

PREA AUDIT REPORT Interim Final
ADULT PRISONS & JAILS

Date of report: 12/10/2016

Auditor Information			
Auditor name: Garret Peter Zeegers			
Address: 6302 Benjamin Road, Suite 400, Tampa, Florida 33634			
Email: pete.zeegers@us.g4s.com			
Telephone number: 863-441-2495			
Date of facility visit: 11/9-11/10, 2016			
Facility Information			
Facility name: Bleckley Residential Substance Abuse Treatment Facility			
Facility physical address: 179 Jac Arts Road Cochran, Georgia 31014			
Facility mailing address: <i>(if different from above)</i>			
Facility telephone number: 478-934-3303			
The facility is:	<input type="checkbox"/> Federal	<input checked="" type="checkbox"/> State	<input type="checkbox"/> County
	<input type="checkbox"/> Military	<input type="checkbox"/> Municipal	<input type="checkbox"/> Private for profit
	<input type="checkbox"/> Private not for profit		
Facility type:	<input checked="" type="checkbox"/> Prison	<input type="checkbox"/> Jail	
Name of facility's Chief Executive Officer: Superintendent Tommy Bowen			
Number of staff assigned to the facility in the last 12 months: 71			
Designed facility capacity: 200			
Current population of facility: 198			
Facility security levels/inmate custody levels: Level II Mental Health			
Age range of the population: 19-61			
Name of PREA Compliance Manager: Lisa Thompson		Title: Assistant Superintendent	
Email address: lisa.thompson@gdc.ga.gov		Telephone number: 478-934-3303	
Agency Information			
Name of agency: Georgia Department of Corrections			
Governing authority or parent agency: <i>(if applicable)</i> Click here to enter text.			
Physical address: 300 Patrol Road Forsyth, Georgia 31029			
Mailing address: <i>(if different from above)</i> PO Box 1529 Forsyth, Georgia 31029			
Telephone number: 478-992-521\1			
Agency Chief Executive Officer			
Name: Homer Bryson		Title: Commissioner	
Email address: Homer.Bryson@gdc.ga.gov		Telephone number: 478-992-5211	
Agency-Wide PREA Coordinator			
Name: Sharon Shaver		Title: Statewide PREA Coordinator	
Email address: Sharon.Shaver@gdc.ga.gov		Telephone number: 678-628-3128	

AUDIT FINDINGS

NARRATIVE

Bleckley RSAT was audited November 9th – November 10th, 2016 by DOJ PREA Auditor G. Peter Zeegers. Prior to the on-site audit, a review of all pre-audit documents was completed. During the initial audit meeting, Melvin Butts, Assistant Statewide PREA Coordinator; Tommy Bowen, Superintendent; Lisa Thompson, Assistant Superintendent/PREA Compliance Manager; Lt. Dale Sanders; Tiffany White, Group Counselor; Sheree Telfair, Mental Health Counselor; Sgt Kenzil Goodrum; Latasha Rozier, Administrative Support II; Stephanie Dobbs, HR Tech; April Smith, Lead Nurse; Karl Straub Psychologist; and Elaine Dilbeck, Mental Health Counselor were present. A facility tour was conducted, which included all buildings of the facility and the outside grounds. During the tour, it was noted that the Notice of PREA Audit and other PREA related materials were posted throughout the facility.

Interviewees were identified from a list of staff and detainees. The interviews included 11 women detainees and 10 staff which included all shifts. Additionally, 15 specialized staff interviews were conducted. There had been 5 reports of alleged PREA incidents over the past 12 months. Each of the allegations were investigated according to policy. All required policies, documentation, reports, logs and files were checked for compliance with PREA Standards. It should be noted that the staff of Bleckley Probation Detention Center and Georgia Department of Corrections were very well prepared and organized for the on-site audit, and all pre-audit materials were in order and well highlighted. This shows the dedication and concern for the PREA program from both a Department as well as a facility level.

DESCRIPTION OF FACILITY CHARACTERISTICS

Bleckley Residential Substance Abuse Treatment Facility is located on 10 acres in rural Bleckley County. Bleckley is a 200 bed female facility that houses adult offenders sentenced by the courts to complete a 9 month residential drug treatment program. The program includes individual substance abuse counseling, treatment programing, case management, and Mental Health services for those in need. We also offer GED educational classes for those without a high school education.

The facility consist of 4 open dormitories housing 50 each dorm, with a four room Isolation/Segregation unit. Work details include grounds, sanitation, laundry, dorm orderlies, food service, and facility maintenance.

The mission of Bleckley RSAT changed in July, 2015 from a facility housing offenders with short term confinement of 180 days to an in house residential substance abuse treatment program with a minimum stay of 9 months.

In September of 2015 a modular building used for programing was installed changing the physical layout of the facility. This is the only change made since the last PREA audit.

SUMMARY OF AUDIT FINDINGS

The on-site audit was conducted on November 9th and 10th, 2016. The 10 detainees screening instruments were reviewed. All were completed within the 72 hour time frame. The detainee education acknowledgment forms were completed on day of intake. All staff background screenings were completed, as well as staff PREA training records being timely and complete. Policies and procedures were verified by reviewing staff files and the staff interviews.

All Agency Policies that were submitted to this PREA Auditor via thumb drive were reviewed prior to arrival for the on-site audit. Additionally, during the on-site audit many of these documents and relevant information were again reviewed. Policies and documents were viewed such as: Statewide PREA Policy 208.06, Georgia Department of Corrections and Bleckley RSAT Leadership Organizational Charts, employee and detainee handbooks, DOC General Directives, various statutes, internal and external facility audit reports, PREA audit guide, PREA audit notices, Bleckley RSAT layouts, facility program specific coordinated response plan, statewide and internal PREA-related memos and emails, policy amendment emails, staffing plan, various postings, staffing breakdown and rosters, master schedules, camera listings and locations, various logbooks, Staff Training

Acknowledgement Forms, various staff trainings, Detainees programming/job/educational information, Agency Mission Statements, and MOU's and agreements.

During the tour it was noticed that there was a blind spot behind the commercial washer and dryer in the laundry room. It was suggested that a mirror be installed to enhance the officer's sight behind the washer and dryer. While the auditor was on-site the mirror was installed. It was verified by this auditor.

The results of the audit indicate that the facility is in full compliance with PREA Standards. A final report is being issued. The facility staff were very helpful, very professional, and well versed in PREA activities at the facility level. The facility response to privacy concerns confirms the facility commitment ensuring to the safety of all detainees. It was a pleasure to work with the Superintendent and his staff.

Number of standards exceeded: 2

Number of standards met: 37

Number of standards not met: 0

Number of standards not applicable: 4

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

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

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

GDOC PREA Policy 208.06 mandates a zero tolerance towards all forms of sexual abuse and sexual harassment. The policy outlines how it will implement the agency's approach. The policies include definitions, sanctions for prohibited behaviors and addresses strategies and responses. The interview with the facility PREA Compliance Manager indicated that she finds the time to complete her duties. The agency has a Statewide PREA Coordinator, who is also a PREA Auditor, and three Assistant Statewide PREA Coordinators. They all state that they have time to complete their PREA related responsibilities. There are 81 Facility PREA Compliance Managers who indirectly report to the PREA office.

Standard 115.12 Contracting with other entities for the confinement of inmates

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

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N/A – Bleckley RSAT does not contract with other entities for the confinement of detainees.

Standard 115.13 Supervision and monitoring

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

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provided that is specific to the facility. Additionally, there was an annual review completed and documented. All deviations from the staffing plan are documented shift-by-shift in the Duty Officer Logbook. GDOC PREA Policy 208.06 addresses unannounced rounds on a weekly basis by Supervisory staff and the Duty Officer. These rounds were documented in each housing unit's logbook as well as in the duty officer log book. Detainee interviews verified that opposite gender staff announce their presence before entering the detainees' dorms.

During the tour it was noticed that there was a blind spot behind the commercial washer and dryer in the laundry room. It was suggested that a mirror be installed to enhance the officer's sight behind the washer and dryer. While the auditor was on-site the mirror was installed. It was verified by this auditor.

Standard 115.14 Youthful inmates

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

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

N/A – Bleckley RSAT does not house youthful detainees.

Standard 115.15 Limits to cross-gender viewing and searches

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

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

GDOC PREA Policy 208.06 prohibits any cross-gender strip search or visual body cavity searches unless exigent circumstance or by medical practitioner. The agency does not permit cross-gender pat down searches except in exigent circumstances. Any cross-gender search is required to be documented. Staff interviews confirmed that staff receive training in how to conduct cross-gender pat-searches in a respectful and professional manner and this was verified through training records. There is a facility policy memo that identifies how transgender or intersex detainees will be identified for searches. The facility provides privacy for detainees while showering, changing clothing, and performing bodily functions. This was verified during the facility tour. The agency also prohibits searching transgender and intersex detainees strictly to identify genital status. There are policies requiring the announcement of opposite gender staff when they begin their shift. Policy also directs that information is made available in units to advise offenders that both male and females staff routinely work and visit detainee housing areas.

The policy memo also directs that they re-announce if they return after leaving the area. Detainees report that they do hear female staff announce their presence.

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

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

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

GDOC PREA Policy 208.06 outlines the PREA education plan, and details how detainees with disabilities are made aware of how to report PREA incidents. A list of bilingual staff is available, with specific instructions if a particular interpreter is not available. The use of Language Line interpreter service is also available. PREA documents are available in Spanish, including PREA reporting posters throughout the facility. The policy also prohibits the use of detainees for interpretation.

Standard 115.17 Hiring and promotion decisions

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

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

GDOC PREA Policy 208.06 addresses the hiring or promoting of any person who has engaged in sexual abuse or attempted to engage in sexual abuse within an institution or in the community and considers incidents of sexual harassment. All employees and contractors undergo a criminal background check prior to hire/contract. The policy addresses 5-year criminal background checks for non-security staff. The Georgia Department of Correction complete annual background checks on all security staff. This was verified by the auditor monitoring staff personnel files. A facility policy memo addresses 5-year criminal background checks for contractors, as well as addresses that material omissions regarding misconduct or false information are grounds for termination. The agency does provide information to requests from institutional employers where an employee has applied to work.

Standard 115.18 Upgrades to facilities and technologies

- Exceeds Standard (substantially exceeds requirement of standard)

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

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

In September of 2015 a modular building used for programing was installed changing the physical layout of the facility. This is the only change made since the last PREA audit.

Standard 115.21 Evidence protocol and forensic medical examinations

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

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

The agency is responsible for both administrative and criminal investigations. The Georgia Department of Corrections “Office of Professional Standards” provides the criminal investigations. Uniform Evidence Protocols are noted in a variety of policies, specifically PREA Policy 208.06 and policy 103.10 address all areas required for the facility. The medical staff are responsible for requesting assistance if the victim requests. The medical staff stated that a SANE nurse is always available through a contract with a statewide company. The physical examination shall be provided at no cost to the detainee. The facility uses an inside trained staff member as their victim advocate. This staff member received Victim Assistance Training in order to help detainees who need the services. Training certification documentation was viewed by the auditor. The Bleckley County Sheriff’s Office would be contacted if the allegation was criminal in nature.

Standard 115.22 Policies to ensure referrals of allegations for investigations

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

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

The agency and facility are committed to ensuring that all allegations of sexual abuse or sexual harassment are investigated and are identified in the GDOC PREA Policy 208.06 as major incidents, which require investigation. Any sexual assault

allegations are referred to the SART team, and shall be referred to the "Office of Professional Standards" if criminal in nature. Policy is on the website as well. The Bleckley County Sheriff's Office would be contacted if the allegation was criminal in nature.

Standard 115.31 Employee training

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

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

The PREA policy 208.06 addresses all areas for training staff. There is a separate class regarding Gender-Responsive Training that all staff are required to take annually. Interviews with staff indicated that they were aware of the required elements of PREA training. Reviews of staff PREA training records was also conducted. All training was timely and effective according to the staff interviews.

Standard 115.32 Volunteer and contractor training

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

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

Bleckley RSAT provides training for all volunteers and contractors based upon their contact with detainees. This training includes zero-tolerance, how to protect the victim, and who to notify in the event of a reported incident.

Standard 115.33 Inmate education

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

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

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

All detainees receive information regarding the Zero Tolerance Policy and how to report a PREA incident upon intake at Bleckley RSAT. There is also education on definitions of sexual abuse and sexual harassment, Prevention strategies to minimize detainee’s risk of sexual victimization while in GDOC custody, treatment options and programs available to offender victims of sexual abuse and sexual harassment, monitoring, and discipline, and prosecution of sexual perpetrators. Full PREA education is provided to all detainees within 15 days of intake. The PREA information is provided through the Detainees Education “Speaking Up” Video and staff performing the intake. This video is also available in Spanish. PREA Posters were seen throughout the facility during the tour in English and in Spanish. PREA Policy 208.06 addresses this standard.

Standard 115.34 Specialized training: Investigations

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

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

The GDOC PREA Policy 208.06 requires specialized training for Investigators. The agency has provided documentation of investigators completing a 16-hour training. Additionally, all SART staff have completed this same training. The Office of Professional Standards trains its agents and investigators in conducting investigations in a confinement setting. Specialized training includes techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings, and the criteria and evidence required to substantiate a case for administrative action or prosecution referral. This training was verified by the auditor in the training records. Interview with OPS Investigator verified the training.

Standard 115.35 Specialized training: Medical and mental health care

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

relevant review period)

- Does Not Meet Standard (requires corrective action)

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

The GDOC PREA Policy 208.06 requires medical and mental health staff are to receive standard staff training as well as specialized training. A review of documents indicates that this is complete. Interviews with medical and mental health staff confirm this as well. GDOC medical and mental health staff and/or Georgia Correctional Healthcare (GCHC) staff members are trained using the National Institute of Corrections (NIC) Specialized Training PREA Medical and Mental Health Standards curriculum. Certification has been printed and maintained in the employee training file. GDOC medical and mental health staff are also required to attend the annual in-service PREA training.

Standard 115.41 Screening for risk of victimization and abusiveness

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

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

All detainees arriving at Bleckley RSAT receive a screening for sexual victimization or sexual aggressiveness. An objective tool is used for this purpose. The GDOC PREA Policy 208.06 requires the risk screening to be completed within 72 hours of arrival and reviewed 30 days after intake, as well as when new information is obtained. The policy also prohibits the discipline of a detainee for refusal to answer questions from the screening, and the facility has created a system in which only identified staff can access the completed screening tool. All elements of this standard has been met.

Standard 115.42 Use of screening information

- Exceeds Standard (substantially exceeds requirement of standard)

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

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Information from the PREA Sexual Victimization/Sexual Aggressor Classification Form is used to assist with housing decisions. Each housing decision is also based on other factors. The GDOC PREA Policy 208.06 requires a bi-annual review of all transgender and intersex detainees housing and programming. All transgender and intersex detainees are given the right to shower separately from all other detainees. BPSATC makes individualized determinations about how to ensure the safety of each detainee.

Standard 115.43 Protective custody

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

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GDOC PREA Policy 208.06 prohibits the use of involuntary segregated housing unless there is no other option for keeping a detainee who is vulnerable to victimization separate from aggressive detainees. Any placement of a detainee in involuntary segregated housing is documented. Participation in programs, privileges, education and work opportunities may be restricted due to security issues; however all efforts are made to provide certain programming within the segregated housing. All restrictions are documented. The policy requires a review every 30 days for continued restriction/placement.

Standard 115.51 Inmate reporting

- Exceeds Standard (substantially exceeds requirement of standard)

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

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The agency allows for the reporting of any knowledge, suspicion or information through internal and external sources. Externally, detainees can mail a letter to The State Board of Pardons and Paroles, which is not a part of the Georgia Department of Corrections. Internally, detainees are provided two methods to report sexual abuse or sexual harassment: They may call *7732 on the phone (In each dorm), which goes directly to the Statewide PREA Coordinator, or they may notify any staff member. This information is contained within the Detainee's Handbook, as well as posted throughout the facility. Staff may report any knowledge, suspicion or information regarding sexual abuse or sexual harassment by following the chain of command, EAP resources, PREA Hotline or writing to the external State Board of Pardons & Paroles or Ombudsman. Staff are provided methods to report privately and anonymously as well. GDOC PREA Policies 208.06 and 227.2 meet the requirements of the standard.

Standard 115.52 Exhaustion of administrative remedies

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

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

N/A - Bleckley RSAT does not have administrative procedures to address detainees' grievances. In an interview with the Superintendent, he stated that if there is a PREA related grievance it is treated as a first responder incident. It is immediately reported to the Office of Professional Standards.

Standard 115.53 Inmate access to outside confidential support services

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

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corrective actions taken by the facility.

Bleckley RSAT provides detainees with access to inside victim advocates for emotional support services related to sexual abuse with a certified victim advocate. There is an MOU with WINGS to provide victim advocate services, if needed. The facility has certified one of their own staff to provide these services, if needed.

Standard 115.54 Third-party reporting

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

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The Georgia Department of Corrections website provides for three separate reporting options for the receipt of third-party reports of sexual abuse or sexual harassment. They may contact the Statewide PREA Coordinator, the Ombudsman, or Victim Services. Both the Ombudsman and Victim Services will report information directly to the Statewide PREA Coordinator, who will inform the Superintendent. Any reports made directly to the facility will be investigated. This was confirmed through staff interviews.

Standard 115.61 Staff and agency reporting duties

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

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Staff are prohibited by policy from sharing information regarding an allegation of sexual abuse or sexual harassment with individuals who are not identified as a part of the investigative team. All medical and mental health staff are mandatory reporters of sexual abuse in the facility. Detainees are made aware of this during their initial medical and mental health screenings. The SART team is responsible for all investigations of sexual abuse and sexual harassment. All staff during their interviews articulated their firm knowledge of their duties to report an incident, suspicion, or allegation of sexual abuse or sexual harassment.

Standard 115.62 Agency protection duties

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

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

All allegations of imminent sexual abuse are taken seriously and steps are taken immediately to protect the alleged victim. Notification is immediately made to the SART team who will investigate. Interviews with staff confirm their knowledge regarding their duty to protect detainees.

Standard 115.63 Reporting to other confinement facilities

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

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Any allegations of sexual abuse that are received that have occurred in another institution are required by GDOC PREA Policy 208.06 to be reported to the Superintendent of that facility. This information is documented. The policy also requires that any PREA Audit Report

receipt of such allegations from another institution shall be investigated similar to if the allegation was made while the detainee was housed at Bleckley RSAT.

Standard 115.64 Staff first responder duties

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

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The GDOC PREA Policy 208.06 addresses all components of Standard 115.64. First responders are required to protect the victim, address the preservation of evidence and to preserve the crime scene. All non-security staff are trained to provide the victim with protection and to make an appropriate report to the Superintendent. Staff interviews confirm their understanding of their first responder duties.

Standard 115.65 Coordinated response

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

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

Bleckley RSAT has a Coordinated Response Checklist that address all requirements of the PREA standards in response to allegations. The Coordinated Response Checklist is specific to the facility, and includes all contact names and phone numbers. Staff interviews confirmed their knowledge of the Coordinated Response Plan.

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

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

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

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

N/A – Bleckley RSAT does not enter into collective bargaining agreements.

Standard 115.67 Agency protection against retaliation

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

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

GDOC PREA Policy 208.06 addresses practices to protect both staff and detainees who report sexual abuse or sexual harassment from retaliation. Various protection methods are identified, including housing changes, transfers for both detainees and staff, as well as emotional support services. Retaliation is monitored for a minimum of 90 days, with periodic status checks. A facility policy memo addresses the protection of individuals who assist in the investigation.

Standard 115.68 Post-allegation protective custody

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

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

The GDOC PREA Policy 208.06 meets all requirements of PREA Standard 115.43. Additionally, any detainee who has suffered sexual abuse and is placed in Administrative Segregation (Protective Custody) is seen every seven days by a counselor who documents their status and provides this to the Superintendent. Additionally, the classification team reviews all placements in

Administrative Segregation every thirty days.

Standard 115.71 Criminal and administrative agency investigations

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

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

The Georgia Department of Corrections conducts its' own administrative and criminal investigations. All investigators have received specialized training as required pursuant to PREA standard 115.34. All evidence available is gathered and preserved. Prior reports involving the same perpetrator or victim are reviewed. Credibility of any person identified during the investigation is individually based and no polygraph examination or other truth-telling device is offered as a condition of continuing the investigation. SART is responsible for conducting an initial investigation and the administrative investigation. Administrative investigations include addressing staff actions, credibility and investigative facts and findings. Any investigations where there appears to be criminal activity is referred for prosecution, and no interviews are conducted without consulting the "Office of Professional Standards". Both administrative and criminal investigations are documented and include narrative of the evidence collected. Criminal investigations that involve staff are turned over to the "Office of Professional Standards" for further administrative investigation and disposition.

Standard 115.72 Evidentiary standard for administrative investigations

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

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

GDOC PREA Policy 208.06 imposes no standard higher than a preponderance of the evidence in determining whether allegations are substantiated.

Standard 115.73 Reporting to inmates

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

- Does Not Meet Standard (requires corrective action)

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

GDOC PREA Policy 208.06 requires, and investigative files indicate, that reporting detainees are advised of the outcome of PREA investigations by a SART team at the conclusion of the investigation. Additionally, the policy requires information on the progress of the case. This notification is documented.

Standard 115.76 Disciplinary sanctions for staff

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

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

GDOC PREA Policy 208.06 requires disciplinary sanctions, up to and including termination, for staff who violate agency policy regarding sexual abuse and sexual harassment. All disciplinary actions are reviewed based upon the nature and circumstances of the allegation and disciplinary action on prior comparable offenses. Any staff terminations for violation of the agency zero-tolerance policy are reported to the Georgia Peace Officer Standards and Training Council (POST).

Standard 115.77 Corrective action for contractors and volunteers

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

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

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

GDOC PREA Policy 208.06 requires that any contractor or volunteer who violates the zero-tolerance policy are prohibited from any contact with offenders. If applicable, the actions of the contractor or volunteer will be reported to the licensing body. There were no incidents of sexual abuse or sexual harassment by a contractor or volunteer.

Standard 115.78 Disciplinary sanctions for inmates

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

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

All detainees shall be subjected to appropriate disciplinary actions as per the PREA standards. Sanctions are commensurate with the nature and circumstances of the incident, the detainee's history and similar sanctions imposed for comparable offenses. A detainee's mental health is considered in the determination of sanctions. No detainee is sanctioned for contact with a staff member who consented to the contact. No detainee is sanctioned for good faith reporting. This agency prohibits all sexual activity between detainees.

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

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

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

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

GDOC PREA Policy 208.06 requires immediate services of medical and mental health services upon notification of sexual abuse or sexual harassment. Confidential information of prior sexual abuse is shared only upon the consent of the offender. Follow-up counseling is conducted within three (14) days and as necessary thereafter.

Standard 115.82 Access to emergency medical and mental health services

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

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

Detainees who report sexual abuse shall be immediately taken to medical. Those who report victimization within the past 72 hours will then be set up for a SANE examination with an outside agency who will come to the facility. Mental health services will begin immediately and followed up within three (3) days. Additional counseling services are available as necessary thereafter as well as requested by the victim. STD related information is provided. All treatment is offered at no cost to the victim, regardless if they identify the alleged perpetrator or not.

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

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

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

GDOC PREA Policy 208.06 provides for ongoing medical and mental health care for victims of sexual abuse, whether the incident occurred within an institution or in the community. All care is consistent with the community level of care. Follow-up care is provided within two (2) weeks and as requested by the victim. Timely services are available. STD testing and treatment is provided. There are no costs to an offender for services as a result of sexual victimization.

Standard 115.86 Sexual abuse incident reviews

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

relevant review period)

- Does Not Meet Standard (requires corrective action)

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

The Georgia Department of Corrections requires an incident review for all allegations of sexual abuse where the findings were substantiated or unsubstantiated. BPSATC conducts an incident review for all sexual abuse incidents, unless the incident has been labeled unfounded. There is a monthly incident report provided to the Superintendent that details all formal Incident Reviews for the month and includes any recommended corrective action.

Standard 115.87 Data collection

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

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

The Georgia Department of Corrections maintains records and data on all allegations of sexual abuse and sexual harassment that captures information as identified by the DOJ-SSV. This information is aggregated annually and included in their annual report. The agency also obtains information from the agencies with whom it contracts for the confinement of detainees.

Standard 115.88 Data review for corrective action

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

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

The Georgia Department of Corrections 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. These reports includes a comparison of the current year’s data and corrective actions with those from prior years and provide an assessment of The Georgia Department of Corrections’ progress in addressing sexual abuse.

Standard 115.89 Data storage, publication, and destruction

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

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

The agency has publicized the 2015 PREA data on the website. The reports contain no personal identifiers. A facility policy memo identifies that PREA related documents be maintained for at least 10 years of the initial report or as long as the abuser is incarcerated or employed by the agency, plus 5 years, whichever is longer.

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.

G. Peter Zeegers

12/10/2016

Auditor Signature

Date