavior Prevention and Intervention Program, Paragraph #2. Contractors and Volunteers, requires that any contractor or volunteer who engages in sexual abuse will be prohibited from contact with residents and will be reported to law enforcement agencies, unless the activity was clearly not criminal and to relevant licensing bodies.

The facility is required to take appropriate remedial measures and to consider whether to prohibit further contact with residents in the case of any other violation of Department sexual abuse or sexual harassment policies by a contractor or volunteer.

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

**Discussion of Interviews:** Interviews with the PREA Compliance Manager; SART Leader and Superintendent indicated that they have not had any allegations made against a contractor in the past twelve (12) months. The Superintendent stated that the contractor or volunteer would not be allowed back into the facility and notifications would be made to ensure they did not go into any other facility until an investigation was completed. If the incident were criminal the Department will refer the case to the District Attorney for possible prosecution.

## **Standard 115.278: Interventions and disciplinary sanctions for residents**

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

### **115.278 (a)**

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

#### 115.278 (b)

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

#### 115.278 (c)

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

#### 115.278 (d)

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

#### 115.278 (e)

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

#### 115.278 (f)

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

#### 115.278 (g)

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

#### Auditor Overall Compliance Determination

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

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

### Instructions for Overall Compliance Determination Narrative

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

There were no substantiated cases of sexual abuse or sexual harassment in the past 12 months. This was confirmed through the reviewed Pre-Audit Questionnaire, reviewed Monthly PREA Reports, reviewed grievances, and interviews with staff.

Georgia Department of Corrections has a zero tolerance for all forms of sexual activity including sexual abuse, sexual misconduct, sexual harassment and retaliation for reporting or cooperating with an investigation. Appropriate disciplinary action commensurate with the offense is required. The facility takes into consideration disciplinary actions that have been given in the past and considers the mental capacity of the resident. That action is prescribed in the resident disciplinary code. Actions that are criminal in nature will result in recommendations for prosecution.

**Policy and Documents Reviewed:** GDC Policy, 208.6, Sexually Abusive Behavior Prevention and Intervention Program, H. Discipline, Paragraph 3. Disciplinary Sanctions for Offenders, Pre-Audit Questionnaire; Reviewed Incident Reports for 2017-2018; Reviewed Grievances for 2017-2018.

**Interviews:** Superintendent; Assistant Superintendent, PREA Compliance Manager; SART Leader; SART Members

**Discussion of Policy and Documents Reviewed:** GDC Policy prohibits all consensual sexual activity between offenders and offenders may be subject to disciplinary action for such activity. Consensual sexual activity between offenders does not constitute sexual abuse but is considered a disciplinary issue. Paragraph b. requires that offenders are subject to disciplinary sanctions pursuant to a formal disciplinary process following an administrative finding that the offender engaged in offender-on-offender sexual abuse or a criminal finding of guilt for offender-on-offender sexual abuse. The sanctions that may be imposed are prescribed in Standard Operating Procedures 209.01, Offender Discipline.

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

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

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

The facility has a due process officer and a due process investigator. All inmates violating facility rules are subject to disciplinary action. The process for major violations is via a due process hearing. If the resident has any mitigating factors in their history, these would be taken into consideration. Care is taken to ensure a resident has a fair due process hearing and this is accomplished, in addition to having the incident investigated, but also through a due process advocate to assist the resident, if needed and to ensure their rights were protected in the process.

If there was a substantiated case of sexual abuse the resident would be referred for prosecution if the incident was criminal. If it was not criminal the resident would be disciplined in compliance with the Disciplinary Code.

**Discussion of Interviews:** The Superintendent stated if a resident violated an agency sexual abuse or sexual harassment policy, she would be disciplined in compliance with the disciplinary code and if the allegations were criminal, the resident would be referred for prosecution.

## MEDICAL AND MENTAL CARE

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

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

#### 115.282 (a)

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

#### 115.282 (b)

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

#### 115.282 (c)

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

#### 115.282 (d)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

Resident victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment.

Although there were no allegations of sexual abuse that required first responding all the allegations were made to staff.

Medical staff are on site Monday through Friday during normal business hours however the Helms Facility, housing Georgia Department of Corrections offenders who are sick and need special medical care and have health care staff on duty 24/7 located next to the Transitional Center will respond when needed to attend to a sexual assault after hours. Additionally, the facility would use the Grady Rape Crisis Center for forensic exams.

First responders understand their roles and described them effectively during staff interviews. They all understand how to notify medical. If medical is not on duty, the first responder's supervisor would notify the Helm's Facility or the Grady Rape Crisis Center depending on the needs of the offender. The GDC Notification Form documents all notifications, including medical. The first responder would recommend to the victim not to do anything to degrade or destroy potential evidence and get the person to medical.

**Policy and Documents Reviewed:** GDC Policy, 208.6, Prison Rape Elimination Act, Sexually Abusive Behavior Prevention and Intervention Program; PREA Medical Logs; Coordinated Response Plan; Lists of SANes; 4 Reviewed Investigation Packages; Reviewed 12 months of Medical PREA Logs

**Interviews:** Licensed Practical Nurse, Interviews with Thirteen (13) Randomly Selected Staff; Security and Non-Security First Responders; Thirty (30) Specialized Staff, and interviews with Twenty (20) residents. There were no residents at the facility who had reported sexual abuse at this facility.

### Discussion of Reviewed Policies and Documents:

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

GDC Policy VH81-0001, Medical Management of Suspected Sexual Abuse; requires that patients stating they have been sexually abused by, had sexual contact with, or have been sexually harassed by a staff member will be treated in a professionally and sensitive and non-judgmental manner. Staff will proceed with making arrangements for an appropriate evaluation based on the nature of the report. In all cases of alleged sexual contact, sexual abuse or sexual harassment, the responsible health authority must ensure the patient has timely access to mental health counseling and other services. Policy requires arrangements for medical evaluation will be made when an allegation of sexual abuse has been made. The exam is to determine the extent of physical injuries, evaluation for sexually transmitted disease infections and possible pregnancy. If the sexual abuse has been reported to have occurred in the previous 72 hours, the medical evaluation for sexual abuse will be conducted by an appropriate outside medical facility. If the alleged event occurred beyond 72 hours, decisions about a forensic exam are assessed on a case by case basis. Forensic exams are conducted by contracted Sexual Assault Nurse Examiners who are "on call" to respond to the facility to conduct the exam. If upon initial assessment there are serious injuries or conditions requiring outside attention at the emergency room, the inmate may be treated at the hospital and have the exam there.

The clinic at the facility is staffed with the following medical staff:

- Registered Nurse

- Licensed Practical Nurse

The Licensed Practical Nurse advised that if an offender was sexually assaulted while she was on duty, she would conduct an assessment to determine the extent of injuries that might need attention beyond the capability of the facility. If there are serious injuries, the resident will be taken either to the Helm's Center or to the Grady Rape Crisis Center for treatment and a forensic exam. If there are no life-threatening issues, the nurse will attempt to protect and preserve any potential evidence and advise the resident victim not to take any actions that might destroy evidence, including eating, drinking, brushing teeth, using the restroom, or showering.

Mental health staff are Licensed Professional Counselors and they would be involved in conducting an assessment and trauma related services.

Decisions related to assessment and treatment for an abused offender are based on the professional judgment of the medical and mental health practitioners providing the services. Confidentiality is maintained and based on a need to know basis.

### **Discussion of Interviews:**

Interviews with staff confirmed that, as first responders, they would separate the victim from the perpetrator and get the victim to medical for treatment and an examination. Non-uniformed staff also could explain their roles as first responders. An interview with the facility nurse indicated she would conduct an assessment and provide any first aid if needed. If there were no serious injuries she would ensure the Superintendent or designee contacted the SANE nurse who would come to this facility or to the Helm's Center to conduct the forensic exam. The resident may also be taken to the Grady Rape Crisis Center, depending on the situation. The facility has confirmation from Grady Rape Crisis Center that they will provide these services. The auditor confirmed that, as well, through an interview with the legal advocate at the rape crisis center.

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

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

#### **115.283 (a)**

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

#### **115.283 (b)**

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

#### **115.283 (c)**

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

#### 115.283 (d)

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

#### 115.283 (e)

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

#### 115.283 (f)

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

#### 115.283 (g)

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

#### 115.283 (h)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

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

This facility is fortunate enough to have two (2) Licensed Professional Counselors. If, during the victim/aggressor assessment, done at intake and not later than the next day, a resident discloses prior sexual victimization, the counselor conducting the assessment refers the resident to one of the Licensed Professional Counselor for a follow-up. At that time the Licensed Professional Counselor assesses whether the resident needs or wants further services. Licensed Professional Counselors also have access to community-based providers, if needed for the resident. The facility provided the auditor with a list of residents who had disclosed prior victimization. All the interviewed residents disclosing prior victimization confirmed, in their interviews, that they were all offered a follow-up with mental health. Medical services are provided for victims of sexual abuse at the facility, at the Helms Facility (a GDC facility right behind METRO serving inmates with serious medical needs), or at the Grady Rape Crisis Center. Residents would be offered STI prophylaxis, pregnancy tests and advised of their options in the event they become pregnant as the result of a sexual assault.

**Policies and Documents Reviewed:** Procedure for Sane Nurse Evaluation/Forensic Collection; facility specific coordinated response plan (Local Procedure Directive); VH01-0001, Health Services – Physical Health; Pre-Audit Questionnaire; List of Residents Disclosing Prior Victimization; Monthly PREA Reports to the PREA Unit; Four (4) reviewed investigation packages.

**Interviews:** Licensed Practical Nurse, PREA Compliance Manager; Superintendent; Legal Advocate, Grady Rape Crisis Center

**Policy and Document Review:** The agency's "Procedure for Sane Nurse Evaluation/Forensic Collection" provides specific actions required when an inmate alleges sexual abuse/assault. It also requires that following a SANE Examination, the facility provider or designee is responsible for ordering prophylactic treatment for STIs. A follow up visit by a clinician is required three working days following the exam. The facility has a facility specific coordinated response plan (Local Procedure Directive). This plan requires each victim receive a mental health evaluation within 24 hours.

GDC Policy VH01-0001, Health Services, D., Medical Evaluation of Suspected Sexual Abuse, requires the medical exam include a pelvic exam, evidence gathering, taking a gonorrhea culture and syphilis serology, HIV testing and counseling, prophylactic treatment for sexually transmitted disease if medically appropriate to the situation, and women at risk for pregnancy are tested and if pregnant the offender receives an explanation of the effects of medications the offender is on the fetus, options are explained and if termination is desired, arrangements are made in accordance with GDC Policy's options are explained.

Offender victims of sexual abuse are offered STI prophylaxis on the recommendation of the Sexual Assault Nurse Examiner and authorized by the physician. Follow-up is provided, as needed and ordered, as well.

Residents of this facility have access to another GDC Facility, the Helms Facility, for additional medical services. The Helms facility is a medical facility treating and serving inmates with serious conditions, as well as female inmates who are pregnant.

GDC Policy requires that the facility attempt to conduct a mental health evaluation of all known resident on resident abusers within 60 days of becoming aware of such history and offer treatment as appropriate.

GDC Policy requires that victims of sexual abuse are provided health care services, including the forensic exam at no cost to the victim. This is confirmed through review of the GDC PREA Policy as well as interviews with medical staff.

The auditor reviewed four (4) investigation packages. The auditor requested, and the facility provided documentation to confirm the inmates as well as a sample of those reporting prior sexual victimization during intake were referred to mental health as required. Inmates have the option to refuse the follow-up and if so staff document that as well. Referral documentation was provided.

There were four (4) allegations of sexual abuse that occurred at METRO Transitional however only one of those allegations met the criteria for sexual abuse. That case involved alleged touching, resident on resident. There have been no forensic exams during the past twelve (12) months.

The facility provided the auditor with a list of residents disclosing prior sexual victimization. Documentation was provided documenting follow-up. Two Licensed Professional Counselors provide the mental health follow-up.

**Discussion of Interviews:** The interviewed counselor who conducts the victim/aggressor assessments affirmed that she refers residents disclosing prior victimization or those sexually assaulted at the facility to the Licensed Professional Counselors who conduct an assessment to determine if further services are needed. Interviews with the Licensed Professional Counselors also confirmed that they receive the referrals and conduct the assessments and offer mental health services if they desire them. They also indicated that many of these residents are on the mental health caseload already for other reasons.

Interviewed medical staff explained medical's role in responding to an allegation of sexual abuse as well as their role following a forensic examination. A prior interview with the Sexual Assault Nurse Examiner indicated a thorough and in-depth process. Following that exam, the SANE may ask that the offender receive STI Prophylaxis. The facility physician would have to approve the prophylaxis and the facility would provide it. Services, according to the Nurse and Mental Health Staff, exceed those in the community. An interview with the Legal Advocate at the Grady Rape Crisis Center also confirmed the services they would provide including a forensic exam, STI prophylaxis, and other interventions, if needed.

## DATA COLLECTION AND REVIEW

### Standard 115.286: Sexual abuse incident reviews

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

#### 115.286 (a)

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

#### 115.286 (b)

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

#### 115.286 (c)

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

#### 115.286 (d)

- Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse?  Yes  No
- Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility?  Yes  No
- Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse?  Yes  No
- Does the review team: Assess the adequacy of staffing levels in that area during different shifts?  Yes  No
- Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff?  Yes  No
- Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.286(d)(1) - (d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager?  Yes  No

#### 115.286 (e)

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

#### Auditor Overall Compliance Determination

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

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

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

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

The facility has had only one (1) allegation that met the criteria for sexual abuse and that involved an inmate allegedly touching another resident. The investigation determined the allegation to be unsubstantiated. An incident review was completed as required. The team consisted of the Assistant Superintendent, PREA Compliance Manager, Back-up PREA Compliance Manager with input from medical, mental health and security. The required incident review was documented on the Georgia Department of Corrections approved Incident Review Form. This form documents a review and consideration of all elements identified in the PREA Standards. Interviewed staff on the Incident Review Team as well as the Superintendent, explained the process for conducting the review. That process is consistent with the PREA Standards.

**Policy and Documents Review:** GDC Policy 208.06, Prison Rape Elimination Act-PREA, Sexually Abusive Behavior Prevention and Intervention Program J. Data Collection and Review, 1. Monthly Sexual Abuse and Sexual Assault Program Review; Pre-Audit Questionnaire; Memo from the Superintendent Re: 115.286; Monthly PREA Meeting Minutes.

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

**Discussion of Policies and Documents:** The METRO Transitional Center reported four (4) allegations of sexual abuse or sexual harassment in the past twelve months. In doing due diligence to confirm that, the auditor interviewed the Superintendent; requested, received and reviewed the PREA Hotline Call list for the past 12 months from the PREA Analyst (documenting no calls from the facility in the past 12 months; Reviewed the Monthly PREA reports sent to the PREA Unit for the past 12 months; Interviewed 13 Randomly selected staff and 30 special category staff; Interviewed 20 randomly selected residents. One of the allegations was staff misconduct and not a PREA allegation. One involved alleged voyeurism one time. One allegation alleged a resident touched another resident inappropriately.

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

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

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

The reviews are conducted after the investigation, as required. Interviews with team members confirmed the reviews are conducted within 30 days of the conclusion of the investigation and that the team would consider, what motivated the incident (identification, status, gang related etc.), where it happened, blind spots, the presence of cameras, staffing and other items included on the Incident Review Checklist (Sexual Abuse Incident Review Checklist).

**Discussion of Interviews:** Interviews with the Superintendent confirmed the membership on the Incident Review Team. She understood the process. The SART members who were interviewed also related the process for conducting the reviews and indicated if they ever had a PREA incident, the incident, after an investigation would be reviewed during the SART's monthly meetings.

## Standard 115.287: Data collection

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

#### 115.287 (a)

- Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions?  Yes  No

#### 115.287 (b)

- Does the agency aggregate the incident-based sexual abuse data at least annually?  Yes  No

#### 115.287 (c)

- Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice?  Yes  No

#### 115.287 (d)

- Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews?  Yes  No

### 115.287 (e)

- Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its residents? (N/A if agency does not contract for the confinement of its residents.)  Yes  No  NA

### 115.287 (f)

- Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.)  Yes  No  NA

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

This standard is rated exceeds because of the sophisticated reports the PREA Analyst generates in support of the PREA Audit process. In addition to the monthly reports of sexual abuse/sexual harassment submitted to the PREA Unit from which the Annual Report is compiled, the PREA Analyst secures a report of disabled residents/inmates for the auditor prior to each audit, enabling the auditor to identify residents who are hearing or visually impaired or otherwise disabled. Also, prior to each audit the PREA Analyst provides the auditor with a report of all calls to the PREA Hotline during the past twelve (12) months. Where names are associated with the hotline calls, these are provided to the auditor. At each facility the auditor collects the Monthly COMSTAT Reports submitted to the GDC, documenting multiple areas of facility operations, including major incidents. Too, each facility maintains color coded Monthly PREA Reports documenting the allegations received during a given month.

**Policies and Documents Review:** GDC Policy 208.06, Prison Rape Elimination Act, Sexually Abusive Behavior Prevention and Intervention Program, J.3; Georgia Department of Corrections Annual Report; Monthly PREA reports to the GDC PREA Unit; Monthly Operational Report/COMSTAT; Reports from the GDC PREA Analyst; Reports of Calls to the PREA Hotline.

**Interviews:** Statewide PREA Coordinator (previous interview); Assistant Statewide PREA Coordinator; PREA Compliance Manager; Superintendent

**Discussion of Policies and Documents:** The Georgia Department of Corrections collects accurate and uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions and aggregates the incident-based sexual abuse data at least annually. The incident-based data collected is based on the most recent version of the Survey of Sexual Violence conducted by the US Department of Justice. The department maintains, reviews and collects data as needed from all available incident-based documents, including reports, investigation files and sexual abuse incident reviews. Information is also secured from every facility, including private facilities with whom, DOC contracts for the confinement of residents. Upon request, DOC provides data from the previous calendar year to the US Department of Justice no later than June 30<sup>th</sup>.

GDC Policy 208.06, Prison Rape Elimination Act, Sexually Abusive Behavior Prevention and Intervention Program, J.3, requires each facility to submit to the Department's PREA Analyst, each month, a report, using the electronic spreadsheet provided from the PREA Coordinator's office. The form is submitted by email the fifth calendar day of the month following the reporting month. It requires that allegations occurring within the month will be included on this report along with the appropriate disposition. The monthly report is to be completed in accordance with the Facility PREA Log User Guide.

The auditor reviewed the most recent Georgia Department of Corrections Annual Report. The Agency issues annual PREA reports and posts them on the GDC Website. The auditor reviewed the 2017 Georgia Department of Corrections Prison Rape Elimination Annual Report. The thirteen pages report was detailed and comprehensive. The report indicated that the Georgia DOC has 34 prisons, 13 Transition Centers, 9 probation detention centers, 5 substance abuse and integrated treatment facilities and 4 private prisons. Data is collected from each of the facilities and aggregated. Georgia DOC compiles and investigates PREA allegations in 4 major categories including 1) Staff on Inmate Abuse, 2) Staff on Inmate Harassment, 3) Inmate on Inmate Abuse, and 4) Inmate on Inmate Harassment. The report provided data regarding the total number of allegations from all facilities and then it breaks the allegations down into those that were substantiated, unsubstantiated and unfounded. A chart then breaks down the data by facility. The 2017 report indicated there was a 21% increase in allegations reported and this was attributed to and the addition of county and private facility allegations, the improvement in reporting as well as the effect of increased staff and inmate education. The substantiated cases remained constant and an increase in the total number of allegations is influenced by process improvements and prevention training.

The report included initiatives by the Department. In 2017 the PREA Unit implemented a database for all allegations. The database records all reported PREA incidents that are sorted into queues including Pending SART Investigator, Pending PREA Coordinator Review, and Completed Cases. This enhanced the PREA Coordinator's ability to be more involved in the investigative process as allegations are reported. The PREA Coordinator reviews provide a check and balance system to ensure the dispositions are in compliance with the investigation standards. Beginning in 2018 the PREA became able to ensure all allegations are accompanied by an incident report and all federal-related data recorded as the cases occur. This is accomplished through the SCRIBE Module.

Statistics are provided for each GDC facility.

The GDC PREA Unit has a dedicated staff person, an analyst, who collects and analyzes the data. Based on the data reviewed the GDC can track allegations and investigations and findings from each facility and assess the need for any corrective actions. The PREA Compliance Manager related the

facility sends a monthly PREA report (208.06, Attachment 2), to the Agency's PREA Analyst. This report, according to the compliance manager, consists of the numbers of PREA Cases, victims and predators, statistics on allegations of sexual abuse, assaults, grievances filed, the results of investigations and a response to the question, "was the investigation or allegations sent to the OPS investigators.

In addition to the monthly PREA statistical report submitted by each facility; the facility also submits to GDC, a Monthly Operational Report, providing statistics on a multitude of topics, including PREA incidents. The monthly PREA Report documents all allegations/incidents of sexual abuse or sexual harassment. The auditor reviewed all twelve months of reports to the PREA Unit.

The PREA Analyst provides the auditor, prior to each audit; reports documenting the disabilities of residents; lists of residents disclosing prior victimization (when available), as well as an email documenting the names of residents contacting the PREA Hotline during the past twelve (12) months. The disability report enables the auditor to identify residents/residents who are hearing or visually impaired or who have some other form of disability.

## **Standard 115.288: Data review for corrective action**

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

#### **115.288 (a)**

- Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas?  Yes  No
- Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis?  Yes  No
- Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole?  Yes  No

#### **115.288 (b)**

- Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse  Yes  No

#### **115.288 (c)**

- Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means?  Yes  No

## 115.288 (d)

- Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility?  Yes  No

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

**Policy and Documents Reviewed:** Investigation Packages (4); Incident Reviews Georgia Department of Corrections 2017 Annual Report; Agency Website.

**Interviews:** Warden; PREA Compliance Manager; Members of Incident Review Team; Previous interview with the Agency's Statewide PREA Coordinator.

**Policy and Document Review:** The Georgia Department of Corrections requires each facility to conduct incident reviews after each sexual abuse allegation investigation if the allegations are founded or unsubstantiated. The purpose of this is to determine what the motivation for the incident was and to assess whether there is a need for corrective actions including additional staff training, staffing changes or requests for additional video monitoring technology or other actions to help prevent similar incidents in the future. The auditor reviewed four (4) investigation packages. One of the investigations alleged sexual abuse and an incident review was conducted following that allegation.

Likewise, the agency reviews data collected to assess and improve the effectiveness of its sexual abuse prevention, detection and response policies, practices and training, including identifying problem areas; taking corrective action on an ongoing basis and preparing an annual report of its findings and corrective actions for each facility and the GDC. The department has a dedicated staff person whose job it is to collect and analyze the data.

The reviewed annual report for 2017 affirms the agency is continuously improving the reporting and investigation methods to ensure the highest level of compliance, as well as swift corrective action when needed. The report also states the Georgia DOC continues to improve the processes of how PREA allegations are reported, investigated and tracked. The development, testing and implementation of a

PREA allegation tracking method allowed for further breakdowns of allegations, along with detailed reporting from all GDC facilities, as compared to last year.

The reviewed 2017 annual report identified initiatives at each GDC facility to improve and enhance the facility and agency's approach to prevention, detection, responding and reporting sexual abuse and sexual harassment. Initiatives for the Department as well as the facilities were documented.

Annual reports are posted on the Georgia Department of Corrections website.

## Standard 115.289: Data storage, publication, and destruction

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

#### 115.289 (a)

- Does the agency ensure that data collected pursuant to § 115.287 are securely retained?  
 Yes  No

#### 115.289 (b)

- Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means?  Yes  No

#### 115.289 (c)

- Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?  Yes  No

#### 115.289 (d)

- Does the agency maintain sexual abuse data collected pursuant to § 115.287 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise?  Yes  No

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

**Policies and Documents Reviewed:** GDC Policy 208.06, Prison Rape Elimination Act -PREA, Sexually Abusive Behavior Prevention and Intervention Program, VI. Record Retention of Forms Relevant to this Policy,

**Interviews:** Statewide PREA Coordinator (previous interview); Assistant Statewide PREA Coordinator, PREA Compliance Manager; Superintendent

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

GDC Policy 208.06, Prison Rape Elimination Act -PREA, Sexually Abusive Behavior Prevention and Intervention Program, VI. Record Retention of Forms Relevant to this Policy, requires that the retention of PREA related documents and investigations will be securely retained and made in accordance with this policy and policy in VI.1, Sexual abuse data, files and related documentation requires they are retained at least 10 years from the date of the initial report.

Criminal investigation data, files and related documentation is required to be retained for as long as the alleged abuser is incarcerated or employed by the agency, plus five years or 10 years from the date of the initial report, whichever is greater. Administrative investigation data files and related documentation is to be retained for as long as the alleged abuser is incarcerated or employed by the agency, plus five years; or 10 years from the date of the initial report, whichever is greater



## **AUDITING AND CORRECTIVE ACTION**

### **Standard 115.401: Frequency and scope of audits**

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

#### **115.401 (a)**

- During the three-year period starting on August 20, 2013, and during each three-year period thereafter, did the agency ensure that each facility operated by the agency, or by a private

organization on behalf of the agency, was audited at least once.? (N/A before August 20, 2016.)  
 Yes  No  NA

#### 115.401 (b)

- During each one-year period starting on August 20, 2013, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited?  Yes  No

#### 115.401 (h)

- Did the auditor have access to, and the ability to observe, all areas of the audited facility?  Yes  No

#### 115.401 (i)

- Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)?  Yes  No

#### 115.401 (m)

- Was the auditor permitted to conduct private interviews with inmates, residents, and detainees?  Yes  No

#### 115.401 (n)

- Were residents permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel?  Yes  No

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

Policy and Documents Reviewed: GDC Policy, 208.06, Prison Rape Elimination Act-PREA, Sexually Abusive Behavior Prevention and Intervention Program, K. Audits; Notices of PREA Audit; GDC Policy,

208.06, Prison Rape Elimination Act-PREA, Sexually Abusive Behavior Prevention and Intervention Program, K. Audits, asserts that the Department will conduct audits pursuant to 28 C.F.R/ 114.401-405. Each facility operated by the Department will be audited every three years or on a schedule determined by the PREA Coordinator.

The agency also contracts with county and private facilities. Policy requires that county facilities and privately operated on behalf of the Department (housing state offenders) must meet the same audit requirements. These entities are responsible for scheduling and funding their audits. All audits are required to be certified by the Department of Justice and each facility will bear the burden of demonstrating compliance with the federal standards. A copy of the final report will be submitted to the Department's PREA Coordinator upon completion of the audit and must be conducted every three years.

The audit was conducted by two certified PREA Auditors. The facility provided comfortable space for both auditors. The facility staff coordinated the movement of staff and residents to interviews.

Both auditors were always provided complete and unfettered access to all areas of the facility during the on-site audit process. Space in an office was provided for the auditors to conduct interviews with complete privacy. When additional documentation was requested it was provided expeditiously.

The auditor received information on the flash drive prior to the on-site audit. The flash drive primarily contained policies and examples of forms used by the GDC, subsequently the auditor requested and received completed documentation and samples of documentation as requested. The facility promptly provided whatever was asked for by the auditor and following the on-site audit, as information was requested the PREA Compliance Manager and the PREA Coordinator provided it, and again, expeditiously

The PREA Notice was observed posted throughout the facility. The notice contained contact information for the auditor. The Notice of PREA Audit was also observed on the "streaming video" monitor in the dining room/multipurpose room. The auditor did not receive any correspondence as a result of the notice posting. During the tour of the facility the auditor informally talked with at least thirteen (13) residents and seven (7) staff. None of the residents requested to talk with the auditor in private. Interviews were conducted in complete privacy and every resident randomly chosen for interviews participated in the interviews. The auditor was free to move about the facility at will, providing the opportunity for any resident to communicate with the auditor, if they needed to. The auditor talked informally with residents coming in from work and those leaving for work. Residents had every opportunity to talk with the auditor if they wanted to.

## **Standard 115.403: Audit contents and findings**

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

#### **115.403 (f)**

- The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports within 90 days of issuance by auditor. The review period is for prior audits completed during the past three years PRECEDING THIS AGENCY AUDIT. In the case of single facility agencies, the auditor shall ensure that the facility's last audit report was

published. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or in the case of single facility agencies that there has never been a Final Audit Report issued.)  Yes  No  NA

### **Auditor Overall Compliance Determination**

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

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

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

The GDC Statewide PREA Coordinator ensures that all PREA Reports are published on the agency's website within 90 days of the completion of the report. Reports for all facilities for all reporting periods are posted on the agency's website and easily accessible to the public.

The auditor reviewed the Agency's website and reviewed a sample of PREA reports as well as annual reports that were posted on the website.

## AUDITOR CERTIFICATION

I certify that:

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

### Auditor Instructions:

Type your full name in the text box below for Auditor Signature. This will function as your official electronic signature. Auditors must deliver their final report to the PREA Resource Center as a searchable PDF format to ensure accessibility to people with disabilities. Save this report document into a PDF format prior to submission.<sup>1</sup> Auditors are not permitted to submit audit reports that have been scanned.<sup>2</sup> See the PREA Auditor Handbook for a full discussion of audit report formatting requirements.

Robert Lanier

November 12, 2018

**Auditor Signature**

**Date**

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<sup>1</sup> See additional instructions here: <https://support.office.com/en-us/article/Save-or-convert-to-PDF-d85416c5-7d77-4fd6-a216-6f4bf7c7c110>.

<sup>2</sup> See *PREA Auditor Handbook*, Version 1.0, August 2017; Pages 68-69.