Prison Rape Elimination Act (PREA) Audit Report
Adult Prisons & Jails

☐ **Interim** ☒ **Final**

Date of Report May 4, 2018

Auditor Information

Name: Robert Lanier	**Email:** rob@diversifiedcorrectionalservices.com
Company Name: Diversified Correctional Services, LLC	
Mailing Address: PO Box 452	**City, State, Zip:** Blackshear, GA 31516
Telephone: 912-281-1525	**Date of Facility Visit:** March 28, 2018

Agency Information

Name of Agency: Mitchell County Correctional Institute		**Governing Authority or Parent Agency** *(If Applicable)*: N/A	
Physical Address: 4838 Ga Hwy 37 East		**City, State, Zip:** Camilla, GA 31730	
Mailing Address:		**City, State, Zip:** Click or tap here to enter text.	
Telephone: 229-336-2045		**Is Agency accredited by any organization?** ☐ Yes ☒ No	
The Agency Is:	☐ Military	☐ Private for Profit	☐ Private not for Profit
☐ Municipal	☒ County	☐ State	☐ Federal
Agency mission: Protect the public and provide work details to Mitchell County			
Agency Website with PREA Information: www.mitchellcountyga.net			

Agency Chief Executive Officer

Name: Bill Terry	**Title:** Warden
Email: bterry@mitchellcountyga.net	**Telephone:** 229-526-0776

Agency-Wide PREA Coordinator

Name: Johnny Duckworth	**Title:** PREA Coordinator
Email: jduckworth@mitchellcountyga.net	**Telephone:** 229-328-7725

PREA Coordinator Reports to: Warden	Number of Compliance Managers who report to the PREA Coordinator 0

Facility Information

Name of Facility Mitchell county Correctional Institution			
Physical Address: 4838 GA Hwy 37 East Camilla, GA 31730			
Mailing Address (if different than above):			
Telephone Number: 229-336-2045			
The Facility Is:	☐ Military	☐ Private for profit	☐ Private not for profit
☐ Municipal	☒ County	☒ State	☐ Federal
Facility Type:	☐ Jail	☒ Prison	
Facility Mission: To protect the public while providing work details to Mitchell County			
Facility Website with PREA Information: www.mitchellcountyga.net			

Warden/Superintendent

Name: Bill Terry	**Title: Warden**
Email: bterry@mitchellcountyga.net	**Telephone** 229-526-0776
Name: Johnny Duckworth	**Deputy Warden/PREA Coordinator**
Email: jduckworth@mitchellcountyga.net	**Telephone:** 2293287725

Facility Health Service Administrator

Name: Kim McCloud	**Title:** RN
Email: kim.mccloud@gdc.ga.gov	**Telephone: 229-336-2045**

Facility Characteristics

Designated Facility Capacity: 149	**Current Population of Facility: 146**
Number of inmates admitted to facility during the past 12 months	**226**
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 30 days or more:	**226**
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:	**226**
Number of inmates on date of audit who were admitted to facility prior to August 20, 2012:	**0**

Age Range of Population:	**Youthful Inmates Under 18:** 0	**Adults: 18-65**		
Are youthful inmates housed separately from the adult population?		☐ Yes	☐ No	☒ NA
Number of youthful inmates housed at this facility during the past 12 months :0				N/A
Average length of stay or time under supervision:				**2 years**
Facility security level/inmate custody levels:				**Minimum/medium**
Number of staff currently employed by the facility who may have contact with inmates:				**31**
Number of staff hired by the facility during the past 12 months who may have contact with inmates:				**14**
Number of contracts in the past 12 months for services with contractors who may have contact with inmates:				**0**

Physical Plant

Number of Buildings: 2	**Number of Single Cell Housing Units: 0**
Number of Multiple Occupancy Cell Housing Units:	**0**
Number of Open Bay/Dorm Housing Units:	**3**
Number of Segregation Cells (Administrative and Disciplinary:	**10**

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.): web based, 45 cameras, 14 day retention, dorms, kitchen, hallways, laundry, storage areas, etc.

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Medical

Type of Medical Facility:	Primary care M-F 8-4 and a callback nurse
Forensic sexual assault medical exams are conducted at:	Mitchell County Hospital

Other

Number of volunteers and individual contractors, who may have contact with inmates, currently authorized to enter the facility:	9
Number of investigators the agency currently employs to investigate allegations of sexual abuse:	SART 3 members

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 Mitchell County Correctional Institution was forwarded to the facility's PREA Compliance Manager six (6) weeks prior to the on-site audit, for posting in the Mitchell County Correctional Institution. The auditor requested that these be posted in areas accessible to staff, inmates, contractors, volunteers and visitors. The PREA Compliance confirmed the postings by providing photos for the auditor. These were dated. 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 communication from staff, inmate, contractor, volunteer or visitor. During the onsite PREA Audit, Notices of PREA Audit were observed posted everywhere in that facility; in every living unit and area of the prison, including the segregation units.

Pre-Audit Questionnaire/ Flash Drive Review: The Mitchell County Correctional Facility's PREA Compliance Manager forwarded the Flash Drive 34 days prior to the on-site audit. The reviewed flash drive contained the Pre-Audit Questionnaire, policies and procedures, and other documents to support the facility's practices. The information was organized and provided the auditor an overview of the operations of the facility. Each standard was addressed. Where samples were needed, samples were provided. Additional documents were requested via email prior to the on-site audit.

Outreach to Outside Advocates: The auditor contacted the Lily Pad Rape Crisis Center in Albany, Georgia to determine the interactions, if any, the center has had with facility. The Director confirmed the facility has a Memorandum with the Mitchell County Correctional Institution however there have been no reports of sexual abuse or sexual harassment nor has the facility received any calls from the inmates there. The director described the services the program offers victims of sexual abuse at the prison. A hotline is manned 24/7 to accept calls from inmate victims, including inmate victims of previous sexual abuse. The Lily Pad will offer the inmate the services of an advocate who will meet the inmate at the hospital and accompany them through the forensic exam and through any additional investigative interviews if requested by the inmate. Inmate victims of previous sexual abuse may also call the hotline to talk with an advocate. There have been no occasions or reports from the prison related to sexual abuse.

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 auditor requested and received, a list of inmates that included the housing units to enable the auditor to select inmates from each living unit. The facility was asked to identify all of the inmates who were in the targeted categories, including all youthful offenders, youthful offenders maintained in segregation, inmates identifying as gay or bisexual, inmates who are transgender or intersex, Limited English Proficient inmates, disabled inmates (deaf, visually impaired), cognitively disabled inmates, inmates disclosing sexual abuse at Mitchell County CI or who disclosed prior victimization during the initial intake victim/aggressor assessment.

During emails and conversations with the PREA Compliance Manager, the auditor requested the facility conduct due diligence by reviewing victim/aggressor assessments and through other means to attempt to identify any of the targeted inmates. The facility did that and finding none, the Warden provided a letter dated March 27, 2018 stating the facility did not have any inmates that meet the requirement of the special categories. The auditor also reviewed 25 victim/aggressor assessments and could not locate any targeted inmates. Interviews with randomly selected inmates from all living units also failed to identify anyone who reported prior victimization, victimization at the facility or any other category of the targeted population.

On-Site Audit Activities

The Mitchell County Correctional Institution is a county facility contracting with the Georgia Department of Corrections for the confinement of inmates. It has a rated capacity of 149 inmates.

By prior arrangement the auditor arrived at the facility at 0600 in the morning, Wednesday, March 28, 2018. The purpose of the early arrival was to interview overnight staff prior to their departure from their shift.

The auditor was met in the parking lot by the PREA Compliance Manager and escorted into the facility. Entering the facility, the auditor was greeted by the Correctional Officer in the Control Room at the front entrance into the building. He welcomed the auditor to the facility saying, “Welcome to Mitchell County Correctional Institution where we have a zero tolerance for all forms of sexual abuse and sexual harassment” after which he required the auditor to read and sign a PREA Acknowledgment Statement.

After a brief meet and greet with the Warden, the Chief of Security and the Deputy Warden/PREA Compliance Manager, the auditor selected the staff and inmates to interview. The Warden and PREA Compliance Manager affirmed once again, they did not have any of the targeted inmates at the facility at this time. The auditor continued with the randomly selected staff interviews, followed by a complete site review of the facility and compound.

Randomly Selected Staff Interviews: (16) – Sixteen (16) staff were selected from the staffing roster. Because the facility is small, there are few staff on duty at any given time. The auditor attempted to interview a cross section of employees from the employee pool on duty during the on-site audit period. Interviewed staff were primarily correctional staff however an administrative assistant was also interviewed.

Specialized Staff Interviews: (13) Specialized Staff included the following:

- Prior Interview with the Agency PREA Coordinator

- Prior Interview with the Agency's Assistant PREA Coordinator
- Warden
- Deputy Warden of Security/PREA Compliance Manager
- Investigator
- Staff Conducting Orientation
- Staff Conducting Victim/Aggressor Assessments
- Medical Staff
- Staff on the Incident Review Team
- Higher Level Staff Conducting Unannounced Rounds
- Staff Advocate
- Retaliation Monitor
- Volunteer
- Human Resources Staff
- Staff Supervising Segregation

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

During the site review the auditor made numerous observations, including the posting of Notices of PREA Audits, PREA Related Posters and especially those providing reporting instructions, locations of showers and privacy issues, if any, grievances and grievance boxes, requests forms and boxes for requests, configuration of living units, capacities of dorms, observations of blind spots, camera deployment, the use of mirrors to mitigate blind spots, staffing levels, supervision of inmates, accessibility to telephones, accessibility to KIOSKS instructions for using the phones to report sexual abuse. The facility has multiple cameras located throughout the facility and in every living unit. There are some areas without cameras and where cameras are absent, the facility has often supplemented viewing by adding mirrors. Too, keys to sensitive and vulnerable areas are either restricted or highly restricted meaning that staff have to secure the keys from the control room. Too, they are required to present the key to their administrative box to enable the control room staff to retrieve them.

Inmate Interviews

Based on the requirements of the PREA Auditor's Manual and the capacity of this facility, the auditor was required to minimally interview twenty (20) inmates, including ten (10) inmates, randomly selected and ten (10) inmates who were in the targeted groups.

The auditor interviewed twenty-three (23) inmates who were randomly selected from the alpha roster provided by the facility. There were no targeted inmate groups at the facility during the on-site audit period. The facility reported having done due diligence in attempting to locate targeted inmates. The auditor reviewed 25 random victim/aggressor assessments to determine if there were any inmates in the targeted groups. There were none.

Inmate Correspondence (0)

Although the Notice of PREA Audit was posted on the Mitchell County Correctional Institute's Webpage and in areas of the facility accessible to staff, inmates, volunteers, contractors, and visitors the auditor did not receive any communications.

Documents and Files Reviewed

Background Checks/PREA Related Questions/Professional References: Fourteen (14) Newly Hired Staff; Fifteen (15) regular employees (for five- year checks); Ten (10) Contractor Fil files; Ten (10) Volunteer Files; Twelve (12) Promoted Staff files; and Fifty-four (54) Social Media Checks.

Facility Staffing Plan Annual Review (2017)

Facility Log Books and Duty Officer Log Books : 10 Pages

Certificates of Training/PREA Acknowledgment Statements Staff: The auditor reviewed 41 certificates documenting staff completing Day 1 of annual in-service training. Day 1 is the day for PREA training. Forty (40) of forty (40) reviewed personnel files contained PREA Acknowledgment Statements also indicated indicating staff were trained and that they understood the agency's zero tolerance policy and PREA.

Communicating Effectively with LGBTI Inmates: All staff are required to have taken the on-line course through the National Institute of Corrections, "Communicating Effectively and Professionally with LGBTI Inmates". Fifty (50) certificates confirming that training, were reviewed. All the staff interviewed stated they had completed this training and that it was a requirement for all staff.

PREA Acknowledgment Statements Inmates: Twenty-five (25) Prison Rape Elimination Act Orientation Video Acknowledgment Statements were reviewed. Forty (40) Orientation Checklists were reveiwed as well to document the PREA Trianing during Orientation.

Victimization/Aggressor Assessments 30

Victimization/Aggressor Reassessments 30

Grievances: The auditor reviewed thirty-five (35) of sixty-four (64) filed grievances selected at random by the auditor. None of the grievances alleged sexual abuse, sexual misconduct or sexual harassment. Most of the grievances were related to property and medical issues.

Incident Reports/ Investigations: Five (5) of Five (5) Investigation Packages were reviewed. (See 115.71)

Notifications to Inmates: Five (5) Notifications were reviewed.

Incident Reviews: One (1) Investigation Packages alleging sexual abuse contained Incident Reviews.

Coordinated Response Plan: Reviewed plan.

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: See Corrective Action Section of this report.

Facility Characteristics and Site Review

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

The site review of the Mitchell County Correctional Institute was conducted on March 28, 2018.

This facility is a 159- bed facility, housing a maximum of 135 state inmates and up to 24 county offenders. Inmates are medium and minimum- security levels. The age range of the population is 18 to 65. The facility does not house youthful offenders. Inmates at the facility provide general labor for Mitchell County by using their inmates to provide work on county roads and other Mitchell County Government projects.

Staffing consists of the following:

- One (1) Warden
- One (1) Deputy Warden
- One (1) Administrative Assistant
- One (1) Counselor
- One (1) Lieutenant
- Three (3) Corporals
- Three (3) Part Time Staff
- One (1) Cadet
- Sixteen (16) Correctional Officers
- One (1) Nurse – Contracted

Food service is provided by the inmates under the supervision of a correctional officer.

The facility consists of four (4) housing units, all designed and configured in an open bay style with bunkbeds. Dorms 1 and 2 were a part of the original construction and Dorm 3 added on in the 1990's renovation/modification to the facility. All the dorms are general population. There is, however, a segregation area with six (6) cells.

The facility has forty-eight (48) cameras and has plans for adding additional cameras.

Visitors to the facility enter the front door into a small reception area. The reception area contained PREA related posters and the Notice of PREA Audit. Facing the front control room, a corrections officer welcomes the visitor to the center and requires the visitor to provide a photo identification and sign in.

The facility is essentially self-contained and houses the following under one roof:

- Two (2) Counselor's Offices
- Deputy Warden's Office

- Lieutenants Office
- Medical
- Several storage rooms
- Control room in front and in the rear of the facility (dorm area)
- Library
- Dorm 1 - housing general population inmates (capacity 39)
- Dorm 2 – housing general population inmates (capacity 42)
- Dorm 3 – housing general population inmates (capacity 68)
- Seven (7) Segregation Cells
- Barber Shop

Dorm One (1) houses 39 general population inmates. The dorm is configured in an open bay style. There are two phones enabling inmates to make calls to family and friends on their approved list and to report allegations of sexual abuse and sexual harassment. There are cameras in the dorm however none are in the restroom/shower area. The administration has the ability to pull up the camera views on their computers and on their phones to view any covered areas in “real time”. There is a KIOSK in the dorm. Inmates can email the following on the KIOSK:

- Counselors
- Lieutenant
- Warden
- Deputy Warden
- Family
- Medical (sick call)

PREA related posters are in the dorm and inmates have access to information on zero tolerance and reporting.

Inmates have privacy while showering and using the restrooms with stalls separated by ¾ walls. There are four (4) showers and four (4) toilets in Dorm 1.

Dorm Two (2) house up to 42 general population inmates. The dorm is configured in an open bay style. Phones are available enabling inmates to call home, friends and anyone else on their approved lists. There are cameras in the dorm however none are in the restroom/shower area. There are four (4) showers and four (4) toilets all separated by ¾ walls affording privacy while showering and using the restroom. There is a KIOSK in the dorm enabling inmates to email the same staff as described in Dorm 1. There are PREA related posters in the dorm informing inmates of the zero-tolerance policy and how to report.

Dorm Three (3) houses up to 68 general population inmates. The dorm is configured in an open bay style. Phones are in the dorm enabling inmates to contact their families and friends on their approved lists. They may also make reports to the Agency’s PREA Unit via the Hotline Number. There is a KISOK in the unit enabling inmates to contact all of the staff listed above. There are PREA related posters in the dorm continuously reminding inmates of zero tolerance and how to report.

Three are eight (8) showers and toilets all behind ¾ walls affording privacy.

Food services are provided by the inmates under staff supervision. The kitchen hall, food preparation area and dining area have camera coverage.

The laundry has camera coverage, PREA posters.

The barbershop also has camera coverage.

Segregation: There are ten (10) cells housing segregation. There are two cameras in this area but not inside the cells. PREA signs are in the area. Female staff are not assigned to this area during shower time. PREA rounds are documented in the segregation logbook.

The visitation room has camera coverage. PREA Posters are also in the area.

The library area has camera coverage.

A newly constructed building will house programs, religious services and other functions. This area is being served with camera coverage.

In summary, the facility's inmates are supervised by staff making their required rounds through the facility and housing area. This supervision is supplemented by 48 cameras that were strategically located throughout the facility in the living units and other areas identified as blind spots. A control room at the front entrance controls entry into the facility while a second control room, centrally located between the dorms, manned 24/7, has views into each dormitory.

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: 4

115.11; 115.51; 115.53' 115.87

Number of Standards Met: 41

115.12; 115.13; 115.14; 115.15; 115.16; 115.17; 115.18; 115.21; 115.22; 115.31; 115.32; 115.33; 115.34; 115.35; 115.41; 115.42; 115.43; 115.52; 115.54; 115.61; 115.62; 115.63; 115.64; 115.65; 115.66; 115.67; 115.68; 115.71; 115.72; 115.73; 115.76; 115.77; 115.78; 115.81; 115.82; 115.83; 115.86; 115.88; 115.89; 115.401; 115.403

Number of Standards Not Met: 0

0

Summary of Corrective Action (if any)

Interviewed inmates knew that there must be services available outside the facility dealing with sexual abuse if they ever needed it. When asked specifically about the Lily Pad, it was a mixed bag in terms of inmates knowing about it and how to access it if they needed it.

The facility was requested to post and make the information available to inmates and to post that information throughout the facility and in every living unit.

Prior to the departure of the auditor from the facility the contact information for the Lily Pad SANE Center was posted.

PREVENTION PLANNING

Standard 115.11: Zero tolerance of sexual abuse and sexual harassment; PREA coordinator

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

115.11 (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

115.11 (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

115.11 (c)

- If this agency operates more than one facility, has each facility designated a PREA compliance manager? (N/A if agency operates only one facility.) ☒ Yes ☐ No ☐ NA
- Does the PREA compliance manager have sufficient time and authority to coordinate the

facility's efforts to comply with the PREA standards? (N/A if agency operates only one facility.)
☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

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

☐ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

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

Instructions for Overall Compliance Determination Narrative

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

Policy and Documents Reviewed: Georgia Department of Corrections (GDC) Policy 208.6, Prison Rape Elimination Act-PREA, Sexually Abusive Behavior Prevention and Intervention Program; PREA Brochures; Resident Handbook; Training Reports, Twenty-five (25) Acknowledgment Statements (Staff, Inmates, Contractors); Zero Tolerance Posters located throughout the facility; Viewed Facility Website

Interviews: Warden; PREA Coordinator, PREA Compliance Manager, 16 Random Staff; 15 Specialized Staff; 23 Random Inmates;

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. 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. An interview with the PREA Coordinator confirmed an Assistant PREA Coordinator has been hired.

The PREA Coordinator is one of the most knowledgeable PREA Coordinators I have had the pleasure of working with. She is not just knowledgeable of PREA, but she brings to the table experience working in adult facilities prior to her appointment. She has been responsible for ensuring that the prisons and facilities are in compliance with the PREA Standards and that they maintain compliance. To that end she serves as a resource person for the GDC facilities and programs and visits her facilities often. Those visits are working visits during which she often sits with the facility's investigators and reviews each investigation of allegations of sexual abuse and sexual harassment. A previous interview with the PREA Coordinator and the newly appointed Assistant Statewide PREA Coordinator confirmed that they have sufficient time to perform their PREA related duties. The newly hired Assistant PREA Coordinator also has a number of years of experience of institutional work. The PREA Coordinator indicated that meetings/training with facility PREA compliance managers occurs at least twice a year.

In addition to the Agency Compliance Director, Statewide PREA Coordinator and Assistant PREA Coordinator, the agency also has a PREA Analyst assigned to the PREA Unit. His job is to collect and analyze the data that is submitted to the PREA Unit, on a monthly basis, by each facility. This staff also receives the calls from inmates 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 Georgia Department of Corrections has an Americans with Disabilities Coordinator who, according to an interview, is available to assist facilities in securing an appropriate interpreter when needed to ensure a disabled or limited English proficient has access to all aspects of the agency's PREA prevention, detection, reporting and responding program. The State has multiple contracts with interpretive services for an array of disabilities.

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

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

The Warden of the Mitchell County Correctional Institute has designated a higher- level staff; the Deputy Warden for Security, as the PREA Compliance Manager. The Deputy Warden reports directly to the Warden and has the ability to implement PREA with the full support of the Warden. The PREA Compliance Manager is an experienced and very knowledgeable staff having served as the PREA Compliance manager since the inception of PREA in the Georgia facilities. An interview with the

Compliance Manager indicated he has the time and authority to develop, implement, and oversee the facility's efforts to comply with the PREA Standards.

The reviewed facility's website contains PREA related information and affirms that the Institution has a zero tolerance towards all forms of sexual abuse and sexual harassment, including inmate on inmate sexual abuse or sexual harassment as well as employee on inmate sexual abuse or sexual harassment. Ways to report allegations of sexual abuse or sexual harassment are named and include the Ombudsman (phone and email address provided) and the State Board of Pardons and Parole, Office of Victim Services (address provided).

The Mitchell County Correctional Institute Local Operating Procedure, revised January 18, 2018, states that the Mitchell CI has mandated a zero-tolerance towards all forms of sexual abuse and sexual harassment; to include inmate on inmate sexual abuse and sexual harassment as well as employee on inmate sexual abuse and sexual harassment. Lastly it asserts that sexual activity regardless of consensual status is strictly prohibited and subject to administrative and criminal sanctions. It also affirms the facility will comply with the Georgia Department of Corrections Standard Operating Procedure 208.06. This policy describes and integrates the steps the agency takes and requires related to prevention, detection, response and reporting.

This agency is committed to sexual safety. Evidence to support that is their proactive approach described by the PREA Coordinator and the fact that they are working with Just Detention International in seeing how offenders might be used to conduct PREA Classes; working with statewide advocate groups in recruiting advocates; through trauma response training, by having the Moss Group review their PREA Policy and by providing additional training for Sexual Assault Response Team Members as well as 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; ie., Medical and mental health.

Interviews: An interview with the PREA Compliance Manager indicated he has a grasp of how to implement PREA and to maintain sexual safety and keep the information continuously before the staff. He indicated the facility has morning meetings with the warden and the executive team; monthly meetings with all staff; keep an open door policy; train staff (through new employees training and annual in-service training, and providing laminated first responder and reporting cards for staff); and train inmates and keep zero tolerance continuously before staff and inmates through PREA related posters placed throughout the facility. 100% of the interviewed staff, those randomly selected and specialized articulated the facility's zero tolerance for sexual abuse, sexual harassment and retaliation for reporting sexual assault or sexual harassment. Twenty-three (23) inmates were interviewed. All of the interviewed inmates stated they received information about the facility's rules against sexual abuse upon admission as well as information regarding their rights either the same or next day following their admission into the facility.

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 in areas like the barbershop, kitchen, education, and segregation.

The auditor reviewed twenty-five (25) PREA Acknowledgment Statements confirming staff have been trained in PREA. 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 newly hired staff, staff who were promoted, regular staff, contractors and volunteers and each of the pulled files contained the signed PREA Acknowledgement Statements.

An additional twenty-five (25) PREA Acknowledgment Statements and training rosters documenting inmates training were asked for and provided to the auditor.

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 to oversee the implementation of PREA in the GDC facilities. In addition to these proactive measures, yet another staff has been designated as the Agency's Assistant PREA Coordinator. Observations of the work of the Statewide PREA Coordinator convinced the auditor that she is "hands on" and works with her facilities by monitoring and providing technical assistance. She was very knowledgeable of what was going on in her facilities. Too, she makes herself available throughout the on-site audits to provide additional information and/or clarification when needed. 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 Warden demonstrated a commitment to PREA by designating his Deputy Warden of Security, someone with multiple years of prison experience, as the PREA Compliance Manager. He is a knowledgeable PREA Compliance Manager and reports directly to the Warden. 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.

Standard 115.12: Contracting with other entities for the confinement of inmates

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

115.12 (a)

- If this agency is public and it contracts for the confinement of its inmates 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 inmates.) ☒ Yes ☐ No ☐ NA

115.12 (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 inmates OR the response to 115.12(a)-1 is "NO".) ☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

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

☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

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

Instructions for Overall Compliance Determination Narrative

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

Policy and Documents Reviewed: Georgia Department of Corrections Policy, 208.6, Prison Rape Elimination Act, Sexually Abusive Behavior, Prevention and Intervention Program, A. Prevention Planning, Paragraph 2; Two (2) contracts promulgated by the GDC for the confinement of inmates; Pre-Audit Questionnaire.

Interviews: Warden, PREA Compliance Manager; PREA Coordinator

Policy and Documents Review: Georgia Department of Corrections Policy, 208.6, Prison Rape Elimination Act, Sexually Abusive Behavior, Prevention and Intervention Program, A. Prevention Planning, Paragraph 2, requires the Department to ensure that contracts for the confinement of its inmates with private agencies or other entities, including governmental agencies, 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 Mitchell County Correctional Institute does not contract for the confinement of offenders. This was confirmed through interviews with the PREA Coordinator, Warden, 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 inmates 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 115.13: Supervision and monitoring

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

115.13 (a)

- Does the agency ensure that each facility has developed a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse? ☒ Yes ☐ No

- Does the agency ensure that each facility has documented a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse? ☒ Yes ☐ No

- Does the agency ensure that each facility's staffing plan takes into consideration the generally accepted detention and correctional practices 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 judicial findings of inadequacy 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 findings of inadequacy from Federal investigative agencies 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 findings of inadequacy from internal or external oversight bodies 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 all components of the facility's physical plant (including "blind-spots" or areas where staff or inmates may be isolated) 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 inmate 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 number and placement of supervisory staff 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 institution programs occurring on a particular shift in calculating adequate staffing levels and determining the need for video monitoring? ☒ Yes ☐ No ☐ NA

- Does the agency ensure that each facility's staffing plan takes into consideration any applicable State or local laws, regulations, or standards 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

115.13 (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

115.13 (c)

- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, 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, in consultation with the agency PREA Coordinator, 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, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The resources the facility has available to commit to ensure adherence to the staffing plan? ☒ Yes ☐ No

115.13 (d)

- Has the facility/agency implemented a policy and practice of having intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment? ☒ Yes ☐ No

- Is this policy and practice implemented for night shifts as well as day shifts? ☐ Yes ☐ No

- Does the facility/agency have a policy prohibiting staff from alerting other staff members that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational functions of the 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: Mitchell County Correctional Institute 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 Staffing Plan; Log Book pages documenting unannounced rounds

Interviews: Warden, PREA Coordinator, PREA Compliance Manager, Leader of Sexual Assault Response Team, 16 Randomly selected staff; 15 Special Category Staff; 23 Randomly selected inmates

Other: Observations made during the site review and onsite audit of Mitchell County Correctional Institute; reviewed logbooks during the site review; reviewed Duty Officer Logs; Reviewed daily population reports.

Policy 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 inmates against sexual abuse. Facilities are also required to document and justify all deviations on the Daily Post Roster. Annually, the facility, in consultation with Additionally, policy requires unannounced rounds by supervisory staff with the intent of identifying and deterring sexual abuse and sexual harassment every week, including all shifts and of all areas. These rounds are documented in area logbooks. Duty Officers are required to conduct unannounced rounds and these rounds are required to be documented in the Duty Officer Log book.

Staffing Plan Review:

The Mitchell County Correctional Institute staffing plan indicates the facility is a 149-bed facility housing 140 state inmates and up to nine (9) county inmates.

The facility has three open bay dorms configured around a rear control room. The open bay dorms are easily viewed from the halls, from the control room or via cameras. The areas are wide open and glass from top to bottom facilitates viewing into the dorms.

The staffing plan indicates the facility is authorized 30 Peace Officer Standards Trained and Certified Correctional Officer positions. `

The Deputy Warden of Security/PREA Compliance Manager related his security staff includes one (1) Lieutenant, One (1) Sergeant, Four (4) Corporals and nineteen (19) Correctional Officers.

Staffing within the facility, he indicated, consists of a minimum of the three (3) staff. The mandatory posts are the control room and two rovers covering three dorms. On weekends and holidays a fourth Correctional Officer comes in because of visitation and programming. Considering the security level of the facility, the Deputy Warden affirmed the staffing in adequate.

The Warden stated there are at least three staff on each “key”. One staff in the control room and two staff who are “floaters” and conduct rounds in the living units are around the facility. He related that all the dorms can be seen from the control room and supervision is supplemented by video cameras. He addressed each one of the items required by the PREA Standards to be considered and reviewed in developing a staffing plan. Video cameras may be viewed in real time from remote locations, including via phone, by the Superintendent and Deputy Warden.

Unannounced rounds are part of the staffing plan. The Warden issued a memo in 2017 regarding Duty Officer Responsibilities. Item number 3 in the memo requires the duty officer to make rounds on weekends and holidays visiting each shift during a holiday or weekend. Those rounds require walking through the dorms and the kitchen, checking in the maintenance shop, carpenter shop and barber shop.

The staffing plan includes the use of video monitoring and this facility has approximately 30 cameras in each building housing inmates, with the exception of medical. living units and other cameras.

Interviews: Interviews with the Warden and Deputy Warden of Security indicated that the staffing levels at this facility are adequate because of the security level of the offenders here, the construction of the facility with the dorms around the control room facilitating viewing by the control room staff, and the mission of the center. Interviews also indicated that duty officers make rounds at least weekly on the day and night shifts where they walk through every dorm looking for obstructions to viewing, accounting for all staff and ensuring inmates are where they are supposed to be. When needed, to meet the minimum staffing levels administrative staff can be called in to cover a shift. The facility always operates with the minimum staffing for manning the control room and having at least two rovers.

Standard 115.14: Youthful inmates

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

115.14 (a)

- Does the facility place all youthful inmates in housing units that separate them from sight, sound, and physical contact with any adult inmates through use of a shared dayroom or other common space, shower area, or sleeping quarters? (N/A if facility does not have youthful inmates [inmates <18 years old].) ☐ Yes ☐ No ☒ NA

115.14 (b)

- In areas outside of housing units does the agency maintain sight and sound separation between youthful inmates and adult inmates? (N/A if facility does not have youthful inmates [inmates <18 years old].) ☐ Yes ☐ No ☒ NA

- In areas outside of housing units does the agency provide direct staff supervision when youthful inmates and adult inmates have sight, sound, or physical contact? (N/A if facility does not have youthful inmates [inmates <18 years old].) ☐ Yes ☐ No ☒ NA

115.14 (c)

- Does the agency make its best efforts to avoid placing youthful inmates in isolation to comply with this provision? (N/A if facility does not have youthful inmates [inmates <18 years old].) ☐ Yes ☐ No ☒ NA

- Does the agency, while complying with this provision, allow youthful inmates daily large-muscle exercise and legally required special education services, except in exigent circumstances? (N/A if facility does not have youthful inmates [inmates <18 years old].) ☐ Yes ☐ No ☒ NA

- Do youthful inmates have access to other programs and work opportunities to the extent possible? (N/A if facility does not have youthful inmates [inmates <18 years old].) ☐ Yes ☐ No ☒ NA

Auditor Overall Compliance Determination

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

☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

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

Instructions for Overall Compliance Determination Narrative

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

Policy and Documents Reviewed: Georgia Department of Corrections PREA Policy, Baldwin State Prison Pre-Audit Questionnaire, Reviewed Description of Burrus Training Center, where youthful inmates are housed; Memo from Warden affirming the facility does not house youthful offenders..

Interviews: Warden, PREA Compliance Manager, PREA Coordinator, Interviews with inmates (random and specialized); Interviews with sixteen (16) randomly selected staff; fifteen (15) specialized staff; interviews with twenty-three (23) inmates.

Policy Review: The Georgia Department of Corrections PREA Policy requires that youthful offenders are sight and sound separated from adults.

Document Reviews: The Pre-Audit Questionnaire documented that youthful offenders are not housed at the Mitchell County Correctional Institute. Information provided related to Mission of Burrus Correctional Training Center on the GDC website affirms that Burrus has a housing capacity for 94 offenders sentenced as adults between the ages of 14-16 years of age. The Burrus Correctional Training Center also houses "At Risk Youthful Offenders between the ages of 17-24.

The Warden affirmed in a memo that the facility does not have any youthful offenders.

Interviews: The Warden, PREA Coordinator and PREA Compliance Manger and randomly selected and specialized staff confirmed that there were no youthful offenders at this facility nor does the facility house them.

Observations: Youthful offenders were not observed during a tour of the entire facility. Nor were youthful offenders among the randomly selected or special category inmates who were interviewed.

Standard 115.15: Limits to cross-gender viewing and searches

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

115.15 (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

115.15 (b)

- Does the facility always refrain from conducting cross-gender pat-down searches of female inmates in non-exigent circumstances? (N/A here for facilities with less than 50 inmates before August 20,2017.) ☒ Yes ☐ No ☐ NA

- Does the facility always refrain from restricting female inmates' access to regularly available programming or other out-of-cell opportunities in order to comply with this provision? (N/A here for facilities with less than 50 inmates before August 20, 2017.) ☒ Yes ☐ No ☐ NA

115.15 (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 inmates?
  ☒ Yes ☐ No

115.15 (d)

- Does the facility implement a policy and practice that enables inmates 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 inmate housing unit? ☒ Yes ☐ No

115.15 (e)

- Does the facility always refrain from searching or physically examining transgender or intersex inmates for the sole purpose of determining the inmate's genital status? ☒ Yes ☐ No

- If an inmate's genital status is unknown, does the facility determine genital status during conversations with the inmate, 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

115.15 (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 inmates 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;56 2017 In-Service Training Records Documenting PREA Training (to include search procedures); Pre-Audit Questionnaire.

Interviews: Randomly selected staff, Randomly selected inmates

Observations: See below; observations made during the site visit and throughout the on-site audit period.

Policy Review: Mitchell County Correctional Institute houses adult male inmates and is staffed with male and female officers providing direct supervision in the living units. Female staff are prohibited from conducting strip searches absent "exigent" circumstances. They are allowed to conduct "frisk" searches and have been trained to use the back of their hands in conducting a "frisk" search.

Georgia Department of Corrections (GDC) Policy, 208.6, Prison Rape Elimination Act, Sexually Abusive Behavior Prevention and Intervention Program, prohibits cross-gender strip or visual body cavity searches except in exigent circumstances or when performed by medical practitioners. The reviewed Pre-Audit Questionnaire and interviews with staff and inmates 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. Pulaski State Prison is an all-female facility.

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

Female staff at the Mitchell County CI do not conduct strip searches nor do they conduct pat searches, absent exigent circumstances.

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 inmates in a professional and respectful manner.

DOC requires facilities to implement procedures enabling inmates to shower, perform bodily functions and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks. Policy requires that inmates 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 inmates that female staff routinely work and visit inmate housing areas.

During the tour the auditor did not observe cameras in any restroom area or in any cell.

The auditor did not observe any cross-gender pat searches during the on-site audit period.

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 for annual in-service training deals with search procedures in Paragraph C., Search Procedures. The following are required as explained in the training module: 1) Staff must conduct searches in a professional and respectful manner (and never with the intent to harass or degrade the offender); 2) Male offenders may be pat searched by both male and female security staff;3) Male offenders will only be searched by male security staff, except under exigent circumstances and are documented by an Incident Report. And 4) Transgender and intersex offenders' gender designation will coincide with the prison assignment made during classification. Pat search techniques are then discussed and the use of the back of the hand are described for the trainee.

Staff are trained to conduct cross-gender searches in exigent circumstances. The auditor reviewed training rosters and an excel spreadsheet documenting Day I In-Service Training.

Interviews:

The Mitchell County CI houses adult male offenders only. One-hundred percent (100%) of the interviewed random staff affirmed that the male residents are strip-searched by male staff, unless there were emergency situations requiring it and if no other male staff were available. These searches would require the Warden's approval and would be documented.

One-hundred percent (100%) of the interviewed random staff confirmed that female staff may conduct a pat search of a male inmate. All the staff indicated they have been trained to conduct cross-gender pat searches and that this training is conducted in a variety of venues including Field Training at the facility, at Basic Correctional Officer Training (new employees), in annual in-service and through reviewing GDC Policy and in-house training, including during shift briefing. The auditor asked the female officers to demonstrate the techniques they were trained in and all of them demonstrated the back of the hand techniques. They also said they were trained to conduct pat searches of transgender and intersex inmates in a professional and respectful manner. Staff indicated in their interviews that female staff do not conduct cross-gender pat searches if a male is available to conduct them.

Twenty-three (23) of the twenty-three (23) interviewed inmates stated they have never been searched by a female staff, nor have they seen such a search conducted by a female staff.

Staff indicated, in their interviews, that staff of the opposite gender announce their presence saying things like "female on the floor". Inmates consistently stated female staff announce their presence.

Observations:

Almost 100 percent of the interviewed inmates said female staff do not come in the shower/restroom area and when conducting count will ask the offender to raise his hand or stick his head out where she can count.

Living units in this prison are similarly constructed. The auditor visited each one of the living units. The living units consists of three dormitories, all constructed in an open bay arrangement. Showers and toilets in each of the dorms are separated by ¾ walls affording privacy. Inmates related the female staff are respectful and do not go into the area when inmates are showering or using the toilet.

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

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

115.16 (a)

- Does the agency take appropriate steps to ensure that inmates 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: inmates who are deaf or hard of hearing? ☒ Yes ☐ No

- Does the agency take appropriate steps to ensure that inmates 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: inmates who are blind or have low vision? ☒ Yes ☐ No

- Does the agency take appropriate steps to ensure that inmates 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: inmates who have intellectual disabilities? ☒ Yes ☐ No

- Does the agency take appropriate steps to ensure that inmates 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: inmates who have psychiatric disabilities? ☒ Yes ☐ No

- Does the agency take appropriate steps to ensure that inmates 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: inmates who have speech disabilities? ☒ Yes ☐ No

- Does the agency take appropriate steps to ensure that inmates 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 inmates 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 inmates with disabilities including inmates 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 inmates with disabilities including inmates 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 inmates with disabilities including inmates who: Are blind or have low vision? ☒ Yes ☐ No

115.16 (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 inmates 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

115.16 (c)

- Does the agency always refrain from relying on inmate interpreters, inmate readers, or other types of inmate assistance except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the inmate's safety, the performance of first-response duties under §115.64, or the investigation of the inmate'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

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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; and PREA Brochures in English and Spanish.

Interviews: Randomly selected staff (16); Specialized Staff (15); Randomly Selected Inmates (23);. State ADA Coordinator.

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

Policy Review:

Department of Corrections Policy 208.6, Prison Rape Elimination Act, Sexually Abusive Behavior Prevention and Intervention Program, A. Prevention Planning, Paragraph 6, Inmates with disabilities and inmates 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.

Mitchell County CI Policy H, Inmates with disabilities and inmates who are limited English proficient, requires the PREA Compliance Manager to ensure appropriate resources are made available to ensure the facility is providing effective communication accommodations, when a need for such an accommodation is known. Staff are required to take reasonable action to ensure the available methods of communication are provided to all inmates with disabilities and inmates who are limited English proficient for compete access to its efforts for preventing, detecting and responding to sexual abuse and sexual harassment.

That policy also requires that the facility shall not rely on inmate interpreters, inmate readers, or other types of inmate assistants except in limited circumstances where an extended delay of obtaining an effective interpreter could compromise the inmate's safety, the performance of first response duties under 28 CFR 115.64 or the investigation of the inmate's allegations. The following are to be used for interpretation:

- Mitchell County Sheriff Department
- Language Line Solutions

Interviews: The facility has a letter from the County Government identifying a bilingual staff who might be used to provide interpretive services at the facility should they be needed. None of the interviewed or observed inmates were limited English proficient or otherwise impaired.

Standard 115.17: Hiring and promotion decisions

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

115.17 (a)

- Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (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 inmates 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 inmates 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 inmates 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 inmates 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 inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the question immediately above? ☒ Yes ☐ No

115.17 (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 inmates? ☒ Yes ☐ No

115.17 (c)

- Before hiring new employees, who may have contact with inmates, does the agency: perform a criminal background records check? ☒ Yes ☐ No

- Before hiring new employees, who may have contact with inmates, 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

115.17 (d)

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

115.17 (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 inmates or have in place a system for otherwise capturing such information for current employees? ☒ Yes ☐ No

115.17 (f)

- Does the agency ask all applicants and employees who may have contact with inmates 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 inmates 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

115.17 (g)

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

115.17 (h)

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

Auditor Overall Compliance Determination

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

☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

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

Instructions for Overall Compliance Determination Narrative

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

This standard is rated exceeds for the following reasons: The Georgia Department of Corrections polices addresses the requirements of the PREA standards. Correctional Officer staff are Peace Office Standards Training certified. To obtain and maintain that certification, which is required to maintain employment as a correctional officer, staff are required to have an initial background check (Georgia Crime Information Center and National Crime Information Center) and a fingerprint check. Additionally, correctional staff are required to have a background check annually prior to their annual weapons qualification. Staff who are promoted have a background check as well in addition to any prior checks. Although non-security staff are required to have five-year background checks, this facility has opted to conduct background checks of all employees annually. Contractors likewise have to have an annual background check as well. The hiring process includes applicants completing the Employment Verification Form answering the PREA related questions and signing the PREA Acknowledgment Statement. Professional reference checks are documented as well. One-hundred percent (100%) of the sampled personnel files contained Applicant Verification Forms, Background Checks, and, where applicable professional reference checks. The Mitchell County Personnel Policies were amended previously to include the items required by the PREA Standards and GDC Policy.

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; Reviewed Applicant Verification Forms; Reviewed Background checks for eight (8) newly hired staff; Ten (10) regular employees (for five-year checks); and ten (10) contractors; Eleven (11) Volunteers, Amended General Policy, Mitchell County (personnel).

Interviews: Administrative Assistant**;** PREA Compliance Manager, Warden

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 inmates who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility or other institution defined in 42USC 1997; who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent; 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 inmates. Prior to hiring someone, the PREA Questions (as documented on the Employee Verification Form), asking prospective applicants the three PREA Questions, is required. Criminal History Record Checks are conducted on all employees prior to hire. Security Staff in Georgia are Peace Officers Standards Trained and Certified and to maintain that certification, they are required to qualify in firearms annually. Prior to being certified, each officer is required to have another background check.

Criminal History Record Checks are conducted prior to enlisting the services of any contractor who may have contact with inmates. 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.

GDC requires applicants to disclose any disciplinary history involving substantiated allegations of sexual abuse and goes on to tell the applicant that GDC requires supporting documentation must be obtained prior to the applicant being hired.

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

Document Review:

The auditor reviewed the files of eight (8) newly hired staff. One-hundred percent (100%) of the files contained background checks, Employment Verification Forms, completed background checks and professional reference checks, where applicable. The PREA Questions are documented on the GDC Form, Applicant Verification. The form affirms that the GDC must adhere to the United States Department of Justice Final Rule on the “National Standards to Prevent. Detect, and Respond to Prison Rape Under the Prison Rape Elimination Act Standards. It then asserts that GDC may not hire or promote anyone who may have contact with inmates, residents or offenders under supervision who answer ‘yes” to any of the PREA related questions. These questions were: 1) have you ever engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility or other institution? 2) Have you ever been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, or coercion, or if the victim did not consent or was unable to consent or refuse? And 3) Have you ever been civilly or adjudicated to have engaged in the activities described? 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.

Professional Reference Checks are conducted as well. In addition to the PREA questions asked of applicants prior to hire and completed background checks, the Mitchell County Correctional Institute HR attempts 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? Multiple 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. Professional references were documented when applicable

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.

The Mitchell County General Policy was amended to include all the prohibitions for hiring included in the PREA Standards and in Georgia Department of Corrections Policy. The policy requires five year checks of current employees who have contact with inmates however staff report they are doing the background checks on all staff annually because they already have to conduct them annually on security staff prior to their going to the firing range for recertification.

The auditor reviewed Ten (10) regular staff files for five-year checks. These also included the Applicant Verification Forms, PREA Acknowledgment Forms, Professional Reference Checks, where applicable, and background checks.

A review of ten (10) contractor files revealed that they all contained the required background checks and PREA Acknowledgment Statements.

Ten (10) volunteer files also contained the required PREA Acknowledgement Statements and background checks.

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.

The agency requires employees to report all arrests, including traffic violations. During the inspection of the personnel files, the auditor observed two occasions in which two separate staff reported speeding tickets, and documented turning in to the personnel department, a copy of the traffic citations.

Interviews:

Interviews with the administrative assistant indicated that she is an organized staff who knows the requirements of the GDC Policy and the PREA Standards related to hiring and promoting staff. She articulated a hiring process that was consistent with the PREA Standards and GDC Policy. She had no problems pulling personnel files and readily showing the auditor the information requested.

Observations: Not applicable

Standard 115.18: Upgrades to facilities and technologies

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

115.18 (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 inmates 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

115.18 (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 inmates from sexual abuse? (N/A if agency/facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.)
  ☐ Yes ☐ No ☒ NA

Auditor Overall Compliance Determination

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

☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

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

Instructions for Overall Compliance Determination Narrative

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

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

Interviews: Warden, PREA Compliance Manager

Observations: None that were applicable to this standard.

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 inmates 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.

Document Review: None applicable at this time.

Interviews:

An interview with the Warden confirmed that the facility has had an addition to the campus in the past twelve months. A program building has been constructed. Although the construction has been completed the cameras are in the process of being installed. This is a county facility and the administration will determine now and in the future how modifications to the facility and/or the addition or enhancement of technology will impact the sexual safety of inmates.

RESPONSIVE PLANNING

Standard 115.21: Evidence protocol and forensic medical examinations

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

115.21 (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

115.21 (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

115.21 (c)

- Does the agency offer all victims of 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

115.21 (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

115.21 (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

115.21 (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

115.21 (g)

- Auditor is not required to audit this provision.

115.21 (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? [N/A if agency attempts to make a victim advocate from a rape crisis center available to victims per 115.21(d) above.] ☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

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

☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

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

Instructions for Overall Compliance Determination Narrative

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

Policy and Documents Reviewed: DOC Policy, 208.6, Prison Rape Elimination Act Sexually Abusive Behavior Prevention and Intervention Program, B. Responsive Planning; in Standard Operating Procedure 103.10 Evidence Handling and Crime Scene Processing and SOP 103.06, Investigations of Allegations of Sexual Contract, Sexual Abuse, Sexual Harassment of Offenders; GDC Policy VH07-001 Health Services, E., Medical Services Deemed Necessary Exempt from Fee; SANE Nurse Call Roster; Medical PREA Log; Memorandum of Understanding from the Lily Pad Rape Crisis Center; Sexual Assault Nurse Examiner's Protocol; SANE Call Roster/List; Dougherty County Adult Sexual Assault Response Protocol; Memos from the Mitchell County Sheriff's Office providing investigators.

Interviews: Sexual Assault Response Team Members; Medical Staff; PREA Compliance Manger; Facility Advocate, Warden; SANE; Special Agent, Office of Professional Standards.

Observations: None applicable to this standard.

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 Dougherty County Adult Sexual Assault Response Protocol provides a standardized and detailed protocol for conducting forensic exams and for collecting evidence. The protocol also ensures that forensic exams are provide at no cost to the victim. This is in compliance with Georgia Statute 17-5-72 that requires a victim shall have the right to have a free forensic medical exam regardless of whether the victim participates in the criminal justice system or cooperates with law enforcement in pursuing prosecution of the underlying crime..

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

The facility's Sexual Assault Response Team (SART) investigates allegations of sexual assault and sexual harassment. The facility has a staff advocate who has completed the on-lie training to become a victim advocate.

The MOU with the Lily Pad Rape Crisis Center ensures the availability of a victim advocate to accompany the victim through the forensic process and any investigatory interviews if requested by the victim. Inmates are provided contact information for the Lily Pad.

Interviews: Interviews with the Warden, PREA Compliance Manager, the facility-based investigator, SART Members and a Special Agent, Office of Professional Standards confirmed that the initial investigations conducted at this facility are conducted by the Sexual Assault Response Team Members. Upon determining that a potentially criminal act has occurred, the Warden refers the investigation to the Office of Professional Standards Investigators who have arrest powers and conduct criminal

investigations. An interview with an Office of Professional Standards Special Agent confirmed the investigative process as well. Once the OPS investigators become involved, the role of the SART is supportive. Interviews with medical staff confirmed that if an inmate alleges sexual assault he will be brought to medical for initial assessment. If there were serious injuries, the inmate will be taken to the hospital for treatment and the forensic exam will be conducted at the hospital. Medical will send a rape kit along with the transporting officer. Medical staff indicated the forensic exam at the hospital would be conducted by a SANE or the doctor on duty. If there are no serious injuries, the inmate will be examined at the facility. The Sexual Assault Nurse Examiners will respond to the facility where the exam will be conducted. An interview with the Sexual Assault Nurse Examiner confirmed the forensic exam is conducted in private, most often with two SANEs, one of whom serves as an advocate for the inmate, explaining the process and providing emotional support. The inmate is interviewed and then examined with evidence collected and documented. The Rape Kit is then turned over either to the Special Agent, if he has arrived, or to the staff, with a chain of custody started. An interview with the facility-based advocate indicated their role would be to provide emotional support to the inmate during the forensic exam if requested. Documentation confirmed that he completed on-line training provided by the Office of Victim Services Training and Technical Assistance Center. Interviews with the Lily Pad confirmed the services they will provide.

Standard 115.22: Policies to ensure referrals of allegations for investigations

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

115.22 (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

115.22 (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

115.22 (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 criminal investigations. See 115.21(a).] ☐ Yes ☐ No ☒ NA

115.22 (d)

- Auditor is not required to audit this provision.

115.22 (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 Review: GDC Policy, 208.6, Prison Rape Elimination Act; GDC Standard Operating Procedure, IK01-0006, Investigation of Allegations of Sexual Contact, Sexual Abuse and Sexual Harassment;

Document Review: Pre-Audit Questionnaire; Reviewed Five (5) Investigation Packages; PREA Investigation Summary; Notification of Results of Investigation; Referrals to Mental Health; PREA Initial Notification Form;GDC Incident Report; NIC Certificates documenting the Specialized On-Line Training Provided by the NIC.; Mitchell County Standard Operating Procedures; Memo from the Mitchell County Sheriff's Office re: Investigators.

Interviews: Warden; PREA Compliance Manager; Facility-Based Investigator**;** Special Agent, Office of Professional Standards, Randomly selected and special category staff; informally interviewed staff during the audit; randomly selected inmates; special category inmates (see narrative for breakdown of interviewed staff and inmates).

Discussion of Policy and Documents: GDC Policy, 208.6, Prison Rape Elimination Act, requires that an administrative or criminal investigation is to be completed for all allegations of sexual abuse and sexual harassment. Allegations that involve potentially criminal behavior will be referred for

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

GDC Standard Operating Procedure, IK01-0006, Investigation of Allegations of Sexual Contact, Sexual Abuse and Sexual Harassment, thoroughly describes the expectations for reporting allegations including initial notifications, general guidelines for investigations and investigative reports. This policy asserts that allegations of sexual contact, sexual abuse and sexual harassment filed by sentenced offenders against departmental employees, contactors, 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 also 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 Lieutenant, a staff whose primary role is medical and another who serves as a counselor or an advocate. Upon receiving the complaint, the investigator initiates the investigation process.

The Mitchell County CI Standard Operating procedure, J., Official Response Following an Inmate Report address staff reporting duties. Staff who learn of sexual assault or sexual harassment or who learn of even rumors, must report information concerning incidents of sexual assault or sexual harassment to the supervisor on duty and write a statement. The highest -ranking supervisor shall report it to the appointing authority or designee immediately. The SOP then requires the supervisor in charge to notify the PREA Coordinator and/or SART Leader. Once reported, an evaluation by the SRT occurs. All allegations of sexual assault with penetration must be reported to the OIC Senior Investigator and the Department's PREA Coordinator immediately upon receipt of the allegation. If the penetration involved a county inmate, the appointing authority or designee will report the allegation to the Mitchell County Sheriff's Office Investigators.

Mitchell County CI Standard Operating Procedures, F. Sexual Abuse Response Team (SART) asserts the Mitchell County CI will establish a SART that includes the following positions: 1) PREA Compliance Manager, 2) Medical Representative and 3) Security Representative. SART responsibilities, as stated in the SOP, include: 1) Responding to reported incidents of sexual abuse, 2) Responding to victim assessment and support needs, 3) Ensuring policy and procedures are enforced to enhance inmate safety; and 4) Participate in developing practices and/or procedures that encourage prevention of sexual abuse and enhance compliance with PREA National Standards.

The investigation is led by the Lieutenant however members of the team have received the on-line specialized training, "PREA: Conducting Sexual Abuse Investigations in Confinement Settings".

The reviewed investigation packages consistently contained the following:

1) Incident Report
2) Supplemental Report
3) PREA Investigation Summary
4) Witness Statements
5) Notification of Results of Investigation

Allegations made through the grievance process were turned over to the SART for investigation and not processed through the regular grievance process.

Memos from the Mitchell County Sheriff affirmed that if needed, two named investigators from the Sheriff's Office would investigate allegations of sexual abuse.

The Mitchell County Correctional Institute's website asserts, in it's PREA Section, that "any allegations of sexual abuse or harassment will be thoroughly investigated by both the Mitchell County CI and also outside agencies. Inmate on inmate allegations will be investigated by the Mitchell County Sheriff's Office and the Georgia Department of Corrections Office of Professional Standards. For staff on inmate allegations, reports will e investigated by the Mitchell County Sheriff's Office.

Discussion of Interviews:

Interviews with randomly selected staff confirmed they are required to report “everything” and that includes suspicions. They also indicated they must put that report in writing as well as reporting it verbally immediately to their immediate supervisor. The interviewed staff were also aware that investigations in to allegations of sexual abuse and sexual harassment are conducted by the SART. Some indicated it would be the PREA Compliance Manager.

An interview with the facility investigator indicated that he and his team have completed the NIC specialized training provided on-line by the National Institute of Corrections, entitled, “PREA: Conducting Sexual Abuse Investigations in Confinement Settings.” The investigator described the investigative process and indicated that SART investigates all allegations, including suspicions. Reports made anonymously or through third parties are investigated the same as any other investigation.

TRAINING AND EDUCATION

Standard 115.31: Employee training

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

115.31 (a)

- Does the agency train all employees who may have contact with inmates on its zero-tolerance policy for sexual abuse and sexual harassment? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with inmates 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 inmates on inmates’ right to be free from sexual abuse and sexual harassment ☒ Yes ☐ No
- Does the agency train all employees who may have contact with inmates on the right of inmates 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 inmates on the dynamics of sexual abuse and sexual harassment in confinement? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with inmates on the common reactions of sexual abuse and sexual harassment victims? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with inmates 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 inmates on how to avoid inappropriate relationships with inmates? ☒ Yes ☐ No

- Does the agency train all employees who may have contact with inmates on how to communicate effectively and professionally with inmates, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming inmates? ☒ Yes ☐ No

- Does the agency train all employees who may have contact with inmates on how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities? ☒ Yes ☐ No

115.31 (b)

- Is such training tailored to the gender of the inmates at the employee's facility? ☒ Yes ☐ No

- Have employees received additional training if reassigned from a facility that houses only male inmates to a facility that houses only female inmates, or vice versa? ☒ Yes ☐ No

115.31 (c)

- Have all current employees who may have contact with inmates 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

115.31 (d)

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

Auditor Overall Compliance Determination

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

☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

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

Instructions for Overall Compliance Determination Narrative

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

Policy and Document Review: Georgia DOC Policy, 208.6, Prison Rape Elimination Act, Sexually Abusive Behavior Prevention and Intervention Program, C. Training and Education; Reviewed the Training Lesson Plan for PREA for Annual-In-Service; Reviewed personnel files containing PREA Acknowledgment Statements; Twenty (20) PREA Acknowledgement Statements; Twenty (20) NIC Certificates confirming the NIC Training, "Communicating Effectively and Professionally with LGBTI Offenders"; Twenty-Nine (29) Employee Personnel Files; Eighty (80) pages of management team meetings where PREA was on the agenda.

Interviews: Warden; PREA Compliance Manager; Administrative Assistant (for Human Resources); (16) Randomly selected staff, (15) Special category staff; Facility-Based Investigator; Special Agent.

Observations: PREA related posters with a variety of PREA related information, including zero tolerance and how to report.

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

The facility provided the training curriculum/lesson plan for annual in-service 2017, covering the topics required by the PREA Standards and more.

Twenty-Nine (29) reviewed personnel files contained PREA Acknowledgment Statements indicating staff were trained and that they understood the agency's zero tolerance policy and PREA.

An additional twenty (30) PREA Acknowledgment Statements for staff reviewed. These statements affirm the employee has received training on the Department's Zero Tolerance Policy on Sexual Abuse and Sexual Harassment and that they have read the GDC Standard Operating Procedure 208.06, Sexually Abusive Behavior Prevention and Intervention Program. They also affirm they understand that any violation of the policy will result in disciplinary action, including termination, or that they will be banned from entering any GDC institution. Penalties for engaging in sexual contact with an offender commit sexual assault, which is a felony punishable by imprisonment of not less than one nor more, than 25 years, a fine of $100,000 or both.

All staff are required to have completed the National Institute of Corrections On-Line Training entitled: Communicating Effectively and Professionally with LGBTI Inmates. Every interviewed staff (31) related that in addition to annual in-service and Basic Correctional Officers Training they took the on-line NIC

training “Communicating Effectively and Professionally with LGBTI Inmates. The auditor requested and reviewed an additional twenty (20) NIC Certificates documenting the LGBTI communication training.

PREA Compliance Managers attend training at least twice a year. The Sexual Assault Response Team receives training on their roles in responding to allegations of sexual abuse at least twice or more a year. Specialized training is completed by SART members and medical staff.

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

Interviews:

Interviews with sixteen (16) random staff; fifteen (15) special category staff and staff informally interviewed staff confirmed they receive PREA Training when they are newly employed and annually during annual in-service training. As newly hired employees they stated they received PREA Training at the facility prior to Basic Correctional Officers Training and also at Basic Correctional Officers Training. Staff have been trained in PREA through multiple venues and staff were knowledgeable of the facility’s zero tolerance policy, accepting and reporting allegations of sexual abuse and sexual harassment from any source, and their roles in responding to allegations of sexual abuse and sexual harassment. They indicated they also get training during shift briefing.

Standard 115.32: Volunteer and contractor training

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

115.32 (a)

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

115.32 (b)

- Have all volunteers and contractors who have contact with inmates 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 inmates)? ☒ Yes ☐ No

115.32 (c)

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

Auditor Overall Compliance Determination

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

☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

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

Instructions for Overall Compliance Determination Narrative

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

Policy and Documents Reviewed: DOC Policy, 208.6, Prison Rape Elimination Act, Sexually Abusive Behavior Prevention and Intervention Program, C. Training and Education, Paragraph 3, Volunteer and Contractor Training; memo from the GDC Transitional Services Coordinator; PREA Acknowledgement Statements; and Reviewed Personnel Files for Contractors and Volunteers; PREA Training Roster for Ten (10) Contractors..

Interviews: Volunteer Coordinator; Contracted Employees, Warden; PREA Compliance Manager

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 inmates to be trained on their responsibilities under the Department's PREA policies and procedures. This training is based on the services being provided and the level of contact with inmates, however all volunteers and contractors are required to be notified of the Department's zero-tolerance policy and informed how to report such incidents. Participation must be documented and indicates understanding the training they received.

A memo from the GDC Transitional Services Coordinator explained to Wardens that volunteer who participate in the volunteer training at Tift receive initial PREA training and have a background check completed. Documentation of the training is submitted to the Deputy Warden of Care and Treatment. 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 inmates 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 inmates; and 9) How to communicate effectively and professionally with inmates, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming inmates. 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 "personnel"/files for eleven (11) Volunteers, thirteen (13) files for contractors; and two (2) Training Rosters for PREA training for Contractors. All of the reviewed files contained PREA Acknowledgment Statements. The PREA Acknowledgment Statements affirm and acknowledge 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 it 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 the them. They acknowledge the potential disciplinary actions and/or consequences for violating policy.

Discussion of Interviews: The auditor interviewed, via phone, one (1) long term volunteer at the facility. He affirmed receiving an orientation at the facility where he was trained in PREA. He indicated that training included zero tolerance and how to report. The auditor gave the volunteer a scenario involving his becoming the first person to be aware an inmate was allegedly the victim of sexual abuse. His response indicated he was trained and would keep the inmate with him and notify the nearest staff immediately. He stated he would also be required to write a statement. He also stated he has attended annual in-service training along with the regular employees at Georgia State Prison and that training also included PREA.

Standard 115.33: Inmate education

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

115.33 (a)

- During intake, do inmates receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment? ☒ Yes ☐ No
- During intake, do inmates receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment? ☒ Yes ☐ No

115.33 (b)

- Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from sexual abuse and sexual harassment? ☒ Yes ☐ No

- Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from retaliation for reporting such incidents? ☒ Yes ☐ No

- Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Agency policies and procedures for responding to such incidents? ☒ Yes ☐ No

115.33 (c)

- Have all inmates received such education? ☒ Yes ☐ No

- Do inmates receive education upon transfer to a different facility to the extent that the policies and procedures of the inmate's new facility differ from those of the previous facility? ☒ Yes ☐ No

115.33 (d)

- Does the agency provide inmate education in formats accessible to all inmates including those who are limited English proficient? ☒ Yes ☐ No

- Does the agency provide inmate education in formats accessible to all inmates including those who are deaf? ☒ Yes ☐ No

- Does the agency provide inmate education in formats accessible to all inmates including those who are visually impaired? ☒ Yes ☐ No

- Does the agency provide inmate education in formats accessible to all inmates including those who are otherwise disabled? ☒ Yes ☐ No

- Does the agency provide inmate education in formats accessible to all inmates including those who have limited reading skills? ☒ Yes ☐ No

115.33 (e)

- Does the agency maintain documentation of inmate participation in these education sessions? ☒ Yes ☐ No

115.33 (f)

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

Auditor Overall Compliance Determination

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

☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

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

Instructions for Overall Compliance Determination Narrative

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

Policy and Documents Reviewed: DOC Policy 208.6, Prison Rape Elimination Act, Sexually Abusive Behavior Prevention and Intervention Program, C. Training and Education, Paragraph 4, Offender Education; GDC PREA pamphlet; Six (6) Pages of PREA Training Rosters (representing 196 inmates) documenting receiving PREA information during intake; PREA Acknowledgment Forms (20); PREA Orientation Forms documenting receiving the PREA information in the PREA Pamphlet and being informed on reporting procedures and a verbal introduction to the PREA processes at Mitchell County CI. (20).

Interviews: One (1) Staff conducting intake; One (1) staff conducting orientation (inmate education); PREA Compliance Manager; Twenty-three (23) randomly selected inmates from every housing unit; Inmates informally interviewed during the site review.

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

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.

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

The PREA Education must include: 1) The Department's zero-tolerance of sexual abuse and sexual harassment; 2) Definitions of sexually abusive behavior and sexual harassment; 3) Prevention strategies the offender can take to minimize his/her risk of sexual victimization while in Department

Custody; 4) Methods of reporting; 5) Treatment options and programs available to offender victims of sexual abuse and sexual harassment; 6) Monitoring, discipline, and prosecution of sexual perpetrators: 7) and Notice that male and female routinely work and visit housing area.

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

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

Residents confirm their orientation on several documents

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

Inmates receive PREA information and education either same or the next day following admission. During intake inmates watch the PREA Video and receive the PREA related pamphlet.

During orientation inmates receive these:

- Zero Tolerance
- How to report allegations of sexual abuse and sexual harassment
- How to use the phones to report via the PREA Hotline
- Tell Someone if it happens
- Protect the evidence

Residents are provided PREA information on a continuous basis through posters reflecting the Department's zero tolerance for sexual abuse and harassment and contact information for inmate reporting of sexual abuse allegations. Too, the facility has PREA information painted on the walls in vivid colors and continuously in view of inmates and staff.

During the intake process inmates watch the PREA video and are given a PREA brochure and told about the zero- tolerance policy and how to report allegations of sexual abuse, sexual harassment and retaliation. After receiving the PREA related brochure, the inmate signs the PREA Acknowledgment Sheet documenting receipt of the brochure.

Interviews: Staff who conduct intake and Orientation confirmed the processes for informing incoming inmates, including transfers, about zero tolerance and their rights related to PREA. They stated the inmates receive the PREA related pamphlet, the PREA video on admission, and either the same or next day, additional information and education.

Twenty-three (23) interviewed inmates affirmed receving PREA information at intake, both verbally, in writing and via the PREA video. Inmates consistently reported receiving that information either on admission or not later than the next day.

Standard 115.34: Specialized training: Investigations

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

115.34 (a)

- In addition to the general training provided to all employees pursuant to §115.31, 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 115.21(a).) ☒ Yes ☐ No ☐ NA

115.34 (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 115.21(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 115.21(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 115.21(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 115.21(a).] ☒ Yes ☐ No ☐ NA

115.34 (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 115.21(a).] ☒ Yes ☐ No ☐ NA

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

Interviews: Facility-Based Investigator; Office of Professional Standards Investigator; Special Agent for the Office of Professional Standards

Observations: N/A

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 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 facility primary facility-based investigator completed the online NIC course: "PREA: Investigating Sexual Abuse in Confinement Settings". A certificate was provided to confirm that training. In addition to the facility-based investigator completing the training, the PREA Compliance Manager completed it and provided a certificate confirming that. The other members of the SART provided documentation that they too have completed the NIC specialized training.

Members of the Sexual Assault Response Team attend specialized training for SART members at least twice a year. That training is conducted by the Georgia Department of Corrections.

The SART members also complete the annual in-service PREA training just like any other employee.

Discussion of interviews: The facility-based investigator is the Lieutenant. The interview indicated he is very knowledgeable and experienced in conducting investigations. The PREA Compliance Manger, who also completed the training is knowledgeable of the process as well.

A previous interview with a Special Agent for the Office of Professional Standards confirmed he and other Special Agents completed the specialized training in conducting sexual abuse investigations. These investigators complete training provided by the Georgia Bureau of Investigations.

The Lieutenant indicated during an interview that he has completed the NIC Specialized Training for conducting sexual abuse investigations in confinement settings. He related he had also completed the online training entitled: Communicating Effectively with LGBTI Inmates, also provided on-line by the National Institute of Corrections. Further training, he said is secured through trainings for Sexual Assault Response Teams, which covers investigations as well. The Lieutenant was very knowledgeable of the investigative process and described the steps he would take in conducting the investigations. The auditor reviewed five allegations of either sexual assault or sexual harassment. The investigations were conducted in a manner consistent with process described by the investigator.

Standard 115.35: Specialized training: Medical and mental health care

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

115.35 (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

115.35 (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

115.35 (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

115.35 (d)

- Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.31? ☒ 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 §115.32? ☒ 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**,** 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:

Interviews: PREA Compliance Manager, Warden, Facility Contract Nurse

Observations: None applicable 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.

There is only one nurse at the facility who works from 6AM to 2:30PM. The nurse is a contract nurse employed by Southern Correctional Medicine. She has completed the NIC on-line Specialized Training for health care providers in working with sexual abuse victims in confinement settings.

The nurses at this facility do not conduct forensic examinations. According to the nurse, a SANE would be provided by the Lily Pad Rape Crisis Center in Albany, Georgia.

There are no additional medical staff working at the facility. There are no mental health staff working at this facility.

Discussion of Interviews: The nurse confirmed she has completed the NIC Specialized Training for health care staff. She also confirmed she attends annual in-service training just like any other employee. She related she gets PREA training during that annual in-service,

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SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS

Standard 115.41: Screening for risk of victimization and abusiveness

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

115.41 (a)

- Are all inmates assessed during an intake screening for their risk of being sexually abused by other inmates or sexually abusive toward other inmates? ☒ Yes ☐ No

- Are all inmates assessed upon transfer to another facility for their risk of being sexually abused by other inmates or sexually abusive toward other inmates? ☒ Yes ☐ No

115.41 (b)

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

115.41 (c)

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

115.41 (d)

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (1) Whether the inmate has a mental, physical, or developmental disability? ☒ Yes ☐ No

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (2) The age of the inmate? ☒ Yes ☐ No

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (3) The physical build of the inmate? ☒ Yes ☐ No

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (4) Whether the inmate has previously been incarcerated? ☒ Yes ☐ No

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (5) Whether the inmate's criminal history is exclusively nonviolent? ☒ Yes ☐ No

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (6) Whether the inmate 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 inmates for risk of sexual victimization: (7) Whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming (the facility affirmatively asks the inmate about his/her sexual orientation and gender identity AND makes a subjective determination based on the screener's perception whether the inmate 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 inmates for risk of sexual victimization: (8) Whether the inmate has previously experienced sexual victimization? ☒ Yes ☐ No

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (9) The inmate's own perception of vulnerability? ☒ Yes ☐ No

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (10) Whether the inmate is detained solely for civil immigration purposes? ☒ Yes ☐ No

115.41 (e)

- In assessing inmates 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 inmates 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 inmates 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

115.41 (f)

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

115.41 (g)

- Does the facility reassess an inmate's risk level when warranted due to a: Referral? ☒ Yes ☐ No

- Does the facility reassess an inmate's risk level when warranted due to a: Request? ☒ Yes ☐ No

- Does the facility reassess an inmate's risk level when warranted due to a: Incident of sexual abuse? ☒ Yes ☐ No

- Does the facility reassess an inmate's risk level when warranted due to a: Receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness? ☒ Yes ☐ No

115.41 (h)

- Is it the case that inmates 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

115.41 (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 inmate's detriment by staff or other inmates? ☐ Yes ☐ No

Auditor Overall Compliance Determination

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

☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

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

Instructions for Overall Compliance Determination Narrative

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

Policy and Documents Reviewed: Department of Corrections Policy 208.6, Prison Rape Elimination Act, Sexually Abusive Behavior Prevention and Intervention Program, D. Screening for Risk of Sexual Victimization and Abusiveness, Paragraph 1. Screening for victimization and abusiveness; GDC Policy 208.06, Attachment 4; Policy 208.06, Prison Rape Elimination Act-PREA, Sexually Abusive Behavior Prevention and Intervention Program in paragraph 9; (25) Victim/Aggressor Instruments; (25) Victim/Aggressor Reassessment Instrument; Pre-Audit Questionnaire.

Interviews: Staff who conduct victim/aggressor assessments and reassessments; ID Staff and Classifications Staff who make housing assignments; Warden; PREA Compliance Manager; Interviewed inmates (23)

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

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

The auditor reviewed 25 Victim/Aggressor Assessments and Reassessments. The assessments were documented and put into SCRIBE as required. The instrument used was the GDC's Victim/Aggressor Assessment.

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

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

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

Policy 208.06, Prison Rape Elimination Act-PREA, Sexually Abusive Behavior Prevention and Intervention Program in paragraph 9, requires the Warden to designate a safe dorm or safe beds for offenders identified as highly vulnerable to sexual abuse. The location of these safe beds must be

identified in the Local Procedure Directive, Attachment 9 and the Staffing Plan. The facility has designated a dorm to serve as a safe dorm, housing potential or actual victim of sexual assault. The Baldwin State Prison will make individualized determinations about how to ensure the safety of each offender.

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

Policy also requires that offenders who are at high risk for sexual victimization will not be placed in involuntary segregation unless an assessment of all available alternatives have been made, and determination has been made that there is no available alternative means of separation from likely abusers. If an assessment cannot be conducted immediately, the offender may be held in involuntary segregation no more than 24 hours while completing the assessment. The placement, including the concern for the offender's safety must be noted in SCRIBE case notes documenting the concern for the offender's safety and the reason why no alternative means of separation can be arranged. Inmates 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.

Reassessments, according to staff, are completed within 30 days of the first victim/aggressor assessment. The reassessments are documented on another form. Reassessments are done 30 days after the initial assessment, when there is a significant event or as a result of a PREA incident.

The auditor reviewed twenty-five (25) assessments. None of the assessments documented that an inmate had been abused previously either in a prison, jail or lockup or previously in a non-institutional environment. None of the 25 assessments resulted in any inmate being identified as either a potential victim or a potential aggressor.

The reviewed instrument used as a reassessment is the PREA Sexual Victim/Sexual Aggressor 30 Day Classification Screening. This instrument asks the following questions:

- Have you, in the last 30 days, been a victim of sexual harassment?
- Have you, in the last 30 days, been a victim of sexual assault?
- Do you know how to report sexual harassment/assault?
- Do you feel safe in this facility?
- Do you have any suggestions or input as how to keep our facility a safe environment?

Twenty-five (25) reassessments were provided for review. None of the twenty-five (25) reported being a victim of sexual abuse or sexual harassment in the past 30 days, 100% of the inmates knew how to report sexual abuse and harassment and all of the twenty-five (25) reported they felt safe at the facility.

None offered suggestions or input as to how to keep our facility a safe environment

Discussion of Interviews:

The staff conducting the victim/aggressor assessments stated the assessment is conducted one on one and that it is conducted either the same day the inmate arrives or the next day. The assessor considers the following:

- Age
- Physical Build
- Current charges
- Perception
- Non-violent or violent history
- Convictions for sexual offenses
- Vulnerability

The staff stated they go into SCRIBE and review the “rap sheets” and check the inmate database for any “alerts”.

Most of the interviewed inmates remembered being asked the questions in the victim/aggressor assessment indicating they were asked the questions that comprise the victim/aggressor assessment. They were not as clear about being asked those same questions later.

Standard 115.42: Use of screening information

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

115.42 (a)

- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates 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 § 115.41, with the goal of keeping separate those inmates 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 § 115.41, with the goal of keeping separate those inmates 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 § 115.41, with the goal of keeping separate those inmates 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 § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Program Assignments? ☒ Yes ☐ No

115.42 (b)

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

115.42 (c)

- When deciding whether to assign a transgender or intersex inmate to a facility for male or female inmates, does the agency consider on a case-by-case basis whether a placement would ensure the inmate's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns inmates 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 inmates, does the agency consider on a case-by-case basis whether a placement would ensure the inmate's health and safety, and whether a placement would present management or security problems? ☒ Yes ☐ No

115.42 (d)

- Are placement and programming assignments for each transgender or intersex inmate reassessed at least twice each year to review any threats to safety experienced by the inmate? ☒ Yes ☐ No

115.42 (e)

- Are each transgender or intersex inmate'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

115.42 (f)

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

115.42 (g)

- 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 inmates, does the agency always refrain from placing: lesbian, gay, and bisexual inmates 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 inmates, does the agency always refrain from placing: transgender inmates 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 inmates, does the agency always refrain from placing: intersex inmates 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.

Policies and Documents Reviewed: DOC Policy 208.6, D. Screening for Risk of Victimization and Abusiveness, Paragraph 2. Use of Screening Information; Reviewed assessments (25); Reviewed reassessment (25); Pre-Audit Questionnaire.

Interviews: ID Staff; Classification Staff; Warden; PREA Compliance Manager; Counselor.

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

Policy also requires that 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 alternative means of separation from likely abusers. If an assessment cannot be made immediately the offender may be held in involuntary segregation for no more than 24 hours while completing the assessment. The placement and justifications for placement in involuntary segregation must be noted in SCRIBE. While in any involuntary segregation, the offender will have access to programs as described in GDC SOP 209.06, Administrative Segregation which also provides for reassessments as

well and the offender will be kept in involuntary segregated housing for protection only until a suitable and safe alternative is identified.

Transgender or intersex inmates are not housed in a specific area designed for transgenders or intersex. They are housed, as other inmates are and those decisions are based, according the PREA Compliance Manager, on any PREA Issues derived from the Victim/Aggressor Assessment and the inmate's security level or any other relevant factors.

Discussion of Interviews: Any inmate reporting prior sexual abuse, either in an institutional setting or in a non-institutional setting, would be, according to the counselor, offered a mental health follow-up. That follow-up would be provided at Autry State Prison where the Georgia Department of Corrections has mental health professionals. Inmates live in open-bay dorms and all of the dorms are general population. The Lieutenant makes the dorm and bed assignments, according to the counselor after going into SCRIBE and checking for alerts.

Standard 115.43: Protective Custody

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

115.43 (a)

- Does the facility always refrain from placing inmates at high risk for sexual victimization in involuntary segregated housing unless an assessment of all available alternatives has been made, and a determination has been made that there is no available alternative means of separation from likely abusers? ☒ Yes ☐ No

- If a facility cannot conduct such an assessment immediately, does the facility hold the inmate in involuntary segregated housing for less than 24 hours while completing the assessment? ☒ Yes ☐ No

115.43 (b)

- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Programs to the extent possible? ☒ Yes ☐ No

- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Privileges to the extent possible? ☒ Yes ☐ No

- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Education to the extent possible? ☒ Yes ☐ No

- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Work opportunities to the extent possible? ☒ Yes ☐ No

- If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document: The opportunities that have been limited? ☒ Yes ☐ No

- If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document: The duration of the limitation? ☒ Yes ☐ No

- If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document: The reasons for such limitations? ☒ Yes ☐ No

115.43 (c)

- Does the facility assign inmates at high risk of sexual victimization to involuntary segregated housing only until an alternative means of separation from likely abusers can be arranged? ☒ Yes ☐ No

- Does such an assignment not ordinarily exceed a period of 30 days? ☒ Yes ☐ No

115.43 (d)

- If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document: The basis for the facility's concern for the inmate's safety? ☒ Yes ☐ No

- If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document: The reason why no alternative means of separation can be arranged? ☒ Yes ☐ No

115.43 (e)

- In the case of each inmate who is placed in involuntary segregation because he/she is at high risk of sexual victimization, does the facility afford a review to determine whether there is a continuing need for separation from the general population EVERY 30 DAYS? ☒ Yes ☐ No

Auditor Overall Compliance Determination

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

☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

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

Instructions for Overall Compliance Determination Narrative

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

Policy and Document Review: Pre-Audit Questionnaire; Georgia GDC Policy, 208.06, IV.d.3 (a-d) Administrative Segregation; Reviewed (5) Investigation Packages; Local Operative Directive; Coordinated Response Plan;

Interviews: Warden, PREA Compliance Manager/Deputy Warden; Staff supervising segregation;; Randomly selected staff; Twenty-three (23) interviewed inmates.

Discussion of Policy and Documents: The Pre-Audit Questionnaire documented the facility did not place any inmate in involuntary segregation/protective custody during the past twelve months. The Pre-Audit Questionnaire documented that there were no inmates at risk of sexual victimization who were assigned to involuntary segregated housing in the past 12 months for longer than 30 days while awaiting alternate placement.

Georgia GDC Policy, 208.06, IV.d.3 (a-d) Administrative Segregation, requires that offenders at high risk for sexual victimization are not placed in involuntary segregated housing unless an assessment of all available alternatives has been made and a determination has been made that there is no available alternative means of separation from likely abusers. If an assessment cannot be conducted immediately, the offender may be held in involuntary segregation no more than 24 hours while completing the assessment. This placement, including the concern for the inmate's safety is 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. The inmate will be assigned to involuntary segregated housing only until an alternative means of separation can be arranged. Assignment does not ordinarily exceed a period of 30 days.

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

The auditor reviewed five (5) investigation packages. None of the packages documented any inmate being placed in involuntary segregated housing for protection. Inmates were separated but not placed in involuntary segregated housing.

Discussion of Interviews: Interviews with the Warden, PREA Compliance Manager and Staff supervising segregation indicated there have been no inmates placed in involuntary protective custody or as a result of reporting an allegation of sexual abuse in the past 12 months, If at all possible the inmate might be initially placed in involuntary protective custody until staff can determine what is going on, but if possible the inmate may be placed in a safer dorm closest to the control room and in view of a camera.

REPORTING

Standard 115.51: Inmate reporting

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

115.51 (a)

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

115.51 (b)

- Does the agency also provide at least one way for inmates 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 inmate reports of sexual abuse and sexual harassment to agency officials? ☒ Yes ☐ No
- Does that private entity or office allow the inmate to remain anonymous upon request? ☒ Yes ☐ No
- Are inmates detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security? ☒ Yes ☐ No

115.51 (c)

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

115.51 (d)

- Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of inmates? ☒ 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 facility provides so many ways to report allegations of sexual abuse both inside the facility and outside the facility.

Policy and Documents Reviewed: Policy, 208.6, Prison Rape Elimination Act, Sexually Abusive Behavior Prevention and Intervention Program, E. Reporting, 1. Inmate Reporting; The GDC policy (208.06, 2. Offender Grievances); Standard Operating Procedure 227.02, Statewide Grievance Procedures; brochure entitled, "Sexual Assault, Sexual Harassment, Prison Rape Elimination Act (PREA), Reporting is the First Step; PREA related posters; "Sexual Assault and Sexual Harassment Prison Rape Elimination Act (PREA) How to Prevent it; How to report it"; GDC Policy IIA23-0001, Consular Notification; Twenty-four (24) Investigation Packages.

Interviews: Twenty-three (23) inmates, both randomly selected and special category; Staff interviewed informally during the site reviews; Sixteen (16) randomly selected staff representing a cross section of positions; Fifteen (15) Specialized Staff; Warden; PREA Compliance Manager; Volunteer.

Observations: Kiosks in each dormitory; Phones in each dorm with dialing instructions; Testing a PREA Phone, Multiple Posters related to PREA, including how to and to whom to report allegations of sexual abuse; Reviewed Notice of PREA Audit enabling inmates to correspond with the PREA Auditor (observed through the campus but observed in each dormitory in the prison.

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

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

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

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.

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 cusdoty status or occurrences to the Vienna Convention on Consular Relations. Inmates will be provided information on how to access Foreign Counsular 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 notificaiton 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.

Five (5) reviewed investigation packages confirmed that one (1) allegation was made via the hotline; two (2) made to officers; one (1) via a grievance and one (1) made at another facility.

Inmate have access to phones to call family and anyone on the approved list. They have access to visitation with family and with their attorneys if they have one. They can communicate with their families, friends and attorney's through the mail.

Using the KIOSK inmates may send requests to the counselor, the Lieutenant (Chief of Security), Warden, as well as sick call requests and emails to their family.

Inmates have access to the phone to call the Georgia Department of Corrections PREA Unit.

They may call or write the Lily Pad Rape Crisis Center to report allegations of abuse or harassment and to talk with an advocate.

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.

Discussion of Observation and Testing Processes: The facility has installed a KIOSK in each dorm. On the KIOSK, according to staff and interviewed inmates, the inmate can access the Warden, send requests to the Lieutenant, to medical, and to family.

Phones were observed on the walls of each dorm. Posted at the phones were instruction for dialing the PREA Hotline. The auditor tested a PREA Phone to see if an inmate could contact the PREA Unit with the posted instructions. The phone worked as stated and the auditor was able to leave a message that was later confirmed by the PREA Unit Operations Analyst.

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

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

Inmates are provided the brochure entitled, "Sexual Assault and Sexual Harassment Prison Rape Elimination Act (PREA) How to Prevent it; How to report it". This brochure advises inmates that reporting is the first step. The hotline number is provided. The brochure tells inmates they may report allegations to any staff member or write to any of the following: Statewide PREA Coordinator (Address provided); the Ombudsman (Address and phone number provided) or to the Director of Victim's Services (Address provided). Reviewed investigation packets indicated inmates were well aware of how to use the PREA Hotline for reporting. Inmates confirmed receiving the PREA Pamphlets.

Discussion of Interviews:

Interviews with 23 inmates confirmed that they understand and are aware of how to report sexual assault/abuse or sexual harassment. The majority of those interviewed named 2-3 ways to report. They most often mentioned they would report using the phone (hotline) or tell as staff. They did acknowledge they have access to the KIOSK for reporting and that they can use to email family and friends on their approved list.

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Standard 115.52: Exhaustion of administrative remedies

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

115.52 (a)

- Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address inmate grievances regarding sexual abuse. This does not mean the agency is exempt simply because an inmate 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

115.52 (b)

- Does the agency permit inmates 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 an inmate 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

115.52 (c)

- Does the agency ensure that: An inmate 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

115.52 (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 inmates in preparing any administrative appeal.) (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

- If the agency claims the maximum allowable extension of time to respond of up to 70 days per 115.52(d)(3) when the normal time period for response is insufficient to make an appropriate decision, does the agency notify the inmate 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 inmate does not receive a response within the time allotted for reply, including any properly noticed extension, may an inmate 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

115.52 (e)

- Are third parties, including fellow inmates, staff members, family members, attorneys, and outside advocates, permitted to assist inmates 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 inmates? (If a third-party files such a request on behalf of an inmate, 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 inmate declines to have the request processed on his or her behalf, does the agency document the inmate's decision? (N/A if agency is exempt from this standard.)
  ☒ Yes ☐ No ☐ NA

115.52 (f)

- Has the agency established procedures for the filing of an emergency grievance alleging that an inmate 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 an inmate 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 inmate 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

115.52 (g)

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

Auditor Overall Compliance Determination

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

☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

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

Instructions for Overall Compliance Determination Narrative

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

Policy and Documents Reviewed: The Mitchell County Correctional Institute Pre-Audit Questionnaire**;** GDC Policy, 227.02, Statewide Grievance Process; Page 5 of the Statewide Grievance Policy, Paragraph 4.; Paragraph F. Emergency Grievances Procedure; DOC Policy, 208.6, Prison Rape Elimination Act, Sexually Abusive Behavior Prevention and Intervention Program, F. Reporting, Paragraph 2, Inmate Grievances, Five (5) investigation packages for investigations from 2017; reviewed thirty-five (35) grievances.

Interviews: Counselor; Randomly selected staff; Randomly selected inmates; PREA Compliance Manager, Warden.

Observations: Not applicable for this standard.

Discussion of Policies and Documents:

There was one (1) grievance alleging either sexual abuse or sexual harassment during the past twelve (12) months. Once a grievance alleging sexual abuse or sexual harassment is filed, it is turned over then to the SART for investigation. The one (1) grievance filed alleging sexual harassment was investigated by the SART and the inmate was notified of the outcome of the promptly investigated allegation therefore, there were no grievances requiring a final decision within 90 days (115.52 (d)-3 nor were there any grievances involving extensions because a decision was not reached within 90 days.

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

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

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

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

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

In doing due diligence to determine if any of the regularly filed grievances met the criteria for an allegation of sexual abuse or sexual harassment, the auditor randomly pulled and reviewed grievances filed in the facility's grievance files to determine if any were PREA related and if so to determine if they were referred as an emergency grievance. There were sixty-four (64) grievances filed during the period 2017-2018. The auditor reviewed thirty-five (35) of the grievances. The review revealed the following grievance allegations:

- (13) Food Service Related
- (04) Disciplinary Reports
- (03) Staff Harassment – Non-PREA Related
- (01) Contraband

- (01) Inappropriate Staff Comment -Non-PREA Related
- (02) Property
- (02) Mail
- (01) Visitation
- (01) Fight
- (01) Religion
- (01) Uses of Force
- (01) Segregation Time
- (01) Favoritism
- (03) Medical

After examining each of the thirty-five (35) reviewed grievances, the auditor found none that were PREA related grievances.

Discussion of Interviews:

Interviews with staff confirmed the grievance process as such stops when a PREA related grievance is submitted to staff. There are no requirements for attempting to resolve the issue with staff, nor are there time limits applicable to filing a PREA related grievance and the grievance may be given to any staff and not to the staff named in the grievance. Interviewed inmates named ways to report an allegation of sexual abuse but rarely mentioned they would choose to file a grievance.

Standard 115.53: Inmate access to outside confidential support services

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

115.53 (a)

- Does the facility provide inmates with access to outside victim advocates for emotional support services related to sexual abuse by giving inmates 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 provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers, including toll-free hotline numbers where available of local, State, or national immigrant services agencies? ☒ Yes ☐ No

- Does the facility enable reasonable communication between inmates and these organizations and agencies, in as confidential a manner as possible? ☒ Yes ☐ No

115.53 (b)

- Does the facility inform inmates, 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

115.53 (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 inmates 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, Mitchell County CI Pre-Audit Questionnaire; GDC Policy IIA234-0001, Consular Notification.

Interviews: PREA Compliance Manager, PREA Coordinator, Counselor, Twenty-three (23) interviewed inmates; Staff at the Lily Pad Rape Crisis Center in Albany, Georgia.

GDC Procedures require the facility attempt to enter into an agreement with a rape crisis center to make available a victim advocate to inmates being evaluated for the collection of forensic evidence. 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 inmates. Advocates serve as emotional and general support, navigating the inmate through the treatment and evidence collection process.

The facility has a Memorandum of Understanding with the Lily Pad Rape Crisis Center in Albany, Georgia. The Lilly Pad agreed to respond to requests from Mitchell County Correctional Institute to provide hospital accompaniment for incarcerated victims during the forensic medical examination process and in-hospital investigatory interviews. The center also agreed to conduct forensic exams at

the rape crisis center. They also agreed to provide emotional support services in response to staff referrals and requests from incarcerated victims and this would include the hotline, correspondence, toll-up crisis counseling on request of the inmate victim. The center also agreed to provide training in trauma-informed responses to sexual abuse and sexual harassment for the facility, if needed.

Information concerning the Lily Pad SANE Center is posted throughout the facility. The poster advises inmates that “Third Party Reporting may be made to the Lilly Pad SANE Center. The contact information, including the phone number and the mailing address provided on the poster. Inmates are advised they may report in writing or on the phone to the Lily Pad SANE Center.

The facility has a trained staff advocate. The advocate has completed the on-line training for Victim Advocates.

Inmates 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 inmates. The Sexual Assault Sexual Harassment Prison Rape Elimination Act Brochure How to Prevent It How to Report it, provides the inmate the mailing addresses for the Statewide PREA Coordinator, the Ombudsman and the Director of Victim Services and the phone numbers for the Ombudsman and a toll free number for county inmates to call.

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 cusdoty status or occurrences to the Vienna Convention on Consular Relations. Inmates will be provided information on how to access Foreign Counsular 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 notificaiton 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.

Discussion of Interviews:

An interview with the Lily Pad director confirmed the services the agency would offer victims of sexual abuse, including a hotline for inmate victims to call to report sexual abuse and to receive emotional support services. Accompaniment is offered during the forensic exam and investigatory interviews at the hospital. Interviews with inmates indicated they are not as aware of the outside advocacy services that are available.

Standard 115.54: Third-party reporting

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

115.54 (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 an inmate? ☒ Yes ☐ No

Auditor Overall Compliance Determination

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

☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

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

Instructions for Overall Compliance Determination Narrative

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Policy and Documents Reviewed: Georgia Department of Corrections Policy, 208.6, PREA; The Mitchell County Correctional Institute 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?"; Five (5) 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: Twenty-three (23) inmates, randomly selected and special category; Fifteen (15) Randomly Selected Staff; Sixteen (16) Specialized Staff; PREA Compliance Manager; Warden; PREA Compliance Manger.

Observations: Review of the Agency's Website

Discussion of Policy and Documents: The Georgia Department of Corrections and the Pulaski State Prison provide multiple way for inmates to access third parties who may make reports on behalf of an inmate. GDC provides contact information enabling Third Party reports may be made to the GDC Ombudsman's Office, to the GDC TIP Line and to the agency's PREA Coordinator. Information is provided to 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". The auditor tested a phone and found it operational. Dialing instructions are posted at the phone.

The Facility's contains a section entitled: "Prison Rape Elimination Act (PREA) advises that Mitchell County Correctional Institution has a zero tolerance towards all forms of sexual abuse and sexual harassment. The site provides these as ways anyone may make a report. They may contact the

Ombudsman's Office (Phone Number provide), Emailing the PREA Unit (email address provided), and in writing to the State Board of Pardons and Parole, Office of Victim Services (address provide).

Third parties are told they may make a report for an inmate and these reports will be thoroughly investigated. Anyone seeking more information are invited to call the Mitchell County Correctional Institute's PREA Compliance Manager (phone number provided).

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.

The auditor reviewed five (5) investigation reports for 2017-2018. None of the allegations were made through third parties, however two were made via calls to the PREA Unit's Hotline.

Discussion of Interviews: Interviews with staff confirmed they were aware that a third party could make a report of sexual abuse or sexual harassment for an inmate.

When inmates were asked to name multiple ways to report internally and externally, one of the ways they mentioned was through third parties. They did not all refer to them as third parties but most mentioned that family members or relatives could report for them. Too, they acknowledged that other inmates could report for them as well.

OFFICIAL RESPONSE FOLLOWING AN INMATE REPORT

Standard 115.61: Staff and agency reporting duties

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

115.61 (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 inmates 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

115.61 (b)

- Apart from reporting to designated supervisors or officials, does 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

115.61 (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 inmates of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services? ☒ Yes ☐ No

115.61 (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

115.61 (e)

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

Auditor Overall Compliance Determination

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

☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

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

Instructions for Overall Compliance Determination Narrative

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

Policy and Document Review: Department of Corrections Policy, 208.6, Sexually Abusive Behavior Prevention and Intervention Program, F. Official Response Following and Inmate Report, 1. Staff and Department Reporting Duties; the reviewed Sexual Assault/Sexual Misconduct Prison Rape Elimination Act (PREA) Education Acknowledgment Statement; and five (5) investigation reports for 2017-2018.

Interviews: Warden; PREA Coordinator; PREA Compliance Manager; SART Leader; Fifteen (15) randomly selected staff; Nurse; Counselor, Administrative Assistant; Facility-Based Investigator.

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.

GDC Policy Internal Investigations Unit VI., A., Initial Notification Action requires as soon as an incident of sexual abuse, sexual contact, or sexual harassment, including rumors, "inmate talk" etc., comes to the attention of a staff member, the staff member receiving the information is required to immediately inform the Warden, institutional duty officer or the internal Investigations Unit verbally and follow up with a written report to the Warden. The staff member is required to provide a written statement regarding the allegations. Failure to report allegations may result in disciplinary action.

Mitchell County Correctional Institute Sexual Abuse Prevention and Response Policy, requires in staff to accept reports made verbally, in writing, and from third parties. They are also required to promptly document any verbal reports. It also requires staff to forward all reports or observations of sexual assault or sexual harassment to their immediate supervisor and the designated SART member promptly.

Mitchell County Correctional Institute policy requires in Section I, Official response Following and Inmate Report, 1. Staff Reporting Duties, that staff who witness or receive a report or who learn of rumors of allegations, must report information 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 shall report to the appointing authority or designee immediately. The Supervisor in charge will notify the PREA Coordinator and/or SART Leader. The appointing authority or designee is required to report all allegations of sexual assault with penetration to the OIC Senior Investigator and the Department of Corrections PREA Coordinator immediately upon receiving such information.

Appointing authorities or designees are also required to report allegations of penetration to the Mitchell County Sheriff's Department Investigations.

The CI Policy affirms that staff who fail to comply with reporting instructions will be banned form correctional facilities or will be subject to disciplinary actions, up to and including termination.

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.

The reviewed Sexual Assault/Sexual Misconduct Prison Rape Elimination Act (PREA) Education Acknowledgment Statement affirms staff's understanding they are to report anything they witness or that is reported to them. Multiple examples of their acknowledgement statements were provided.

Discussion of Interviews: Interviewed staff, both those randomly selected and specialized staff, including both uniformed staff and non-uniformed staff confirmed their understanding that they are required to report all allegations, regardless of source, as well as anything they observed, hear about, or suspect. They are also required, they said, to complete a witness statement prior to leaving the shift.

Standard 115.62: Agency protection duties

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

115.62 (a)

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

Auditor Overall Compliance Determination

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

☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

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

Instructions for Overall Compliance Determination Narrative

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

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

Interviews: Warden; Grievance Officer; PREA Compliance Manager; Fifteen (15) randomly selected staff; Sixteen (16) Special Category Staff; Twenty-three (23) Inmates.

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 paced in SCRIBE indicating the reason for the placement. If the offender remains in Administrative Segregation for 72 hours, ensure that the Sexual Assault Response Team has again evaluated the victim within 72 hours. Again, a note is to be entered SCRIBE indicating the reason for continued placement. The care and treatment member of SART is responsible for documenting the reasons in SCRIBE. If the alleged perpetrator is an offender and if the alleged perpetrator has been placed in Administrative Segregation in accordance with SOP 209.06, Administrative Segregation, again, a case note documenting the reason for placement is completed and documented in SCRIBE. If the offender remains in Administrative Segregation for 72 hours, the SART evaluates the offender again within 72 hours and if continued placement is required, the reasons are documented in SCRIBE. The care and treatment staff from the SART is responsible for the documentation. If the alleged perpetrator is a staff member, the staff member and alleged victim are separated during the investigation period. The staff member may be reassigned to other duties or other work area; transferred to another institution, suspended with pay pending investigation or temporarily banning the individual from the institution, whichever option the appointing authority deems appropriate. Staff are instructed, if applicable, they are to consult with the SART, Regional Director, the Department's PREA Coordinator or the Regional SAC within 72 hours of the reported incident to determine how long the alleged victim or perpetrator should remain segregated from the general population and document the final decision in the offender's file with specific reasons for returning the offenders to the general population or keeping the offenders segregated and ensure the SART has evaluated the victim within 24 hours of the report. Once a determination has been made that there is sufficient evidence of sexual assault, staff ensure closure of the matter by serving notice of adverse action or banning the staff member, making housing and classification changes if the perpetrator is an offender, and update the victim's offender file with incident information.
The Warden identified safe housing for inmates.

The Mitchell County Correctional Institute Policy requires staff to comply with the GDC Policy 208.6, PREA with regard to performing first responder duties and in protecting resident victims of sexual abuse.

The safe housing for victims or potential victims is Dorm1.

The Pre-Audit Questionnaire documented there have been no incidents in which an inmate was at substantial risk of imminent sexual abuse during the past twelve months.

The auditor reviewed thirty-five out of sixty-four filed grievances and none of the reviewed grievances alleged any risk of sexual abuse, including being at risk of imminent sexual abuse.

Discussion of Interviews: Interviews with twenty-three (23) inmates did not reveal any allegations in which a resident reported he was at risk of imminent sexual abuse.

Interviews with the Warden, PREA Compliance Manager, random and special category staff, inmates, and reviewed incident reports for the past 12 months confirmed there were no residents at risk of imminent sexual abuse in the past 12 months.

Staff were consistent in their responses as to what they would do if they were the first person to become aware that an inmate was at risk of imminent sexual abuse. !00% of the fifteen (15) random staff stated they would take the allegation seriously and immediately remove the inmate from the threat or aggressor, if the aggressor was known and at any rate would take the inmate with them and keep them with them until their supervisor made a decision about where to house the inmate. Most indicated the inmate would probably be placed temporarily in protective custody (usually voluntarily) until staff could determine what was going on. Staff stated if the aggressor is know he would be placed in administrative segregation while an investigation was conducted. If possible, the alleged victim could be placed in the safe dorm, following an investigation to determine if the incident was gang related and that there may be other inmates in other dorms who may be aggressors as well.

Standard 115.63: Reporting to other confinement facilities

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

115.63 (a)

- Upon receiving an allegation that an inmate 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

115.63 (b)

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

115.63 (c)

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

115.63 (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; Thirty-Five (35) reviewed grievances; Five (5) Investigation Packages.

Interviews: Warden; Deputy Warden/PREA Compliance Manager, SART Members

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.

There was one allegation received from another facility that an inmate now at that facility alleged being sexually abused while at Mitchell County Correctional Institute. The inmate alleged that while on detail at Mitchell County CI he was threatened with sexual abuse by gang members who came into the restroom area where they were working and threatened hum sexually. He did not report the allegation while at Mitchell County. The allegation was sent from the GDC PREA Unit to the Warden requesting the facility being an investigation which they did expeditiously. An investigation was conducted by the SART and determined to be unsubstantiated.

Discussion of Interviews: The Warden, in an interview, confirmed he would take all allegations seriously and would order an immediate investigation and treat it like all other investigations. The PREA Compliance Manager also confirmed the process. None of the twenty-three (23) inmates disclosed any sexual abuse at this facility.

Standard 115.64: Staff first responder duties

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

115.64 (a)

- Upon learning of an allegation that an inmate 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 an inmate 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 an inmate 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 an inmate 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

115.64 (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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Policy and Documents Review: Georgia DOC Policy, 208.6; local protocol, "PREA Reporting Process"; Pre-Audit Questionnaire; SANE's List; Five (5) Investigations 2017-2018; Certificates of Completion, "Evaluation and Treatment of Sexual Assault".

Interviews: Two (2) SART Members; Fifteen (15) randomly selected staff; Sixteen (16) Specialized Staff; Twenty-Three (23) inmates; Warden; PREA Compliance Manager; Nurse.

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 local PREA Local Procedure Directive provides a written institutional plan to coordinate actions taken in response to an incident of sexual abuse, among staff first responders, medical and mental health, investigators and facility leadership. The reviewed Local Procedure Directive for Mitchell County Correctional Institute, first provides staff contract information for the Warden; Field Operations Manager; PREA Compliance Manager; SART Leader; SART Members; Retaliation Protection Monitor; Staff Training Activities on PREA; Inmate Education on PREA.

The First Steps for First Responders are itemized and described beginning with notifying the shift OIC and separating the alleged victim form the alleged aggressor followed by instructions to the alleged victim to refrain from changing clothes, drinking, eating, brushing teeth, or any other activity that cold destroy any physical evidence. The same instructions are given to the alleged aggressor. Staff are required to secure the scene and restrict access and ensure the victim receives immediate medical attention if applicable. Additional steps are identified and described.

Safe beds are identified as being in Dorm 1, according to the Local Operating Directive.

Discussion of Interviews:

100% of the fifteen (15) randomly selected staff and sixteen (16) specialized staff, including members from the SART had no problems or hesitation in naming the steps they would take in response to receiving information or an allegation of sexual abuse.

Staff confirmed they would separate the victim and alleged perpetrator, notify their immediate supervisor, advise the alleged victim not to shower, change clothes, brush teeth, use the restroom or take any other action that could degrade or destroy evidence. They indicated they would put the alleged perpetrator in a dry cell and give him the same instructions. They also inserted taking the inmate to medical for treatment and for a forensic exam. Nursing staff confirmed the inmate would be taken to the local hospital for a forensic exam that would be conducted either by a physician or a SANE. The Facility also has a MOU with the Lily Pad in Albany, Georgia where there are SANEs available to conduct the forensic exam.

Members of the SART explained their roles in responding to allegations of sexual abuse, If there was alleged penetration, the inmate would be seen for a forensic exam and the investigation would be turned

over to the Mitchell County Sheriff's Office. The Sheriff provided a memo affirming that he would provide an investigator to conduct the investigation.

Standard 115.65: Coordinated response

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

115.65 (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: GDC Policy 208.06, Prison Rape Elimination Act-PREA, Sexually Abusive Behavior Prevention and Intervention Program, Paragraph 5, Coordinated Response; local protocol, "PREA Reporting Process"; GDC Sexual Abuse Response Checklist (GDC 208.06, Attachment 6); Five (5) reviewed investigation packages, Local Policy Directive.

Interviews: Fifteen (15) random staff; staff informally interviewed; Nurse, ; Facility -Based Investigator; PREA Compliance Manager; Warden.

Policy and Documents Review: 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 Local Operating Directive for the facility that serves as the facility's Coordinated Response Plan.

The local protocol, "PREA Reporting Process" describes the actions taken by the First Responders, notification of the OIC/Duty Officer, Warden'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. The plan went out to all staff from the Warden.

The local PREA Local Procedure Directive provides a written institutional plan to coordinate actions taken in response to an incident of sexual abuse, among staff first responders, medical and mental health, investigators and facility leadership. The reviewed Local Procedure Directive for Mitchell County Correctional Institute, first provides staff contract information for the Warden; Field Operations Manager; PREA Compliance Manager; SART Leader; SART Members; Retaliation Protection Monitor; Staff Training Activities on PREA; Inmate Education on PREA.

The First Steps for First Responders are itemized and described beginning with notifying the shift OIC and separating the alleged victim form the alleged aggressor followed by instructions to the alleged victim to refrain from changing clothes, drinking, eating, brushing teeth, or any other activity that cold destroy any physical evidence. The same instructions are given to the alleged aggressor. Staff are required to secure the scene and restrict access and ensure the victim receives immediate medical attention if applicable. Additional steps are identified and described.

A review of all the investigation reports for 2017-18 documented the staff's responses upon being notified of an allegation of sexual abuse and sexual harassment. Only one allegation alleged digital penetration. The other allegations were related to inappropriate comments from either staff or other inmates.

Discussion of Interviews: All the interviewed staff articulated their roles in responding to an allegation of sexual assault. Staff named each step without hesitation, indicating they understood their roles as first responders. These included security and non-security potential first responders.

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

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

115.66 (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 inmates pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted? ☒ Yes ☐ No

115.66 (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*)

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The State of Georgia is a right to work state. The Michell County Correctional Institute employees are not members of a union. The reviewed employment handbook indicated that Mitchell County Employees are "at will" employees and are not involved or engaged in any form of collective bargaining.

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

Discussion of interviews:

Interviews with the Statewide PREA Coordinator, Warden, 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 of Mitchell County are all non-union and not involved in any form of collective bargaining. The Warden can remove any staff member from contact with inmates following an allegation of sexual abuse or sexual harassment.

Standard 115.67: Agency protection against retaliation

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

115.67 (a)

- Has the agency established a policy to protect all inmates and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other inmates or staff? ☒ Yes ☐ No

- Has the agency designated which staff members or departments are charged with monitoring retaliation? ☒ Yes ☐ No

115.67 (b)

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

115.67 (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 inmates 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 inmates who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by inmates 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 inmate 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 inmate 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 inmate 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

115.67 (d)

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

115.67 (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

115.67 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

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

Instructions for Overall Compliance Determination Narrative

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

Policy and Documents Reviewed: DOC Policy 208.6, Prison Rape Elimination Act, Sexually Abusive Behavior Prevention and Intervention Program; Twenty-four (24) Investigation Packages; 90 Day Offender Sexual Abuse Review Checklist (GDC Form)

Interviews: Retaliation Monitor; Warden; PREA Compliance Manager; Interviews with fifteen (15) randomly selected staff; sixteen (16) specialized staff; and twenty-three (23) inmates.

Discussion of Policy and Documents Review:

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

Monitoring will include monitoring the conduct and treatment of inmates and staff to see any changes to indicate possible retaliation and to remedy any retaliation. Monitoring includes: review of inmate disciplinary reports, housing or program changes, negative performance reviews or reassignments of staff etc. Monitoring may continue beyond 90 days if the initial monitoring indicates the need for it. Periodic status checks of inmates will be conducted. The obligation for monitoring terminates if the allegation is unfounded. Policy requires that monitoring is documented on the GDC Form 90 Day Offender Sexual Abuse Review Checklist. The checklist is completed for each inmate being monitored.

The auditor reviewed five (5) investigation packages. Packages contained the GDC Retaliation Monitoring Sheets, when required.

Discussion of Interviews:

The auditor interviewed the facility's Retaliation Monitor. She described the process for monitoring for retaliation. She indicated she would meet with the alleged victim and let him know she is available if he experiences any form of retaliation. The facility requires that if the allegation is inmate on inmate, the inmates are separated insofar as possible in this facility. If the inmate could not be moved to another housing unit, he could be transferred to another facility. The retaliation monitor is also the Disciplinary Report staff and as such has access to all DRs enabling her to monitor those. She would also monitoring to see if the inmate was requesting protective custody, changes in work details, or programs. If the inmate was alleging staff involvement, the staff would be separated from the inmate and placed on "no contact" until the investigation was completed. If a staff was involved in reporting an allegation of sexual abuse, the retaliation monitor would monitor things like shift changes, detail changes, write-ups, or performance reviews.

Personal contact is made at 30 days, 60 days and 90 days. These checks are documented on the 90 Day Offender Sexual Abuse Review Checklist (GDC Form) In addition to initialing each item checked the monitor documents by signature, title and date the 30, 60 and 90- day checks. The Retaliation Monitor also documents the inmate's comments after contacting him on the GDC Monitoring Form, documenting 30,60 and 90 -day checks. The auditor reviewed 33 investigations conducted in 2017. The GDC 90 Day Offender Sexual Abuse Review Checklist was documented in all the applicable cases. There were no cases in which a staff member was involved in the need for retaliation monitoring.

The Warden related that he has a zero tolerance for any form of retaliation and any staff or inmate involved in any retaliatory behavior would be disciplined and if it was a staff involved in retaliation the presumptive discipline would be termination.

Standard 115.68: Post-allegation protective custody

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

115.68 (a)

- Is any and all use of segregated housing to protect an inmate who is alleged to have suffered sexual abuse subject to the requirements of § 115.43? ☐ 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, 3. Protective Custody;

Interviews: Warden, PREA Compliance Manager; Counselor; Staff supervising segregation; Fifteen (15) Randomly Staff; Sixteen (16) Specialized Staff and Twenty-Three (23) inmates

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, 3. Protective Custody, prohibits placing inmates at high risk for sexual victimization in involuntary segregated housing unless an assessment of all available alternatives have been made and a determination made that there is no available alternative means of separation from likely abusers. If an assessment cannot be conducted immediately, the inmate may be held in involuntary segregation for less than 24 hours while completing the assessment. This placement, including concern for the inmate's safety, must be documented in the inmate/offender database, SCRIBE, documenting concern for the inmate's safety and the reason why no alternative means of separation can be arranged. Inmates who are placed in involuntary segregation are housed there only until an alternative means of separation from likely abusers can be arranged and the assignment, ordinarily, shall not exceed 30 days. Reviews are required to be conducted every 30 days to determine whether there is a continuing need for separation from the general population. Inmates in involuntary segregation will receive services in accordance with SOP HN09-0001, Administrative Segregation.

Discussion of Interviews:

Staff indicated that inmates may be placed in Protective Custody if they request it. If they become the victim or sexual abuse, they may temporarily be placed in PC until staff are able to ascertain what is going on and what they need to do to keep the inmate safe. If an inmate was at risk of imminent sexual abuse he may be placed in PC until the actual threat could be determined and investigated.

INVESTIGATIONS

Standard 115.71: Criminal and administrative agency investigations

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

115.71 (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 115.21(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 115.21(a).] ☒ Yes ☐ No ☐ NA

115.71 (b)

- Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations as required by 115.34? ☒ Yes ☐ No

115.71 (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

115.71 (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

115.71 (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 inmate or staff? ☒ Yes ☐ No

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

115.71 (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

115.71 (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

115.71 (h)

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

115.71 (i)

- Does the agency retain all written reports referenced in 115.71(f) and (g) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years? ☒ Yes ☐ No

115.71 (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

115.71 (k)

- Auditor is not required to audit this provision.

115.71 (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 115.21(a).) ☐ Yes ☐ No ☒ NA

Auditor Overall Compliance Determination

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

☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

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

Instructions for Overall Compliance Determination Narrative

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

Policy and Documents Reviewed: Georgia Department of Corrections Policy, 208.6, G. Investigations; Five (5) Investigation Packets, PREA Investigation Summary; Sexual Abuse Incident Review Checklist; Notification of Results of Investigation; Referrals to Medical and Mental Health (including the statements made by medical and counseling staff); PREA Initial Notification Form; Forms documenting SART receiving grievances alleging sexual abuse or sexual harassment; GDC 90 Day Offender Sexual Abuse Review Checklist; GDC Incident Report; Memo from Warden designating SART members; Reviewed NIC Certificates; Coordinated Response Plan; Pre-Audit Questionnaire; Mitchell County SOP. .

Interviews: Warden, PREA Compliance Manager; Facility-Based Investigator, Office of Professional Standards Investigator; Special Agent, Office of Professional Standards; SART Members; Special Category Inmates reporting sexual abuse and sexual harassment.

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

Investigations are required to be prompt and thorough, including those reported by third parties or anonymously. Administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse. Reports are documented and include descriptions of physical and testimonial evidence, reasoning behind the credibility of assessments and investigative facts and findings. Criminal investigations are documented in written reports that contain thorough descriptions of physical, testimonial, and documentary evidence and copies of all documentary evidence when feasible. Substantiated allegations of conduct that appears to be criminal are referred for prosecution. The departure of the alleged abuser or victim from the employment or control of the Department does not provide a basis for termination of the investigation.

Mitchell County Correctional Institute Policy requires the appointing authorities or designees shall report all allegations of sexual abuse with penetration to the OIC Senior Investigator and the Department's PREA Coordinator immediately upon receipt of the allegation. It goes on to require that all allegations of sexual abuse with penetration involving county inmates to Mitchell County Sheriff's Department Investigations.

Investigations are initially started by the Sexual Abuse Response Team. The team consists of a staff who serves as investigator, medical and retaliation monitor. If there is evidence that the allegation involves criminal activity involving county inmates, the SART advises the Warden who contacts the Mitchell County Sheriff's Office. The Mitchell County Sheriff's Office provided a memo affirming they would provide an investigator whenever the facility needed investigative services.

A review of five (5) investigations conducted in 2017-18 indicated that reports or allegations of either sexual abuse or sexual assault were taken seriously, reported, investigated and contained the following:

- Incident Report
- Supplemental Report
- PREA Investigation Summary
- Witness Statements
- Notification of Results of Investigation
- GDC 90 Day Offender Sexual Abuse Review Checklist, where applicable

There were five (5) allegations made in 2017. The auditor reviewed all the investigations. One (1) of the investigations alleged an inmate was sexually abused by gang members on a work detail. The report was made at another facility. The other facility reported the allegation to Mitchell County who conducted an investigation into the allegations. The investigation was unable to substantiate the allegations. The other allegations were primarily allegations of inappropriate comments either made by staff or other inmates and one allegation that a staff was inappropriate in conducting a strip search in view of cameras in the dorm. These were investigated although there was no allegation that the inappropriate comments were ongoing or repeated. Three (3) of the five (5) allegations involved inappropriate comments.

Reports were made in the following ways:

- One (1) Via the PREA Hotline
- Two (2) to officers
- One (1) Via a grievance
- One (1) from another facility

Results of the reviewed investigations were as follows:

- Three (3) Unfounded
- Two (2) Unsubstantiated

The auditor reviewed thirty-five (35) grievances filed in the past twelve (12) months. This sample represented over half of those filed. None of the reviewed grievances alleged sexual abuse.

The auditor reviewed fifty-two (52) Incident Reports of the Ninety-Six (96) Incident Reports filed in the past twelve (12) months. Twenty-seven (27) of those were relate to contraband; thirteen (13) were medical related; Six (6) were related to fights; two (2) to the Use of Force; One (1) related to food; One (1) for an internet violation; One (1) for a prank call; One (1) related to an escape. None of the reviewed incident reports indicated any form of sexual abuse or sexual harassment.

Discussion of Interviews: An interview with the lead SART Member indicated that the investigation is a collaborative effort during which the evidence is collected and a decision made as to whether the allegations are substantiated, unsubstantiated or unfounded. The investigation is conducted without bias. SART member related they conduct administrative investigations and the results are based upon the evidence and a preponderance of the evidence is required to substantiate a case of sexual abuse or sexual harassment.

The auditor also had a previous interview with a Special Agent for the Office of Professional Standards who is called in when the allegation indicates that the incident appears to be criminal. He related he receives a call from the Regional Director and he may be sent out the same day/night. He indicated he checks SCRIBE for any previous investigations and checks the backgrounds of both the alleged victim and alleged aggressor. His process, he related is to interview the victim first. Interviews are recorded. Then he Mirandizes the “subject” and interviews him. Evidence is collected and may have been collected by the SART and when the Sexual Assault Nurse Examiner completes the forensic exam he stated he talks with her and accepts the “Rape Kit” and turns it over to the Georgia Bureau of Investigation (GBI). He indicated the GBI may take 2-3 months to provide the results. He related, he takes every PREA Case to the District Attorney and based on what he has collected, the DA decides if additional information is needed and if he has enough evidence that he will prosecute.

Interviews with facility staff, both those randomly selected and special category, confirmed they all knew the SART conducts sexual abuse investigations in this facility.

Standard 115.72: Evidentiary standard for administrative investigations

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

115.72 (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; Five (5) Investigation Packages.

Interviews: Warden, PREA Compliance Manager; Special Agent for Office of Professional Standards; Facility-Based Investigator; SART Members.

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

Discussion of Interviews: The SART Investigator related that the standard of investigation used to substantiate an allegation of sexual abuse is the preponderance of the evidence. An interview with the facility=based investigator affirmed the standard for substantiating an allegation of sexual abuse or sexual harassment.

Standard 115.73: Reporting to inmates

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

115.73 (a)

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

115.73 (b)

- If the agency did not conduct the investigation into an inmate'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 inmate? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.) ☒ Yes ☐ No ☐ NA

115.73 (c)

- Following an inmate'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 inmate's unit? ☒ Yes ☐ No

- Following an inmate'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 an inmate'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 an inmate'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

115.73 (d)

- Following an inmate's allegation that he or she has been sexually abused by another inmate, 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 an inmate's allegation that he or she has been sexually abused by another inmate, 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

115.73 (e)

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

115.73 (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

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Policy and Documents Reviewed: GDC Policy 208.06, Prison Rape Elimination Act – PREA, Sexually Abusive Behavior Prevention and Intervention Program, G.15; Reviewed 24 investigation packages; Reviewed GDC Notification Form, Attachment 5, GDC 208.6; Pre-Audit Questionnaire.

Interviews: Warden, PREA Compliance Manager; Sexual Assault Response Team Leader; Randomly selected and targeted inmates.

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

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

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

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

substantiated, unsubstantiated, or unfounded, the resident is notified of any of the following if applicable:

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

The auditor reviewed five (5) of five (5) investigation packages. Notifications were provide as required.

Discussion of Interviews: Interviews with the SART Leader 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. The Warden, in an interview, confirmed the notification process.

DISCIPLINE

Standard 115.76: Disciplinary sanctions for staff

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

115.76 (a)

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

115.76 (b)

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

115.76 (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

115.76 (d)

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

- Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies? ☒ Yes ☐ No

Auditor Overall Compliance Determination

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

☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

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

Instructions for Overall Compliance Determination Narrative

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Policy and Documents Reviewed: Department of Corrections Policy, 208.6, Prison Rape Elimination Act, H. Discipline, 1. Disciplinary Sanction for Staff; GDC Sexual Assault/Sexual Misconduct Prison Rape Elimination Act (PREA) Education Acknowledgment Statement for Employees and Unsupervised Contractors and Unsupervised Volunteers; Reviewed Pre-Audit Questionnaire; Reviewed Five (5) Incident reports and investigation reports' Mitchell County Employment Handbook.E.2, Disciplinary Actions, Causes for Disciplinary Actions.

Interviews: PREA Compliance Manager; Warden; Fifteen (15) Randomly Selected Staff; Sixteen (16) Specialized 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.

The Mitchell County Employment Handbook lists some causes for disciplinary actions. Item Number 2 deals with negligence in performing duties; Number 5, Conduct reflecting discredit on the County or department to which assigned; Number 6, Misconduct or violation of County standards of conduct; and Number 7, Commission of a felony or a crime involving moral turpitude.

While the County prefers to use progressive discipline there area cases of such a seriousness or magnitude that the County will not use it and will move to the more serious sanctions up to and including termination.

The auditor reviewed five (5) Investigation Packages. None of the reviewed packages contained allegations of sexual activity/misconduct between an inmate and a GDC Staff member. There were allegations of inappropriate comments and harassment by staff. The reviewed investigation packages indicated these were investigated however because of a lack of evidence, the cases were found to be unsubstantiated.

Discussion of Interviews: Interviews with the Warden and PREA Compliance Manager confirmed that the facility will not tolerate any form of sexual abuse, sexual harassment or retaliation. Staff alleged to have violated a sexual abuse or sexual harassment policy, will be moved to a no-contact status until the investigation is concluded. That may mean moving the staff to the control room or some other assignment where there is no contact with the inmate making the allegation. Depending on the seriousness of the situation, the staff may be placed on administrative leave while an investigation is being conducted. If the allegations against a staff member are substantiated, the staff will be recommended for termination and potential referral for prosecution.

Standard 115.77: Corrective action for contractors and volunteers

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

115.77 (a)

- Is any contractor or volunteer who engages in sexual abuse prohibited from contact with inmates? ☒ 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

115.77 (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 inmates? ☒ 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: 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; Reviewed five (5) Incident Reports and Investigation Packages.

Interviews: PREA Compliance Manager; Warden; SART Leader; Volunteer

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 inmates and will be reported to law enforcement agencies, unless the activity was clearly not criminal and to relevant licensing bodies.

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

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 assets that staff understand that in accordance with Georgia Law, O.C.G.A. 16-6-5.1, certain correctional staff members who engage in sexual contact with an offender commit sexual assault, a felony punishable by imprisonment of not less than one nor more than 25 years, a fine of $100,000.00 or both. Staff acknowledge that an offender cannot consent to sexual activity.

The Pre-Audit Questionnaire documented that there were no allegations of sexual abuse or sexual harassment against any contractor or volunteer during the past 12 months. This was confirmed as well through interviews with the Warden, PREA Compliance Manager, and SART Leader. Five (5) investigation packages documenting allegations made during 2017-18 were reviewed. None of the reviewed investigation packages contained any allegations against a contractor or a volunteer.

Discussion of Interviews: Interviews with the PREA Compliance Manager; SART Leader and Warden indicated that they have not had any allegations made against a volunteer of a contractor in the past twelve (12) months. The Warden said, in an interview if they did have a volunteer or contractor who was alleged to have violated an agency sexual abuse or sexual harassment, they would be prohibited from coming into the prison and would have no contact at all with any inmate. If the investigation substantiated the allegation, the contractor or volunteer would be referred for prosecution by the Special Agent for the Office of Professional Standards. An interview with a volunteer confirmed volunteers are made aware of the zero tolerance policy and understand the consequences of violating any of those policies.

Standard 115.78: Disciplinary sanctions for inmates

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

115.78 (a)

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

115.78 (b)

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

115.78 (c)

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

115.78 (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 inmate to participate in such interventions as a condition of access to programming and other benefits? ☒ Yes ☐ No

115.78 (e)

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

115.78 (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

115.78 (g)

- Does the agency always refrain from considering non-coercive sexual activity between inmates to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between inmates.) ☒ 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

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, Sexually Abusive Behavior Prevention and Intervention Program, H. Discipline, Paragraph 3. Disciplinary Sanctions for Offenders, Pre-Audit Questionnaire; Reviewed Incident Reports (50); (5) Reviewed Investigation Reports.

Interviews: Warden; PREA Compliance Manager; SART Leader; SART Members; Staff Supervising Segregation

Discussion of Policy and Documents Reviewed: GDC Policy prohibits all consensual sexual activity between offenders and offenders may be subject to disciplinary action for such activity. Consensual sexual activity between offenders does not constitute sexual abuse, but, is considered a disciplinary

issue. Paragraph b. requires that offenders are subject to disciplinary sanctions pursuant to a formal disciplinary process following an administrative finding that the offender engaged in offender-on-offender sexual abuse or a criminal finding of guilt for offender-on-offender sexual abuse. The sanctions that may be imposed are prescribed in Standard Operating Procedures 209.01, Offender Discipline.

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

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

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

The Pre-Audit Questionnaire documented there were no inmates subject to disciplinary action during the past twelve (12) months. The allegations made by inmates, according to the Sexual Assault Response Team were unsubstantiated or unfounded therefore disciplinary sanctions could not be imposed.

Discussion of Interviews: Interviews did confirm that an inmate who violated a sexual abuse policy would be charged with a crime by the Office of Professional Services Investigator, who has arrest powers, and referred to the prosecutor for prosecution for the offense. If the violation was less than sexual abuse it would be treated as a rule violation and the inmate would be provided a "due process" hearing. Prior to sanctions being imposed the officers are required to take into account past history as well as any mental or developmental issues. Sanctions would be imposed based on the inmate's disciplinary code.

MEDICAL AND MENTAL CARE

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

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

115.81 (a)

- If the screening pursuant to § 115.41 indicates that a prison inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? ☒ Yes ☐ No

115.81 (b)

- If the screening pursuant to § 115.41 indicates that a prison inmate has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison.) ☒ Yes ☐ No ☐ NA

115.81 (c)

- If the screening pursuant to § 115.41 indicates that a jail inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? ☒ Yes ☐ No

115.81 (d)

- Is any information related to sexual victimization or abusiveness that occurred in an institutional setting strictly limited to medical and mental health practitioners and other staff as necessary to inform treatment plans and security management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law? ☒ Yes ☐ No

115.81 (e)

- Do medical and mental health practitioners obtain informed consent from inmates before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the inmate is under the age of 18? ☒ Yes ☐ No

Auditor Overall Compliance Determination

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

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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, Sexually Abusive Behavior Prevention and Intervention Program, I., Medical and Mental Health Care; Pre-Audit Questionnaire; Victim/Aggressor Assessment; GDC Policy 1K01-0006 Internal Investigations, Paragraph 3.; MOU with Autry State Prison for Mental Health Services.

Interviews: Warden: PREA Compliance Manager; Nurse; Counseslor; Staff Conducting Victim/Aggressor Assessments

Discussion of Reviewed Policy and Documents: GDC Medical Policies are specific and voluminous regarding health care. Health Care services are provided through a contract. The GDC Policy, 208.06, Sexually Abusive Behavior Prevention and Intervention Program I, Medical and Mental Health Care requires that the GDC provide prompt and appropriate medical and mental health services in compliance with 28 CFR 115 and in accordance with the GDC Standard Operating Procedures. The auditor reviewed 30 referrals to mental health for inmates alleging sexual abuse or sexual harassment, including prior victimization. The referral process is expedited by the fact the mental health staff conduct the victim/aggressor assessments during the intake process. Prior to the provision of services, based on referrals, documentation, including Informed Consent/Confidentiality Forms, are explained and signed by inmates. Case notes were provided documenting the inmates who were referred were offered follow-up mental health services. Two of the reviewed referrals and follow-up case notes documented that the inmate refused the services indicating they did not need counseling for their reported or prior victimization.

If the screening process indicates an offender has previously perpetrated sexual abuse whether it occurred in an institutional setting or in the community, staff ensure that the offender is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening. Reviewed investigation files consistently had documented referrals to mental health at Central State Prison.

GDC Policy 1K01-0006, Internal Investigations in paragraph 3 requires the Warden to ensure that mental health and medical assistance area made immediately available for the alleged victim, including assistance, if needed, throughout the investigation.

A Letter of Agreement (MOU) between the Warden of the Autry State Prison and the Mitchell County Correctional Institute, affirms the Mental Health Department at Autry State Prison will be notified in case of any PREA incidents at Mitchell County CI and Autry will serve as the catchment facility for Mitchell CI and provide Mental Health Evaluation and/or Treatment, as clinically indicated.

Outside emotional support services are also provided through an agreement with the Lily Pad SANE Center in Albany, Georgia. In addition to a hotline that is staffed 24.7, the center will provide emotional support and counseling as requested by an inmate victim.

The Pre-Audit Questionnaire and interviews with staff confirmed there were no inmates who disclosed prior abusiveness. Staff were aware that if they had made a disclosure the same procedures for referral would occur.

Care is taken to protect reported information. Information reported by offenders related to prior victimization or abusiveness that occurred in an institutional setting is limited to medical and mental health practitioners and other staff, as necessary, to inform treatment plans and security and

management decisions, including housing, bed, work, education and program assignments or as otherwise required by Federal, State or local law.

Interviews with medical and mental health staff indicated that they obtain and document informed consent from offenders before reporting information about prior sexual victimization that did not occur in an institutional setting. None of the interviewed inmates reported prior victimization.

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

Interviews with assessment staff confirmed that if an inmate discloses previous sexual abuse, the inmate is offered a referral to mental health for a follow-up, if needed. The inmate has the right to refuse the referral and follow-up. Referrals were provided documenting that inmates disclosing or alleging victimization are offered a follow-up. During the victim/aggressor assessment at intake, the mental health staff are there. They conduct the assessment and offer further follow-up if requested.

Standard 115.82: Access to emergency medical and mental health services

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

115.82 (a)

- Do inmate 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

115.82 (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 § 115.62? ☒ Yes ☐ No

- Do security staff first responders immediately notify the appropriate medical and mental health practitioners? ☒ Yes ☐ No

115.82 (c)

- Are inmate 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

115.82 (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.

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; Five (5) Reviewed Investigation Packages.

Interviews; Nurse; Warden; PREA Compliance Manager; Interviews with Randomly Selected Staff; Security and Non-Security First Responders and Interviews.

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.

This facility does not have medical services 24/7. However, inmate victims of sexual abuse will be escorted to medical for an initial assessment to determine if there are emergent conditions requiring treatment at the hospital. If there are such conditions, the inmate will be transported to the local hospital located in Camilla, Georgia. In that case the forensic exam would be conducted there. The facility's nurse, if on duty when the incident occurred, would provide any first aid and take all precautions to protect the evidence.

STI prophylaxis is available at the hospital and would be offered and administered there or is available at the prison on orders of the facility's physician.

The forensic exam could also be conducted at the Lily Pad SANE Center in Albany, Georgia. Mental health counseling and an advocate would be available there as well.

The facility has a Letter of Agreement with Autry State Prison to provide mental health services for any inmate victim of sexual abuse. The prison is located near the facility and accessible expeditiously.

Discussion of Interviews:

Interviews with health care staff indicated their responsibility if an inmate is sexually assaulted is to treat any emergency once an inmate is brought to medical following a sexual assault. After conducting an initial exam or assessment for any emergent injuries the Sexual Assault Nursing Protocol is initiated.

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.

Standard 115.83: 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

115.83 (a)

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

115.83 (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

115.83 (c)

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

115.83 (d)

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

115.83 (e)

- If pregnancy results from the conduct described in paragraph § 115.83(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

115.83 (f)

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

115.83 (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

115.83 (h)

- If the facility is a prison, does it attempt to conduct a mental health evaluation of all known inmate-on-inmate abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners? (NA if the facility is a jail.) ☒ 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.

Policies and Documents Reviewed: Procedure for Sane Nurse Evaluation/Forensic Collection; facility specific coordinated response plan (Local Procedure Directive); Pre-Audit Questionnaire

Interviews: Nurse; Warden; PREA Compliance Manager; Counselor.

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 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 five (5) investigation packages. None of the allegations involved penetration. There were no inmates alleging or disclosing prior victimization therefore there were no referrals required.

Staff understand the policies and requirements of the standards. Mental health follow-up is available at the Autry State Prison. Licensed Professional Counselors and other highly qualified mental health staff are on-site and available on call to provide crisis intervention as well as follow-up assessments and treatment if requested for victims of sexual abuse as well as for those who reported prior victimization during the initial victim/aggressor assessment.

Discussion of Interviews: Medical's role in responding to an allegation of sexual abuse as well as their role following a forensic examination was explained by the Nurse. Medical assess the victim and if there are no emergent conditions requiring outside treatment in the emergency room, medical's role is to protect the evidence. Following the forensic exam, the Sexual Assault Nurse Examiner, recommends the medications needed, including STI prophylaxis. Staff are aware that mental health services are available for the inmate at Autry State Prison.

DATA COLLECTION AND REVIEW

Standard 115.86: Sexual abuse incident reviews

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

115.86 (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

115.86 (b)

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

115.86 (c)

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

115.86 (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 §§ 115.86(d)(1) - (d)(5), and any recommendations for

improvement and submit such report to the facility head and PREA compliance manager? ☒ Yes ☐ No

115.86 (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*)

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Instructions for Overall Compliance Determination Narrative

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Policy and Document 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; GDC Incident Review Forms; Investigation Packages (5); Pre-Audit Questionnaire.

Interviews: Warden, PREA Compliance Manger; SART Members, Facility-Based Investigator; Medical staff.

Discussion of Policies and Documents: 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 Warden of the facility. The Warden provided a memo designating the members of the SART for the Prison.

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

The reviews are conducted at the conclusion of 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).

The auditor reviewed five (5) investigation packages. Incident reviews are documented as required.

Discussion of Interviews: Interviews with the PREA Compliance Manager and other members of the Sexual Assault Response Team, confirmed the facility does have a process for conducting incident reviews following an investigation. The process was also described by the Warden.

The PREA Compliance Manager related and reviewed investigations contained Sexual Abuse Incident Review Checklist that is used to guide the team in their review. The forms included the following: 1) Did the allegation or investigation indicate a need to change policy or practice to prevent, detect, or respond to sexual abuse; 2) Did the allegation or investigation indicate a motivation by race, ethnicity, gender identify, lesbian, gay, bisexual, transgender, or intersex identification, status or perceived status, or gang affiliation, or was motivated or otherwise caused by other group dynamics at the facility; 3) An examination of the area in the facility where the incident allegedly occurred was assessed to determine whether physical barriers of the area may enable abuse; 4) In the area where the incident allegedly occurred was there adequate staffing levels in that area during different shifts; and 5) In the area where the incident allegedly occurred should monitoring technology be deployed or augmented to supplement supervision by staff. The form documents any recommendations for improvement (corrective actions) as well as any reasons for not implementing them. It also documents the Warden/Superintendent Review and is signed by either the Warden or Designee.

Standard 115.87: Data collection

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

115.87 (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

115.87 (b)

- Does the agency aggregate the incident-based sexual abuse data at least annually?
  ☒ Yes ☐ No

115.87 (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

115.87 (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

115.87 (e)

- Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its inmates? (N/A if agency does not contract for the confinement of its inmates.) ☒ Yes ☐ No ☐ NA

115.87 (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 wide variety of data collected by the Department enabling staff to generate reports to facilitate evaluation and planning. In addition to monthly PREA reports the agency collects data on inmate disabilities and can identify them for the auditor. Also, the reports enable the auditor to identify inmates who have been assessed as potential victims. Monthly

PREA reports identify the incidents reported during a given month. PREA Logs document the dates, times and specific actions medical takes in response to an incident of sexual abuse. A monthly COMSTAT report also identifies the major incidents occurring at the facility during a given month. This include PREA related information. Too, the PREA Unit has a dedicated staff, a PREA Analyst, who collects data and generates reports. These reports are also provided to the auditor enabling him to identify sexual abuse incidents, calls from the PREA Hotline, identification of disabled inmates and other valuable data. Additionally, Mitchell County Correctional Institution, collects the data they have regarding allegations of sexual abuse and sexual harassment. They collect and submit to the Georgia Department of Corrections PREA Unit, monthly, data on any allegation of sexual abuse or sexual harassment.

Policy and Documents Reviewed: GDC Policy 208.06, Prison Rape Elimination Act, Sexually Abusive Behavior Prevention and Intervention Program, J.3; Pre-Audit Questionnaire; Georgia Department of Corrections Annual Report; Inmate Report from PREA Unit Analyst; Monthly PREA Report to the PREA Unit; Monthly COMSTAT report; computer generated reports of potential victims; reports identifying disabled inmates; Report of all calls to the PREA Hotline in the past 12 months.

Interviews: Warden; PREA Coordinator; PREA Compliance Manager; SART Leader

Policy and Document Review: The Georgia Department of Corrections collects accurate and uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions and aggregates the incident-based sexual abuse data at least annually. The incident-based data collected is based on the most recent version of the Survey of Sexual Violence conducted by the US Department of Justice. The department maintains, reviews and collects data as needed from all available incident-based documents, including reports, investigation files and sexual abuse incident reviews. Information is also secured from every facility, including private facilities with whom, DOC contracts for the confinement of inmates. Upon request, DOC provides data from the previous calendar year to the US Department of Justice no later than June 30th.

GDC Policy 208.06, Prison Rape Elimination Act, Sexually Abusive Behavior Prevention and Intervention Program, J.3, requires each facility to submit to the Department's PREA Analyst, each month, a report, using the electronic spreadsheet provided from the PREA Coordinator's office. The form is submitted by email the fifth calendar day of the month following the reporting month. It requires that allegations occurring within the month will be included on this report along with the appropriate disposition. The monthly report is to be completed in accordance with the Facility PREA Log User Guide.

The auditor reviewed the most recent Georgia Department of Corrections Annual Report. The Agency issues annual PREA reports and posts them on the GDC Website. The auditor reviewed the 2016 Georgia Department of Corrections Prison Rape Elimination Annual Report. The report was detailed and comprehensive. The report indicated that the Georgia DOC has 34 prisons, 13 transitional centers, 9 probation detention centers, 5 substance abuse and integrated treatment facilities and 4 private prisons. Data is collected from each of the facilities and aggregated. Georgia DOC compiles and investigates PREA allegations in 4 major categories including 1) Staff on inmate Abuse, 2) Staff on Inmate Harassment, 3) Inmate on Inmate Abuse, and 4) Inmate on Inmate Harassment. The report provided data regarding the total number of allegations from all facilities and then it breaks the allegations down into those that were substantiated, unsubstantiated and unfounded. A chart then breaks down the data by facility. The 2016 report indicated there was a 18.7% increase in allegations reported and this was attributed to better reporting. An increase in substantiated cases was noted and

attributed to better trained investigators. The report concluded with a breakdown of PREA related initiatives in each of the Georgia Department of Corrections facilities. Statistics are provided for each GDC facility.

The GDC PREA Unit has a dedicated staff person, an analyst, who collects and analyzes the data. Based on the data reviewed the GDC can track allegations and investigations and findings from each facility and assess the need for any corrective actions. The PREA Compliance Manager related the facility sends a monthly PREA report (208.06, Attachment 2), to the Agency's PREA Analyst. This report, according to the compliance manager, consists of the numbers of PREA Cases, victims and predators, statistics on allegations of sexual abuse, assaults, grievances filed, the results of investigations and a response to the question, "was the investigation or allegations sent to the OPS investigators.

The Mitchell County Correctional Institute collects and maintains the data on all allegations of sexual abuse and sexual harassment at the facility.

Standard 115.88: Data review for corrective action

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

115.88 (a)

- Does the agency review data collected and aggregated pursuant to § 115.87 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 § 115.87 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 § 115.87 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

115.88 (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

115.88 (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

115.88 (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

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

Instructions for Overall Compliance Determination Narrative

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Policy and Documents Reviewed: Investigation Packages(5 of 5); Incident Reviews ; Georgia Department of Corrections 2016 Annual Report; Agency Website; Mitchell County Correctional Institute Website

Interviews: 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 twenty-four (24) investigation packages. One-hundred percent (100%) of the investigation packages contained Sexual Abuse Incident Reviews that were conducted well within the required time frames.

Likewise, the agency reviews data collected to assess and improve the effectiveness of its sexual abuse prevention, detection and response policies, practices and training, including identifying problem areas; taking corrective action on an ongoing basis and preparing an annual report of its findings and corrective actions for each facility and the GDC. The department has a dedicated staff person whose job it is to collect and analyze the data.

The reviewed annual report for 2016 affirms the agency is continuously improving the reporting and investigation methods to ensure the highest level of compliance, as well as swift corrective action when needed. The report also states the Georgia DOC continues to improve the processes of how PREA

allegations are reported, investigated and tracked. The development, testing and implementation of a PREA allegation tracking method allowed for further breakdowns of allegations, along with detailed reporting from all GDC facilities, as compared to last year.

The reviewed 2016 annual report identified initiatives at each GDC facility to improve and enhance the facility and agency's approach to prevention, detection, responding and reporting sexual abuse and sexual harassment. Annual reports are posted on the Georgia Department of Corrections website.

The Mitchell County Correctional Institute reviews all allegations of sexual abuse once the investigation ahs been concluded. The team reviews the allegations, reports, evidence, and goes to the location of the alleged incident to determine if additional cameras are needed; if staffing was adequate; if there were blind spots that need to be mitigated; and any other applicable factors.

Standard 115.89: Data storage, publication, and destruction

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

115.89 (a)

- Does the agency ensure that data collected pursuant to § 115.87 are securely retained? ☒ Yes ☐ No

115.89 (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

115.89 (c)

- Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available? ☒ Yes ☐ No

115.89 (d)

- Does the agency maintain sexual abuse data collected pursuant to § 115.87 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

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Policy 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; Pre-Audit Questionnaire.

Interviews: Previous Interview with Agency's Statewide PREA Coordinator; PREA Compliance Manager

Policy and Document Review: 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 inmates 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 Document Review: 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 reviewed Mitchell County Correctional Institute Website confirmed the facility has been audited in the first cycle as required and with this audit, has completed their second audit prior to the end of the second three-year cycle.

A notice of the PREA Audit was observed posted on the Facility's Website. Additionally, the auditor observed the notices of PREA Audit posted in virtually every area of the prison. This included every pod of every dorm. The auditor did not receive any correspondence any inmate, visitor, contractor, staff or volunteer. The auditor was accessible to every inmate during the on-site audit.

The auditor was provided complete and unfettered access to all areas of the facility. Staff appeared forthcoming and credible. Space, in an office was provided for the auditor to conduct interviews with complete privacy. When additional documentation was requested it was provided expeditiously. The auditor was provided access to any area, closet, room or office requested.

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. Volumes of additional documentation was request and provided.

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 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 Mitchell County Correctional Institute posts their PREA Audit reports on their website where they are accessible to the public.

AUDITOR CERTIFICATION

I certify that:

☒ The contents of this report are accurate to the best of my knowledge.

☒ No conflict of interest exists with respect to my ability to conduct an audit of the agency under review, and

☒ I have not included in the final report any personally identifiable information (PII) about any inmate or staff member, except where the names of administrative personnel are specifically requested in the report template.

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.[1] Auditors are not permitted to submit audit reports that have been scanned.[2] See the PREA Auditor Handbook for a full discussion of audit report formatting requirements.

Robert Lanier _____ May 4, 2018

Auditor Signature **Date**

[1] See additional instructions here: https://support.office.com/en-us/article/Save-or-convert-to-PDF-d85416c5-7d77-4fd6-a216-6f4bf7c7c110 .

[2] See *PREA Auditor Handbook*, Version 1.0, August 2017; Pages 68-69.