

PREA AUDIT REPORT Interim Final
ADULT PRISONS & JAILS

Date of report: 03/28/2016

Auditor Information			
Auditor name: Bobbi Pohlman-Rodgers			
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Telephone number: 954-818-5131			
Date of facility visit: 02/29/2016			
Facility Information			
Facility name: Telfair State Prison			
Facility physical address: 210 Longbridge Road, Helena, GA 31037			
Facility mailing address: <i>(if different from above)</i> PO Box 549, Helena, GA 31037			
Facility telephone number: Click here to enter text.			
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: Phillip Hall			
Number of staff assigned to the facility in the last 12 months: 289			
Designed facility capacity: 1400			
Current population of facility: 1316			
Facility security levels/inmate custody levels: Close Supervision			
Age range of the population: 18+			
Name of PREA Compliance Manager: Vashti Brown		Title: Chief Counselor	
Email address: Vashti.Brown@gdc.ga.gov		Telephone number: 229-868-3285	
Agency Information			
Name of agency: Georgia Department of Corrections			
Governing authority or parent agency: <i>(if applicable)</i> Click here to enter text.			
Physical address: 300 Patrol Road, Forsyth, GA 31029			
Mailing address: <i>(if different from above)</i> PO Box 1529, Forsyth, GA 31029			
Telephone number: 478-992-5101			
Agency Chief Executive Officer			
Name: Home Bryson		Title: Commissioner	
Email address: Homer.Bryson@gdc.ga.gov		Telephone number: 478-992-5101	
Agency-Wide PREA Coordinator			
Name: Sharon Shaver		Title: PREA Coordinator	
Email address: Sharon.Shaver@gdc.ga.gov		Telephone number: 678-628-3128	

AUDIT FINDINGS

NARRATIVE

Telfair State Prison received an on-site PREA audit beginning February 29, 2016 and ending March 1, 2016 by DOJ Certified Auditor Bobbi Pohlman-Rodgers as the lead and DOJ Certified PREA Auditor DeShane Reed. Six weeks prior to the audit, the auditor sent to the PREA Coordinator appropriate pre-audit notices in both English and Spanish to be posted. Four weeks prior to the audit, the auditor received a flash drive from the facility with all required policies, procedures, forms, files, and other applicable documents. The auditor spent time reviewing all documents in the next few weeks. One week prior to the on-site audit, contact was made with Interim Warden Rodney McCloud to review the on-site audit process, including a request for additional documents to be prepared for the auditors arrival. These documents included staff rosters and inmate rosters from which to select the interviewees.

On February 29, 2016, this auditor and auditor DeShane Reed met with Warden Phillip Hall, Assistant PREA Coordinator Butts, Facility PREA Compliance Manager/Chief Counselor Brown, Personnel Manager Hilliard, Administrative Assistant Johnson, Captain Sikes, Unit Manager Grant, and other staff. A review of the two day process was explained, including the interim report, corrective action plans, time frames and the final report.

A tour of the facility followed the meeting. This facility houses 1400 inmates, 18 years of age and older. There are 21 buildings including 11 multiple occupancy cells housing units, 9 open dorm housing units and 150 inmate administrative and disciplinary cells. The population on the day of the audit was 1316. There is also a Fire House that provides housing for eight inmates. Additionally, there is a medical clinic, counseling offices, laundry, energy plant, kitchen, dining hall, warehouse, intake area, educational classrooms, vocational classroom, gymnasium, outdoor recreation area and a mattress plant.

Each housing unit holds up to 70 inmates with the two segregation/administrative disciplinary areas holding 150 cells total. Inmates may be single or double housed. Segregation/administrative housing are wet cell housing with a shower that provides for privacy. A rolling phone allows for inmates to make calls as allowed, or for reporting a PREA allegation. Dorms A-D, G, and H are also wet cell housing. Showers are kept private from cross-gender viewing by solid doors or curtains. Phones are also available for inmate use. There is general housing, orientation, Faith & Character, 2 designated safe housing units, age 40 and older and last stop. The Fire Station House houses 8 inmates with privacy for toilets and showers. During the tour, the auditor noted a television system that highlights PREA in all units, with exception of the Fire House Station. Additionally, PREA notices and other PREA information were noticed posted in most units.

After the tour, this auditor conducted specialized interviews, while Auditor DeShane Reed conducted both random staff and inmate interviews. A total of 15 specialized interviews, 10 random staff interviews, and 21 random inmate interviews were conducted. Additionally time was spent on day two to cover additional documentation reviews, as well as an exit meeting.

DESCRIPTION OF FACILITY CHARACTERISTICS

Telfair State Prison is a male facility located in Helena, GA. The facility has a maximum capacity of 1400 inmates. Constructed in 1991, this is a close custody facility.

The mission statement of the Georgia Department of Corrections is to create a safer Georgia by effectively managing offenders and providing opportunities for positive change.

With 8 separate housing buildings and segregation, the facility is able to provide privacy from cross-gender staff viewing through walls, doors, and curtains. There are a variety of other areas on the property to include a gymnasium, chemical office, barber shop, canteen, laundry, kitchen, dining hall, energy plant, warehouse and intake.

The majority of offices or classrooms/vocational rooms contain windows for easy supervision. Educational services include Literacy Remedial, Adult Basic Education and General Education Diploma testing. Counseling includes Family Violence, Re-Entry, Health Education, Motivation for Change, Thinking for a Change, AA/NA, Confronting Self, Sex Offender Psycho-Educational Program (SOPP), and Moral Reconciliation Therapy. Religious services are offered and include a variety of worship services, Bible study and Pastoral Counseling. Vocational and On-the-Job training includes warehousing, building maintenance, laundry, food preparation, custodial maintenance, grounds keeper, barber, general clerk, auto mechanics helper, baker, basic computer skills, a tag plant and a mattress plant.

The Fire House provides housing for those inmates assigned. They provide services to the community, just as regular firefighters. Inmates placed here are certified as Fire Fighters and their program is recognized by 18 different states. The fire house provides auxiliary services to nearby communities and fire houses.

SUMMARY OF AUDIT FINDINGS

On March 1, 2016, the on-site visit was concluded. The agency had recently gone through an Administrative staff change, as well as the PREA Compliance Manager. With so little time in the position, the staff displayed extreme knowledge of PREA standards, their agency policies, and the facility systems in play. There were a few items identified as challenges, but the facility made immediate corrections and have met all the standards.

The auditor extends the best of wishes to the Warden, PREA Compliance Manager and the Telfair staff for their hospitality. Their professionalism and helpfulness allowed this process to flow smoothly. The auditors were very aware of the positive interactions between staff and inmates as we toured the facility and positive comments regarding staff during the interview process.

Number of standards exceeded: 2

Number of standards met: 37

Number of standards not met: 0

Number of standards not applicable: 4

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

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

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

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Standard 115.12 Contracting with other entities for the confinement of inmates

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

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Contracts

Staff Interviews

There are currently twenty-seven (27) contracts with other agencies for the confinement of the agency’s inmates. Twenty-three (23) are with jails and four (4) are with other prisons. Sample of contracts show required PREA obligations and periodic monitoring as required.

Standard 115.13 Supervision and monitoring

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

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There is a staffing plan at this facility that was last reviewed by the Agency PREA Coordinator in January 2016. The facility takes into consideration the physical layout, resident composition and allegations of sexual abuse and sexual harassment when addressing staffing needs. This facility has 33 vacancies. Shift coverage is provided in two 12-hour shifts every day plus one 8 hour shift Monday – Friday. There are currently 136 cameras installed at the facility. Monitoring of cameras is conducted by the Administrative Lieutenant, Unit Manager, Deputy Warden of Security, and the Warden. There are 24 gender-specific posts. In the event of a staff shortage, mandatory holdover of the outgoing shift is in place. The six most common reasons for deviations of the staffing plan include officer call-outs, officers on extended leave (i.e. sick, military duty, family, etc.), scheduled training, scheduled and emergency medical transports and court transports. Deviations are required to be documented in a report. Supervisory unannounced rounds are conducted daily and the Duty Officer conducts unannounced rounds weekly in all areas. These are documented in the Duty Logbook by the Duty officer or in the area log book. For areas where there is no logbook available, the unannounced round will be documented in the Duty Logbook. This is a recent change from the auditor’s comments during the tour. Documentation of unannounced rounds was provided to the auditor. During the tour it was noted some areas of concern regarding the ability of officer’s to supervise due to blocked windows or configuration of furniture. During the two day audit the facility staff was diligent in ensuring that these areas were addressed to the satisfaction of the auditors.

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)

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This standard is Not Applicable. Telfair State Prison does not currently house youthful offenders. However, there is an agency policy that addresses

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.

The agency policy prohibits any cross-gender strip search or visual body cavity searches unless exigent circumstances or by a medical practitioner. The agency does not permit cross-gender pat down searches except in exigent circumstances. Any cross-gender search is required to be documented. Inmate interview and staff reported no cross gender searches were conducted in the past 12 months. Staff interviews confirmed that staff receive training in how to conduct cross-gender pat-searches in a respectful and professional manner and this was verified through training records. Policy clarifies that an inmate will be searched based on the gender of the facility. Staff interviews indicated that recent training was conducted on transgender and intersex inmates. The agency also prohibits searching transgender and intersex inmates strictly to identify genital status.

There are policies requiring the announcement of opposite gender staff and this was noted during the tour. However, interviews with inmates indicated that these announcements are not consistent and had only recently begun. Training was reviewed and found that staff had recently been re-trained on these announcements in January 2016. The facility took additional action by sending out a memo to all staff during the 30-day interim period to ensure that announcements will be made as required by policy.

All housing units provided privacy from cross-gender staff viewing. Privacy of the showers was through either doors, walls or shower curtains. Toilets contained doors that allowed for supervision but afforded privacy. Areas of concern regarding cross-gender viewing included the gymnasium bathroom and the intake bathroom. Both were addressed while the auditors were on site. The Firehouse also provides privacy for showers, toilets, and the changing of clothing.

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.

Policy 208.06
PREA Local Procedure Directive
Warden Memo, dated 1/6/16
Staff Interviews

The agency has a PREA Education Plan that details how inmates with disabilities are made aware of how to report PREA incidents. This includes specifics of how PREA information will be shared with inmates who are hearing impaired, limited vision, or learning disabled. Language Line is the interpreter service and their contact information is available to staff as needed. Inmate education is available in both English and Spanish, as well as in signage throughout the facility. There are two designated staff identified for Spanish interpretation. Interviews with staff indicated that they were not familiar with interpreter services available. During the 30-day interim period, the Warden issued a memo to all staff detailing services available and how to access. Interviews with two inmates who understood English, but did not read it well found that they were not provided any material in Spanish, though it was available. During the 30-day interim period, the facility has updated all information available at intake to include Spanish written material, and a Spanish version of the PREA video, to resolve this issue.

Policy prohibits the use of inmate interpreters except in limited circumstances where an extended delay could compromise the safety of inmates or the facility. The facility reported no instances where interpreters were needed.

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.

Policy 208.06
Guidelines for Civilian Construction Workers, Consultants, and Contract Personnel
Personnel Acknowledgement Checklist
Staff Interviews

Policy 208.06 addresses the hiring or promoting of any person who have engaged in sexual abuse or attempted to engage in sexual abuse within an institution or in the community and considers incidents of sexual harassment. All employees and contractors undergo a criminal background check prior to hire/contract. The policy addresses 5-year criminal background checks for staff and contractors, as well as at promotion. Policy addresses material omissions regarding misconduct or false information. The agency does provide information to requests from institutional employers where an employee has applied to work. The facility provided the date of the last background check for the random staff selected. All had received a background screening in the past year. It was discovered during the file review that some volunteers may not have had a background check within the last 5 years. During the 30-day period, the majority of the volunteers have been re-screened. A system is in place to obtain the consent of the remaining volunteers to complete the screening.

Standard 115.18 Upgrades to facilities and technologies

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

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

This standard is Not Applicable as there have been no upgrades to the facility or technology at the facility.

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.

Policy 208.06
Crime Scene Preservation
Local Procedure Directive
PREA Audit Report

MOU with Georgia Regents Univeristy
Global Diagnostic SANE Nurse Information
Satilla SANE Nurse Group Information
Wings MOU (Sexual Assault Support)
Medical Management of Suspected Sexual Abuse
Medical Management of Suspected Sexual Assault, Abuse or Harassment
Staff Interviews

The agency is responsible for both administrative and criminal investigations. Criminal investigations are completed by the OIC. Protocols are available that contain both comprehensive and authoritative protocols. All victims of sexual abuse are provided access for forensic medical examinations. The agency has an agreement with Georgia Regents University for the provisions of a sexual assault exam. The exam will occur at the facility or at Dodge County Hospital in Eastman, GA. The facility has been provided a list of the two SANE nurses through Global Diagnostics and six SANE nurses through Satilla SANE Nurse Group that may be called as needed. Services for a Victim Advocate through Wings will be arranged by the facility. There have been two SANE examinations in the past 12 months. In both cases, a Victim Advocate was made available to the inmate.

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.

Policy 208.06
PREA Local Procedure Directive
Medical Management of Suspected Sexual Abuse
Medical Management of Suspected Sexual Assault, Abuse or Harassment
Investigation Files
Staff Interviews

The agency is committed to ensuring that all allegations of sexual abuse or sexual harassment are investigated and are identified by policy as major incidents which require investigation. This facility has a 3 staff person SART team who responds to all allegations of staff on inmate sexual abuse or inmate on inmate sexual abuse. Members include a counselor, Investigator and the Director of Nursing. Any sexual assault allegations are referred to the SART team, and shall be referred to the OIC if criminal in nature. A staff member has been designated as the PREA Advocate and has received appropriate training for this position. This person will assist the inmate obtaining additional advocacy services through Wings as requested. The investigative policy is on the website. There were nineteen PREA type allegations in the past 12 months of which one was identified as requiring criminal investigation. A sample of the investigation files were reviewed for compliance.

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.

In-Service PREA Staff Training Guide, revised 3/2015.
Staff Guide to the Prevention & Reporting of Sexual Misconduct with Offenders
Policy 208.06
Staff Files
Staff Interview

The PREA policy addresses the following areas to be covered under the agency PREA training: Responsibilities for prevention, detention, reporting and response to PREA type allegations, Zero-tolerance policy, Inmates rights, dynamics of sexual abuse/harassment in confinement, common reactions of victims of sexual abuse/harassment, detecting and responding to signs of sexual abuse, inappropriate relationships with inmates, and communication with inmates. Training also includes a video addressing mandatory reporting to outside agencies. All staff are required to complete this training annually. Random file reviews showed that staff had completed the training in 2015, and some had already completed their 2016 training. Additionally, throughout the year, Administrative memo’s are put out that address a variety of PREA topics.

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)

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Policy 208.06
PREA PowerPoint & Lesson Plan
Volunteer Records
Staff Interview
Contractor Training Record

The agency provides training for all volunteers and contractors based upon their contact with inmates. This training included the zero-tolerance policy, how to protect the victim and who to notify. This training is the same training as the facility staff receive annually. The agency provides a PREA Acknowledgment Statement that reiterates the zero-tolerance policy and how to report that is signed by the volunteer or contractor. Files reviewed showed that PREA training was conducted in 2016.

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)

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

Policy 208.06
Inmate Education Video
Facility Tour – Posted notices
Inmate Handbook
Inmate Interviews
Staff Interviews

Per agency policy, all inmates receive PREA training upon intake and within 72 hours, but no longer than within 30 days. Upon intake, inmates receive the PREA Brochure that explains the zero-tolerance policy and how to report. Interviews confirmed inmates did receive the information at intake. All inmate files reviewed indicated that comprehensive training was completed within 10 days. This information is clearly documented in the inmates case note history. The inmate signs an Inmate Orientation Acknowledgement Form which was also reviewed by this auditor. Comprehensive information is provided through the Inmate Education Video and a discussion with the case manager to answer any questions. All inmate education information is available in both English and Spanish. Provisions are available to assist with inmates with disabilities. Posters, handbooks and brochures are available throughout the facility.

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)

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Policy 208.06
Specialized Training Record
February Incident Review Meeting Minutes
Investigation file reviews
Staff Interviews

Policy requires specialized training for Investigators. The facility has provided documentation of its’ one investigator completing a 16-hour training with the Moss Group on Investigations, as well as having completed their annual PREA training. Topics addressed in the training include Garrity vs. Miranda, Evidence Collection, Types of Evidence, and Interacting/Interviewing victims. Additionally, all SART staff have completed this same training. It was noted during the file review that the facility investigator did not clearly document their observations and, while referenced, there were no copies of the videos used to make a determination. During the 30-day interim period, the facility conducted a training during the monthly Incident Review meeting. A review of current investigations included discussion on the lack of supporting video, inmate statements, staff statements, or video reviewing used to make determinations. Documentation of participants and the training information was provided to the auditor. The facility also provided a new investigation that clearly documented interviews, statements, and video review.

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)

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Policy 208.06
Staff Training Records
Staff Interviews

Policy requires medical and mental health staff are to receive annual PREA training as well as specialized training. There are seventeen medical and mental health staff assigned to this facility. All records reviewed indicated that they have completed the annual PREA training. Additionally, medical and mental health staff have completed specialized training either through the “PREA: Medical Care for Sexual Abuse Victims in Confinement (National Institute of Corrections)” or “Evaluation and Treatment of Sexual Assault (GA DOC)”. A review of documents indicates that each course offers a certificate and all records reviewed included this certificate.

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)

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Policy 208.06
PREA Sexual Victimization/Sexual Aggressor Classification Form
Reclassification Form
Inmate Records
Staff Interviews
Inmate Interviews

The agency policy requires screening of inmates for risk of sexual abuse victimization or sexual abusiveness at intake or transfer. A review of inmate records found that all inmates arriving at the institution received a screening for sexual victimization or sexual abusiveness within 72 hours. An objective tool is used for this purpose and includes the following criteria: disabilities, age, physical build, prior incarcerations, criminal history of violence, prior convictions of sexual offenses, LGBTI perception or reporting, prior victimization, and the inmates perception of vulnerability. The agency does not hold inmates solely for civil immigration purposes. All records reviewed showed that a few were conducted outside of the 72 hours; however this is not a pattern of practice. Agency policy also requires 30 day reviews and referrals for mental health/medical services when an inmates found to have been a victim or aggressor, as well as when new information is discovered. A referral to mental health is documented in the inmates case notes. Agency policy prohibits disciplinary action for non response to the questions. Only designated staff have access to this information.

Standard 115.42 Use of screening information

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

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Policy 208.06
PREA Sexual Victimization/Sexual Aggressor Classification Form
Counseling Staff Meeting Minutes
Inmate Records
Staff Interviews

Staff interviews indicate that information from the PREA Sexual Victimization/Sexual Aggressor Classification Form is used to assist with housing decisions. Each housing decision is also based on other factors, such as co-defendants or prior violent history. Access to the PREA information is limited to the PREA Manager, Counselors, Captains and Warden. Agency policy requires bi-annual review of all transgender and intersex inmates housing and programming. Staff interviews found that they were not aware of this requirement. Counseling staff were instructed on requirements of the mandatory bi-annual review for transgender and intersex inmates on March 16, 2016. All inmates are given the right to shower separately from all other inmates. Transgender and intersex inmates own perspective of safety is given serious consideration in housing and programming decisions. It is noted that there were no self-reported or identified transgender or intersex inmates during the time of the audit.

Standard 115.43 Protective custody

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

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Policy 208.06
IIB09-0001
Investigative File reviews
Staff Interviews

Agency policy prohibits the use of involuntary segregated housing unless there is no other option for keeping an inmate who is vulnerable to victimization separate from aggressive inmates. Interviews with staff indicated that inmates are automatically taken to protective custody for 30 days when an allegation is made. A review of the files indicated that the majority of the victims were housed in protective custody after the allegations. However, upon further review it was discovered that these inmates were already housed in isolation when they made the allegations. Of the two files review from 2015, there were letters within the files indicating the reason for protective custody. Interviews indicated that with the exception of work details, no other privileges or services were restricted. Canteen and educational services were still available. Agency policy requires a review every 30 days for continued restriction/placement.

Standard 115.51 Inmate reporting

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

- Does Not Meet Standard (requires corrective action)

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Policy 208.06
Inmate Handbook
PREA Brochures
Staff Training
Staff Interviews
Inmate Interviews

The agency allows for the reporting of any knowledge, suspicion or information through internal and external sources. Externally, inmates can mail a letter to The State Board of Pardons and Paroles, which is not a part of the Department of Corrections agency. Internally, inmates are provided methods to report sexual abuse or sexual harassment: *7732 on the phone goes directly to the State-wide PREA Coordinator, notification to any staff member, either verbally or in writing, letter to the Ombudsman or a Letter to the Director of Victim Services. Inmate interviews found that they were very aware of the variety of methods of reporting. This information is within the Inmate Handbook as well as posted in the facility. Staff may report any knowledge, suspicion or information regarding sexual abuse or sexual harassment by following the chain of command, EAP resources, Hotline or writing to the external State Board of Pardons & Paroles or Ombudsman. Staff are provided methods to report privately and anonymously. Staff interviews confirmed their knowledge of external reporting.

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.

This standard is N/A for this institution. The institution does not promote the use of the grievance system for allegations of PREA violations. It will accept them but immediately follows protocol as if it was a written report handed to a staff member.

Standard 115.53 Inmate access to outside confidential support services

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

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

The State-wide PREA Coordinator is currently working with an agency to provide services. Communication between the Georgia Department of Corrections and the Georgia Network to End Sexual Assault was reviewed. Until this is completed, the facility has reached out to a local rape crisis center, Wings, to provide support services for its' inmates. Wings provides telephonic and written communication with inmates 24/7. However, inmate interviews found that inmates were not aware of this center or the services provided. During the tour, no information was noted posted in the units or on the television system. During the 30-day interim period, the facility updated all Inmate Handbooks, posted Wings information in each unit and added Wings information on the television system.

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.

<http://www.dcor.state.ga.us/Divisions/ExecutiveOperations/PREA.html>
Staff Interviews

The agency website provides for three separate reporting options for the receipt of third-party reports of sexual abuse or sexual harassment. They may contact the State-wide PREA Coordinator, the Ombudsman, or Victim Services. Both the Ombudsman and Victim Services will report information directly to the State-wide PREA Coordinator who will then inform the Warden. Any reports made directly to the facility will be investigated as confirmed by staff interviews.

Standard 115.61 Staff and agency reporting duties

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

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.

Policy 208.06
Staff Interviews
Staff training records

Agency policy requires staff to immediately report any knowledge, information or suspicion of sexual abuse or sexual harassment, retaliation or staff neglect. Policy prohibits staff from revealing information regarding an incident to anyone other than to the extent necessary and as identified in policy. Interviews with medical and mental health staff confirm their duty to report. Interviews with staff found that they were not familiar with mandatory reporting laws for Vulnerable Adults. Interviews confirmed with staff that all allegations are reported to the facility investigator. During the 30-day interim period, the facility identified that a recent training prior to the on-site audit was conducted with staff regarding mandatory reporting. However, an additional copy of the staff guide was issued during a more recent training to reinforce their original training. The facility provided documentation of the training for the auditor's review.

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.

Policy 208.06
Staff Interviews
Inmate Interviews

Policy and interviews with staff confirmed the commitment to protect inmates who are at risk of imminent sexual abuse. Staff were well versed on immediately protecting inmates by separating them from other inmates. Notification is immediately made to the SART team who will begin an investigation. There were no instances of an inmate being identified at risk of imminent sexual abuse.

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.

Policy 208.06
Staff Interviews

Any allegations of sexual abuse that are received that have occurred in another institution are required by policy to be reported to the Director/Warden of that facility. This information is documented. Policy requires that any receipt of such allegations from another institution shall be investigated similar to if the allegation was made while the inmate was housed at the facility. Interviews with the Warden and PREA Manager confirmed their knowledge of this policy. There were no allegations received in the last 12 months.

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.

Policy 208.06
Investigative File Review
Staff Interviews
Inmate Interviews

Agency policy requires, and staff interviews confirmed, that staff are to protect the victim and never leave them alone, give verbal direction for the preservation of evidence, protect the crime scene, and report immediately. Staff have cards that they carry to remind them of their duties in the event of an allegation. The SART team is immediately notified and responds accordingly. All non-security staff are trained to provide the victim with protection, request the inmate to take no actions that could destroy physical evidence, and to make an appropriate report to the Warden. There was one incident was reported within a time frame that allowed for the collection of evidence. The inmate was separated from the alleged perpetrator. The SANE nurse was notified and immediately responded to conduct an exam.

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.

PREA Local Procedure Directive

The Coordinated Response Plan contains directives to respond to allegations of sexual abuse that contain all required components of an effective response. Included are the contact numbers for notification of the Warden, PREA Compliance Manager, SART team members, Director of Nursing, Victim Services and Trainer. The response plan also identifies "safe housing" in E and F dorm for victims. Due to a recent change in Administration, the facility updated the policy during the audit. Of the one file reviewed, all steps of the Coordinated Response Plan were followed.

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

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

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

N/A. This standard is not applicable.

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.

Policy 208.06
Form IIA21-0001
Investigative File Reviews
Staff Interviews
Inmate Interviews

Agency policy addresses practices to protect both staff and inmates who report sexual abuse or sexual harassment from retaliation, as well as any person who reports or participates in an investigation. There is a designated staff member who is responsible for retaliation monitoring. Various protection methods are identified, including housing changes, transfers for both inmates and staff, as well as emotional support services. Retaliation is monitored for a minimum of 90 days, with periodic status checks. Retaliation monitoring is documented on an agency form and allows for documentation of periodic status checks. File Reviews and staff interviews found that retaliation monitoring was only in place for the victim, not the reporter or anyone else who may have participated in the investigation. On March 2, 2016, all SART members, as well as the retaliation monitor, were notified of the additional monitoring required by the standard.

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.

Policy 208.06
Investigative File Reviews
Staff Interviews
Inmate Interviews

Agency policy prohibits the placement of victims in involuntary segregation unless documented information is present as to the reason no alternative placement is available. There were 2 instances in the past 12 months. Both contain documentation as to the reason for the placement. Additionally, the classification team reviews all placements in Administrative Segregation every thirty (30) days. A review of the investigative files confirm findings after further communication with the facility.

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.

Policy 208.06
 Investigators specialized training
 Investigation Files
 SART information
 Staff Interviews

The agency conducts its’ own administrative and criminal investigations. All investigators have received specialized training as required pursuant to PREA standard 115.34. Policy states that prior reports involving the same perpetrator or victim are reviewed. Credibility of any person identified during the investigation is individually based and no polygraph examination or other truth-telling device is offered as a condition of continuing the investigation. SART conducts an initial investigation and the administrative investigations. Administrative investigations include addressing staff actions, credibility and investigative facts and findings. Any investigations where there appears to be criminal activity is referred for prosecution, and no interviews are conducted without consulting the Office of Investigations and Compliance. Criminal investigations are conducted by the Office of Investigations and Compliance. Both administrative and criminal investigations are documented and include narrative of the evidence collected. Criminal investigations that involve staff are turned over to the Office of Professional Standards for further administrative investigation and disposition. While reviewing investigative files, it was discovered that not all evidence is collected and maintained. The SART Incident Review Meeting in February 2016 was used as a training for all staff on evidence collection and preservation. In the past 12 months, there were nineteen administrative investigations and one criminal investigation.

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.

Policy 208.06
 Staff Interviews

Agency policy imposes no standard higher than a preponderance of the evidence in determining whether allegations are substantiated.

Standard 115.73 Reporting to inmates

- Exceeds Standard (substantially exceeds requirement of standard)

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

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

Policy 208.06
Investigative File review
Staff Interviews
Inmate Interviews

Policy requires, and investigative files indicate, that inmates are advised by a SART team member at the conclusion of an investigation. Furthermore, policy requires information on the progress of the case be provided to the victim. This notification is documented and signed by the inmate.

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.

Policy 208.06
Investigative File Review
Staff Interviews

Agency policy requires disciplinary sanctions, up to and including termination, for staff who violate agency policies regarding sexual abuse and sexual harassment. All disciplinary actions are reviewed based upon the nature and circumstances of the allegation and disciplinary action on prior comparable offenses. Any staff terminations for violation of the agency zero-tolerance policy are reported to the Georgia Peace Officer Standards and Training Council (POST). Staff interviews confirmed the agency policy. There was one report where staff was alleged to have sexually abused an inmate. Within the file is reference to reporting to local law enforcement, as well as the filing of criminal charges. The file contains the inmate notification that the staff will be charged by the state, and this is signed by the inmate. Additionally, this staff has been reported to the Georgia POST.

Standard 115.77 Corrective action for contractors and volunteers

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

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

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

Policy 208.06
Staff Interviews

Agency policy requires that any contractor or volunteer who violates the zero-tolerance policy are prohibited from any contact with inmates. If applicable, the actions of the contractor or volunteer will be reported to the licensing body. This information was confirmed during staff interviews. There were no incidents of sexual abuse or sexual harassment by a contractor or volunteer.

Standard 115.78 Disciplinary sanctions for inmates

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

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

Policy 208.06
Inmate Handbook
Investigative File Review
Staff Interviews

All inmates shall be subjected to appropriate disciplinary actions as per the PREA standards. Sanctions are commensurate with the nature and circumstances of the incident, the inmate’s history and similar sanctions imposed for comparable offenses. An inmate’s mental health is considered in the determination of sanctions. No inmate is sanctioned for contact with a staff member who consented to the contact. No inmate is sanctioned for good faith reporting. This agency prohibits all sexual activity between inmates. In the past 12 months, there were no instances where the inmate discipline policy was enforced. This was confirmed during the Warden’s interview.

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.

Policy 208.06
Medical Management of Suspected Sexual Abuse
Medical Management of Suspected Sexual Assault, Abuse or Harassment
PREA Audit Report

Investigative File Review
Staff Interviews

Agency policies require immediate services of medical and mental health services upon notification of an inmates victimization or perpetration of sexual abuse. Confidential information of prior sexual abuse is shared only upon the consent of the inmate, as per policy and interviews. Follow-up counseling is conducted within three (3) days and as necessary thereafter. The facility reports that there were no allegations made in the past 12 months of 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.

Policy 208.06
Coordinated Response Plan
Medical Management of Suspected Sexual Abuse
Medical Management of Suspected Sexual Assault, Abuse or Harassment
Investigative File Review
Staff Interviews

Policy and the Coordinated Response Plan direct that inmates who report sexual abuse shall be immediately taken to medical. Those who report victimization within the past 72 hours will be provided an examination through Global, either at the facility or at a local hospital. Mental health services will begin immediately and followed up within three (3) days. Additional counseling services are available as necessary thereafter as well as requested by the victim. STD related information and access is provided at the facility. All treatment is offered at no cost to the victim, regardless of identifying the alleged perpetrator. There was one victim who was immediately sent taken to medical and provided a forensic medical examination before he was referred and provided mental health services.

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.

Policy 208.06
Medical Management of Suspected Sexual Abuse
Medical Management of Suspected Sexual Assault, Abuse or Harassment
Staff Interviews

Agency policy provides for ongoing medical and mental health care for victims of sexual abuse, whether the incident occurred within an institution or in the community. All care is consistent with the community level of care and follows written protocol. Follow-up care is provided within two (2) weeks and as requested by the victim. STD testing and access to treatment is provided. Medical staff confirm treatment and referrals. Mental Health services are provided at the facility. There are no costs to an inmate for services as a result of being sexually victimized.

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.

Policy 208.06
Incident Review Form
Investigative File Review
Staff Interviews

The agency policy requires an incident review for all allegations of sexual abuse where the findings were substantiated or unsubstantiated. The facility conducts an incident review for all sexual abuse incidents. An Incident Review Meeting is held monthly and all investigations of sexual abuse are reviewed. There is a standardized form that captures all required components of the standard including motivation, a need for policy changes, review for physical barriers, review for adequacy of staffing, and the need for other methods of supervision. The form also allows for the documentation of any corrective action and resolution. All SART members attend the meeting, as well as administrative staff, security staff, medical/mental health staff, and others as identified. Investigative file reviews found that forms were present as required; however they did not always address whether staff actions may have contributed to the allegation and whether policy or practice changes were needed to prevent a further occurrence. The SART Incident Review team met for the February meeting and conducted training for all members regarding the requirements of the standard. The facility provided documentation of this meeting along with a signed roster.

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.

Policy 208.06
GA. Department of Corrections PREA Data Sheet
Staff Interviews

The agency maintains records and data on all allegations of sexual abuse and sexual harassment that captures information as identified by

the DOJ-SSV. This information is aggregated annually and included in their annual report. The agency also obtains information from the agencies with whom it contracts for the confinement of inmates. Information is shared with DOJ as requested.

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.

2014 Annual GDC Report

The 2014 Annual Report has been completed. It addresses comparison data, problems areas – both facility and agency wide, facility specific corrective actions, agency-wide corrective actions and proactive steps to prevent sexual abuse and sexual harassment. This report is approved by the agency head and made public on the agency website. The policy allows for redaction, and documentation, of specific information that would present a clear and specific threat to the safety and security of the facilities.

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.

Policy 208.06

Records Management

The Records Management policy requires preservation of information in a secure manner. The Records Management Policy identifies Investigations within the categories of records to be maintained, as well as requirements for retention – ten years from the date of initial collection. Agency policy also requires redaction of personal information.

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.

Bobbi Pohlman-Rodgers

April 3, 2016

Auditor Signature

Date