

PREA AUDIT REPORT Interim Final
ADULT PRISONS & JAILS

Date of report: July 11, 2017

Auditor Information			
Auditor name: Robert Lanier			
Address: P.O.Box 452 Blackshear, Georgia 31516			
Email: rob@diversifiedcorrectionalservices.com			
Telephone number: 912-281-1525			
Date of facility visit: June 12-13 2017			
Facility Information			
Facility name: Lee State Prison			
Facility physical address: 153 Pinewood Road, Leeburg Georgia 31763			
Facility mailing address: <i>(if different from above)</i> Click here to enter text.			
Facility telephone number: 229-759-3110			
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: Artis Singleton, Warden			
Number of staff assigned to the facility in the last 12 months: 200			
Designed facility capacity: 762			
Current population of facility: 732			
Facility security levels/inmate custody levels: Medium			
Age range of the population: Adult Male Prison			
Name of PREA Compliance Manager: LaChandra Bishop		Title: Administrative Assistant	
Email address: Lachandra.bishop@gdc.ga.gov		Telephone number: 229-759-3126	
Agency Information			
Name of agency: Lee State Prison			
Governing authority or parent agency: <i>(if applicable)</i> Georgia Department of Corrections			
Physical address: 153 Pinewood Road Leesburg, Georgia 31763			
Mailing address: <i>(if different from above)</i> Click here to enter text.			
Telephone number: 229-759-3110			
Agency Chief Executive Officer			
Name: Gregory Dozier		Title: Commissioner	
Email address: gdccomish.dcor.state.us		Telephone number: 478-992-5211	
Agency-Wide PREA Coordinator			
Name: Grace Atchison		Title: State Wide PREA Coordinator	
Email address: Grace.Atchison@gdc.ga.gov		Telephone number: 678-332-6066	

AUDIT FINDINGS

NARRATIVE

The on-site PREA Audit of Georgia Department of Corrections (GDC), Lee State Prison, Leesburg, Georgia was conducted on June 12 and 13, 2017. Six weeks prior to the on-site audit the auditor provided the Notice of PREA Audit. Contact information was provided to enable anyone desiring to correspond with the PREA Auditor regarding any PREA related issue to write the auditor. The auditor received one letter from an inmate who had made allegations that had been reported but found to be unsubstantiated. The Auditor met with the inmate during the interview portion of the PREA Audit. During that interview, the inmate made an allegation of staff on inmate harassment. The auditor explained that he had to report the allegation but also asked for and received the inmate's permission to discuss it with staff and have them talk with him. The inmate was not concerned about the staff being made aware of the allegation. The PREA Compliance Manager talked with the inmate and provided documentation to the auditor to confirm the allegation was taken seriously and is being investigated. The facility provided documentation to confirm the notices were posted. During the onsite audit PREA Notices were seen posted throughout the facility. Three weeks prior to the on-site audit the facility provided a "flash drive" containing policies, procedures, forms and other documentation related to PREA and to support compliance with the PREA Standards. The auditor reviewed all the information accessible on the flash drive and requested additional information for clarification and to support the facility's practices. The auditor asked the facility to have the additional documentation available at the on-site audit. The auditor and facility PREA Compliance Manager communicated prior to the audit and worked together to develop an itinerary for the on-site audit. When additional information was requested it was provided expeditiously. The agency is to be commended for the support the Assistant PREA Coordinator provided during the on-site audit and after. This state office staff person was valuable in providing clarification and additional information during the audit. It was very helpful to have him present to provide clarification and documentation when needed from the state level.

By prior agreement the auditor arrived at the facility at approximately 0800 hours. The auditor was met by an enthusiastic PREA Compliance Manager. Prior to be admitted beyond the gate building staff required the auditor to read and sign a PREA Acknowledgement Statement and submit to a background check. The Gate Officer has the capability to conduct a "quick search" and this is especially impactful in checking out new contractors, volunteers and visitors. Following the check and signing the acknowledgment statement, the auditor was escorted to the administrative area where an in briefing/entrance conference was conducted with the Warden, Deputy Wardens, Assistant Statewide PREA Coordinator and the Warden's department head and administrative team.

Following the entrance conference, the PREA Coordinator and PREA Compliance Manager, escorted the auditor on a tour of the facility. Later, two members of the CERT Team accompanied the tour. A female CERT member explained, when asked, that she never conducts strip searches and if the CERT conducts a shake down involving strip searches she leaves the room until the searches are completed. There are seven (7) living units, including segregation, at Lee State Prison. Each of the living units has two pods and inmates are housed in either 4 man cells or 6 man cells. Each cell contains a commode. Dorms with 6 man cells had showers with 2-3 shower heads. The Showers had curtains. The 4-man cell units have showers with individual shower stalls with curtains. Segregation has one shower and the post is gender specific and the post, according to staff, is always manned by male staff.

The facility has attempted to mitigate blind spot viewing by adding mirrors, ensuring that doors that are required to be locked, remain locked, and by having staff move around as well as through a limited number of cameras.

The facility buildings, living units and grounds were maintained and floors were exceptionally shined.

Multiple bulletin boards contained PREA information. These were neatly arranged and organized as well. All types of PREA Notices were posted, including, "See Something Say Something." Directions of how to report are posted. Notice of the PREA Audit were posted throughout the facility and accessible to staff, offenders, contractors, volunteers and visitors. Information about the Outside Advocacy Organization along with contact numbers and a mailing address were posted on all living unit bulletin boards. Telephones were observed in the common areas. Instructions for dialing the PREA Hotline and Tip Line were posted. This facility has some video cameras. The facility has installed mirrors to mitigate blind spots. Additionally, doors that

were supposed to be locked were found to be locked. Custody staff were observed moving around supervising offenders rather than being stationary. Each unit had a KIOSK enabling inmates to email those on their approved list, to participate in video visitation when they have enough money on the “books”. Inmates have tablets as well, enabling them to communicate with the “outside” world through emails to anyone on their approved visiting list. Multiple informal interviews were conducted with both staff and inmates. These were conducted with a variety of staff, including custody staff, counseling staff, staff in segregation, food services staff and others. Inmates and staff were knowledgeable of the agency’s zero tolerance policy as well as how to report sexual abuse or sexual harassment.

Following the tour, the auditor continued interviews with random and specialized staff and reviewed additional documents that had been requested.

At the conclusion of Day 1, the auditor interviewed the Warden and discussed, with the PREA Compliance Manager the plans for Day 2 of the PREA Audit.

On Day 2 of the PREA Audit the auditor conducted interviews with inmates. Inmates were generally knowledgeable of the agency and facility’s zero tolerance for all forms of sexual abuse, sexual harassment and retaliation. Too, they know how to report allegations of sexual abuse and indicated, often with prompting, the multiple ways they have to report. Most related they would use the PREA Hotline and would tell a staff.

The auditor also interviewed the facility’s personnel manager about the hiring and promotion process after which personnel files were reviewed for the PREA related questions asked of applicants as well as background clearances and PREA and Code of Ethics Acknowledgments.

Following these interviews and documentation reviews, the auditor exited with the Deputy Wardens, PREA Compliance Manager, Assistant Statewide PREA Coordinator, and department heads. The auditor asked the PREA Compliance Manager to provide documentation that the inmate who reported sexual harassment during his interview with the PREA Auditor had been talked with and that an investigation initiated. Too, the auditor requested that documentation be provided to document inmates had received refresher information related to the outside support organization, “The Lily Pad SANE Center.” Inmates had been provided this information and it was located on the walls, however inmates were not very knowledgeable about the services they would provide and how they could be accessed. This information was provided within a week of the on-site audit.

DESCRIPTION OF FACILITY CHARACTERISTICS

Lee State Prison is located in a rural area at 153 Pinewood Drive, Leesburg, Georgia. Originally built in 1978 and opened in 1979, the facility was last renovated in 2002. The main compound has security fencing surrounding the perimeter. The facility has a rated bed capacity of 762 beds, with a current population of 730 inmates.

There are 11 general population housing units consisting of 4-6 inmate beds to a room. The segregation unit has 16 cells with 32 beds. The facility houses predominantly medium classification custody inmates.

The prison is participating in "Evidenced Based Programming" and provides inmates with multiple opportunities to become mentors, modeling responsible behavior. It also provides inmates with a large number of classes to participate in taught by inmates. Staff, reported that the Correctional Officers also attend classes to promote professional and respectful communications between staff and inmates.

Inmates also may be involved in general equivalency education diploma and adult based educations, moral recognition therapy, active parenting, lifers group, re-entry skills building, confronting self, family violence, basic computer and typing and motivation for change. Vocational programs include automotive, carpentry, small engine repair, heating and air conditioning, food preparation, barbering, laundry, custodial maintenance, building maintenance, landscaping, general office clerk, waste water treatment and horticulture. They also have access to medical care, general recreations and various religious activities and services.

SUMMARY OF AUDIT FINDINGS

The Lee State Prison was audited using the PREA Standards for Prisons, Jails, and Lockups. The audit process and methodology included the following: 1) Review of the PREA Standards for Community Confinement Facilities 2) Offering residents, staff, visitors, contractors and volunteers the opportunity to correspond with the PREA Audit confidentially by providing and having the facility post the Notice of PREA Audit six (6) weeks prior to the on-site audit. 3) Reviewing policies, procedures, including statewide policies and procedures as well as local operating procedures and supporting documentation provided on the flash drive prior to the on-site audit 4) Requesting additional information to support practice and/or clarifications of provided documentation 5) Communicating with the PREA Compliance Manager to understand facility practice as well as policies and procedures 6) Conducting the on-site PREA Audit to include interviewing randomly selected and specialized staff. During this audit, the auditor interviewed six (6) inmates and eight (8) specialized staff. Additional interviews were conducted with a Sexual Assault Nurse Examiner who also ensures an advocate is available to provide emotional support to an inmate during the forensic exam and any investigatory interviews if requested and a facility volunteer. Forty-three standards were reviewed applying the verbiage of the standard. Four (4) of the standards were rated “not applicable”. These included 115.12, Contracting with other entities for the confinement of inmates; 115.14, Youth Inmates; 115.18, Upgrades to facilities and technologies; and 115.66, Preservation of ability to protect inmates from contact with abusers. Six (6) Standards were rated “exceeds”. These included 115.11, Zero Tolerance; 115.13, Supervision and Monitoring; 115.17, Hiring and Promotion Decisions; 115.34, Specialized Training: Investigations; 115.35, Specialized Training, Medical and Mental Health; and 115.51, Resident Reporting. Additional documents were requested following the on-site audit to complete the audit process.

Number of standards exceeded: 6

Number of standards met: 33

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.

Georgia Department of Corrections Policy 208.6, Prison Rape Elimination Act-PREA, Sexually Abusive Behavior Prevention and Intervention Program, is comprehensive and not only details the agency's approach to prevention, detection, reporting and responding to allegations of sexual abuse and sexual harassment but also integrates this information in a manner that flows logically and easily understood. The policy affirms that the Department will not tolerate any form of sexual abuse or sexual harassment of any offender. Policy states that the Department has a zero tolerance for all forms of sexual abuse, sexual harassment and sexual activity among inmates. It further indicates the purpose of the policy is to prevent all forms of sexual abuse, sexual harassment and sexual activity among inmates by implementing provisions of the PREA Standards to help prevent, detect and respond to sexual abuse in confinement facilities. It is evident that the Georgia Department of Corrections takes sexual safety seriously. The Georgia Department of Corrections appointed a Director of Compliance who is ultimately responsible for the Department's compliance with PREA, ADA and ACA. Additionally, the Department has appointed a statewide PREA Coordinator and an Assistant Agency PREA Coordinator with sufficient time and authority to develop, implement, and oversee the Department's efforts to comply with the PREA Standards in the DOC facilities. The PREA Coordinator is one of the most knowledgeable PREA Coordinators I have had the pleasure of working with. She is not just knowledgeable of PREA but she brings to the table experience in adult facilities prior to her appointment. She has been responsible for ensuring that prisons and facilities in all of her facilities are in compliance with the PREA Standards and that they maintain compliance. To that end, she visits her facilities often and those visits are working visits during which she sits with the facility's investigators and reviews each investigation of allegations of sexual abuse and sexual harassment. The Assistant PREA Coordinator is also an experienced staff person who brings a wealth of knowledge about facility operations to the PREA arena. This individual has an unusual grasp on PREA and having had multiple years of experience in the prison system understands the operational issues and how best to implement the standards in correctional facilities and programs. The agency also has an analyst assigned to the PREA Unit whose job is to collect and analyze the data submitted on a monthly basis by each facility. Additionally, the Warden at each institution is charged with ensuring that all aspects of the agency's PREA Policy are implemented. They are also required to develop a Local Procedure Directive for response to sexual allegations. The Directive must reflect the institution's unique characteristics and specify how each institution will respond to sexual allegations and the notification procedures followed for reports of sexual allegations. Wardens also are 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 Resident Handbook advises offenders that the Department of Corrections has a zero-tolerance policy toward the sexual abuse of offenders and is committed to the prevention, detection and punishment of sexual abuse. Signs posted throughout the facility again, emphasize the agency's zero tolerance for all forms of sexual abuse, sexual misconduct and sexual harassment or retaliation for reporting or cooperating with an investigation. This agency is committed to sexual safety. Evidence of their proactive approach was described by the PREA Coordinator and included 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; by having the Moss Group review their PREA Policy and by providing additional training for Sexual Assault Response Team Members as well as training for PREA Compliance Managers. The Agency also requires all staff to complete the NIC Online Training Course, "Communicating Effectively with LGBTI Inmates."

The Facility Warden, has appointed the Administrative Assistant as the PREA Compliance Manager. An interview with the PREA Compliance Manager confirmed she is a competent, intelligent, knowledgeable staff who takes PREA seriously. She indicated to the auditor that she has the complete support of the Warden and staff and of the PREA Coordinator who is accessible to her on site periodically and almost always via phone or email.

Interviewed staff were all aware of the zero-tolerance policy and agency's zero tolerance for any form of sexual abuse, sexual assault, sexual harassment or retaliation. They all also stated they are trained to and required to report all allegations of sexual abuse or sexual harassment including suspicions. Staff indicated if they failed to report there would be sanctions.

Zero Tolerance posters are posted throughout the facility. Acknowledgement statements and inmate handbooks contain information affirming the agency and facility's zero tolerance for any form of sexual activity, or retaliation for reporting.

Residents, staff, contractors and volunteers are trained in the zero-tolerance policy. The facility provided multiple training rosters and PREA Acknowledgment Statements confirming staff have been trained in PREA. Interviewed residents stated they are aware the facility has a zero tolerance for all forms of sexual activity.

This standard is rated "exceeds" because of the agency'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 DOC facilities. In addition to these proactive measures, yet another staff has been designated as the Agency's Assistant PREA Coordinator. In addition to facilities he is assigned to oversee with regard to PREA he also serves as a resource person for PREA in state, county and private prisons throughout the state. Observations of the work 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. The Assistant PREA Coordinator is an experienced staff who has a wealth of knowledge regarding prison operations and understands the challenges in implementing PREA in the facilities.

Standard 115.12 Contracting with other entities for the confinement of inmates

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

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

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

Lee State Prison does not contract for the confinement of offenders.

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 DOC has the right to monitor for compliance.

Standard 115.13 Supervision and monitoring

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

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

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

The Facility provided the “Staffing Plan” for Lee State Prison dated October 28, 2016. The facility has a staffing plan predicated on a designed capacity of 762 offenders 18 years old and above (Adult Offenders) sentenced by the state of Georgia. The staffing plan, addresses, among other things, four PREA requirements for all facilities. These included: 1) an assessment of adequate staffing levels and where applicable video monitoring along with a set of prescribed specific considerations with the goal of preventing sexual abuse. To this end, the plan affirms the zero tolerance for any form of sexual abuse or sexual Warden and his designees have access to viewing the perimeter from their computers. Multipurpose Room cameras (4) monitor visitation as well as weekly activities in this area. These are monitored in the Security Office. 2) The plan must be documented. The Plan is in a local procedure for Lee State Prison and will be reviewed and documented on an annual basis or more frequently as adjustments are needed. 3) The facility must document and justify any deviation from the staffing plan. 4) The facility must document on an annual bases the assessment of the staffing plan. The plan states that to ensure safety and compliance of gender specific post and all priority one post, a call- in schedule has been implemented to name and notify staff when they are scheduled to be on standby. The plan addresses the “Staffing Ratio”. There are no staffing ratios for adult facilities. The plan is detailed and comprehensive, identifies each Gender Specific Post, and then addresses the staffing and video monitoring technology available in each area.

Dorm missions and designations (purpose of the dorm) are identified. The role of the unit is described, the rated capacity of the unit is described, composition of the unit is stated, and the minimum staffing for each unit identified. The Plan indicates that one officer will man each of the general population dorms. The composition of the facility is considered in the staffing

plan. The plan indicated that 63% of the inmates are Black; 32% are white; .68% are Asian and 4.22% are Hispanic. Security levels are 10.5% minimum, 89% are medium and .05% are close security.

Posts are identified, including a breakdown of the total staffing, deployment of post and identification of priority posts. Shift rosters were provided to confirm staffing by key and shift. The Warden has a split shift that works 7:30AM to 5:30PM to supplement supervision of the residents.

The plan also addresses and documents a review of each of the PREA Standard requirements.

In the event of “call outs” to meet the minimum adequate staffing the facility would, according to interviews, hold staff over and call staff in as well as close non-essential or mandatory posts. This staffing plan is a comprehensive six-page document and identifies each post and the staffing required for each post. Gender specific posts are identified. It also identifies the camera coverage for each area. It addresses deviations from the identified minimums for adequate staffing levels. If for any reason a priority one post cannot be manned, on duty staff are required to stay to cover the post until the Chief of Security is notified. Post will remain manned by staff of the previous shift until relief has arrived. Documentation was provided to indicate that the staffing plan was reviewed by the Warden and the Agency’s PREA Coordinator.

An interview with the Warden indicated that the GDC Central Office basically determines adequate staffing based on staffing analyses and the facility administration determines how to deploy them to ensure adequate staffing. The Warden indicated the staffing plan is essentially developed on a 1:96 ratio. He also related that staffing for each shift includes the following: 1st Shift – 2 Lieutenants, 2 Sergeants and one officer going between two 48 man dorms and one officer for G-1 and One Officer for G-2 and 2nd Shift would have 1 Lieutenant and two Sergeants with the same staffing per dorm. The facility also has a spit shift to perform specific functions however they also offer additional supervision during the week (Monday through Friday).

The PREA Compliance Manager stated the Deputy Wardens, Captain and Shift Supervisors are required to conduct unannounced PREA rounds and to cover the entire facility within 30 days. An interview with a Lieutenant indicated that multiple supervisors do unannounced PREA rounds. She related that she conducts them as well and the rounds would consist of walking in and observing any obscured vision, check closets, ensure doors are secured, check lighting as well as every area that is closed at night. An interview with a Sergeant Indicated that as shift supervisor she does post checks throughout the shift. She related her PREA checks include checking each room for clear windows, checking closets, looking under beds, checking the kitchen and checking doors to see if they are locked as required.

Reviewed logbooks documented unannounced rounds being made at random times and days. Staff are not permitted to alert other staff that unannounced rounds are underway.

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.

The facility does not house youthful offenders. Youthful offenders are housed in a designated prison. This was confirmed through interviews with the Agency PREA Coordinator and the PREA Compliance Manager.

Standard 115.15 Limits to cross-gender viewing and searches

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

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

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

Interviewed staff, including random staff as well as specialized staff, stated female staff do not strip search or conduct body cavity searches of inmates in this facility absent exigent circumstances. They are trained and permitted to conduct cross-gender pat searches. Staff related they have been trained to conduct cross-gender pat searches. Staff also stated they were trained to conduct searches and that included searching transgender and intersex inmates in a respectful and professional manner. They stated they have been trained to search everyone showing respect and being professional. One hundred (100%) per cent of the interviewed inmates stated that female staff never do strip or body cavity searches. Inmates, who were interviewed related they have never been strip searched by a female staff however they have been pat searched by them.

The reviewed training module (2017) for Annual In-Service, reminds staff that security staff must conduct searches in a professional and respectful manner and in the least intrusive manner possible, consistent with security needs. Staff are instructed that female staff may conduct strip and body cavity searches of male inmates only in exigent circumstances that are documented on an incident report. Transgender and intersex offender's gender designation will coincide with the prison assignment made by classification (offenders at a female prison will be searched as a female and offenders at a male prison will be searched as a male offender). When checking the breast of an offender the back of the hand should be used to check the entire breast area and outside the clothing. The groin area should be searched with the edge of the hand. Since the groin area is a sensitive area of the body, both physically and emotionally, it should be searched carefully and with concern for the offender's dignity.

The facility provided multiple pages of 2017 training rosters confirming staff were trained in search techniques, including cross-gender pat searches.

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.

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.

A tour of the facility and interviews with staff confirmed the showers have shower curtains providing privacy while inmates shower. Commodes are located in the 4 man or 6 man cells. Some showers are three head showers without partitions however there are shower curtains that cover the entire shower (all three shower heads). (100%) of the interviewed residents explained in their interviews that they are not in view of any staff while changing clothes, showering or using the restroom. When asked if a female staff went into the restroom/shower area to conduct counts or at other times, residents consistently stated that female staff do not come into the restroom area.

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. Interviewed staff, randomly selected as well as specialized staff, affirmed that staff consistently announce their presence before entering the housing area.

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

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

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

Department of Corrections Policy 208.6, Prison Rape Elimination Act, Sexually Abusive Behavior Prevention and Intervention 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.

The facility also provided the auditor with a copy of the contract with Language Line Solutions to provide interpretive services for limited English proficient residents in making an allegation of sexual abuse.

The reviewed Pre-Audit Questionnaire and interviews with staff and residents confirmed that the facility has not had any occasions during the past twelve (12) months where an inmate interpreter was used to report an allegation of sexual abuse.

Interviews with staff, including those randomly selected and specialized, indicated there are no disabled residents in the facility requiring interpretive services/translation services. All the interviewed staff stated they would not rely on another inmate to interpret for another inmate. They consistently stated they would use a bilingual staff or the language line interpretive services.

Standard 115.17 Hiring and promotion decisions

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

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

Department of Corrections Policy 208.6, Prison Rape Elimination Act, Sexually Abusive Behavior Prevention and Intervention Program, A. Prevention Planning, Paragraph 7, Hiring and Promotion Decisions, complies with the PREA Standards. DOC does not hire anyone or contract for services with anyone who may have contact with inmates who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility or other institution defined in 42USC 1997; who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent; 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, asking prospective applicants the three PREA Questions, is required. Criminal History Record Checks are conducted on all employees prior to hire and every 5 years. Custody staff must qualify with their weapons annually and prior to that annual qualification another background check is conducted. Criminal History Record Checks are conducted prior to enlisting the services of any contractor who may have contact with inmates. Staff also have an affirmative duty to report and disclose any such misconduct.

The auditor interviewed the Human Resources (HR) Staff responsible for employment packages. She related that the PREA Questions are given to applicants and required to be completed. Reviewed employment packages contained the required PREA Questions asked of all applicants. The HR Staff also related that the facility "runs" the background checks of all staff and contractors. This computerized check includes a check of the Georgia Crime Information Center and the National Crime Information Center. A motor vehicle record check is done as well. Additionally, the staff stated that all security (Peace Officer Standards Certified Staff) are background checked annually to coincide with their annual weapons qualifications. Non-certified staff are checked every five years.

Personnel files of newly hired staff contained the required PREA Questions asked of applicants as well as the required background clearances. A sample of staff who were promoted also had the required background checks. Samples of Volunteer files were also provided for review and all of them had the required GCIC and NCIC background clearances. These files also contained multiple PREA Acknowledgment Statements as well as an acknowledgment of the Standards of Conduct and an Acknowledgment of having received the PREA Pamphlet.

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.

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 nor were there any upgrades to monitoring technology during the past twelve months. The PREA Compliance Manager did provide an email to the PREA Analyst documenting that the facility added an additional mirror to the back hall of the kitchen and to the inmate laundry as well as additional lighting behind and in front of exterior of dorms.

Standard 115.21 Evidence protocol and forensic medical examinations

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

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

DOC Policy, 208.6, Prison Rape Elimination Act Sexually Abusive Behavior Prevention and Intervention Program, B. Responsive Planning, describes the agency’s expectations regarding the evidence protocols and forensic examinations. Facilities are required to follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions. DOC’s response to sexual assault follows the US Department of Justice’s Office on Violence Against Women publication, “A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents” dated April 2013, or the most current version. The Department requires that upon receiving a report of a recent incident of sexual abuse, or a strong suspicion that a recent serious assault may have been sexual in nature, a physical exam of the alleged victim is conducted and the Sexual Assault Nurse Examiner’s protocol initiated. The Department has promulgated a Local Procedure Directive encompassing the procedures related to responding to victims of sexual assault and the victim is provided the opportunity for a forensic exam as soon as possible. Forensic exams are provided at no cost to the victim.

Policy 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 has trained SART

members to serve as advocates for resident victims of sexual abuse. The reviewed curriculum is extensive and equips the SART members to serve as advocates in the absence of an outside advocate.

The facility provided documentation that the outside advocacy organization for this facility will be the Lily Pad SANE Center, Inc., The completed and signed agreement has been forward to GDC Legal for review. The Lily Pad SANE Center agrees to respond to requests from Lee State Prison to provide a Forensic Medical Exam by a SANE nurse and provide an advocate for acute, within 72 hours of assault) sexual assault of inmates. They also agree that they will respond to calls from LSP inmates received on the Lily Pad SANE Center’s rape crisis hotline; provide follow-up services and crisis intervention contacts to victims of sexual assault at LSP as resources allow. The MOU was signed by LSP and the Lily Pad Executive Director. The facility provided emails indicating the PREA Compliance Manager was communicating with the SANE Center prior to the agreement in an effort to secure the agreement.

The facility has three (3) staff trained as victim advocates. These three (3) staff completed the Victims Assistance Online Training, “Advocacy” and one of the victim advocates completed the “Sexual Assault Victim Advocacy Training” provided by the Georgia Network to End Sexual Assault. The Chaplain, who is an advocate on the SART, also has completed the National Institute of Corrections online specialized training; Behavioral Health; providing behavioral health services for sexual abuse victims.

An interview with a facility investigator indicated she has completed the National Institute for Corrections Specialized Training for Investigators: Conducting Sexual Abuse Investigations in Confinement Settings. Additionally, she has received specialized training in investigations through SART Training. Too, she indicated that she receives SART training annually. Seven (7) SART members have completed the NIC Training, “Conducting Sexual Abuse Investigations in Confinement Settings.”

The Pre-Audit Questionnaire and interviews with both staff and inmates confirmed there have been no allegations or incidents requiring a forensic examination during the twelve (12) months.

Standard 115.22 Policies to ensure referrals of allegations for investigations

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

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

DOC Policy, 208.6, Prison Rape Elimination Act, requires that an administrative or criminal investigation is to be completed for all allegations of sexual abuse and sexual harassment. Allegations that involve potentially criminal behavior will be referred for investigation to the Office of 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. DOC Standard Operating Procedure, IK01-0006, Investigation of Allegations of Sexual Contact, Sexual Abuse and Sexual Harassment, thoroughly describes the expectations for reporting allegations including initial notifications, general guidelines for investigations and investigative reports. Policy requires “as soon as an incident of, sexual contact, sexual abuse or sexual harassment (including rumors, inmate talk, kissing etc.) comes to the attention of a staff member, the staff member is required to immediately inform the

Warden/Superintendent, and/or the Institutional Duty Officer, and/or the Office of Professional Standards Unit verbally and follow up with a written report.

The Pre-Audit Questionnaire and interviews with staff and inmates indicated that there were five (5) allegations of either sexual abuse or sexual harassment during the past twelve (12) months. Three allegations were reported through the PREA Hotline and one was anonymously reported and the last one was reported to a dorm officer. Two involved inmates complaining they were touched during pat searches; one of which was a pat search that discovered a cell phone. One was a complaint that female cadets were present when the CERT Team conducted a mass strip search during a shakedown. An anonymous report alleged an inmate had been sexually abused. Another report was that another inmate put his penis in his face while he was making up his bed. The inmate making the allegation was moved to a safe dorm. The inmate in question was taken to medical and asked if he felt safe in the dorm. The alleged perpetrator was placed in segregation during the investigation.

The facility investigator was very knowledgeable of the investigatory process. In an interview, she stated and provided documentation that she completed the specialized training for investigators through SART Training and through the National Institute of Corrections Specialized Training for Investigating Sexual Abuse in Confinement Settings. The SART training is provided annually. She described an investigation process consistent with the PREA Standards. She indicated, in an interview that an investigation involving a staff member would continue even if the employee terminated his/her employment prior to the conclusion of an investigation. If the inmate was transferred to another facility or if the resident the investigation would continue. If the investigator substantiated the case she would refer it to the Office of Professional Standards investigators who would conduct the criminal investigation. Too, if there was penetration, she stated, the case would be moved on up to the Office of Professional Standards for investigation.

Randomly selected staff and specialized staff stated consistently they were required to report all allegations of sexual abuse or sexual harassment, including suspicions, reports, knowledge or allegations. They said they are required to report immediately to their immediate supervisor followed up with a written statement/incident report completed prior to the end of their shift. They said they also would accept any report from any source and treat it seriously, reporting it just as any other report or allegation. Staff were aware that the SART will initially investigate all allegations of sexual abuse or sexual harassment. It is the job of the SART to determine, based on reviewed evidence, if the allegation is PREA related. If so, they continue the investigation. The Office Professional Standards may also be involved in the investigation, especially if the case involves a staff and the allegations appear criminal.

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

Standard 115.31 Employee training

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

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

Georgia DOC Policy, 208.6, Prison Rape Elimination Act, Sexually Abusive Behavior Prevention and Intervention Program, C. Training and Education, requires annual training that includes the following: The Department's zero-tolerance policy, how to fulfill their responsibilities under the sexual abuse and sexual harassment prevention, detection, reporting and response policies and procedures, inmate's right to be free from sexual abuse and sexual harassment, the right of inmates and employees to be free from retaliation for reporting sexual abuse and sexual harassment, the dynamics of sexual abuse and sexual harassment victims, how to detect and respond to signs of threatened and actual sexual abuse, how to avoid inappropriate relationships with inmates, how to communicate effectively and professionally with inmates, including lesbian, gay, bisexual transgender, intersex or gender non-conforming inmates ; how to avoid inappropriate relationships with inmates and how to comply with relevant laws related to mandatory reporting of sexual abuse and sexual harassment. New employees receive PREA Training during Pre-Service Orientation. Staff also receive annual in-service training that includes a segment on PREA. In-service training considers the gender of the inmate population.

The facility provided the training curriculum covering the topics required by the PREA Standards and more. The facility also provided multiple pages of computerized training rosters confirming staff received their required PREA Training. Multiple reviewed PREA Acknowledgment Statements also indicated staff were trained and that they understood the agency's zero tolerance policy and PREA.

Interviews with staff, both random and specialized, indicated the staff are PREA Trained. Each staff confirmed they receive their PREA training as newly hired employees at Basic Correctional Officer Training, during annual in-service training and during shift briefings and through multiple posters located throughout the facility. Staff reported they were trained in each of the topics required by the PREA Standards. In addition to the required PREA Training, all the staff are required to complete the Nations Institute of Corrections online training, "Communicating Effectively and Professionally with LGBTI Offenders". Every medical care staff completed the specialized training for healthcare providers and virtually every member of the SART completed the specialized training for investigators through the National Institute of Corrections. Three staff members were trained as advocates. SART training is conducted at least annually and training is provided for the PREA Compliance Managers several or more times a year.

Standard 115.32 Volunteer and contractor training

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

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

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

Staff related that contractors go through the same training employees undergo.

An interview with the Volunteer Coordinator described the training process to include the following: 1) New Volunteer Training Power Point presentation (core curriculum), 2) Ways to report, 3) Viewing the PREA Video, 4) Explanation of the PREA pamphlet. He related he explains the PREA pamphlet including reporting to the on-duty supervisor, the Ombudsman, and the hotline. He stated affirmatively that all the volunteers have been trained and that they are trained annually as well. He pointed out to the auditor that volunteers are always under supervision. He stated background checks are done annually and interestingly he said that the volunteer badges that are used to get them into the facility will not be reissued if the volunteer has not completed his required training and has had his/her annual background check.

Multiple acknowledgment statements were provided for review. These documented that the individual had received training on the Department's Zero Tolerance Policy and that they have read the GDC Standard Operating Procedures, 208.6, Sexually Abusive Behavior Prevention and Intervention Program. Volunteers and contractors are also acknowledging that they understand if they witness and inappropriate behavior, including that of a sexual nature or if someone reports it to them, they are to report it to a nearby supervisor.

A telephone interview with a facility volunteer confirmed the PREA training he received. He also related he has to get his badge renewed each year. He stated he was trained that the agency has a zero tolerance for all forms of sexual abuse and sexual harassment. He also stated he was trained to report everything to a correctional officer.

Standard 115.33 Inmate education

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

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

DOC Policy 208.6, Prison Rape Elimination Act, Sexually Abusive Behavior Prevention and Intervention Program, C. Training and Education, Paragraph 4, Inmate Education, requires that PREA training is provided to every inmate within 72 hours of arrival of a facility whether it be by new intake or transfer. During orientation a designated staff member will present the program and the presentation must include the following: the Department's Zero Tolerance of sexual abuse and sexual harassment; definitions of sexually abusive behavior and sexual harassment; prevention strategies the inmate can take to minimize his risk of sexual victimization; methods of reporting an incident of sexually abusive behavior and for reporting allegations of sexually abusive behavior involving other inmates; methods of reporting sexual harassment; treatment options and programs available to inmate victims of sexually abusive behavior and sexual harassment and notice that male/female staff routinely work and visit inmate housing areas.

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

Additional education is provided on continuous basis through the PREA Video Streaming continuously over the TV monitor in each dorm from 8:00AM to 12 Noon. This was confirmed through reviewing the directive to show the video from 8AM-12 Noon, through observations in the dorms during the tour, and through interviews with staff and inmates. Additionally,

inmates continuously receive information related to PREA through posters reflecting the Department's zero tolerance for sexual abuse and harassment and contact information for inmate reporting of sexual abuse allegations.

An interview with the PREA Compliance Manager and staff conducting intake related that inmates are given the PREA pamphlet "off the bus". Another staff stated that upon arrival, the CERT Team shakes the inmates down after which the staff gives the inmates the PREA Pamphlet and that the pamphlet is read to them and a note is entered in the SCRIBE notes documenting the PREA information was given to the inmate. Inmates arrive on Tuesday and Thursday. Staff reported that orientation is conducted on Friday. During orientation, the staff related, inmates watch the PREA Video and receive the Lee State Prison Inmate Handbook that discusses PREA on page 40, VIII., Prison Rape Elimination Act (PREA). They also sign acknowledgments that they received the pamphlet. Multiple acknowledgment statements were provided for review.

The auditor reviewed multiple Counseling Orientation Checklists confirming receipt of the PREA Information. Additionally, the auditor reviewed multiple PREA Acknowledgment Statements signed by residents.

Interviews with residents confirmed they were provided the facility's rules against sexual abuse and sexual harassment during orientation which they said occurred either the same day or within a few days but during the same week. They also indicated they received information about the facility's rules against sexual assault and sexual harassment, understood they had the right to report it and that they had a right not to be punished for reporting it. They consistently said they received written PREA information, received information from the Resident Handbook, watched the PREA video, and were given the opportunity to discuss and ask questions related to any PREA topic or issue. One inmate indicated he did not remember receiving the information that had been at the facility for a few years. The auditor requested the Orientation Checklist for the inmate and it indicated the inmate had received the information and documented it by his signature.

All of the inmates knew the facility has a zero tolerance for any form of sexual activity. They indicated they would mostly use the PREA Hotline to report or to a staff. They also reported the PREA Video continuously streams in the dorms and they are tired of seeing it.

Standard 115.34 Specialized training: Investigations

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

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

DOC Policy 208.6, Prison Rape Elimination Act, Sexually Abusive Behavior Prevention and Intervention Program, C. Training and Education, Paragraph 5. Specialized Training Investigations, requires the OPS to ensure all investigators are appropriately trained in conducting investigations in confinement settings. That training includes techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity Warnings, sexual abuse evidence collection in confinement settings, and the criteria and evidence required to substantiate a case for administrative action or prosecution referral. The Department is required to maintain documentation of that training.

The facility investigator is a knowledgeable staff member who reported receiving specialized training through the Georgia Public Safety Training Center in addition to the National Institute of Corrections Specialized Training for Investigating Sexual Abuse in Confinement Settings.

Seven certificates documenting specialized training confirmed the SART members have completed this online training provided by the National Institute of Corrections.

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.

Department of Corrections Policy, 208.6, Prison Rape Elimination Act, Sexually Abusive Behavior Prevention and Intervention Program, C. Training and Education, Paragraph 6 requires the GDC medical and mental health staff and GCHG staff are trained using the NIC Specialized Training PREA Medical and MH Standards curriculum. Certificates of Completion are required to be printed and maintained in the employee training file. Staff also must complete GDC’s annual PREA in-service training.

An interview with the medical staff indicated that, in addition to the PREA Training all staff receive, medical and mental health staff receive specialized training. Designated medical staff also serve on the SART Team and receive additional training as a SART member. Two of the interviewed staff related that their role, as soon as they are aware of an incident of sexual abuse, is to ask the inmate what happened for treatment purposes only, to provide any emergent need for treatment, call the SANE and Mental Health staff, make notifications, stay with the inmate, protect the evidence and the chain of evidence.

The facility provided documentation of completing the specialized training for medical and mental health practitioners for 24 medical/healthcare staff and 7 mental health staff.

The Pre-Audit Questionnaire documented that 100% of medical and mental health staff completed the training required by agency policy.

Standard 115.41 Screening for risk of victimization and abusiveness

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

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

Department of Corrections Policy 208.6, Prison Rape Elimination Act, Sexually Abusive Behavior Prevention and Intervention Program, D. Screening for Risk of Sexual Victimization and Abusiveness, Paragraph 1. Screening for victimization and abusiveness, requires all inmates be assessed during intake screening and upon transfer to another facility for their risk of being sexually abused by other inmates or sexually abusive toward other inmates. This instrument, the Victim/Aggressor Classification Instrument, is administered by a counselor, within 72 hours of arrival at the facility. Information from the screening will be used to inform housing, bed assignment, work, education and program assignments. Policy requires that screening is documented in SCRIBE. The screening process considers minimally, the following criteria to assess inmate's risk of sexual victimization: Whether the inmate has a mental, physical, or developmental disability; the age of the inmate; the physical build of the inmate; whether the inmate has been previously incarcerated; whether the inmate's criminal history is exclusively nonviolent; whether the inmate has prior conviction for sex offenses against an adult or child; whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex or gender nonconforming; whether the inmate has previously experienced sexual victimization; the inmate's own perception of vulnerability and whether the inmate is detained solely for civil immigration purposes. It also considers prior acts of sexual abuse, prior convictions for violent offenses and history of prior institutional violence or sexual abuse, as known by the Department, in assessing inmates for risk of being sexually abusive. Reassessments are conducted when warranted and within 30 days of arrival at the facility based up on any additional information and Mental Health staff will reassess when warranted due to a referral, incident of sexual abuse or receipt of additional information bearing on the inmate's risk of sexual victimization or abusiveness. Inmates are not disciplined for not answering questions. Information derived during the process is limited to a need to know basis for staff, only for the purpose of treatment, security and management decisions including housing and cell assignment as well as work, education and programming assignments.

An interview with staff who conduct the risk screening indicated they screen most inmates within 72 hours and that is conducted in private. Staff indicated the assessment process includes considering previous victimization, incidents, previous history, any court documents, rap sheets etc. any flags already in SCRIBE, and review if information in SCRIBE. Too, the screener reminded the auditor that inmates have come from diagnostics so they will have a screening assessment in SCRIBE, which they review. Staff also related that instead of stature the department instruments populates information in the system to assign a score for body mass index. The Chief Counselor reiterated that inmates come into the prisons from diagnostics or transfer therefore they come in with a screening assessment. Staff conducting the assessments at this prison would look for previous flags as well as any other information in SCRIBE or as a result of previous screening as a part of the screening and assessment process. She related the vulnerability screening is completed within 72 hours Too, if an inmate disclosed prior victimization, the inmate would be offered a follow-up with mental health. This facility would have to take the inmate to Astry State Prison for the follow-up assessment. She also related, as did the previously interviewed screener, that the prison has not had any inmates admitted during the past twelve (12) months disclosing prior sexual victimization.

The facility provided a sample of the Victim/Aggressor Classification instrument that populates to generate the Offender PREA Classification Details.

Most of the interviewed inmates indicated they were asked the questions from the questionnaire including: 1) were you in jail or prison previously? 2) were you sexually abused previously 3) do you identify yourself as gay, bisexual or transgender? and 4) do you feel like you will be a victim of sexual abuse while in this facility? These responses indicated they were administered the Victim/Aggressor assessment.

Samples of vulnerability screenings were provided for review.

Standard 115.42 Use of screening information

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

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

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

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.

The Lee State Prison Local Procedure Directive identified and designated G-1 and G-2 as safe housing for victims of sexual harassment and sexual abuse. The directive also stated that inmates with serious predation history or at risk for sexual victimization are identified through the classification process. It also reiterates that the inmate’s criminal, family, violent and prison sexual histories are reviewed by counseling staff and the classification committee for proper assessment and assignment to appropriate dorms to help insure all offenders are protected from sexual abuse and assault.

The Chief Counselor is ultimately responsible for making housing assignments based on the risk screening instrument and other pertinent and relevant information available. She also related work details are monitored to make sure victims and predators are not placed together on work assignments

Standard 115.43 Protective custody

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance

determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Georgia DOC Policy, 208.06, IV.d.3 (a-d) Administrative Segregation, requires that offenders at high risk for sexual victimization are not placed in involuntary segregated housing unless an assessment of all available alternatives has been made and a determination has been made that there is no available alternative means of separation from likely abusers. 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.

Additionally, inmates placed in segregated housing for this purpose have access to programs, privileges, education or work opportunities and if restricted the facility documents what has been restricted, the duration of the limitation and the reasons for the limitations.

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

Interviews with staff indicated that victims would not be placed involuntary protective custody unless there were no alternative means of keeping them safe. The Warden has identified safe housing and the preference would be that the detainee would be placed there. The Warden indicated that if an inmate was placed in protective custody it would be at the inmate’s request and would not be an involuntary placement.

The Pre-Audit Questionnaire and interviews with staff confirmed there were no allegations of sexual abuse resulting in an inmate being placed in segregated housing.

Standard 115.51 Inmate reporting

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

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

Georgia DOC Policy, 208.6, Prison Rape Elimination Act, Sexually Abusive Behavior Prevention and Intervention Program, E. Reporting, 1. Inmate Reporting, provides multiple ways for inmates to report. These include making reports in writing, verbally, through the inmate PREA Hotline and by mail to the Department Ombudsman Office. Inmates are encouraged to report allegations immediately and directly to staff at all levels. Reports are required to be promptly documented. The

Department has provided inmates a sexual abuse hotline enabling inmates to report via telephone without the use of the inmate's pin number. If an inmate wishes to remain anonymous or report to an outside entity, he may do so in writing to the State Board of Pardons and Paroles, Office of Victim Services (address provided). Staff have been instructed to accept reports made both verbally and in writing from third parties and promptly document them. Inmates may file grievances as well. Once a grievance is received and determined to be PREA related, the grievance process ceases and an investigation begins. Third Party reports may be made to the Ombudsman's Office or in writing to the State Board of Pardons and Paroles, Office of Victim Services (address provided). The inmate handbook instructs inmates to report sexual assault to staff or call the confidential GDC Sexual Assault Hotline. The number for the hotline is provided in the handbook and posted on the walls. Additionally, the inmate is provided the mailing address for the Inmate Advocate Sexual Assault Intervention and Prevention Program. The phone number and mailing address is 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.

Staff are trained to accept reports from any source and to report suspicions as well. Verbal reports are made immediately upon becoming aware of an incident or upon receipt of a report followed by a written report as soon as possible but not later than the end of the shift.

Residents 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. Residents in the transitional center have cell phones and may place calls at any time to report an allegation of sexual abuse or sexual harassment.

Posters throughout the facility inform residents of ways to report sexual abuse and sexual harassment.

The Georgia Department of Corrections has not only provided multiple ways to report but have also given inmates tools with which to report. These tools include the KIOSK and Tablet, both of which enable inmates to report to their family and others who are on their approved list.

This standard is rated exceeds because the Department and Facility provide inmates with multiple ways to report with several or more outside agencies who can accept reports. These include the Ombudsman; PREA Coordinator; Victim Services; TIP Line and the outside Rape Crisis Center. Additionally, the agency and facility provide a KIOSK for reporting and a Tablet. With the KIOSK, the inmate may email relatives and friends on his approved list and have video visitation with them. Inmates may also email on their tablets. They have access to phones to call the toll free PREA Hotline; visitation with approved visitors; phone calls to family and attorneys and through the TIP Line.

Standard 115.52 Exhaustion of administrative remedies

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

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

GDC Policy delineates the agency 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 Orientation Handbook for Offenders, which includes instructions about the procedure.

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.

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

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

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

The Pre-Audit Questionnaire and interviews with staff and inmates indicated there have been no grievances alleging sexual abuse, sexual harassment or retaliation during the past twelve months.

Inmates did not mention the grievance process as one of the ways they would report however when asked, they indicated they could use the grievance process but it would not be one of the preferred ways.

Standard 115.53 Inmate access to outside confidential support services

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

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

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 developed an agreement with the Lily Pad SANE Center in Albany, Georgia to provide forensic exams and victim advocates who would respond to inmate victims of sexual assault to provide emotional support. The agreement is signed by the Warden of the Lee State Prison and the Lily Pad SANE Center Executive Director and an interview with the SANE at the Lily Pad confirmed the services the center is willing to provide for inmates. The agreement has been sent to the GDC Legal Office to review. Contact information has been provided to inmates and is available on the walls in living units. Prior to the agreement, the PREA Compliance Manager documented her efforts to secure an agreement via emails with the SANE Center.

Inmates of the Lee State Prison also have access to phones to call the PREA Hotline, addresses to contact the State Board of Pardons and Parole, Victim Services and the Ombudsman. They also have access to their attorneys if they have one via phone, legal mail and through visitation and to family via the phone, mail and during visitation.

The Lee State Prison also have trained staff members (on the SART) who can serve as victim advocates. These staff provided documentation of their victim advocacy training.

Standard 115.54 Third-party reporting

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

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

Third Party reports may be made to the Ombudsman’s Office, to the TIP Line and to the 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 provided inmates during admissions/orientation. The brochure entitled, “Sexual Assault, Sexual Harassment, Prison Rape Elimination Act – How to Prevent It and How to Report It” provides the phone number and mailing address for the Ombudsman and the mailing address for reporting to the Director of Victim Services. A PREA hotline is also available for third party reports and an inmate’s pin is not required to place a call using the “hotline”.

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

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

Staff were asked to name the ways inmates could report allegations of sexual abuse. All of them named third parties as ways for reporting. They understood third parties could be friends, relatives, and other inmates. They also indicated, in their interviews, that they would accept a report from any source, including third parties. They also stated they would treat it like any other allegation. They would report it immediately to their immediate supervisor and document the report either on a statement or an incident report.

When inmates were asked to name multiple ways they could 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 indicated other inmates could report for them as well. The Department has provided KIOSKs in the living units to enable inmates to report to relatives, who could, in turn, report for them. They also have tablets enabling them to email from a more private area; although the KIOSK provides some measure of privacy.

Standard 115.61 Staff and agency reporting duties

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

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

Department of Corrections Policy, 208.6, Sexually Abusive Behavior Prevention and Intervention Program, F. Official Response Following and Inmate Report, 1. Staff and Department Reporting Duties, requires staff who witness or receive a report of sexual assault, sexual harassment, or who learn of rumors or allegations of such conduct, must report information concerning incidents or possible incidents of sexual abuse or sexual harassment to the supervisor on duty and write a statement, in accordance with the Employee Standards of Conduct. The highest-ranking supervisor on duty who receives a report of sexual assault or sexual harassment, is required to report it to the appointing authority or his/her designee immediately. The supervisor in charge is required to notify the PREA Compliance Manager and/or SART Leader as designated by the Local Procedure Directive. Appointing authorities or his/her designee may make an initial inquiry to determine if a report of sexual assault, sexual harassment, is a rumor or an allegation. Allegations of sexual assault and sexual harassment are major incidents and are required to be reported in compliance with policy. Once reported, an evaluation by the SART Leader/Team of whether a full response protocol is needed will be made. Appointing authorities or designee(s) are required to report all allegations of sexual assault with penetration to the 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 stated, when asked what the agency required of them regarding reporting allegations of sexual abuse or sexual harassment they stated they report everything. They are mandated reporters and acknowledged they have been trained to take seriously and report any and all knowledge, reports, suspicions or allegations of sexual abuse. Staff stated they are

required to report everything immediately to their immediate supervisor. When asked they stated they have to make a written report or statement following a verbal report as soon as possible but prior to the end of their shift. When asked, staff said they would accept reports from third parties or any other source, including anonymous reports. They stated they can make reports orally to their immediate supervisor or in writing and could call the PREA Hotline if they needed to. They also stated they have been informed they can go over the chain of command in reporting sexual abuse or allegations of sexual abuse. 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.

There was only one out of the five allegations made during the past twelve months made to a staff. One was an anonymous report, three were via the PREA Hotline and one was to a staff.

Standard 115.62 Agency protection duties

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

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

GDC Policy 208.06, Prison Rape Elimination Act- PREA, Sexually Abusive Behavior Prevention and Intervention Program, Paragraph 2., Facility Protection Duties, requires that upon learning of a sexual abuse, staff are to separate the alleged victim and abuser and ensure the alleged victim has been placed in safe housing which may be protective custody in accordance with SOP 209.06, Administrative Segregation. If the inmate victim is placed in administrative segregation, a note is placed in SCRIBE indicating the reason for the placement. If the offender remains in Administrative Segregation for 72 hours, ensure that the Sexual Assault Response Team has again evaluated the victim within 72 hours. Again, a note is to be entered 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 Lee State Prison PREA Local Procedure Directive is the facility's specific Coordinated Response Plan. It identifies actions to take in the event of a sexual assault. The Coordinated Response Plan includes an action stating that staff are required to ensure the alleged victim is housed separately from the alleged perpetrator. It also requires the alleged victim place in involuntary protective custody only after other alternatives have been exhausted to ensure the safety of the victim and if applicable, place the alleged perpetrator in administrative segregation. If the alleged perpetrator is a staff member the first responder is required to separate the staff from the alleged victim. If applicable, staff are required to consult with the SART, District Director and OPS 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 decisions with specific reasons for returning the offender to the general population or keeping offenders segregated. The Warden has identified safe housing for inmates. These are G1 and G2 and the Coordinated Response Plan says that these dorms are for victims of sexual assault, sexual abuse and sexual harassment.

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.

Interviewed staff confirmed there have been no inmates subject to a substantial risk of imminent sexual abuse during the past twelve months. Staff consistently stated they would take immediate action, upon learning that a resident was at risk. They indicated they would keep that resident with them until or in a safe area, such a G1 or G2 or in a line of sight until a supervisor makes a determination about placement for protection for the resident. An interview with the Warden indicated the expectation would be to place the inmate victim in either G1 or G2. He stated the inmate would be offered counseling and a determination would be made regarding whether this campus is appropriate for him. He stated the inmate victim would be offered administrative segregation but it would essentially be his decision. Too, the Warden indicated that possibly moving him from these 4-6-man occupancy cells to a two-man cell in another facility would be appropriate.

Standard 115.63 Reporting to other confinement facilities

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

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

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

The reviewed Pre-Audit Questionnaire and interviews with staff confirmed there have been no allegations made at this facility that an inmate was sexually abused at another facility nor have there been any allegations reported to the Lee State Prison from another facility that an inmate was sexually abused while at the Lee State Prison.

Interviews with the PREA Compliance Manager and the Warden confirmed they are aware of the policy requiring reporting to other facilities upon receiving an allegation of sexual abuse that occurred in another facility. They also indicated if they received an allegation from another facility that an inmate, while assigned to Lee State Prison, was sexually abused at Lee State Prison they would initiate an investigation and cooperate with any investigation.

Standard 115.64 Staff first responder duties

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

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

Georgia DOC Policy, 208.6, 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 SART will be notified and will implement the local protocol. The local protocol requires the same actions required by policy however it is facility specific and provides a "coordinated response plan" detailing the duties and expectations for each discipline. The reviewed Pre-Audit Questionnaire and interviews with staff confirmed that there have been no occasions or incidents during the past twelve months requiring first responding.

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

Lee State Prison issued and provided the Lee State Prison PREA Local Operating Directive which details the roles of first responders. The initial first response may be from a custody staff who is on duty. Following the report of an alleged or actual sexual assault the Sexual Assault Response Team is notified and responds. This concept ensures that an investigator, medical staff and advocate as well additional members will be present to provide response as a team. The SART Team has been trained and is trained at least annually in their response and investigative responsibilities.

Interviews confirmed that random and specialized staff have been trained in and are aware of their responsibilities as first responders. Staff had no hesitation in stating their responsibilities as first responders without hesitation. They said they would first separate the victim from the alleged aggressor and keep the victim safe. Simultaneously they would report the incident to their immediate supervisor, treat the room or area as a crime scene, ensuring no one comes in or out and request the victim not take any actions that would jeopardize collection of evidence, including showering, bathing, changing clothing, brushing teeth, using the restroom and requiring the alleged perpetrator to not take any actions to degrade or eliminate potential evidence and ensure the resident victim gets to medical or medical comes to him. Non-custody staff have been trained in first responding. They described the steps they would take in response to being informed a resident had been sexually assaulted. Sexual Assault Nurse Examiners will come to the facility to conduct the Forensic Exam. Contact information is available.

Standard 115.65 Coordinated response

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

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

DOC Policy requires each facility to develop a written institutional plan to coordinate actions taken in response to an incident of sexual abuse, among staff first responders, medical and mental health practitioners, investigators and facility leadership. The plan must be kept current and include names and phone numbers of coordinating parties. The facility provided the Lee State Prison PREA Local Procedure Directive. The plan is detailed and specific. Names of all responders including the Warden, Regional Director, TC Coordinator, OPS Special Agent in-Charge, PREA Compliance Manager, SART Leader, SART Members, Retaliation Monitor, Staff Training, and Inmate Education. Duties are described for first responders. The SART Team will have, on the response team, investigator(s), medical staff, an advocate and contact information for the mental health staff from Autry State Prison. The plan also identified G1 and G2 as “safe housing”. This section identifies the dorms set aside for possible victims who need housing for their safety.

The facility does not have mental health staff per se and if mental health staff were needed, mental health staff from Autry State Prison would respond. The Sexual Assault Response Team has a trained advocate who may provide emotional support to the resident on site. The SANE would come to the facility if needed as would an outside victim advocate.

Staff have been trained in first responding. These included both custody staff and non-custody staff. All were more than knowledgeable about the actions they would take in response to a sexual assault or an allegation of sexual assault.

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

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

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

This standard is rated “not applicable”. Georgia Department of Corrections employees are not members of a union. The Department is not involved in any form of collective bargaining. This was confirmed by interviews with the Warden, PREA Compliance Manager and previous interviews with the PREA Coordinator serving as the Agency Head’s Designee.

Standard 115.67 Agency protection against retaliation

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

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

Both DOC Policy 208.6, Prison Rape Elimination Act, Sexually Abusive Behavior Prevention and Intervention Program 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.

Lee State Prison has designated a retaliation monitor. The retaliation monitor is a counselor however the counselor was not available both days of the audit. The auditor interviewed the Chief of Security, Captain, who serves as the “back-up” retaliation monitor. She related she would talk with the inmate or staff making an allegation or who cooperated with an investigation into an allegation of sexual abuse. She related she would make contact with them to tell them she is the retaliation monitor and that they can contact her if they experience any form of retaliation. She related she would monitor for 30 days, 60 days and 90 days and beyond if necessary. She would be monitoring things like housing assignments, program assignments, DRs, and changes in work assignments. She related she would also talk with classification and they would decide appropriate housing. She indicated the facility is small and staff are meeting all the time and information would come from anyone, including the inmate about any forms of retaliation.

The facility has not had any allegations of retaliation during the past twelve (12) months.

Standard 115.68 Post-allegation protective custody

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

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

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.

The facility reported, on the Pre-Audit Questionnaire that no inmates have been held in involuntary segregated housing in the past 12 months for one -24 hours awaiting completion of assessment. The facility provided a memo affirming they have not placed any inmates in involuntary restricted housing during the past twelve months.

If a victim was placed in involuntary segregation for protection, interviewed staff stated the inmate would receive programming, visits from medical and mental health, recreation and any mandated education while in protective custody and if any of those services were not provided, the reasons would be documented in the logbook.

An interview with the Warden confirmed that an inmate victim will not be placed in involuntary protective custody and would only be placed there if the victim requested it.

Standard 115.71 Criminal and administrative agency investigations

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

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

corrective actions taken by the facility.

Georgia Department of Corrections Policy, 208.6, G. Investigations, describes the investigative process. Appointing authorities or his/her designee may make the initial 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.

An interview with the facility investigator confirmed the SART (the investigator is a member of SART) will conduct an initial investigation of all allegations of sexual abuse and sexual harassment. SART is the initial responding investigatory body whose purpose is essentially to respond to the allegation, ensure the potential crime scene is protected and potential evidence on residents is protected and to determine if a sexual assault occurred. The facility provided seven (7) Certificates of Training documenting SART Members having completed the NIC online Specialized Training for Investigating Sexual Abuse in Confinement Settings. If it appears that a sexual assault has taken place, SART notifies the Office of Professional Standards Investigators, who will instruct the SART further actions to take. In cases of sexual assault, OPS will generally be the investigating unit. Office of Professional Standards Investigators are certified and have arrest powers. They will usually handle the more serious allegations. SART is capable of and may interview alleged victims, perpetrators and witnesses, review videos and collect evidence and then make a determination of whether the incident meets the requirements for a PREA case and whether the case is substantiated or not.

The facility reported having received five (5) allegations during the past twelve (12) months. Allegations and reports were made in a variety of ways. Documentation indicated that staff took all reports seriously and all of them were investigated as required.

Standard 115.72 Evidentiary standard for administrative investigations

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

- Does Not Meet Standard (requires corrective action)

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

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

The facility investigator explained the standard for substantiating a case of sexual abuse is the preponderance of the evidence.

Standard 115.73 Reporting to inmates

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

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

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

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

A 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 substantiate, 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 facility provided a notification to demonstrate that notification is made following an allegation of sexual abuse.

Standard 115.76 Disciplinary sanctions for staff

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

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

Department of Corrections Policy, 208.6, Prison Rape Elimination Act, H. Discipline, 1. Disciplinary Sanction for Staff, requires that staff who engage in sexual misconduct with an offender are banned from correctional institutions or subject to disciplinary action, up to and including, termination, whichever is appropriate. Staff may also be referred for criminal 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 Warden indicated if the allegation is made, the staff will be removed from contact with the inmate. If the allegation is substantiated the employee will be terminated and referred for prosecution.

Interviews with administrative staff indicated there have been no substantiated cases of either sexual abuse or sexual harassment during the past twelve months.

Standard 115.77 Corrective action for contractors and volunteers

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

relevant review period)

- Does Not Meet Standard (requires corrective action)

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

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

The Warden indicated he would immediately stop contact and prohibit any further contact with the inmate. If the allegation was substantiated, he indicated he would put the contractor or volunteer on a no entry list prohibiting entry into any prison in the state. He would also refer the contractor or volunteer for prosecution.

Standard 115.78 Disciplinary sanctions for inmates

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

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

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

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

Inmates may be disciplined for sexual contact with a staff member upon a finding that the staff member did not consent to such contact. A report of sexual abuse made in good faith is not considered to be falsely reporting an incident, even if an investigation does not establish sufficient evidence to substantiate an allegation however following an administrative finding of malicious intent in filing a report, the inmate is subject to disciplinary sanction pursuant to a formal disciplinary process.

The Warden related the inmate, in cases of sexual harassment, could be disciplined in compliance with the inmate disciplinary code. If it is a sexual abuse case and it is substantiated the resident would be referred for prosecution.

The reviewed Pre-Audit Questionnaire and interviews with staff and inmates indicated there have been no allegations of sexual abuse made during the past twelve months.

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

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

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

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

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

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

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

Standard 115.82 Access to emergency medical and mental health services

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

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

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

The facility RN indicated that as soon as we know of an incident of sexual assault they would bring the inmate in and ask questions only to see what happened to him. She indicated medical would provide any treatment needed at the moment and call/notify the SANE and Mental Health, stay with the inmate and protect the evidence and the chain of evidence. The GDC has a contract with SANE nurses and an agreement with the Lily Pad Rape Crisis Center.

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.

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.

The facility has not had no allegations of penetration, except for one anonymous report that could not be substantiated. In that case the alleged victim was named and was taken to medical. The inmate refused safe housing saying he was safe in the dorm.

Interviewed medical staff articulated their role in responding to an allegation of sexual abuse as well as their role following a forensic examination. The resident would be offered STI prophylaxis at the hospital however if not, the facility's medical doctor would prescribe anything the resident needed.

Standard 115.86 Sexual abuse incident reviews

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

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

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

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

Interviews with members of the SART and the Warden indicated the facility does have a process for conducting incident reviews following an investigation. According to the Warden, the team consists of the following: PREA Compliance Manager, Deputy Wardens, Medical, Chief Counselor, Warden and SART. The incident review team considers motivations for incidents, whether staff actions may have contributed to an incident, whether not additional training is needed, whether a policy or procedure change is indicated and whether there is a need for additional video monitoring in the area where the incident occurred. The SART meets monthly to discuss any PREA related cases or issues.

Standard 115.87 Data collection

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

- Does Not Meet Standard (requires corrective action)

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

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

The auditor reviewed the most recent Georgia Department of Corrections Annual Report. The Agency issues annual PREA reports and posts them on the DOC Website. The auditor reviewed the 2015 Georgia Department of Corrections Prison Rape Elimination Annual Report. The report was detailed and comprehensive. The report indicated that the Georgia DOC has 34 prisons, 13 transitional centers, 9 probation detention centers, 5 substance abuse and integrated treatment facilities and 4 private prisons. Data is collected from each of the facilities and aggregated. The report provided data regarding the total number of allegations from all facilities and then it breaks the allegations down into those that were substantiated, unsubstantiated and unfounded. A chart then breaks down the data by facility. The 2015 report indicated there was a 58% increase in allegations reported and this was attributed to better reporting. An increase in substantiated cases was noted and attributed to better trained investigators. The report concluded with a breakdown of PREA related initiatives in each of the Georgia Department of Corrections facilities.

An interview with the Georgia GDC PREA Coordinator indicated the agency has a dedicated staff person 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.

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 requires each facility to conduct incident reviews after each sexual abuse allegation

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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. 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 2015 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 Correction's Website.

Standard 115.89 Data storage, publication, and destruction

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

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

Georgia Department of Corrections makes all aggregated sexual abuse data from all facilities under its direct control and private facilities with whom it contracts, readily available to the public through the Georgia 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.

AUDITOR CERTIFICATION

I certify that:

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

Robert Lanier

July 11, 2017

Auditor Signature

Date