

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

Interim Final

Date of Report March 3, 2019

Auditor Information

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Company Name: Diversified Correctional Services, LLC	
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Telephone: 912-281-1525	Date of Facility Visit: January 30-31, 2019 Certified Auditor and Associate

Agency Information

Name of Agency:		Governing Authority or Parent Agency (If Applicable):	
Spalding County Correctional Institution		Spalding County Bd. Of Commissioners	
Physical Address: 295 Justice Blvd.		City, State, Zip: Griffin, Georgia 30224	
Mailing Address: same as above		City, State, Zip: same as above	
Telephone: 770-467-4760		Is Agency accredited by any organization? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
The Agency Is:	<input type="checkbox"/> Military	<input type="checkbox"/> Private for Profit	<input type="checkbox"/> Private not for Profit
<input type="checkbox"/> Municipal	<input checked="" type="checkbox"/> County	<input type="checkbox"/> State	<input type="checkbox"/> Federal
Agency mission: Spalding County C.I. strives to operate a safe and secure facility and provide services to the citizens of Spalding County with the use of State inmates while providing healthcare, education and job skills to the inmate which reduces recidivism with a team of dedicated and professional staff.			
Agency Website with PREA Information: spaldingcounty.com. Under Public Safety tab.			

Agency Chief Executive Officer

Name: James C. Humphrey (Carl)	Title: Warden
Email: chumphrey@spaldingcounty.com	Telephone 770-467-4760 ext. 38768

Agency-Wide PREA Coordinator

Name: Grace Atchison	Title: Statewide PREA Coordinator
Email: Grace.Atchison@gdc.ga.gov	Telephone: 678-322-6066
PREA Coordinator Reports to: Office of Professional Standards, Director of Compliance	Number of Compliance Managers who report to the PREA Coordinator 88

Facility Information

Name of Facility:	Spalding County Correctional Institution		
Physical Address:	295 Justice Blvd., Griffin, Ga. 30224		
Telephone Number	770-467-4760		
The Facility Is:	<input type="checkbox"/> Military	<input type="checkbox"/> Private for profit	<input type="checkbox"/> Private not for profit
<input type="checkbox"/> Municipal	<input checked="" type="checkbox"/> County	<input type="checkbox"/> State	<input type="checkbox"/> Federal
Facility Type:	<input type="checkbox"/> Jail	<input checked="" type="checkbox"/> Prison	
Facility Mission:	Spalding County C.I. strives to operate a safe and secure facility and provide services to the citizens of Spalding County with the use of State inmates while providing healthcare, education and job skills to the inmate which reduces recidivism with a team of dedicated and professional staff.		
Facility Website with PREA Information:	spaldingcounty.com. Under Public Safety tab.		

Warden/Superintendent

Name James Carl Humphrey	
Email: chumphrey@spaldingcounty.com	

Facility PREA Compliance Manager

Name: Beth Griffin	Deputy Warden, Care and Treatment
Email: bgriffin@spaldingcounty.com	Telephone: 770-467-4760 ext. 38765

Facility Health Service Administrator

Name Linda Truitt/Genetha Orange	Title: LPN
Email: ltruitt@spaldingcounty.com, gorange@spaldingcounty.com	Telephone: 770-467-4760 ext. 38776

Facility Characteristics

Designated Facility Capacity: 384		Current Population of Facility: 377	
Number of inmates admitted to facility during the past 12 months			649
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 30 days or more:			644
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:			649
Number of inmates on date of audit who were admitted to facility prior to August 20, 2012:			0
Age Range of Population:	Youthful Inmates Under 18: N/A	Adults: 18-66	
Are youthful inmates housed separately from the adult population?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
		<input checked="" type="checkbox"/> NA	
Number of youthful inmates housed at this facility during the past 12 months:			N/A
Average length of stay or time under supervision:			One year avg.
Facility security level/inmate custody levels:			Medium or Minimum only
Number of staff currently employed by the facility who may have contact with inmates:			86
Number of staff hired by the facility during the past 12 months who may have contact with inmates:			12
Number of contracts in the past 12 months for services with contractors who may have with inmates:			2
Physical Plant			
Number of Buildings: 2 (main bldg.. and gym)		Number of Single Cell Housing Units: 0	
Number of Multiple Occupancy Cell Housing Units:		0	
Number of Open Bay/Dorm Housing Units:		6	
Number of Segregation Cells (Administrative and Disciplinary):		14	
Description of any video or electronic monitoring technology (including any relevant information about where cameras are placed, where the control room is, retention of video, etc.): 53 video cameras throughout the facility, including 3 each in each dorm, 4 around Control Room 2 area and numerous others in the building. Video can be retained indefinitely.			
Medical			
Type of Medical Facility		We have a medical unit staffed by 2 LPN's, part-time contract physician is only on-site two mornings per week.	
Forensic sexual assault medical exams are conducted at:		Southern Crescent Sexual Assault and Child Advocacy Center in Hampton, Georgia	
Other			
Number of volunteers and individual contractors, who may have contact with inmates, currently authorized to enter the facility:			25
Number of investigators the agency currently employs to investigate allegations of sexual abuse:			1

Audit Findings

Audit Narrative

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

Pre-Audit Activities

Notice of PREA Audit: The Notice of PREA Audit for the Spalding County Correctional Institution, located in Griffin, Georgia was forwarded for posting six weeks prior to the on-site audit. The PREA Compliance Manager posted the Notice in areas accessible to staff, inmates, contractors, volunteers and visitors. The purpose of the posting of the Notice is to allow anyone with a PREA issue or concern, or an allegation of sexual abuse or sexual harassment to correspond, confidentially, with the Certified PREA Auditor. The auditor did not receive any correspondence as a result of that posting. During the site-review the auditor observed the Notices posted in common areas, living units and other places enabling staff, probationers, contractors, volunteers and visitors the opportunity to communicate with the auditor.

Pre-Audit Questionnaire/ Flash Drive Review: The Facility's PREA Compliance Manager was forwarded a flash drive 30 days prior to the on-site audit. The reviewed flash drive contained the Pre-Audit Questionnaire, policies and procedures, local operating procedures, memos, and other documentation specific to facility operations and PREA as implemented in that facility.

The flash drive provided documentation and to enable the auditor to get a clear and comprehensive view of the policies and procedures governing operations as well as enabling the auditor to understand the local procedures as well as the state operating procedures (policies) governing the facility.

The PREA Compliance Manager at Spalding County Correctional Institution (SCCI) is the Deputy Warden of Care and Treatment. She has direct contact with the Warden on a daily basis and has the authority and responsibility for implementing and maintaining GDC Policies related to PREA and the PREA Standards. During the review of the flash drive the auditor communicated with the PREA Compliance Manager regarding the audit process and made multiple requests for additional information and for identified documentation the auditor would need to review during the on-site audit. The PREA Compliance Manager was always responsive and provided information as requested and when the auditor arrived on site, the PREA Compliance Manager had put together a huge binder containing information that was requested and other documents to demonstrate "practice".

Communications with the PREA Compliance Manager were ongoing and productive and prior to the onsite portion of the audit, the Auditor and PREA Compliance Manager discussed a tentative agenda and logistics for the on-site audit. The auditor also talked with the Warden of the facility prior to the on-

site portion of the audit to discuss logistics for the on-site audit. The Warden was communicative and indicated a commitment to the process and assured the auditor he would be provided anything he requested and access to anything needed.

REQUESTED REPORTS REGARDING SPALDING CORRECTIONAL INSTITUTION

Prior to the on-site audit the auditor requested and received the following reports provided by the Georgia Department of Corrections PREA Unit:

- Perception Report (Inmate's Identity)
- Disability Report Identifying any disabled inmates, including hearing or visually impaired inmates
- Hotline Calls on the PREA Hotline Report (for last 12 months)

OUTREACH TO ADVOCACY ORGANIZATIONS AND RAPE CRISIS CENTERS

The Auditor also reached out to the following organizations for any information these organizations may have received regarding any complaints or issues brought to their attention about the Spalding Correctional Institution. There were no complaints received by any of the organizations.

- Just Detention International (confirmation via email)
- Georgia Network Against Sexual Assault
- Southern Crescent Sexual Assault and Advocacy Center (Hampton, Georgia)

On-Site Audit Activities

This audit was conducted by a Certified PREA Auditor, certified in both adults and juvenile standards, and an experienced, corrections professional serving in the State Office of the Georgia Department of Juvenile Justice, whose responsibilities would be to assist in interviewing the inmates. The auditors arrived at the facility at 0830, Wednesday, January 30, 2019.

After the auditors were signed in and provided photo identification, an entrance briefing was conducted in the administrative area conference room. Those who were present for the entrance briefing included the following:

- Warden
- Deputy Warden of Security
- Deputy Warden of Care and Treatment/PREA Compliance Manager
- Chief Counselor
- Chief of Security, Captain
- Facility Training Officer
- General Population Counselor

Following the entrance briefing/meet and greet, the Warden, Chief of Security, and PREA Compliance Manager, escorted the auditor on a complete site review of the entire facility.

Areas visited included the following:

- Administrative Area, with multiple administrative offices and conference room
- Multiple Offices along the main corridor after entering the secured area
- Front Control
- Rear Control
- Medical (Reception Area and Exam Rooms)
- Visitation/Multipurpose Area
- ID/Intake
- Laundry
- Barbershop
- Dining Area
- Food Service Area, including Kitchen, storage rooms and coolers
- All six (6) dormitories
- Administrative Segregation
- Outside Yard Area

Selection of Staff and Inmates: Inmates were selected from an alpha roster and from a list of targeted inmates. Inmates who were selected included a cross section of inmates representing every living unit. Too, inmates on the PREA Unit's perception and prior victimization reports were interviewed however some of the inmates on the list identifying prior victimization that did not occur in an institutional setting denied having been victimized previously. There were no inmates identified as disabled, limited English proficient, cognitively challenged, developmentally disabled, reporting sexual abuse in this facility, literacy challenged, transgender or intersex nor were there any inmates either in segregation as a result of being high risk for sexual victimization or for having been victimized in this facility. The auditor, to do due diligence, reviewed the Calls to the PREA Hotline Report (indicating no calls at all from the Hotline in the past 12 months prior to the on-site audit); Facility PREA Report; Medical SANE Log; Facility Disability Report (documenting no disabled inmates at the time at this facility); reviewed grievances, reviewed incident reports, reviewed inmate Classification reports in 24 inmate files, and through interviews with the Warden, PREA Compliance Manager, randomly selected staff, specialized staff, and inmates.

Staff were selected from the facility staffing rosters. A cross section of staff were selected to be interviewed and included day shift staff, overnight staff, split shift staff, administrative staff, general population counselors, and staff from food service.

(16) Randomly Selected Staff:

The auditor randomly selected sixteen (16) staff representing staff from all shifts, including the day shift (0600-1800); Overnight Shift (1800-0600); and the Split Shift (Overlaps both shifts).

(23) Specialized Staff included the following:

- (1) Recent Interview with the Georgia Department of Corrections Commissioner
- (1) Previous Interview with the Agency PREA Coordinator
- (1) Previous Interview with the Agency Assistant PREA Coordinator
- (1) Warden
- (1) Deputy Warden/PREA Compliance Manager

- (1) Human Resources Staff/Warden's Secretary
- (1) Volunteer Coordinator
- (1) Incident Review Team Member
- (1) Facility Nurse
- (2) Volunteers
- (2) Contractors
- (1) Chief of Security/Investigator/Due Process Officer
- (1) Staff Conducting Intake
- (1) Staff Conducting Orientation
- (2) Staff Conducting Victim/Aggressor Assessments
- (1) SANE Nurse (Previous Interview with SANE on contract with the Department of Corrections)
- (1) Program Director of the Southern Crescent Sexual Assault Center
- (1) Staff supervising segregation
- (1) Retaliation Monitor

(26) Randomly Selected Inmates (All 26 were interviewed using the standard questions of randomly selected detainees)

(05) Targeted; Completed the Random Interview Questions in addition to the Targeted Detainees)

- Four (4) Inmates Reporting Prior Victimization
- One (1) Resident Perception

There were no inmates at the facility who were cognitively, mentally or psychiatrically challenged or who had limited reading skills. There were no inmates who reported being a victim at this facility, nor were there any inmates at the facility who are limited English proficient. There were no detainees who were disabled, either hearing or visually. There were no inmates who were in segregated or other restricted housing as the result of being a victim or a prior victim. These were confirmed through interviews with the Warden, Deputy Warden/PREA Compliance Manager, Chief of Security, interviews with inmates and reviewed PREA Assessments reports.

(20) Informally interviewed inmates during the site review

The auditor received reports from the GDC PREA Unit's Analyst. These included reports of any Disabled Inmates; Identifying as Lesbian, Gay or Bi-Sexual; Inmates who disclosed prior victimization; and any inmates who contacted the PREA Hotline in the past 12 months. There were no inmates who were disabled in any manner.

Testing of Processes: Three (3) of the PREA Phones in two separate dorms were tested. Communication from the Office of Professional Standards, PREA Unit Analyst confirmed the phones worked as required. The auditor also reviewed twenty (20) Health Screening Forms in inmate files, randomly selected and twenty-four (24) inmate files to review intake PREA related information, orientation and documentation of having the PREA Assessment conducted. The auditor pulled random names from the Intake ID Board to determine if a victim had been bunked with an aggressor and pulled the PREA Assessment History for each.

Documents and Files Reviewed:

- (1) Facility Organizational Chart depicting PREA Compliance Manager's relationship to the Organizational Structure and to the Warden
- (1) Memo designating PREA Compliance Manager
- (1) Intergovernmental County Capacity Agreement between the Georgia Department of Corrections and Spalding County
- (1) Memorandum of Understanding with the Southern Crescent Sexual Assault Center
- (1) Instructions to Staffing for Accessing Language Line Solutions (interpretive services)
- (2) National Institute of Corrections Certificates of Training: "PREA: Investigating Sexual Abuse in a Confinement Setting"
- (1) National Institute of Corrections Certificate of Training: "Sexual Assault Investigations: Understanding Trauma and Its Impact on Victims"
- (2) National Institute of Corrections Certificates of Training: "Medical Care of Sexual Abuse Victims in a Confinement Setting"
- (12) Monthly PREA Reports to the Georgia Department of Corrections PREA Unit
- (1) Certificate of Training, Victim Advocacy Training/Victim Assistance Online Training
- (1) Memo from Warden Designating Sexual Assault Response Team Members
- (1) Facility Diagram, also documenting camera locations
- (1) Copy of PREA Information posted on Agency Website
- (1) PREA Local Procedure Operating Directive and Coordinated Response Plan
- (1) Staffing Plan; (1) Memo Documenting Annual Review of Staffing Plan
- (1) 2018 PREA Training Lesson Plan to be taught by a Peace Officer Standards Training Council Certified Instructor
- (11) Training Rosters Documenting Annual In-Service Training PREA and Search; 2/6/18; 2/8/18; 3/6/18; 3/15/18; 3/19/18; 11/29/18; 11/30/18; documenting 80 employees/contractors training
- (1) Calls to the PREA Hotline Report from PREA Unit
- (39) Staff PREA Acknowledgment Statements

- (5) Volunteer PREA Acknowledgment Statements
- (5) Contractor PREA Acknowledgment Statements
- (40) Orientation Checklists
- (40) Inmate PREA Orientation Video Acknowledgments
- (40) PREA: Sexual Abuse/Assault/Harassment Acknowledgment Forms
- (40) Victim/Aggressor PREA Assessments
- (40) Victim/Aggressor PREA Reassessments
- (14) Incident Reports representing 10% of the 130 Incident Reports filed for 12 months
- (13) Grievances Representing 10% of the 123 Grievances filed in the past 12 months
- (2) Investigation Packages
- (1) Disability Report (Georgia Department of Corrections)
- (1) Email from Just Detention International
- (13) Newly Hired Staff Personnel Files
- (10) Regular Employees Personnel Files
- (2) Volunteer Personnel Files
- (1) Contractor Personnel File
- (20) Background Checks for Correctional Officers going to the firing range for recertification
- (1) PREA Investigation Protocol
- (1) Spalding County Correctional Institution PREA Report
- (15) Assessments and Reassessment Histories for randomly selected Bed Placements
- (72) Shift Reports for the 1st, 10th, and 20th of the past 12 months

PREA Unit Reports from the GDC PREA Unit Analyst

- 1) LBGTI Report
- 2) Prior Victimization Report

- 3) Disabilities Report
- 4) Hot Line calls for the Past 12 months

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

Follow-Up Required – See Corrective Action Required

Facility Characteristics

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

The Spalding County Correctional Institution is a medium security facility housing 384 state inmates who meet the following criteria:

- Non-Violent
- Non-Sex Offender
- Classified as either Medium or Minimum

The mission of the Spalding County Correctional Institution is to strive to operate a safe and secure facility and provide services to citizens of Spalding County with the use of state inmates while providing healthcare, education and job skills to the Inmate with a team of dedicated and professional staff, which reduces recidivism.

The facility is located south of Atlanta in Griffin, Georgia.

The original Spalding County Correction Institute (C.I.) was constructed as a "work camp" in 1952 on the site of the present-day Spalding County Public Works Department, just down the road from our present location where the current facility was built in 2001.

The facility provides a workforce for the local government and houses approximately 384 inmates for the Georgia Department of Corrections through an Intergovernmental Agreement between Spalding County and the Georgia Department of Corrections. The prison is governed by the Spalding County Board of Commissioners and the County Manager for County. The facility is required to comply with the standard operating procedures of the Georgia Department of Corrections.

There are approximately 65 inmate details with about 320 medium or minimum-security state inmates assigned to work outside of the prison for a variety of local government departments as well as several in other nearby jurisdictions. Some of these departments include:

- Public Works
- Water Authority
- Parks and Recreation

- Animal Control
- Construction and Maintenance
- Griffin-Spalding County School System
- Georgia State Patrol posts in Griffin and Thomaston, Ga.
- Georgia Department of Corrections Mobile Construction Division
- Griffin Police Department
- Griffin City Cemetery, City Water Department
- City Motor Pool
- City of Thomaston Public Works
- Henry County Public Works
- Fayette County Public Works

The majority of these "outside" work details are responsible for cutting grass and picking up trash on county roads, fixing or replacing road signs on county roads, laying asphalt, repairing some bridges, digging and cleaning out ditches, preparing ball fields, keeping local parks clean, working in the automotive and maintenance shops and providing janitorial services to many local government buildings.

Another 55-60 inmates are assigned to "inside" details such as the laundry, kitchen, barber shop and dorm orderlies.

State inmates who are assigned to the prison are generally within months or a few years from their release from prison. In preparation for that release the Georgia Parole Board requires inmates to attend specific classes and groups or an inmate may attend the classes and groups to help themselves. The following classes are provided:

- G.E.D preparation classes
- A required class known as MRT, Moral Reconciliation Theory
- Re entry skills classes
- Motivation for Change
- Computer lab
- Religious services

Additionally, the Spalding County Correctional Institute provides On- the- Job training programs in the following vocations:

- Landscape
- Cooking, baking

- Janitorial services
- Small engine repair
- Sign fabrication
- Mechanics
- Laundry services
- Welding; Additionally, a certificate program is available to qualified inmates through a partnership with Southern Crescent Technical College.

Staffing at the facility, as determined by a staffing analysis conducted in 2015, and presently consists of 86 employee positions. This includes 71 Security Staff (Officers), and 14 Administrative/Support Staff and one contract physician.

Staffing includes the following:

Administrative/Support Staff

- Warden
- Deputy Warden of Security
- Deputy Warden of Care and Treatment
- Administrative Assistants
- Warden's Secretary
- Deputy Wardens Secretary
- Chief Counselor
- Counselors
- Licensed Practical Nurses
- Training Officer
- Food Service Supervisor

The facility is a medium custody facility that houses state inmates, male only. The facility does not house any youthful offenders and presently has no transgender or intersex inmates. Inmates are housed in open bay dormitory style dormitories and there are six dorms, housing up to 64 in each dorm, double bunked. Safe beds have been identified in each dorm with the exception of dorm 3 that has been designated as the best placement for any inmates identified as potential or actual aggressors.

Each dorm has a day room and living area. In the rear of each dorm is a shower and restroom area. Living units are monitored using video surveillance cameras monitored in the control room and through routine security rounds conducted by correctional staff at a minimum of every 30 minutes.

An admin seg/isolation unit houses inmate serving disciplinary isolation sentences, inmates assigned protective custody status, inmates placed in segregation pending release, inmates placed in segregation upon returning from court. This unit has a capacity of 19. This unit is supervised by a male officer and is a gender specific post.

A total of 53 cameras are strategically placed throughout the center, including in each living unit and serve to supplement staff supervision. Cameras are monitored in both control rooms and may be monitored in real time by the Warden, Deputy Warden and Captain remotely via phone, and in their offices. The video monitoring system provided clear images capable of being enlarged digitally. Mirrors are also used to mitigate some of the identified blind spots. The facility also has fourteen (14) body cameras with seven issued to the day shift and seven to the overnight shift.

This is a work facility and there are approximately 65 work details utilizing approximately 320 inmates.. Each detail is supervised by at least one correctional officer.

Inmates also work on inside details including laundry, housemen, in the dorms, sanitation orderlies, and food service inmates working in the kitchen.

This facility is a work facility and inmates sent to this facility are toward the end of their sentences and are coming out of larger state prisons. Generally, inmates are happy to be in the county prisons and are less prone to violate rules because they can be sent back to a state prison to serve their remaining time. The criteria for being accepted into the program also tends to eliminate issues. At the time of the audit, for example, there was only one inmate who scored out as potential aggressor. Supervision of inmates in this prison is provided through correctional officers and supplemented by cameras throughout the facility. Inmates are housed in open bay dormitories. The six housing units are located around a large control room. Control Room 2 staff can see into each of the dorms, providing another level of observation. Staff in the control room can also view inside the dorms via video monitors in the control room. Inside each of the dorms can be viewed from the halls because of the glass windows extending from top to bottom.

Each of the dorms has multiple phones (8) on the walls of each day room. The phones are left on around the clock. The auditor conducted a check of one phone and asked the PREA Compliance Staff to check two more during the site review. The calls to the PREA Hotline were confirmed via email from the GDC PREA Unit. Each dormitory has a KIOSK enabling inmates to email supervisory staff at the prison, providing yet another way inmates may report. The majority of inmates work outside the facility on details and can make reports to their work supervisors or others in the community. Volunteers conduct Bible study at the facility and inmates may report to them as well. Inmates also have access to phone calls home, visits from anyone on their approved visitor's list, attorney visits, if they have one, access to both regular mail and legal mail.

There is minimal privacy while showering. A half wall prevents viewing from a distance. Inmates and staff reported females do not go in the back of the dorms without announcing their presence and that during count time, they instruct inmates to leave the shower/restroom area. Half walls also separate the toilets.

Site Review

The auditor was escorted by the Warden, PREA Compliance Manager and the Chief of Security (Captain) on a complete site review of the entire facility. During the site review the auditor made numerous observations, including the posting of Notices of PREA Audits, PREA Related Posters, notices advising inmates that female staff routinely work in the facility, locations of showers and privacy issues, if any, grievances and grievance boxes, requests forms and boxes for requests, configuration of living units, capacities of dorms, observations of blind spots, camera deployment, the use of mirrors to mitigate blind spots, staffing levels, supervision of inmates, accessibility to telephones and instructions for using the phones to report sexual abuse.

Entrance into the facility is controlled by the front control room and visitors enter through two (2) secured gates and then into the lobby of the prison. Front control is positioned where the officer manning that post can see anyone coming up to the first gate requesting entrance.

Lobby/Administrative Area: To the left of the of the control room are administrative offices, file room, and a conference room. This area is restricted, and inmates must be escorted when they are present. Entrance into that area is controlled through a key pad. PREA Posters and Notices of PREA Audit were observed in the area.

The secured area is a linear configuration, with a long corridor with offices and program space on either side of the long corridor. Entry is controlled by a Correctional Officer manning the front control.

Video Cameras: The facility has a total of 53 cameras strategically placed throughout this facility. These can be viewed by front control, rear control, Warden's Office, Deputy Warden of Security's Office, Chief of Security/Captain's Office and remotely by the Warden, Deputy Warden and Captain.

Cameras are in the following areas of the facility:

- (1) Front Gate
- (2) Entry Lobby
- (3) Visitation Area/Multipurpose Area
- (2) Main East/West Corridor
- (4) Cameras around the rotunda (Control #2)
- (3) Each dorm, including one (1) camera in the day room and (2) in the dorm sleeping area
- (3) Isolation/Administrative Segregation Unit Hallway
- (1) Isolation/Segregation Rec Yard
- (1) Corridor to the Shakedown Area
- (2) Laundry
- (4) Kitchen
- (2) Rear Gate
- (2) Rec Yards; in two (2) rec yards

There are fourteen (14) body cameras with seven (7) assigned to the day shift and seven (7) assigned to the overnight shift.

Multipurpose/Visitation/Classroom: On entering the secured area to the right is a large visitation/classroom area and there were three cameras monitoring this area. The area can also be viewed by the officer in the front control. PREA Posters were observed in this wide-open area. This area is used for visitation on weekends and holidays and educational programs during the week. A security staff is assigned to monitor visitation and to monitor educational programming along with the instructor during evening programming.

Medical Unit: On the left of the corridor, across the hall from the visitation area is the medical unit. This area consists essentially of a reception area right at the entrance, and exam rooms. The clinic is typically open from 6:30AM to 4:30PM and is staffed by two licensed practical nurses employed by Spalding County Correctional Institution. If an inmate is injured or gets sick after hours, he would be

taken to the emergency room at the hospital in Griffin, Georgia. If an inmate were sexually assaulted, he would be taken to the Southern Crescent Sexual Assault Center for a forensic exam.

Dorm Area: Inmates at this facility are housed in six (6) open-bay dormitories, all configured in the same manner. Each dorm houses a maximum of 64 male inmates. Each dorm can be viewed by anyone walking the halls because the entrances are constructed with windows/glass from top to bottom. The dorms can also be viewed by the control room (control room #2) situated in the middle of all six dorms. There are four (4) cameras mounted around the rotunda. The day room is at the front of every dorm. Day Rooms contain eight (8) phones, each with the number to the Georgia Department of Correction's PREA Unit Hotline. Each day room has a PREA Bulletin Board containing the Notice of PREA Audit and PREA Posters. Each dorm has a Kiosk from which inmates can email supervisory staff/department heads. The inmate handbook is also on the Kiosk. There are three cameras in each dorm, one in the day room and one in the front and back of the dorm. None of the cameras are focused on the restroom/shower area. Safe beds are designated in each of the dorms except for Dorm 3 that has been designated to house any aggressors or potential aggressors as determined on the PREA Assessment.

Isolation/Segregation: The isolation/segregation area contains 14 cells capable of housing a maximum of 19 inmates. There are three cameras in the hallways. This post is gender specific, manned by male staff only. Toilets are in the cells and the shower is in a recessed area allowing a degree of privacy and again the area is staffed by male officers only.

Security staff were observed wearing body cameras.

Dining Area: Located off the long corridor, the dining area can be viewed from the hallway through large windows facilitating viewing. Additionally, there are two cameras crisscrossing the room.

Kitchen/Food Service Area: This area is a wide-open space with two cameras covering the serving line area and a mirror is mounted in one corner providing better viewing of a blind spot area. The food service office has wrap around windows enabling staff in the office to view the kitchen area. A kitchen tool storage area is enclosed in wrap around expanded metal allowing complete viewing in this area. Storage areas and coolers/freezers are secured when not in use and prior to inmates going into a storage room, they must be accompanied by an officer. This area is staffed with food service staff who are also Peace Officer Standards Trained (POST) and certified officers, enabling them to perform security duties as well as food service duties.

Counseling Offices: These offices, located off the main corridor, have windows facilitating viewing. Too, the entrances to counselor's offices are monitored using video surveillance.

Shift Supervisor's Office: This office is located off the main corridor. Windows facilitate viewing from the corridor and entrances are monitored using video surveillance.

Captain's Office: This office is also located off the main East/West Corridor, Windows facilitate viewing into the office and the entrance is covered using video surveillance.

Deputy Warden of Security Office: This office is located off the main East/West Corridor. It has a window facilitating viewing from the corridor and the entrance is covered using video surveillance.

Southern Crescent Trailer: This semi-truck trailer is located outside the main building but inside the secure perimeter. Southern Crescent Technical College provides instruction in welding using this trailer.

There are no cameras in the trailer however when inmates are in the area, they must always be under escort. Access to the trailer is limited.

Laundry: This area is staffed with an officer who monitors the inmates working there. There are usually, according to staff, five (5) inmates assigned to this detail. The laundry is open 7AM-4:30PM. There are two (2) cameras in this area. The area is compact, and movement easily observed by staff.

ID/Intake: The ID Officer maintains a large board with ID Cards for each inmate. These are maintained on hooks representing the top and bottom bunks for each bed in the dorm. Color coded dots identify gang affiliation. The board has safe beds in each dorm except dorm 3, that is designated to house aggressors. There is no camera coverage in this area.

During the site review the auditor informally interviewed 20 inmates to determine if they received PREA Information at intake and orientation and if they were asked the PREA related questions on the PREA Assessments. The auditor also interviewed five (5) staff during the site review.

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

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

Number of Standards Exceeded: 3

115.15; 115.51; 115.87

Number of Standards Met: 42

115.11; 115.12; 115.13; 115.14; 115.16; 115.17; 115.18; 115.21; 115.22; 115.31; 115.32; 115.33; 115.24; 115.35; 115.41; 115.42; 115.43; 115.52; 115.53; 115.54; 115.61; 115.62; 115.63; 115.64; 115.65; 115.66; 115.67; 115.68; 115.71; 115.72; 115.73; 115.76; 115.77; 115.78; 115.81; 115.82; 115.83; 115.86; 115.88; 115.89; 115.401; 115.403

Number of Standards Not Met: 0

N/A

Summary of Corrective Action (if any)

Issue #1 – GDC Policy and the PREA Standards require inmates who disclose prior victimization, regardless of where it occurred, a follow-up with mental health is required to be offered. This is not addressed in the facility’s PREA Policy. The facility is required, however, to follow GDC Policies.

Corrective Action: The facility agreed to and did incorporate this into the local PREA Policy and provided documentation that it has been incorporated into the local policy and staff were trained in the local policy as evidenced by a training roster provided by the PREA Compliance Manager.

Item # 2 – Staff were allowing inmates to complete the PREA Assessment Form and then going over it with them. The issue was that some inmates may not be able to read and may provide erroneous information. Staff need to check SCRIBE either during the assessment or prior to the assessment to ensure the information the inmate is providing is accurate information and to determine if there are any flags associated with any issue, including potential victimization or abusiveness. Reassessments are required within 30 days of arrival and when an inmate returns from being absent from the facility.

Corrective Action Completed: Documentation (training roster) was provided documenting staff were retrained to ensure inmates do not complete the assessment form, that staff review SCRIBE prior to or during the assessment and finally that assessments will be conducted when an inmate leaves and returns to the facility for appointments, court, etc.

Issue # 3 – Inmates were generally unaware of the outside advocacy services provided by Southern Crescent Sexual Abuse Center.

Corrective Action Completed: The facility provided the updated pages of the inmate handbook providing the contact information for the Southern Crescent Rape Sexual Assault/Abuse Center. Contact information (phone and mailing address) and the limits of confidentiality, were provided.

PREVENTION PLANNING

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

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

115.11 (a)

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

115.11 (b)

- Has the agency employed or designated an agency-wide PREA Coordinator? Yes No

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

115.11 (c)

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

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the +6standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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

The Georgia Department of Corrections has policies mandating zero-tolerance for all forms of sexual abuse, sexual harassment and misconduct. The comprehensive PREA policy (SOP 208.06, Prison Rape Elimination Act-PREA, Sexually Abusive Behavior Prevention and Intervention Program) addresses the agency's approach to prevention of sexual abuse and sexual harassment as well as its approach to detection, responding and reporting sexual abuse and sexual harassment. The policy prohibits retaliation for reporting or participating in an investigation and mandates a zero tolerance for retaliation as well. It also includes the required definitions for consistency.

The Intergovernmental Agreement, effective July 1, 2018, between the Georgia Department of Corrections and Spalding County, in Paragraph 8, Prison Rape Elimination Act, requires the facility to adopt and comply with the Prison Rape Elimination Act.

The Spalding County Correctional Institution has a zero tolerance for sexual abuse, sexual harassment, and retaliation for reporting. This is asserted and required in Spalding Correctional Institution PREA Policy Manual, 1.2 by stating the agency (this facility) has a zero-tolerance standard for sexual abuse involving inmate on inmate behaviors and staff on inmate behaviors. Paragraph 1.3, affirms the purpose of the facility's PREA Policy is establish procedures, in accordance with the PREA Standards, for the detection, prevention, reduction and prosecution of perpetrators of sexual abuse of inmates; to address the safety and treatment needs of any inmate who has been a victim of a sexual act, and to discipline and prosecute those who perpetrate these acts upon inmates. Paragraph 1.4, of the policy affirms sexual conduct between staff and inmates, among inmates or between volunteers, contracted personnel and inmates, regardless of consensual status, is prohibited and subject to administrative and/or criminal disciplinary sanctions.

When the flash drive was sent to the auditor the facility had not had any allegations of either sexual abuse or sexual harassment in the past 12 months and beyond however there was one allegation of sexual abuse and one allegation of sexual harassment in January 2019. This was confirmed through reviewing the facility's Monthly PREA Reports to the Georgia Department of Corrections PREA Unit; reviewed grievances, reviewed incident reports, reviewed victim/aggressor assessments and interviews with the Warden, Deputy Warden of Care and Treatment, randomly selected staff, specialized staff and randomly selected inmates.

The Georgia Department of Corrections has developed a PREA Unit consisting of a Statewide PREA Coordinator, an Assistant Statewide PREA Coordinator, a PREA Analyst and a Support Staff. The Statewide PREA Coordinator reports to the Assistant Director of Compliance in the Office of Professional Standards however she has unimpeded access to the Commissioner of the Georgia Department of Corrections. This was confirmed through a reviewed organizational chart and interviews with the PREA Coordinator. A previous interview with the Georgia Department of Corrections Commissioner confirmed his commitment to PREA and his active relationship with the Director of Compliance and the Agency's PREA Coordinator.

The agency has an Americans with Disabilities Act (ADA) Coordinator who serves as a resource person for accessing interpretive services for disabled or limited English proficient detainees and inmates to ensure they can access and participate in the agency and facility's efforts to prevent, detect, respond and report sexual abuse and sexual harassment. The agency's ADA Policy provides information related to providing inmates with disabilities and inmates who are limited English proficient interpretive services enabling them to participate effectively in the agency's efforts to prevent, detect, respond to and report allegations of sexual abuse and sexual harassment. The auditor reviewed the ADA Policy and confirmed this through previous reviews of multiple statewide contracts issued by the Georgia Department of Administrative Services.

The Warden, via memo, designated the Deputy Warden of Care and Treatment as the facility's PREA Compliance Manager. The PREA Compliance Manager has served in that role since January of 2015. The facility has had one previous PREA Audit conducted in 2016. The PREA Compliance Manager, although she has other duties, has time to implement and maintain the PREA Standards. She also has the complete support of the Warden. This was confirmed in interviews with the Warden and PREA Compliance Manager. An interview with the Warden and interactions with him throughout the audit confirmed that he is knowledgeable of PREA and that he is actively involved in implementation and maintenance of the PREA Standards. He was observed to be a "hands on" administrator who knows what is going on in his facility.

Zero Tolerance is communicated in multiple ways and staff and offenders/inmates are knowledgeable of and understand the facility has a zero tolerance for all forms of sexual abuse, sexual harassment and retaliation. The Georgia Department of Corrections PREA Policy addresses and integrates the elements of the PREA Program, and includes the agency's approach to prevention, detection, responding and reports. The agency has identified sanctions for staff, contractor, or detainee for violating any agency sexual abuse or sexual harassment policy.

Zero Tolerance is referenced in the Facility's PREA Policy; in the Resident's Handbook, in PREA Acknowledgment Statements for staff, inmates, contractors and volunteer, on issued PREA brochures, in the PREA Video, and continuously through multiple PREA related posters that were observed in virtually every area of this facility, including disciplinary segregation.

Policies and Documents Reviewed: Georgia Department of Corrections (GDC) Policy 208.6, Prison Rape Elimination Act-PREA, Sexually Abusive Behavior Prevention and Intervention Program; Spalding County Correctional Institution, PREA Policy; Spalding County Correctional Institution Organizational Chart; Spalding County Staffing Plan; Intergovernmental Agreement between the Georgia Department of Corrections and Spalding County; Georgia Department of Corrections Organizational Chart; Statewide PREA Structure (Organizational Chart depicting lines of authority and responsibility for the PREA Unit); Job Description Statewide PREA Coordinator; PREA Brochures; Eleven (11) Training Rosters documenting Day 1 PREA Training for 80 employees and contractors; Zero Tolerance Posters located throughout the facility; Spalding County Corrections Division Staffing Plan; Inmate Handbook.

Interviews: Warden; Deputy; Deputy Warden of Care and Treatment/PREA Compliance Manager; GDC PREA Coordinator-Previous Interview; Assistant PREA Coordinator – Previous Interview; (16) Randomly Selected Staff; Twenty-Two (22) Specialized Staff; Twenty-Six (26) Inmates, Randomly Selected; Five (5) Targeted Inmates (also completing the Random Interview Questionnaire); Two (2) Contractors and Two (2) Volunteers

Other: Observed PREA related posters throughout the facility; Eight Phones in each Dorm with PREA Hotline dialing instructions on top of the phone; Tested three (3) phones.

Policy and Documents Review: Georgia Department of Corrections (GDC) Policy 208.6, Prison Rape Elimination Act-PREA, Sexually Abusive Behavior Prevention and Intervention Program, is a comprehensive PREA Policy that not only details the agency's approach to prevention, detection, reporting and responding to allegations of sexual abuse and sexual harassment but also integrates this information in a manner that flows logically and is easily understood. The policy affirms that the Department will not tolerate any form of sexual abuse or sexual harassment of any offender. Policy also 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. The PREA Policy addresses the agency's approach to preventing, detecting, responding and reporting sexual abuse and sexual harassment.

It appears that the Georgia Department of Corrections takes sexual safety seriously. This is based on a number of factors. The GDC appointed a Director of Compliance who is ultimately responsible for the Department's compliance with the PREA Standards, the Americans with Disabilities Act and the American Correctional Association Standards. This unit also has an auditing unit that audits compliance

with policy. This staff person was previously the agency's PREA Coordinator and is a Certified PREA Auditor.

Additionally, the Department has appointed a Statewide PREA Coordinator and an Assistant Agency Statewide PREA Coordinator with sufficient time and authority to develop, implement, and oversee the Department's efforts to comply with the PREA Standards in the Georgia Department of Corrections (GDC) facilities.

The Statewide PREA Coordinator has responsibility for the entire state. Both the PREA Coordinator and Assistant PREA Coordinator are experienced in adult corrections. They are heavily involved in training staff; whether it is training for the PREA Compliance Managers, Sexual Assault Response Team (SART) Members, or staff first responders to mention a few. PREA Compliance Manager training and SART training is held consistently at least twice a year. The PREA Coordinator is a POST Certified Instructor (Peace Officer Standards Training) which means she has met all the requirements to instruct corrections staff, and especially Peace Officer Standards Certified Correctional Staff, enabling them to receive credit toward their ongoing certification and recertification requirements. The Peace Officer Standards Training and certification process are independent of corrections and law enforcement agencies and promulgates the standards for certification for all types of law enforcement and corrections agencies.

The reviewed Statewide PREA Structure, as depicted on the Agency's Organizational Chart, documented that the Statewide PREA Coordinator reports directly to the Agency's Assistant Director of the Georgia Department of Corrections Compliance Unit, however it also reflects that the Statewide PREA Coordinator also has access to the Commissioner of the Department with regard to any PREA issues and this is reflected in the dotted line from the PREA Coordinator up to the Commissioner. An interview with the PREA Coordinator Manager indicated that the Director of Facilities is actively supporting the PREA Coordinator and PREA in all facilities. An interview with the GDC Commissioner confirmed he fully supports the PREA Unit in their efforts and is accessible to deal with any issues they unit may have related to PREA.

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

The PREA Unit is heavily involved as well in capturing data for planning, corrective action and other purposes. To that end, the agency and PREA Unit has a PREA Analyst assigned to the PREA Unit. His job is to collect and analyze the data that is submitted to the PREA Unit on a monthly basis, by each facility. This staff also receives the calls from inmates/residents on the Department of Corrections PREA Hotline. In working with the PREA Auditor, the PREA Analyst assists by retrieving information on

all calls to the PREA Hotline from each facility prior to the on-site audit. He also assists the auditor by securing from the Georgia Department of Corrections Technical Section, rosters of disabled inmates, identifying the inmate and his/her disability, enabling the auditor to select disabled inmates to interview during on-site visits. He also provides a report of inmates or probationers who identify as LGBTI and who have reported prior victimization. He keeps statistics for each facility and cumulatively for the agency that are used by the Department in analyzing issues related to PREA and used to compile the Agency's Annual Report.

The agency has a designated staff responsible for dealing with the American Disabilities Act and has arranged for the GDC to utilize multiple statewide contracts for inmates with disabilities. This state level position, also under the umbrella of the Office of Professional Standards, Compliance section, has also been actively involved in trying get GDC staff trained in ADA. The ADA Director has also assisted facilities in securing interpretive services when needed. On one specific occasion at another facility she expedited, for the auditor, the interview of a deaf inmate by arranging within minutes, a video interview with an interpreter who used American Sign Language.

The PREA Unit has reached out to nationally recognized organizations to assist in implementing PREA. They contracted with Just Detention in the past to assist in implementing PREA and are now under contract with the Moss Group to help the Department develop their Transgender Policy. The DRAFT Policy has been completed.

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

The Moss Group has completed Train the Trainer Classes to train trainers to go back into the facilities to train selected staff to serve as victim advocates.

The PREA Unit has implemented a computer-based program to enable the PREA Coordinator, Assistant PREA Coordinator and PREA Analyst to monitor investigations. This enables them to review the investigation and to require additional action, including instructing the facility-based investigators to look at other areas if warranted. Investigations must be approved by the PREA Unit. This provides a quality assurance component to evaluate investigations. Plans are underway for the PREA Coordinator, Assistant PREA Coordinator and PREA Analyst to use video to go into each facility to review, with them, their investigations.

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

Wardens/Superintendents are also required to assign an Institutional PREA Compliance Manager, who also has sufficient time and authority to develop, implement and oversee the facility efforts to comply with the PREA Standards. The Spalding County Correctional Institution, PREA Policy, 4.3 asserts that the facility has designated an upper level PREA Coordinator with sufficient time and authority to develop, implement, and oversee that agency efforts to comply with the PREA Standards within the facility, It also asserts the PREA Coordinator reports directly to the Warden of Spalding County Correctional Institution.

The Warden of the Spalding County Correctional Institution designated via memo, the Deputy Warden of Care and Treatment to serve as the PREA Compliance Manager. The PREA Compliance Manager has served in that capacity since the implementation of PREA and has been through one PREA Audit in 2015. The PREA Compliance Manager reports directly to the Warden. Her position as a Deputy Warden, ensures she has the responsibility and authority to implement and maintain PREA in this facility. The Deputy Warden/PREA Compliance Manager has the complete support of the Warden. The PREA Compliance Manager indicated she has sufficient time to perform her PREA related duties and has the authority to implement and maintain the PREA Standards in the facility. An interview with the Warden indicated he is a “hands on” manager and is knowledgeable of the PREA Standards and that he fully supports the PREA Compliance Manager and his team in implementing PREA. He has daily meetings with his executive team to facilitate on-going communication regarding facility operations.

The agency’s proactive approach to working towards preventing, detecting, responding and reporting PREA incidents was described by the PREA Coordinator and included the fact that they have been working with Just Detention International on a variety of initiatives and projects. The agency provided documentation of their JDI PREA Demonstration Grant, including the Final Close-Out Report dated March 2, 2018. The grant included nine (9) GDC project pilot facilities. The initiatives included: 1) Promote broad-based culture shift within GDC through new staff training programs that comply with the PREA Standards and address each employee’s role in preventing and responding to sexual abuse. This included assessing the cultures in the pilot facilities and then developing and providing training. 2) Develop a trauma-informed response to sexual assault, ensuring incarcerated survivors have access to the same quality of care that is available in the community. During this part of the project the JDI worked with the Georgia Network to End Sexual Assault (GNESA) in providing training to staff in providing trauma-informed response to inmates reporting sexual abuse, in building partnerships with community-based rape crisis centers and to provide training to the facility-based sexual assault response team members, ensuring a coordinated response to inmates reporting sexual abuse. This goal included objectives related to more training for staff and SARTs as well as securing written MOUs with rape crisis centers. 3) Develop PREA inmate education programs that address the needs of detainees with GDC’s facilities. This included an assessment of existing inmate education curricula and materials, identifying inmate education delivery methods best suited for each of GDC’s facility types and revising or developing new inmate education curricula and materials tailored to the needs of each facility type, and establishing a plan for delivering that education to new inmates and on an ongoing basis. 4) Enhance GDC’s procedures regarding PREA standards and audit compliance.

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

Inmates, staff, contractors and volunteers are trained in the zero-tolerance policy. They acknowledge that in signed PREA Acknowledgment Statements documenting that staff, contractors and volunteers are aware of the zero-tolerance policy. The auditor reviewed 49 PREA Acknowledgment Statements documenting staff understanding zero tolerance and PREA and 11 training rosters documenting completion of Day 1 and Day 2, Annual In-Service Training that includes PREA Training. Acknowledgement Statements for Employees and Unsupervised Contractors and Volunteers affirms

that they have received training on the Department's Zero Tolerance Policy on Sexual Abuse and Sexual Harassment and that they have read to GDC Standard Operating Procedure 208.06, Sexually Abusive Behavior Prevention and Intervention Program. They also acknowledge that violation of the policy will result in disciplinary action, including termination or being banned from entering any correctional institution.

The agency appears to value training to assist in the agency's prevention efforts. The agency plans and provides additional training for Sexual Assault Response Team Members as well as ongoing training for PREA Compliance Managers. Sexual Assault Team Members (SART) attend training at least semi-annually. This training was documented in previously reviewed training rosters and through interviews with SART members and the PREA Coordinator and Assistant PREA Coordinator. Medical Staff and the facility-based investigator have completed the Specialized Training for Investigating Sexual Abuse in Confinement Settings (Facility Investigator) and Medical Care of Victims of Sexual Abuse in a Confinement Setting (Medical Staff). The auditor also reviewed a certificate of training documenting a staff completing the online training for victim advocates.

Offenders are provided PREA related information upon admission to this facility during the intake process and as a part of that intake process, they also complete their orientation, providing their PREA Education on the same day they are admitted. The auditor reviewed the following to confirm receipt of initial PREA information and Orientation: (40) PREA Orientation Video Acknowledgments; (40) Sexual Abuse/Assault/Harassment Acknowledgments; (40) Orientation Checklists; (21) Reviewed Inmate files documenting receipt of all PREA information and education on the same day as their arrival date.

Interviews: Interviews with the GDC Commissioner confirmed his commitment to PREA and support of the Director of Compliance and the PREA Coordinator. Interviews with the PREA Coordinator and Assistant PREA Coordinator confirmed the work they are doing to ensure compliance with the PREA Standards and the initiatives they have developed to continue improvement in implementing and maintaining the PREA Standards. An interview with the Agency ADA Coordinator confirmed her role in serving as a resource person enabling facilities to access interpretive services expeditiously to ensure disabled and limited English proficient inmates can fully participate in the agency's efforts to keep inmates safe from sexual abuse and sexual harassment and in reporting allegations of sexual abuse and sexual harassment. An interview the Warden of the Spalding County Correctional Institution confirmed not only his knowledge of PREA but of his direct involvement in implementing the standards in his facility and his support of the PREA Compliance Manager. The PREA Compliance Manager is very involved in implementing PREA and ensuring on-going compliance with the Standards. As the Deputy Warden of Care and Treatment she has the authority and responsibility for implementing and maintaining the PREA Standards. Interviews with department heads and both random and specialized staff confirmed they are aware of the zero-tolerance policy and that they would report any allegation, regardless of how they become aware of it. Interviewed inmates consistently indicated they were informed of the zero-tolerance policy on admission and that included the initial PREA information given as well as the PREA Orientation, provided on the same day as admission.

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

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

115.12 (a)

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

115.12 (b)

- Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of inmates OR the response to 115.12(a)-1 is "NO".) Yes No NA

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Policy and Document Review: Georgia Department of Corrections Policy, 208.6, Prison Rape Elimination Act, Sexually Abusive Behavior, Prevention and Intervention Program, A. Prevention Planning, Paragraph 2; Two (2) Agency Contracts (Previously Reviewed); Intergovernmental Agreement County Capacity, July 1, 2018 (for the confinement of offenders); Pre-Audit Questionnaire.

Interviews: Commissioner, Georgia Department of Corrections; PREA Coordinator (Agency Director Designee) prior interview; Assistant PREA Coordinator previous interview, PREA Compliance Manager; Warden; Previous interview with Contracts Manager's Designee.

Discussion of Policy and Documents Reviewed: Georgia Department of Corrections Policy, 208.6, Prison Rape Elimination Act, Sexually Abusive Behavior, Prevention and Intervention Program, A. Prevention Planning, Paragraph 2, requires the Department to ensure that contracts for the confinement of its inmates with private agencies or other entities, including governmental agencies, includes in any new contract or contract renewal the entity's obligation to adopt and comply with the

Any new contract or contract renewal shall provide for Department contract monitoring to ensure that the contractor is complying with the PREA Standards.

The Contract with Spalding County Correctional Institution, for the confinement of offenders, includes the following language in Paragraph 8, Prison Rape Elimination Act, that states, "County agrees it will adopt and comply with 28 CFR 115, entitled Prison Rape Elimination Act (PREA) as required in 28 CFR 155-12. The County also agrees to cooperate with Department (GDC) in any audit, inspection, or investigation by Department or other entity relating to County's compliance with PREA. It also agrees the Department will monitor the County's compliance with PRE and shall have the right to inspect any documents or records relating to such audit, inspection, or investigation and County will provide such documents or records at Department's request. The County acknowledges that failure to comply with PREA is a material breach of this Agreement and is a cause for termination of this Agreement."

The Spalding County Correctional Institution does not contract for the confinement of offenders. This was confirmed through interviews with the PREA Coordinator (previous interview), Warden, Compliance Manager, the reviewed Pre-Audit Questionnaire.

The Agency PREA Coordinator previously 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 contractor to comply with PREA and to acknowledge that the Georgia GDC has the right to monitor for compliance. The contract with Spalding County requires compliance with the PREA Standards.

Standard 115.13: Supervision and monitoring

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

115.13 (a)

- Does the agency ensure that each facility has developed a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse? Yes No
- Does the agency ensure that each facility has documented a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration the generally accepted detention and correctional practices in calculating adequate staffing levels and determining the need for video monitoring? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration any judicial findings of inadequacy in calculating adequate staffing levels and determining the need for video monitoring? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration any findings of

inadequacy from Federal investigative agencies in calculating adequate staffing levels and determining the need for video monitoring? Yes No

- Does the agency ensure that each facility's staffing plan takes into consideration any findings of inadequacy from internal or external oversight bodies in calculating adequate staffing levels and determining the need for video monitoring? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration all components of the facility's physical plant (including "blind-spots" or areas where staff or inmates may be isolated) in calculating adequate staffing levels and determining the need for video monitoring? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration the composition of the inmate population in calculating adequate staffing levels and determining the need for video monitoring? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration the number and placement of supervisory staff in calculating adequate staffing levels and determining the need for video monitoring? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration the institution programs occurring on a particular shift in calculating adequate staffing levels and determining the need for video monitoring? Yes No NA
- Does the agency ensure that each facility's staffing plan takes into consideration any applicable State or local laws, regulations, or standards in calculating adequate staffing levels and determining the need for video monitoring? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration the prevalence of substantiated and unsubstantiated incidents of sexual abuse in calculating adequate staffing levels and determining the need for video monitoring? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration any other relevant factors in calculating adequate staffing levels and determining the need for video monitoring? Yes No

115.13 (b)

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

115.13 (c)

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

- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The facility's deployment of video monitoring systems and other monitoring technologies? Yes No
- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The resources the facility has available to commit to ensure adherence to the staffing plan? Yes No

115.13 (d)

- Has the facility/agency implemented a policy and practice of having intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment? Yes No
- Is this policy and practice implemented for night shifts as well as day shifts? Yes No
- Does the facility/agency have a policy prohibiting staff from alerting other staff members that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational functions of the facility? Yes No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Policy and Documents Reviewed: Facility Pre-Audit Questionnaire; Spalding County Correctional Institute PREA Policy, 4.5, Supervision and Monitoring; Georgia Department of Corrections, Standard Operating Procedure 208.06, PREA Policy; Georgia Department of Corrections Standard Operating Procedures, 223.02, Minimum Security Coverage for GDC Facilities; GDC Policy 205.11, Staffing Utilization, IV. Statement of Policy and Applicable Procedures, A. Approved Security Post Profiles; Memo documenting Annual Staffing Plan Review; Facility Organizational Chart

Interviews: Warden, Deputy Warden/PREA Compliance Manager; Chief of Security; Agency PREA Coordinator (previous interview); Assistant Statewide PREA Coordinator (previous interview), Leader of

Sexual Assault Response Team, 16 Randomly selected staff; 22 Specialized Staff; 26 Randomly selected and 5 Targeted Inmates; Reviewed Camera Lists for Spalding County CI; Reviewed Shift Rosters for the 1st, 10th, and 20th of each of the 12 months prior to the on-site audit.

Other: Observations of staffing levels made during the on-site audit; Observations of interactions and supervision or probationers during the on-site audit

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

County Facilities who contract with the Georgia Department of Corrections (GDC) are required to comply with GDC Policies and the Georgia Department of Corrections Policy (208.06) requires each facility to develop a staffing plan addressing adequate staffing and deployment of video monitoring in an effort to keep inmates and residents sexually safe.

Spalding County Correctional Institute PREA Policy, 4.5, Supervision and Monitoring, asserts that the Spalding County Correctional Institution develop, document, and make its best efforts to comply on a regular basis with a staffing plan that provides for adequate levels of staffing, and, where applicable, video monitoring, to protect inmates against sexual abuse. It also asserts the facility will consider the following and these are addressed in the Staffing Plan:

- Generally accepted correctional practices
- Any judicial findings of inadequacy
- Any findings of inadequacy from Federal Investigative agencies
- Any findings of inadequacy from internal or external oversight bodies
- All components of the facility's physical plant, including blind spots or areas where staff or inmates may be isolated
- Composition of the inmate population
- Institution programs occurring on a particular shift
- Any applicable state or local laws, regulations or standards
- The prevalence of substantiated and unsubstantiated incidents of sexual abuse
- Any other relevant factors

Georgia Department of Corrections Standard Operating Procedures, 223.02, Minimum Security Coverage for GDC Facilities, requires each Warden to develop local operating procedures designating the minimum number of POST certified correctional officers or security personnel who are to be assigned to duty at all times, 24 hours a day, seven days a week. Policy requires that the plan is to be based on the mission and security requirements of the facility.

GDC Policy 205.11, Staffing Utilization, IV. Statement of Policy and Applicable Procedures, A. Approved Security Post Profiles, asserts that GDC has developed and approved a Security Post Profile for each state prison. It also addresses and defines Priority Posts, including Priority 1, 2, and 3. Priority 1 Posts are critical to the daily operation of the shift; 2 posts are essential to the normal operation of the

shift and allows for marginal operations for programs and activities, and Priority 3 Posts are necessary for long-term “normal” operations and are generally used to ensure the manning of

The Spalding County Correctional Institution, PREA Policy, 4.5 (1) requires all deviations to be recorded on the daily Supervisor’s Log Book by the Shift Supervisor and forwarded to the PREA Coordinator.

Subparagraph 4.5 (2) requires that when necessary, but no less than once a year, the facility, in collaboration with the PREA Coordinator, will assess, determine and document whether adjustments are needed to the staffing plan, facility deployment of video monitoring systems and other monitoring technologies, and the allocation of facility resources available to commit and ensure compliance with the staffing plan.

The population of the Spalding County Correctional Institution consists of inmates who are reaching the end of their sentences. The facility’s criteria include the following:

- Classified as Non-Violent Offenders
- Non-Sex Offenders
- Classification levels of Medium or Minimum

During normal duty hours most of the assigned inmates are out working on details and not in the facility.

The facility had a security staffing analysis conducted in 2015 and that analysis was based on a maximum capacity of 384 inmates. The analysis takes into account the priority posts and uses a relief factor to determine the numbers of security staff needed. The facility has determined that the following priority posts are those that are the Mandatory Posts that must be manned 24/7:

- Shift Supervisor
- Control Room 2
- Administrative Segregation, when needed
- Dormitories 1, 2, and 3
- Dormitories 4,5, and 6

Priority 2 Posts include the following:

- Control Room 1
- Kitchen Officer
- Contract Detail Officer
- Sergeant, Assistant Supervisor
- Captain
- Key/Control and Tool Control
- Visitation and Recreation
- Mail Officer
- Transport Officer
- Intake/Laundry Officer
- Rear Gate Officer
- Utility Officer
- Utility Officer

Priority 3 Posts include the following:

- Dorm Officer
- Dorm Officer
- Dorm Officer
- Assistant Supervisor, Corporal

The staffing analysis also provides for the following administrative/support staff:

- Warden
- Deputy Warden of Security
- Deputy Warden of Care and Treatment
- Administrative Assistant
- Warden's Secretary
- Deputy Wardens Secretary
- Chief Counselor
- Counselor
- Licensed Practical Nurse
- Training Officer
- Food Service Supervisor

The staffing plan requires the minimum staffing for A shift as 5; B shift as 5, C Shift as 5 and D Shift as 5.

The auditor reviewed Shift Rosters for the 1st, 10th, and 20th of each of the 12 months prior to the on-site audit. All the reviewed rosters documented at least the minimum and consistently more than the minimum staffing. When staff, were on leave or absent for other reasons this was documented however in none of the rosters did staff have to be called in to staff the priority one posts.

The facility's organizational chart documents that the facility has the following staffing:

Security Staff

The facility has one (1) Deputy Warden of Security and one (1) Chief of Security - Captain

- Chief of Security (Captain)
- Lieutenants (4), A Shift, B Shift, C Shift and D Shift
- Sergeants (4) Shifts same as above
- Corporals (4) Shifts same as above
- 9 Officers deployed on A Shift
- 9 Officers deployed on B Shift
- 6 Officers deployed on C Shift
- 6 Officers deployed on D Shift

One (1) Sergeant supervises the 12 contract details. He also supervises two (2) Annex Corporals.

Other functions performed by officers include:

- Mail Sergeant
- Compliance Sergeant
- Detail Sergeant
- Back Gate Corporal
- Utility Corporal
- Key and Tool/Armory Officer
- Isolation Officer
- Laundry/ID/Warehouse Officer

Food Service includes a Food Service Manager and Food Service Supervisor.

The Deputy Warden of Care and Treatment/PREA Compliance Manager supervises the following:

- Chief Counselor
- Part Time Teacher
- 2 Counselors (directly supervised by the Chief Counselor)
- 1 Medical Supervisor (Licensed Practical Nurse)

The reviewed staffing plan documented the facility has had no findings from any Federal investigative bodies or internal or external oversight bodies and the facility complies with the Georgia Department of Corrections Policies.

The plan meticulously identifies the facility blind spots and the facility's actions to mitigate the blind spots.

The population of the facility consists of adult male felons who are toward the end of their sentences, transferred to the County Prison, where they will work on details, either outside or inside the facility. Therefore, the mission of the county prison is "work related". Because of that the criteria for admission makes it unlikely that inmates will have disabilities preventing them from some form of work. Too, sex offenders are excluded from this type of program.

This comprehensive staffing plan identifies each area of the facility and describes the staffing required, camera locations, gender specific posts, staff and camera deployment. Program areas are described, and staffing required for those events and programs are addressed.

Officers should be POST Certified, meeting the training requirements of the Peace Officer's Standards Training Council, however a non-certified officer may be assigned to a security post in an emergency if they are being monitored by a Certified Officer.

On weekends and county observed holidays the dormitory officers will be used as Visitation Officers. Control room 2 will maintain the accountability rosters for the dorms. During visitation on weekends and holidays the minimum number of officers needed to run the shifts from 0900 to 1500 hours is 7 officers.

Deviations to the staffing plan are to be recorded in the daily Supervisor's log book by the Shift Supervisor and forwarded to the PREA Coordinator.

The plan also addresses what to do if an officer calls in sick making the total number of staff drop below the minimum staffing levels. The Shift Supervisor will contact the Administrative Duty Officer who will give the shift supervisor permission to hold officers over until the shift can obtain the number of staff

required. The Shift Supervisor is required then, to contact officers on annual leave or off duty staff to report for duty. Officers on duty should not work more than three (3) hours overtime.

The facility documented the Annual Review of the Staffing Plan. The reviewed minutes of that review documented the administration discussing the deployment of staff to maximize supervision and implementing the call back procedures when staff are held over to man a priority one shift. The Warden mentioned that the facility has added more cameras in the facility, including body cameras. The group, consisting of the Warden, Deputy Warden of Security, Deputy Warden of Care and Treatment, Captain, Lieutenant/Food Service Director, Two Sergeants, Counselor, and Medical Staff, indicated and agreed that there were still a small number of blind spots. The areas were identified, and the action taken to mitigate those spots were to increase rounds in the areas, keep doors to the kitchen warehouse locked when an officer is not present and staff to use body cameras.

In discussing the staffing analysis, they indicated there are 86 total positions at this facility, including 75 correctional officer positions, and 11 support (see staffing analysis above). There were only 4 vacancies on the date of the staffing plan review. A discussion of announcing presence reiterated the requirement for female staff to announce their presence. Staff indicated the female staff are making announcements.

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

Unannounced rounds are addressed in the facility's PREA Policy and Paragraph 4.6, requires a shift supervisor will visit each dorm at least once per shift and will document both announced and unannounced rounds to deter staff and/or inmate sexual abuse and sexual harassment. Rounds are required on day and night shifts. Paragraph 4.6.1, asserts and requires that staff are prohibited from alerting other staff that these unannounced supervisory rounds are occurring unless such announcement is related to a legitimate operational function of the facility. The auditor reviewed samples of rounds documented in log books.

Discussion of Interviews: The Warden described the staffing levels at his facility and advised that the minimum staffing on all shifts and rotations is a minimum of five. He reaffirmed the process for ensuring the minimum staffing is always maintained. The staffing was confirmed by the Chief of Security. The facility has maximized it's utilization by having food service staff who are also certified officers. The staffing, according to interviews, is adequate. Interviews with line staff indicated the minimum staffing levels are always met.

Standard 115.14: Youthful inmates

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

115.14 (a)

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

115.14 (b)

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

115.14 (c)

- Does the agency make its best efforts to avoid placing youthful inmates in isolation to comply with this provision? (N/A if facility does not have youthful inmates [inmates <18 years old].) Yes No NA
- Does the agency, while complying with this provision, allow youthful inmates daily large-muscle exercise and legally required special education services, except in exigent circumstances? (N/A if facility does not have youthful inmates [inmates <18 years old].) Yes No NA
- Do youthful inmates have access to other programs and work opportunities to the extent possible? (N/A if facility does not have youthful inmates [inmates <18 years old].) Yes No NA

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The Spalding County Correctional Institution does not house youthful offenders. The Georgia Department of Corrections houses its youthful offenders at the Burrus Training Center, located in

Forsyth, Georgia. This was confirmed through the reviewed Burrus Training Center program description on the Georgia Department of Corrections Website and interviews with the Agency PREA Coordinator, Warden, PREA Compliance Manager; Chief of Security, and reviewed inmate files and observations during the on-site audit.

Policy and Documents Reviewed: Georgia Department of Corrections PREA Policy 208.06, Spalding County Correctional Institution Pre-Audit Questionnaire

Interviews: Warden; PREA Compliance Manager; 16 randomly selected staff; 22 specialized staff; previous interviews with the Agency PREA Coordinator and Assistant Statewide PREA Coordinator.

Policy Review: The Georgia Department of Corrections PREA Policy requires that youthful offenders are sight and sound separated from adults and that where youthful offenders are maintains they must be housed in a separate unit and have access to programs and exercise. When outside the unit, they must be sight and sound separate unless they are accompanied by and supervised by a correctional officer. There are no youthful offenders assigned to this program. This was confirmed through the reviewed Pre-Audit Questionnaire, site review, reviewed detainee rosters, and interviews with staff and a memo from the Warden/Division Director.

Discussion of Interviews: Interviews with the Warden; Deputy Warden; Two (2) Lieutenants; Shift Supervisors and randomly and specialized staff confirmed there are no youthful offenders housed at this facility.

Standard 115.15: Limits to cross-gender viewing and searches

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

115.15 (a)

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

115.15 (b)

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

115.15 (c)

- Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches? Yes No

- Does the facility document all cross-gender pat-down searches of female inmates?
 Yes No

115.15 (d)

- Does the facility implement a policy and practice that enables inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks? Yes No
- Does the facility require staff of the opposite gender to announce their presence when entering an inmate housing unit? Yes No

115.15 (e)

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

115.15 (f)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The Georgia Department of Corrections (GDC) prohibits cross gender strip searches and cross gender pat searches of females except in exigent circumstances that are approved and documented. This is confirmed through the reviewed policy, annual in-service training lesson plan, and interviews with both staff and inmates.

Spalding County Correctional Institution PREA Policy addresses Limits to Cross-Gender Viewing and Searches, prohibits cross-gender strip searches, cross-gender visual body cavity searches or cross-gender pat-down searches except in exigent circumstances or when such viewing is incidental to a routine check of cells in administrative segregation/isolation area or when performed by a medical practitioner in the course of a medical examination/procedure. Interviews with both staff and inmates confirmed that female staff do not conduct either strip searches or pat searches of male inmates.

During the on-site audit process there were no pat searches observed and the reviewed Pre-Audit Questionnaire documented there were no cross-gender searches. Staff who were interviewed indicated the facility does not do cross-gender searches of any kind absent an exigent circumstance that is justified and documented. Interviewed inmates indicated, in their interviews, that male staff conduct the strip searches and the pat searches in this facility.

The agency trains staff to conduct cross gender pat down searches in a professional and respectful manner. GDC Policy 208.6 requires this as well. That same policy requires the Department to train security staff to conduct cross-gender pat searches and searches of transgender and intersex inmates in a professional and respectful manner and in the least intrusive manner possible, consistent with security needs.

4.7.1, of the facility's PREA Policy requires and asserts that the facility will train staff in how to conduct cross-gender pat searches and searches of transgender and intersex inmates in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs. An interview with the Facility Training Coordinator indicated staff are trained in the power point presentation during annual in-service training regarding conducting cross-gender searches and searches of transgender and intersex inmates in a professional and respectful manner.

This is an all-male facility and GDC Policy requires that the requirement for prohibiting cross gender pat searches of females will not restrict female offender's access to regularly available programming or other out-of-cell opportunities in order to comply with those provisions.

GDC policy and practice and the Spalding County Correctional Institution PREA Policy requires that inmates can 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. Female officers may conduct headcounts periodically however inmates are reportedly not in the shower/restroom area when the officers conduct the headcounts and the female officer is required to announce her presence when entering the shower/restroom area.

Inmates consistently reported and confirmed they can shower, use the restroom and change clothing without being viewed by staff.

Showers in each dorm consists of 3 shower heads. The showers are recessed, and viewing is somewhat limited by half walls. There are three toilets on each side of the dorms. They are separated by ½ block walls. There are no cameras in the shower/restroom areas. Inmates live in open bay dorms and change clothing in the shower area.

The facility staff are required to refrain from searching or physically examining transgender or intersex inmates for the sole purpose of determining the inmate's genital status and If an inmate's genital status is unknown, the facility may determine genital status during conversations with the inmate, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner. GDC Policy and the Facility's PREA Policy, 4.7.1, (3) require this. 100% of the 16 randomly selected staff who were interviewed affirmed they would not be allowed to search a transgender or intersex inmate for the sole purpose of determining the resident's genital status. There were no transgender or intersex inmates assigned to the facility. This was confirmed through interviews with staff, both random and specialized, review of the Pre-Audit Questionnaire, and interactions with inmates during the on-site audit and observations.

Staff of the opposite gender are required to announce their presence when entering the housing units. Female staff who are working the unit will announce once after taking the shift over however other female's coming into the unit must announce. The facilities require the inmates to announce anytime the Warden, Deputy, or other administrative level staff enter the dorms as well.

Policies and Documents Reviewed: Georgia Department of Corrections (GDC) Policy 208.6, Prison Rape Elimination Act, Sexually Abusive Behavior Prevention and Intervention Program; GDC Policy 226.01, Searches, 1.d; Pre-Audit Questionnaire; Reports from the PREA Analyst; SOP 11B-01-0013, Searches; Spalding County PREA Policy 4.7

Interviews: 16 Randomly selected staff, 22 Specialized Staff; 26 Randomly selected inmates, 05 Special Category Inmates; 20 Informally interviewed detainees during the site review.

Policy and Documents Review: Department of Corrections (DOC) Policy, 208.6, Prison Rape Elimination Act, Sexually Abusive Behavior Prevention and Intervention Program and Spalding County PREA Policy 4.7; prohibits cross-gender strip or visual body cavity searches except in exigent circumstances or when performed by medical practitioners.

The reviewed Pre-Audit Questionnaire and interviews with staff and inmates confirmed that there were no cross-gender strip or body cavity searches during the past twelve months.

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

Paragraph 2. Frisk or Pat Search requires the pat search will be conducted, when possible, by an officer of the same sex. However, male offenders may be frisk or pat searched by both male and female security staff. Instructions for conducting pat searches, including using the back of the hand and

edge of the hand. Although there are no females at this facility, policy prohibits male staff from conducting pat searches of female inmates absent exigent circumstances that are documented

Policy prohibits staff from searching a transgender inmate for the sole purpose of determining the inmate's genital status. Staff are also required by policy to search transgender and intersex inmates in a professional and respectful manner.

SOP, 11B01-0013, Searches, again reiterates that males strip search males except in exigent circumstances and even then, only if same sex officers aren't available. It also affirms the expectation that pat searches, when possible, are conducted by same sex staff.

Policy prohibits staff from searching a transgender inmate for the sole purpose of determining the inmate's genital status. Staff are also required by policy to search transgender and intersex inmates in a professional and respectful manner.

GDC 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 inmates can shower, perform bodily functions and change clothing without being viewed by staff. Spalding County Correctional Institution staff allow offenders to shower, change clothes, and perform bodily functions without employees of the opposite gender viewing them, absent exigent circumstances or instances when the viewing is incidental to routine cell checks or during counts. Inmates are not permitted in the shower/restroom area during count time.

An additional measure required by policy is for staff of the opposite gender to announce their presence when entering an inmate housing unit. Interviewed staff, randomly selected as well as specialized staff, affirmed that staff consistently announce their presence before entering the housing area. During the tour the auditor did not observe cameras in any restroom area or in any cell except the segregation cells.

Discussion of Interviews: Interviewed staff consistently stated they are trained to conduct cross-gender searches in emergency situations that are justified and documented. They indicated they have been trained to conduct cross gender pat searches however it the practice of the facility not to conduct a cross gender pat search unless there are no male staff available. Interviewed staff indicated they had never seen a female conduct a pat search but were aware that agency policy allows it. They confirmed that search training, including cross gender pat searches and searches of transgender and intersex inmates in a professional and respectful manner is taught during Basic Correctional Officers Training and during in-service training. Staff also stated they have been trained to search a transgender and intersex inmate in a professional and respectful manner. There are no transgender inmates in the facility.

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. Searches at this facility obviously are conducted by female staff in that there are no male security staff employed at the facility.

Interviews with 26 inmates confirmed that female staff do not conduct either strip or pat searches at this facility. All searches are conducted by male staff.

Staff indicated, in their interviews, that staff of the opposite gender consistently announce their presence saying things like “female on deck”. Interviewed inmates consistently indicated if a female staff comes into the unit, they announce their presence.

Interviews with 26 inmates representing every housing unit confirmed that female staff do see the naked in full view while using the restroom and while showering. Inmates said they are not naked in full view of staff while changing clothes, showering or using the restroom.

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

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

115.16 (a)

- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency’s efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who are deaf or hard of hearing? Yes No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency’s efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who are blind or have low vision? Yes No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency’s efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have intellectual disabilities? Yes No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency’s efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have psychiatric disabilities? Yes No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency’s efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have speech disabilities? Yes No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency’s efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Other (if "other," please explain in overall determination notes)? Yes No

- Do such steps include, when necessary, ensuring effective communication with inmates who are deaf or hard of hearing? Yes No
- Do such steps include, when necessary, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary? Yes No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Have intellectual disabilities? Yes No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Have limited reading skills? Yes No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Are blind or have low vision? Yes No

115.16 (b)

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

115.16 (c)

- Does the agency always refrain from relying on inmate interpreters, inmate readers, or other types of inmate assistance except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the inmate's safety, the performance of first-response duties under §115.64, or the investigation of the inmate's allegations? Yes No

Auditor Overall Compliance Determination

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

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The Spalding County Correctional Institution is considered to be a “work camp” meaning inmates are assigned to this prison to work on details either inside or outside the facility and as such they are not likely to receive any inmates who are disabled beyond their ability to work. The auditor requested and received the Disability Report from the Georgia Department of Corrections PREA Unit. The report confirmed there are no inmates at this facility who are either disabled (hearing or visually impaired) or limited English proficient. Reviewed PREA Assessments also documented in a review of 40 assessments that there were no inmates who were developmentally disabled. A review of 21 inmate files, confirmed, on their classification forms, that they had no physical limitations.

However, the Georgia Department of Corrections and the Spalding County Correctional Institution appear to be committed to ensuring inmates with disabilities, including inmates who are deaf/hard of hearing, blind or low vision, intellectually disabled, psychiatrically disabled or speech disabled have access to interpretive services that are provided expeditiously through professional interpretive services. These interpretive services may be made available through a variety of statewide contracts that can be accessed by each GDC facility and County Government. Although the prison is not likely to receive inmates with significant disabilities because of the nature of the county prison as a work facility, the facility has taken steps to provide a variety of professional interpretive services so that staff will not have to rely on inmates to interpret for other inmates.

The agency (GDC) has an Americans with Disabilities Coordinator who serves as an invaluable resource when a facility needs any type of interpretive service to ensure an inmate can fully participate in the agency and facility's prevention, detection, response and reporting program for sexual assault, sexual harassment and retaliation. In addition to making staff aware of the statewide contracts for interpretive services, the ADA Coordinator, is available to facilitate, for facilities, access to interpretive services. During a recent audit, a deaf inmate was selected to be interviewed. Requiring an interpreter who could “sign” the facility contacted the ADA Coordinator, who quickly arranged for a video interpreter and through the interpreter using American Sign Language, the inmate responded to all the questions asked by the auditor. Interpreters on state contact must meet the professional qualifications required by the contract.

The Spalding County Correctional Institution, PREA Policy, 4.8 addresses Inmates with Disabilities and Inmates who are Limited English Proficient and asserts that the Spalding County Correctional Institution will take appropriate steps to ensure that all inmates who are admitted with disabilities (including inmates who are hard of hearing, those with low vision or those who have intellectual, psychiatric or speech disabilities), have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment in accordance with Title II of the Americans with Disabilities Act, 42. U.S.C. Provisions will be accommodated by the PREA Coordinator and documented in the inmate's file. The following, according to policy, will be made available on a case by case basis:

- Interpreter services for hard of hearing inmates
- Interpreter services for limited English-speaking inmates; and
- Reading of the material by staff to inmates

Policy requires that at no time will inmate interpreters be used to interpret or translate except in circumstances where an extended delay in obtaining an effective interpreter could compromise the inmate's safety, the performance of first responder duties, or the investigation of the inmate's allegations.

The facility has a contract with Language Line Solutions to provide professional interpretive services to enable inmates to make reports or allegations of sexual assault or sexual harassment. A memo from the Warden to staff provided staff with instructions for accessing language line interpretive services.

A Part Time GED Teacher and staff are available to ensure that inmates with limited educational skills receive and understand how to access all the aspects of PREA, including prevention, detection, responding and reporting. Staff would read the PREA information to the inmate upon admission and additionally, PREA Education is provided through the PREA Video and orally to clarify any issues.

Although the facility has not had and does not have any hearing-impaired inmates, the auditor discovered the PREA Video the facility was using was not capable of close caption. The PREA Compliance Manager immediately contacted the GDC PREA Unit who confirmed via email that they are mailing the close caption video.

Counseling staff are available in this facility to assist in intake and orientation of inmates with mental or psychiatric issues.

American Sign Language is available through Language Line Solutions.

PREA Brochures are available in Spanish. The agency has a PREA Video with closed caption.

Policies and Documents Reviewed:

Georgia Department of Corrections Policy, 208.6, Prison Rape Elimination Act, Sexually Abusive Behavior Prevention and Intervention Program, A. Prevention Planning, Paragraph 6; Contract with Language Line Solutions; and PREA Brochures in English and Spanish; Instructions for Accessing Language Line; Georgia Department of Administrative Services Statewide Contracts for Provision of American Sign Language for Hearing; Memo from Warden Re: Inmates with disabilities or who are limited English proficient.

Interviews: Warden; Deputy Warden/PREA Compliance Manager; Georgia Department of Corrections ADA Coordinator; Randomly selected staff (16); Specialized Staff (22); Randomly Selected Inmates (26) and Targeted Inmates (05);

Observations: Posting of PREA Brochures in English and Spanish

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

The facility has access to Language Line Solutions via a contract to provide interpretive services for disabled and limited English proficient inmates in making an allegation of sexual abuse. The GDC provided Statewide Contracts (Georgia Department of Administrative Services) that provide access to interpreters for American Sign Language. Instructions for accessing these services are included. The auditor reviewed the PREA Brochures in both Spanish and English. The PREA Video is also available in Spanish and in closed caption.

Georgia Department of Corrections facilities have a valuable resource when needing to access interpretive services. The agency ADA Coordinator has communicated information on how to access interpretive services via statewide contracts and when there is a need to secure an interpreter expeditiously, staff contact the ADA Coordinator who can expedite those services. While the ADA Coordinator is not responsible for county facilities, she would be available to suggest how the facilities might access any services not available to them through the statewide contracts.

The facility has a GED teacher who can assist any literacy or cognitively challenged inmates in understanding the PREA information and how to report.

Counselors can assist any inmates with mental health issues. Language Line Solutions is available to staff working with limited English proficient detainees. American Sign Language is available on-site through a contract with Language Line Solutions including via video with a Language Line staff who is qualified in American Sign Language.

The Prison Rape Elimination Act pamphlet will be provided to the offender in Spanish.

Discussion of Interviews: The auditor conducted a previous telephone interview with the Agency ADA Coordinator. According to the Coordinator if the facility had a limited English proficient detainee needing translation services the facility has access to Language Line and if on-site interpreters were needed, she would arrange that. She also affirmed the availability of translators or interpreters for the hearing impaired via statewide contracts and indicated she would, if called, make the contacts to provide signing and any other translation services needed. When asked about the PREA Video being available in Spanish and with either closed caption or with a “signing” in the lower portion of the video, she indicated the agency has a contract for that video to be “redone” to provide the translations. The agency does have the PREA Video with closed caption. The Warden and Deputy Warden indicated, in interviews that they are not likely to get any disabled or mentally or cognitively challenged inmates because the facility is a work facility and inmates are assigned to work details and the work release inmates maintain employment in the community. Interviews with sixteen (16) random staff, indicated that most of the staff would not rely on an inmate to translate for another inmate in making a report of sexual abuse or sexual harassment absent and emergency or exigent circumstance.

Standard 115.17: Hiring and promotion decisions

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

115.17 (a)

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

115.17 (b)

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

115.17 (c)

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

115.17 (d)

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

115.17 (e)

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

115.17 (f)

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

115.17 (g)

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

115.17 (h)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

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

Georgia Department of Corrections requires the following regarding the hiring and promotion process: 1) Applicants are required to respond to the PREA related questions asked of all applicants and documented on the Applicant Verification Form; 2) Correctional applicants must pass a background check consisting of fingerprint checks, a check of the Georgia Crime Information Center and the National Crime Information Center; 3) Correctional Staff must pass an annual background check prior to going to the firing range annually to maintain their Peace Officers Standards Training Certification (POST); all other staff must pass a background check consisting of the GCIC and NCIC at least every five years. Professional reference checks are conducted for applicants who were previously employed in institutional work. These are documented on the GDC Professional Reference Form.

The Georgia Department of Corrections, as required in policy and Spalding County Correctional Institution PREA Policy prohibits the hiring or promotion of anyone and any contractor who may have contact with inmates who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997; who has who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; and the hiring or promotion of anyone who may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the same activity. Both policies also require that the agency considers any incidents of sexual harassment/abuse in determining whether to hire or promote anyone or to enlist the services of any contractor and volunteer or anyone having contact with inmates.

GDC Policy and Spalding County Correctional Institution PREA Policy requires that any material omissions regarding the identified misconduct or the provision of materially false information will be grounds for termination.

Unless prohibited by law, Spalding County Correctional Institution will provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for who the employee has applied to work.

Policy also requires before hiring new employees, who may have contact with inmates, the agency: performs a thorough criminal background records check. These checks include a check of the Georgia Crime Information Center and the National Crime Information Center, as well as an initial fingerprint check for all security positions.

The auditor reviewed the following files to determine if background checks were conducted as required:

- (13) Newly Hired Staff
- (10) Regular Staff
- (20) Correctional Staff going to the firing range for annual qualification
- (2) Volunteers
- (1) Contractor

Additionally, the auditor asked for and received the Criminal History Dissemination Log. The reviewed log documented 9 ½ pages of correctional staff documenting background checks.

The Facility uses the GDC Form Applicant Verification asking prospective employees and contractors the PREA related questions/prohibitions and professional reference checks are done, but not on the

GDC Professional Reference Form. The facility is guided by the County Government's human resources department.

Policy and Documents Review: Department of Corrections Policy 208.6, Prison Rape Elimination Act, Sexually Abusive Behavior Prevention and Intervention Program, A. Prevention Planning, Paragraph 7, Hiring and Promotion Decisions; GDC Applicant Verification form; Form SOP IV00312, Attachment 1), to a Criminal Background Check and a Driver History Consent; "Georgia Department of Corrections, Professional Reference Check, IV003-0001, Attachment 5; Georgia Department of Corrections Policy, 104.09, Filling A Vacancy; Reviewed Applicant Verification Forms; Reviewed Background checks for Thirteen (13) newly hired employees; (10) Regular Employees Background Checks; Tw0 (2) Volunteers and One (1) Contractor; (20) Background Checks for Security Staff documenting annual background checks; and 9 ½ pages of the Criminal History Dissemination Logs documenting background checks of security staff.

Interviews: Warden; Deputy Warden/PREA Compliance Manager; Warden's Secretary (HR); (16) Randomly Selected Staff; Two (2) Contractors; Two (2) Volunteers

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

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

As part of the interview process potential employees and employees being promoted are asked about any prior histories that may have involved PREA related issues prior to hire and approval to provide

services. Human Resources staff related that the PREA Questions are given to applicants and required to be completed.

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

GDC Policy 208.06, Paragraph d, requires that unless prohibited by law, the Department will provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work. The Department complies with the Federal Privacy Act and Freedom of Information Act, and all other applicable laws, rules and regulations. A memo from the Warden affirmed that that information would be made available to potential employers.

If the employee violates an agency policy related to PREA, the employee will be subject to termination and prosecution.

Discussion of Interviews: Interviews with the facility HR Staff/Warden's Secretary indicated that all prospective employees must compete and answer the PREA Related Questions documenting the PREA Prohibitions prior to employment. They must also pass a background check that consists of a check of the Georgia Crime Information Center and National Crime Information Center and Fingerprint Checks (Fingerprint Checks for all Security Staff), Background checks were previously performed by the Spalding County Sheriff's Office but are now done at the facility. Five (5) Year checks are completed on staff who non-uniform. Contractor and Volunteer Background Checks are conducted at the facility as well. Professional reference checks are conducted and documented on a county form.

Standard 115.18: Upgrades to facilities and technologies

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

115.18 (a)

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

115.18 (b)

- If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect inmates from sexual abuse? (N/A if agency/facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring

technology since August 20, 2012, or since the last PREA audit, whichever is later.)

Yes No NA

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Spalding County Correctional Institution PREA Policy, 4.10, Upgrades to Facilities and Technology, requires that the facility consider the effect of the design, acquisition, expansion or modification in reference to the facility's ability to protect inmates from sexual abuse when designing or acquiring any new facility and in planning any substantial modifications of existing facilities.

When installing or upgrading a video monitoring system, electronic surveillance system, or other monitoring technology, the agency will consider how the technology may enhance the agency's ability to protect inmates from sexual abuse.

In the past 12 months or since the last audit, the facility has not had any substantial expansions or modifications to the facility. Interviews with the Warden confirmed that he and his staff would be involved in developing plans to ensure sexual safety is taken into consideration in the planning process.

Policy and Documents Reviewed: Pre-Audit Questionnaire; Department of Corrections Policy 208.6, Prisons Rape Elimination Act, Sexually Abusive Behavior Prevention and Intervention Program, A, Prevention Planning, Paragraph 8; Spalding County Correctional Institution PREA Policy, 4.10, Upgrades to Facilities and Technologies

Interviews: Warden, Chief of Security, PREA Compliance Manager

Observations: None that were applicable to this standard.

Policy Review and Documents Reviewed: Department of Corrections Policy 208.6, Prisons Rape Elimination Act, Sexually Abusive Behavior Prevention and Intervention Program, A, Prevention Planning, Paragraph 8 and Spalding County Correctional Institution, PREA Policy, 4.10, Upgrades to Facilities and Technologies, 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 documented that there have been no modifications to the facility in the past twelve months or since the last PREA Audit. The Warden indicated, in an interview, that four (4) years ago there were no video surveillance cameras nor were there any body cameras. He also affirmed that 5-6 months ago, the facility added more cameras in the facility. The facility now has 53 cameras deployed throughout the facility mitigating blind spots. Additionally, the Warden has purchased body cameras for correctional officers (14), seven (7) for the day shift and seven (7) for overnight shift. The Warden, Deputy Warden and Captain can monitor the cameras from their offices and remotely in real time.

PLANNING

Standard 115.21: Evidence protocol and forensic medical examinations

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

115.21 (a)

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

115.21 (b)

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

115.21 (c)

- Does the agency offer all victims of sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate? Yes No
- Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible? Yes No

- If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)? Yes No
- Has the agency documented its efforts to provide SAFEs or SANEs? Yes No

115.21 (d)

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

115.21 (e)

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

115.21 (f)

- If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating entity follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency/facility is responsible for conducting criminal AND administrative sexual abuse investigations.) Yes No NA

115.21 (g)

- Auditor is not required to audit this provision.

115.21 (h)

- If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? [N/A if agency attempts to make a victim advocate from a rape crisis center available to victims per 115.21(d) above.] Yes No NA

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The Georgia Department of Corrections, Office of Professional Standards Investigators (Special Agents) conduct investigations of allegations that appear to be criminal in nature for the Department. These investigators undergo extensive training in conducting investigations and are empowered to arrest staff or inmates. Special Agents received extensive training through the 13- week Georgia Bureau of Investigations and follow the protocols for collecting evidence that they were trained in that allows for a uniform process. Special Agents are assigned to specific regions and are dispatched by the Special Agent for a given region. Office of Professional Standards Investigators, different from Special Agents, have not yet attended the GBI Academy, but have completed the 11 weeks of mandated training at a law enforcement training academy. These investigators are often assigned to a facility but conduct investigations in assigned facilities. These investigations are primarily related to gang related issues, contraband and use of force issues however they may investigate sexual abuse and/or assist the Special Agent in conducting the investigation.

Sexual Assault Response Team members are facility-based staff, composed generally of a facility-based investigator who has completed the National Institute of Corrections on-line course, "PREA: Conducting Sexual Abuse Investigations in Confinement Setting", a medical staff, counseling or mental health staff (one of whom usually serves as a staff advocate), and often the retaliation monitor. A memo from the Warden identified the members of the SART. SARTs would be responsible for protecting the evidence until the Special Agent arrived to work the scene or to collect certain evidence at the direction of the Special Agent. All allegations involving penetration are referred as well to the Sexual Assault Nurse Examiner for collection of forensic evidence by nurses specifically trained for that function.

The facility-based investigator has completed the on-line specialized training provided by the National Institute of Corrections entitled, "PREA: Conducting Sexual Abuse Investigations in a Confinement Setting" and a certificate documenting a one-day training, Sexual Assault Investigations, conducted by the Georgia Department of Corrections.

All inmates are offered a forensic exam at no cost to the inmate/resident. This was confirmed through reviewed GDC and Spalding County Correctional Institution PREA Policies and interviews with the Facility Nurse. This Agency, according to the facility nurse and the reviewed MOU with the Southern Crescent Sexual Advocacy Center/Rape Crisis Center is the facility where the forensic exam would be conducted.

The Spalding County Correctional Institution does not house youth in its facility although it does adhere to the standards set by the US DOJ's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents".

An interview with the Program Director of the Southern Crescent Sexual Assault and Child Advocacy Center confirmed the services that organization would provide inmates at the Spalding County Correctional Facility. The Assault and Advocacy Center offers a 24- hour crisis line providing a listening and support service for anyone who has been raped, sexual assaulted, sexually harassed or sexual abused recently or in the past. Trained volunteers or counselors are available to respond to crisis calls immediately providing support to callers as well as referrals when needed. The organization also provides medical accompaniment, through a team of trained volunteers or staff who are equipped to offer support to survivors and resources. The crisis responder explains the process, options available and resources. The organization also provides legal accompaniment to any survivor who decides to pursue their case through the legal system. Counseling services are also available to the victim.

Policy and Documents Reviewed: GDC Policy, 208.6, Prison Rape Elimination Act Sexually Abusive Behavior Prevention and Intervention Program, B. Responsive Planning; in Standard Operating Procedure 103.10 Evidence Handling and Crime Scene Processing and SOP 103.06, Investigations of Allegations of Sexual Contract, Sexual Abuse, Sexual Harassment of Offenders; GDC Policy VH07-001 Health Services, E., Medical Services Deemed Necessary Exempt from Fee; SANE Nurse Call Roster; Medical PREA Log; Sexual Assault Nurse Examiner's; SANE Call Roster/List;.IK01-0005, MOU with the Southern Crescent Sexual Assault Center; Fact Sheets, Southern Crescent Sexual Assault and Child Advocacy Center

Interviews: Warden; Deputy Warden/PREA Compliance Manager; Sexual Assault Response Team Members; One (1) Staff Advocate; Program Director of the Southern Crescent Sexual Assault Center; Sixteen (16) Randomly selected staff; Twenty-Two (22) Specialized Staff; Interviews with Twenty-Six (26) random inmates (05) of whom are Targeted; One (1) Office of Professional Standards Special Agent. (previous interview); One (1) Special Agent/ PREA Investigator for the Southwest Region.

Discussion of Policy and Document Review: GDC 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. GDCs response to sexual assault follows the US Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents" dated April 2013, or the most current version. The Department requires that upon receiving a report of a recent incident of sexual abuse, or a strong suspicion that a recent serious assault may have been sexual in nature, a physical exam of the alleged victim is performed, and the Sexual Assault Nurse Examiner's protocol initiated.

The GDC Policy, IK-005, Crime Scene Preservation, establishes the agency's policy on evidence collections and protecting the crime scene. Policy requires that one of the first responsibilities at a crime scene is to prevent the destruction or contamination of evidence. Staff are required to initiate security measures to prevent unauthorized persons from entering the crime scene and not to touch anything or disturb anything. Instructions for maintaining the chain of possession of evidence is discussed

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

The Department has promulgated a Local Procedure Directive encompassing the procedures related to responding to victims of sexual assault and the victim is provided the opportunity for a forensic exam as soon as possible. Forensic exams are provided at no cost to the victim. The facility has also issued a local operating procedure essentially documenting the facility's coordinated response to an allegation of sexual abuse.

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

The Health Services Staff acknowledged there have been no cases involving the services of a sexual assault nurse examiner during the past twelve months. The interviewed facility nurse explained that forensic exams would be conducted at the Advocacy Center by a Sexual Assault Nurse Examiner. While waiting for arrangements to be made for transportation, the nurse indicated she would ask the victim not to drink, shower, brush his teeth, use the restroom or do anything to affect the evidence.

GDC Policy also requires the PREA Compliance Manager to attempt to enter into an agreement with a rape crisis center to make available a victim advocate to accompany and provide emotional support for inmates being evaluated for the collection of forensic evidence. The facility provided documentation to confirm an agreement between the Southern Crescent Sexual Assault and Child Advocacy Center for the provision of advocacy services for any inmate victim of sexual abuse. The Center also mans a hotline 24/7 enabling anyone to contact them regarding any issues of sexual abuse.

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

The facility's Sexual Assault Response Team (SART) investigates allegations of sexual assault and sexual harassment. This team consists of an investigator, medical and the PREA Compliance Manager.

Reviewed documentation and interviews with the Warden, Facility-Based Investigator; PREA Compliance Manager and random and specialized staff and inmates confirmed the facility has had no allegations involving any form of penetration during the past 12 months.

Discussion of Interviews: Interviewed members of the Sexual Assault Response Team indicated that these staff are familiar with the investigative process. Interviews indicated the SART facility-based investigator would initiate an investigation as soon as the SART Leader received notification of an allegation of sexual abuse and within 24 hours if the allegation was sexual harassment.

An interview with a Special Agent described his role in “working” the crime scene. He explained evidence collection, including collecting DNA swabs, and having a Sexual Assault Nurse Examiner collect forensic evidence and maintaining a chain of custody until the Agent takes the rape kit to the Georgia Bureau of Investigation Crime Lab. An interview with a SANE who is contracted to perform Sexual Assault Forensic Exams for the Georgia Department of Corrections, confirmed the process for conducting a forensic exam. She follows a uniform protocol for conducting those exams. An interview with a Special Agent confirmed the investigative process when an incident at the facility appears to be criminal. Special Agents, he indicated, complete 13 intensive weeks of training provided by the Georgia Bureau of Investigation.

Standard 115.22: Policies to ensure referrals of allegations for investigations

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

115.22 (a)

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

115.22 (b)

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

115.22 (c)

- If a separate entity is responsible for conducting criminal investigations, does such publication describe the responsibilities of both the agency and the investigating entity? [N/A if the agency/facility is responsible for criminal investigations. See 115.21(a).] Yes No NA

115.22 (d)

- Auditor is not required to audit this provision.

115.22 (e)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The Georgia Department of Corrections Standard Operating Procedures and Spalding County Correctional Institution requires that all allegations of sexual abuse and sexual harassment, regardless of the source of the allegation, are referred for investigation. If an allegation appears criminal in nature it is referred to the Department's Office of Professional Standards Investigator who is a Special Agent, trained extensively in conducting investigations and who has the power to effect an arrest of staff or inmates. This was also confirmed by interviews with the Warden, Deputy Warden/PREA Compliance Manager, Facility-Based Investigator, and SART Members.

Office of Professional Standards has facility-based Investigators who have completed the mandated training at a Police Academy after which they are Peace Officers and may effect an arrest. These investigators are assigned to a facility but work several or more facilities within their catchment area. Their investigations typically are related to gang activity, intelligence, contraband and use of force, however they may be asked to conduct the investigation if it is criminal in nature or they may assist the Special Agent. Special Agents are regionally assigned; North, Southeast and Southwest. These investigators, in addition to the mandated training must complete the Georgia Bureau of Investigations Academy. The academy coursework is extensive and consists of 13 weeks of all phases of investigatory procedures. These investigators also have arrest powers and work with local District Attorneys and make referrals for prosecution when the evidence appears to justify it.

The Georgia Department of Corrections (GDC) has each facility to establish Sexual Assault Response Teams in each of the GDC facilities and programs. The Spalding County Correctional Institution also has a Sexual Assault Response Team who is responsible for conducting the initial sexual abuse investigations and sexual harassment investigations. The SART Facility Based Investigator is required to complete the National Institute of Corrections Specialized Training (online) entitled: "PREA: Investigating Sexual Abuse Investigations in Confinement Settings." The SART is made up of a facility-based investigator, a nurse, a counselor, and a staff advocate. The SART's role is to conduct an initial investigation into the allegation. If an allegation appears to be criminal in nature, the SART will notify

the Shift Supervisor and Warden who will contact the applicable Regional Office. The Regional Office will then appoint or designate an Office of Professional Standards Investigator, a Special Agent, who has extensive investigative training through the Georgia Bureau of Investigation, to conduct the criminal investigation. Special Agents have been empowered to effect an arrest if necessary. They also work with the local District Attorney and recommend criminal charges when the evidence warrants it.

The SART may also conduct administrative investigations, including allegations of sexual harassment. Internal Affairs, also under the Office of Professional Standards, also may conduct the administrative portion of a criminal investigation. Staff misconduct is investigated by the Office of Professional Standards Special Agent.

This facility has not had an allegation of sexual abuse in the 12 months prior to the flash drive. The PREA Compliance Manager reported that following the flash drive preparation, in January, there were two allegations reported; one was an allegation of sexual abuse (being touched by an inmate on a work detail) and one allegation of sexual harassment. This was confirmed through reviewing the Monthly PREA Reports, PREA Unit Reports of Calls to the Hotline in the past 12 months (0); Reviewed Compstat Reports; Reviewed Incident Reports and Grievances, and interviews with the Warden, Deputy Warden, Chief of Security, PREA Compliance Manager and randomly selected and specialized staff. None of the twenty-six inmates reported an allegation of sexual abuse.

All investigations are documented. Investigations conducted by the Sexual Assault Response Team are entered into the GDC's data base and are reviewed by the PREA Unit and must be approved by them prior to the investigation being finalized and closed in the system.

The Spalding County Correctional Institution Website. PREA, affirms that any information regarding sexual abuse or harassment of an inmate can be reported through the following means:

- Ombudsman Office (contact information provided)
- State Board of Pardons and Paroles, Office of Victim Services (contact information provided)
- Hotline Number (Provided)
- Third Parties
- Phone number to the facility and PREA Compliance Manger

Viewers are advised they may report anonymously.

The site also states any allegations of sexual abuse or harassment will be thoroughly investigated by both the SCCI and outside agencies. It affirms inmate on inmate allegations will be investigated by the GDC Office of Professional Standards. It states that allegations involving staff may be investigated by the Spalding County Sheriff's Office.

Policy and Documents Review: GDC Policy, 208.6, Prison Rape Elimination Act; GDC Standard Operating Procedure, IK01-0006, Investigation of Allegations of Sexual Contact, Sexual Abuse and Sexual Harassment; IK01-005, Crime Scene Preservation; Pre-Audit Questionnaire; PREA Investigation Summary; Notification of Results of Investigation; NIC Certificates (National Institute of Corrections, PREA: Investigating Sexual Abuse in Confinement Settings).

Interviews: 16 Randomly selected and 22 special category staff; 5 informally interviewed staff during the audit; 31 randomly selected inmates of whom 5 were also special category inmates.

Discussion of Policy and Documents Reviewed: GDC Policy, 208.6, Prison Rape Elimination Act, requires that an administrative or criminal investigation is to be completed for all allegations of sexual abuse and sexual harassment. Allegations that involve potentially criminal behavior will be referred for investigation to the Office of Professional Standards. If an investigation was referred to an outside entity, that entity is required to have in place a policy governing the conduct of such investigations.

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

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

This policy also affirms the Office of Professional Standards will investigate allegations of sexual contact, sexual abuse, sexual harassment by employees, contractors, volunteers, or vendors. The

investigations may include video or audio recorded interviews and written statements from victims, alleged perpetrator and any witnesses as well as all other parties with knowledge of any alleged incident; as well as known documents, photos or physical evidence.

Policy requires investigations to continue whether the alleged victim refuses to cooperate with the investigator and whether another investigation is being conducted and even if the employee resigns during an investigation. The time limit for completing investigations is 45 days from the assignment of the case. It is important to note that forensic evidence has to go to the Georgia Bureau of Investigation's Crime Lab and closing a case is dependent upon the "turn-around time" from the lab.

The auditor conducted an interview with the Special Agent from the Southwest Region, a PREA Investigator. The investigator indicated Special Agents must complete mandated training to become a Peace Officer. This is done at one of the Police/Law Enforcement Training Centers. Following that training the Special Agent must attend and successfully complete the 13-week training course at the Georgia Bureau of Investigations Training Academy. The Academy provides extensive training in conducting investigations, including evidence collection. The Southwest Region has a PREA Investigator who is experienced in investigating PREA allegations. The PREA Coordinator would like to see in the future a PREA Investigator in each region.

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

Staff at the facility, in their interviews, indicated they would take all allegations seriously and report them so they could be investigated. The facility-based investigator described the investigative process and indicated that all allegations are treated the same and are investigated the same regardless of where the allegation came from and the evidence collected, including taking witness statements from the alleged victim and alleged perpetrator as well as any witnesses to the alleged incident. The credibility of the resident or staff would be based solely on the evidence.

If, upon receiving an allegation or report of sexual abuse, the preliminary evidence indicates, or it is obvious that a criminal act is likely to have occurred, the investigator notifies the Warden who contacts the Office of Professional Standards who will dispatch an OPS PREA Investigator or another OPS Investigator who is available. The role of the facility-based investigator then is to support the OPS investigator in any way possible.

The facility had no allegations of sexual abuse during the 12 months prior to the submission of the flash drive. Since that time, in January 2019, there were two allegations. One allegation was sexual harassment and the other was of sexual abuse however in review, the allegation was of an inmate trying to touch another inmate's buttocks while on a detail. Both inmates denied and indicated the incident involved horse playing on a detail. One inmate indicated he called the hotline because the other inmate told him that he was going to call them and report the allegation. Neither inmate cooperated with the investigation. The auditor reviewed the two (2) investigation packages representing the investigations conducted in January 2019.

Interviews with SART Members indicated they would notify the inmate the results of the investigation and they would use the Georgia Department of Corrections Notification Form and are familiar with the requirements of policy related to notification to the detainee.

Discussion of Interviews: Interviews with Sixteen (16) Randomly selected staff and Twenty-Two (22) Specialized Staff indicated that staff are required to report “everything”, including all allegations of sexual abuse or sexual harassment, including suspicions, reports, knowledge or allegations.

Staff stated, in their interviews, they are required to report immediately to their immediate supervisor verbally and confidentially and when asked about having to document the report, they indicated they would be required to complete a written statement, or an incident report completed prior to the end of their shift. Most of the staff stated the Sexual Assault Response Team is responsible for conducting sexual abuse investigations. An interview with the SART Leader confirmed they are very knowledgeable of the investigation process and reviewed investigation packages indicated a thorough process.

Thirty-One (31) interviewed inmates, including those randomly selected, specialized, and inmates informally interviewed during the site review and during the on-site audit period knew ways to report sexual abuse and sexual harassment. None of the interviewed inmates had reported sexual abuse while at this facility.

TRAINING AND EDUCATION

Standard 115.31: Employee training

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

115.31 (a)

- Does the agency train all employees who may have contact with inmates on its zero-tolerance policy for sexual abuse and sexual harassment? Yes No
- Does the agency train all employees who may have contact with inmates on how to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures? Yes No
- Does the agency train all employees who may have contact with inmates on inmates' right to be free from sexual abuse and sexual harassment Yes No
- Does the agency train all employees who may have contact with inmates on the right of inmates and employees to be free from retaliation for reporting sexual abuse and sexual harassment? Yes No
- Does the agency train all employees who may have contact with inmates on the dynamics of sexual abuse and sexual harassment in confinement? Yes No
- Does the agency train all employees who may have contact with inmates on the common reactions of sexual abuse and sexual harassment victims? Yes No
- Does the agency train all employees who may have contact with inmates on how to detect and respond to signs of threatened and actual sexual abuse? Yes No

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

115.31 (b)

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

115.31 (c)

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

115.31 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Staff at Spalding County Correctional Institution receive PREA training through the following ways:

- Pre-Service Orientation (as newly hired employees)
- Basic Correctional Officers Training at the Georgia Department of Corrections Academy
- Annual In-Service Training
- Through topics and questions discussed during shift briefings (reviewed shift reports documented some questions being asked and discussed)

GDC Policy 208.06 requires the following training for staff:

- Department's Zero Tolerance Policy for Sexual Abuse and Sexual Harassment
- How to fulfill staff responsibilities under the Department's Sexual Abuse and Sexual Harassment
- Prevention, detection, reporting and response policies and procedures
- Offender's right to be free from Sexual Abuse and Sexual Harassment
- Right of offenders 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 offenders
- How to communicate effectively and professionally with offenders, including lesbian, gay, bisexual, Transgender, Intersex; or Gender nonconforming
- How to comply with relevant laws related to mandatory reporting of sexual abuse to outside entities.

Staff at the facility, in compliance with Georgia Department of Corrections Policies, receive their initial PREA Training as newly hired employees then, for correctional officer staff, at Basic Correctional Officer Training (BCOT). Spalding County Correctional Institution officers are Certified by the Georgia Peace Officers Training Council. Following BCOT, all staff and contractors are required to complete Annual In-Service Training. Day 1 includes PREA training. The reviewed agency's developed curriculum for 2018 Annual In-Service Training includes the following:

- Zero Tolerance
- Definitions
- Staff Prevention Responsibilities
- Offender Prevention Responsibilities
- Detection and Prevention Responsibilities
- Reporting Responsibilities
- Coordinated Response (Including First Responder Duties)
- Mandatory Reporting Laws (Official Code of Georgia)
- Inmate Education
- Retaliation

- Dynamics in Confinement
- Victimization Characteristics
- Warning Signs
- Avoiding Inappropriate Relationships with Inmates
- Communicating with Offenders
- Acknowledging LGBTI Offenders
- Search Procedures
- PREA Video
- PREA Training and Forms
- Enabling Objectives

GDC Policy also in Paragraph 1.b, that in-service training will include gender specific reference and training to staff as it relates to a specific population supervised and that staff who transfer into a facility of different gender from prior institution are required to receive gender-appropriate training.

The auditor reviewed seven (7) training rosters documenting Day 1 Annual In-Service Training for 70 employees and contractors. Dates included were: 2/6/18, 2/8/18, 3/6/18, 3/15/18, 3/19/18, 11/29/18, and 11/30/18.

Shift rosters for the 1st, 10th, and 20th of each month documented some PREA topics and questions being discussed. Interviewed staff consistently said they discussed PREA topics in shift briefings.

The agency provides training for PREA Compliance Managers once or twice a year. They also provide training for the Sexual Assault Response Teams at least twice a year.

The Agency's PREA Coordinator and the Assistant PREA Coordinator completed the Train the Trainer Advocacy Training provided by the Moss Group to enable them to train designated facility staff to serve as facility-based advocates.

Policy and Document Review: Pre-Audit Questionnaire; Georgia DOC Policy, 208.6, Prison Rape Elimination Act, Sexually Abusive Behavior Prevention and Intervention Program, C. Training and Education; Reviewed 2018 Lesson Plan for PREA; Reviewed Training Rosters (32 staff) Day 1, Annual In-Service Training); Certificates documenting Specialized Training; (39) PREA Acknowledgment Statements; (7) Training Rosters Documenting Day 1 Annual In-Service Training for 70 Employees

Previous Rosters documenting Sexual Assault Response Team Training.

Interviews: Warden; PREA Compliance Manager; Agency PREA Coordinator (Previous Interview); Assistant PREA Coordinator (Previous Interview); Facility Training Sergeant; Assistant Training Officer; (16) Randomly selected staff, (22) Special Category Staff, Staff informally interviewed during the site review process.

Observations: None applicable for this audit.

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

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

The facility provided the training curriculum covering the topics required by the PREA Standards and more. This was included in the reviewed 2018 Training Curriculum for Day 1, Annual In-Service Training.

The auditor reviewed seven (7) pages of training rosters documenting Day 1, Annual In-Service Training, 2018 for 70 employees.

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

PREA Compliance Managers attend training at least twice a year. This was confirmed through previously reviewed training rosters, interviews with the PREA Compliance Manager and previous interviews with the Agency's PREA Coordinator, who is also a Peace Officer's Standards Training Certified Instructor. A POST Certified Instructor is certified by the Peace Officers Standards Training Council to teach courses that provide credit for training for POST Certified Officers. The Sexual Assault Response Team receives training at least semi-annually on their roles in responding to allegations of sexual abuse. Specialized training is completed by Sexual Assault Response Team Members (SART) members and medical staff. This was confirmed, as well, through previously reviewed statewide training rosters and previous interviews with the PREA Coordinator and members of the SART.

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

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

Discussion of Interviews: An interview with the facility's training sergeant indicated staff are trained in PREA as newly hired employees during their orientation. He asserted the training they receive is the same curriculum provided at annual in-service training and that it covers all the same topics and that he uses the GDC's 2018 Lesson Plan to teach the class. Newly hired employees confirmed the training.

Interviews with sixteen (16) random staff and twenty-two (22) specialized staff, confirmed they receive PREA Training during new employees Pre-Service Training, during Basic Correctional Officers Training, annually during annual in-service training on Day 1, and during shift briefings.

Interviewed staff were knowledgeable of PREA, including the agency's zero tolerance for sexual abuse, sexual harassment and retaliation for reporting or cooperating with an investigation. Staff were asked specifically if they had received PREA training in each of the identified PREA Standards training topics, 100% said they were trained in each of the topics. Staff reported they are trained to take everything seriously and report even a suspicion. They stated they would take a report made verbally, in writing, anonymously and through third parties and they would report these immediately to their shift supervisor and follow-up with a written statement or incident report before they left the shift. Staff explained their roles as first responders. This included both uniform and non-uniform staff. If an inmate reported being at risk of imminent sexual abuse staff stated, they would remove the inmate from the threat immediately and report it to their immediate supervisor. They also indicated that the inmate would be placed in a safe dorm, if possible, and possibly in a segregation cell temporarily until staff could investigate to determine what was going on, but if he felt unsafe in this facility he could be transferred to another facility. Interviewed non-uniform staff answered their questions just as proficiently as the uniformed staff. That appeared to indicate the training being provided is consistent for both security and non-security staff and that the training appeared to be effective.

Standard 115.32: Volunteer and contractor training

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

115.32 (a)

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

115.32 (b)

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

115.32 (c)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

GDC Volunteers often provide their services in more than one prison or Georgia Department of Corrections (GDC) facilities and programs. Entrance into the facilities is granted with a valid and current Volunteer Identification Badge. Because of that issue rather than have each facility train them, training for volunteers is now provided by the state office to ensure consistency in training. This unit also conducts the background checks of anyone interested in becoming a volunteer.

The Spalding County Volunteer Coordinator is the Chief Counselor. She indicated that newer volunteers are required to attend the Volunteer Training provided by the GDC Volunteer Services Coordinator at the State Office Campus in Forsyth, Georgia. That training consists of four (4) hours and covers the volunteer's responsibilities under PREA, including the zero-tolerance policy and how to report allegations of sexual abuse and sexual harassment. She also indicated that the volunteers who have been coming to this facility prior to PREA, are trained by the Institution's Training Officer.

The Spalding County Correctional Institution POST Certified Trainer stated he also trains volunteers in their PREA related responsibilities and contractors must attend annual in-service training like all other employees. in PREA.

The facility provided the auditor a chart documenting volunteer training. To be approved to be a volunteer, according to the training officer, a potential volunteer must have a successful background check, complete the PREA training and Sexual Harassment training and must have completed the Volunteer Orientation. Using the chart, the training officer indicated until the potential volunteer completes three of these besides the background check, he/she cannot come into the facility. The chart documented ten (10) volunteers having met all the training requirements and completed a background check. Two contracted GED teachers from Southern Crescent Technical College were also indicated on the chart.

Georgia Department of Corrections Contract staff are required to attend the same Annual In-Service Training that all staff attend.

This facility does not have many volunteers and the auditor reviewed (3) PREA Acknowledgment Statements documenting the volunteers and contractors were trained in PREA.

Policy and Documents Reviewed: Pre-Audit Questionnaire; GDC Policy, 208.6, Prison Rape Elimination Act, Sexually Abusive Behavior Prevention and Intervention Program, C. Training and Education, Paragraph 3, Volunteer and Contractor Training; (3) PREA Acknowledgement Statements; Spalding County Volunteer Chart documenting training; Volunteer Package

Interviews: Warden; PREA Compliance Manager; Two (2) Contracted Employees, Two (2) Volunteers

Discussion of Policies and Documents that were reviewed: GDC 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. Regional training is provided now for volunteers and contractors. Everything, according to staff, is done at the Regional Office and upon a successful background check and completed training requirements, the Regional Office issues a Contractor or Volunteer Badge. The agency volunteers often volunteer in multiple prisons and that is the reason for the regional training. Too it provides consistency in the training provided. Once the regional office issues a "Badge" the volunteer or contractor is authorized to enter a facility. The badge is required to be renewed annually.

A memo from the GDC Transitional Services Coordinator explained to Wardens that volunteers who participate in the volunteer training at Tift receive initial PREA training and have a background check completed. Documentation of the training previously was submitted to the facility. In the training, the Coordinator, asserted volunteer training includes: 1) zero-tolerance for sexual abuse and sexual harassment; 2) How to fulfill their responsibilities under agency sexual and sexual harassment prevention, detection, reporting and response policies and procedures; 3) Inmate's right to be free from sexual abuse and sexual harassment; The dynamics of sexual abuse and sexual harassment in confinement; 4) The right of inmates to be free from retaliation for reporting sexual abuse and sexual harassment; 5) The dynamics of sexual abuse and sexual harassment in confinement; 6) The common reactions of sexual abuse and sexual harassment victims; 7) How to detect and respond to signs of threatened and actual sexual abuse; 8) How to avoid inappropriate relationships with inmates; and 9) How to communicate effectively and professionally with inmates, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming inmates. The trainer indicated they use the Power Point presentation provided by the agency PREA Coordinator. Regional Training is now being provided

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

Volunteers who serve in state facilities as well as county facilities are trained by the Georgia Department of Corrections Volunteer Services Coordinator or his designees. The purpose of this is to provide consistent training for volunteers. Interviews with the Volunteer Coordinator and Director of Chaplaincy Services with GDC confirmed the training provided at GDC Headquarters. Volunteers who serve county facilities only are trained by the facility's training officer. Once a volunteer badge is provided to the volunteer, this is the documentation the volunteer has been trained and has had a completed background check.

The auditor reviewed a three (3) PREA Acknowledgment Statements. The GDC Acknowledgment Statements are for supervised visitors/contractors/volunteers. It acknowledges that they understand the agency has a zero-tolerance policy prohibiting visitors, contractors, and volunteers from having sexual contact of any nature with offenders. They agree not to engage in sexual contact with any offender while visiting a correctional institution and if they witnessed another having sexual contact with an offender or if someone reported it to the contractor/volunteer he/she agrees to report it to a corrections

employee. They acknowledge, as well, the disciplinary action, including the possibility for criminal prosecution, if they violate the agreement. The Acknowledgment Statement for Unsupervised Contractors and Volunteers acknowledges training on the zero-tolerance policy and that they have read the agency's PREA Policy (208.06). They acknowledge they are not to engage in any behavior of a sexual nature with an offender and to report to a nearby supervisor if they witness such contact or if someone reports such conduct to the them. They acknowledge the potential disciplinary actions and/or consequences for violating policy.

Contractors complete the same training that staff are required to complete.

Contractors who come into the facility only periodically to provide a service and leave are under escort the entire time they are in the facility.

Interviewed contractors confirmed they attend the same annual in-service training as Georgia Department of Corrections Employees. Two (2) interviewed volunteers confirmed they were trained in the zero-tolerance policy and are aware they are to report any information they receive or that they observe to the first correctional staff they see.

Standard 115.33: Inmate education

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

115.33 (a)

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

115.33 (b)

- Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from sexual abuse and sexual harassment? Yes No
- Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from retaliation for reporting such incidents? Yes No
- Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Agency policies and procedures for responding to such incidents? Yes No

115.33 (c)

- Have all inmates received such education? Yes No

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

115.33 (d)

- Does the agency provide inmate education in formats accessible to all inmates including those who are limited English proficient? Yes No
- Does the agency provide inmate education in formats accessible to all inmates including those who are deaf? Yes No
- Does the agency provide inmate education in formats accessible to all inmates including those who are visually impaired? Yes No
- Does the agency provide inmate education in formats accessible to all inmates including those who are otherwise disabled? Yes No
- Does the agency provide inmate education in formats accessible to all inmates including those who have limited reading skills? Yes No

115.33 (e)

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

115.33 (f)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

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

PREA information is presented to inmates in a manner that enables them to understand and to participate fully in the Agency's prevention, detection, responding and reporting PREA efforts. If a limited English proficient resident was admitted (which is not likely) the facility has access to Language Line professional interpretive services. If a resident is deaf, the staff may use language line to access an interpreter using American Sign Language either in person or via video.

The State ADA Coordinator confirmed the county facilities, via the county government, may have access to the Statewide Interpretive Contracts. PREA related information is provided to inmates in formats that fit their learning, understanding and receptivity. The facility did not have a PREA Video capable of closed caption however they provided documentation of having requested one from the GDC PREA Unit. An email from the PREA Unit confirmed they were sending a closed caption PREA Video.

The initial intake information may be read by the intake officer to anyone with limited literacy, cognitively disability, or mental disability. Additionally, the facility has a part time GED teacher. If a teacher is available on site during the admission, the teacher may ensure the resident understands. Counselor's or the Correctional Officer at Intake, likewise, can read the information to the inmate. If an inmate is deaf, the agency has access to American Sign Language Interpreters through Language Line and this interpretation can occur via video interpretation.

Georgia Department of Corrections (GDC) Policy and the Spalding County Correctional Institution PREA Policy, 6.3.1, Inmate Education, requires that incoming inmates, during intake, are provided notification of the GDC's zero-tolerance policy for sexual abuse and harassment and information on how to report an allegation is provided to the detainee upon arrival at the facility. In addition to the verbal notification, offenders will be given a GDC PREA Pamphlet.

GDC Policy 220.04, Offender Orientation requires that orientation sessions will be conducted within seven working days of the offender's arrival. Spalding County Correctional Institution Staff conduct the orientation during the admissions process.

The Facility's PREA Policy, 6.3, Inmate Education, requires that all inmates, during the intake process, receive at a minimum information that includes the following:

- Prevention/intervention and self-protection measures inmates can take to reduce the likelihood of sexual abuse/assault
- Methods of reporting incidents of sexual abuse/assault/harassment; and
- Treatment and counseling, social services and program options available to victims of sexual abuse/assault;
- An inmate's right to be free from sexual abuse and sexual harassment;
- An inmate's right to be free from retaliation for reporting abuse; and
- Facility sexual abuse response policies and procedures.

Inmates, upon admission, are given the PREA Brochure providing the above information. Inmates are informed of the facility's zero tolerance policy and how to report allegations of sexual abuse and sexual harassment.

The facility has inmates sign acknowledgments including the PREA Orientation Video/Acknowledgment Form and the Form entitled "PREA-Sexual Abuse/Assault/Harassment. One acknowledgment documents an affirmation that the inmate has viewed the Prison Rape Elimination Orientation Video and had the opportunity to ask questions about PREA. The other form includes information about the following topics:

- Zero Tolerance
- Definitions of sexual abuse and sexual harassment
- Prevention strategies
- How to report (including 1) Calling the hotline; 2) Telling a staff member verbally or in writing; 3) Contacting Victim Services (address provided); 4) Contacting the Georgia Department of Corrections Ombudsman (Phone number and mailing address provided)
- Inmates rights to be free from sexual abuse and sexual harassment, and retaliation for reporting
- Sanctions for retaliation

This was confirmed through reviewing 64 PREA Orientation Video Acknowledgment Forms, 64 Sexual Abuse/Assault/Harassment acknowledgment statements, and 64 Orientation Checklist, affirming having viewed the PREA Video and through interviews with inmates and staff.

The auditor was provided unfettered access to the inmate files. A review of 24 inmate files confirmed 100% of the inmates received their PREA Education/Orientation on the same day they arrived.

The handbook contains a section with PREA information. Page 19, Inmate Handbook, asserts that the Department tolerates no form of sexual abuse or sexual harassment of any offender and that ALL sexual activity is strictly prohibited, subject to disciplinary action and may be subject to criminal prosecution. It mentions four ways for inmates to protect themselves and the following ways to report allegations of sexual abuse and sexual harassment. These include:

- Call the hotline
- Tell any staff member verbally or in writing
- Contact Victim Services (contact information provided)
- Contact Georgia Department of Corrections Ombudsman (contact information provided)

Posters are mounted throughout the facility with instruction on how to report allegations of sexual abuse/sexual harassment.

For limited English proficient inmates, that facility has contracted with Language Line Solutions to provide interpretation services. These include interpretation over the phone, video remote and on-site. Contract services also include access to interpretation services for American Sign Language.

Policy and Documents Reviewed: DOC Policy 208.6, Prison Rape Elimination Act, Sexually Abusive Behavior Prevention and Intervention Program, C. Training and Education, Paragraph 4, Offender Education; GDC PREA pamphlet; Spalding County Correctional Institution PREA Policy; Local Policy Directive; GDC Policy 220.04, Offender Orientation; A review of 40 Inmate PREA Acknowledgment Forms and 40 GDC Orientation Checklist; 40 Forms documenting seeing the PREA Video; Eleven (11) Inmate Files (reviewed)

Interviews: Warden; Staff conducting intake; Staff conducting orientation (inmate education); PREA Compliance Manager; Twenty-Six (26) randomly selected inmates and Five (5) targeted inmates; Facility Pre-Audit Questionnaire

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

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

The initial notification and the education are documented in writing by signature of the inmate.

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

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

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

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

Inmates confirm their orientation on several documents.

- 1) Inmate Acknowledgment of PREA Video Form
- 2) PREA: Sexual Abuse/Assault/Harassment Acknowledgment Statement
- 3) Acknowledgment of having received the PREA Orientation (to include the PREA Video on sexual assault and sexual harassment.
- 4) Offender Orientation Checklist (documenting Sexual Abuse and Harassment and Viewed the PREA Video)

If an inmate is non-English speaking, the Language Line is available. If an inmate has a disability, appropriate staff are to be used to ensure that the inmate understands the PREA policy. If an inmate requires signing (hearing impaired), Language Line Solutions can provide that in person or via video.

The State Department of Administrative Services has multiple contracts for interpreting services. The ADA Coordinator was of the opinion the contracts may be accessed by county governments. The facility has a contract with Language Line for interpretive services for the deaf and offenders who are limited English proficient. Inmates who have literacy issues or who are cognitively challenged have access to the GED teacher and other staff who can read the PREA related information to them and mentally ill inmates have counselors who can assist them in understanding PREA and how to report and if they cannot understand the inmate may be transferred to Georgia Diagnostic Prison where mental health services are reportedly available. PREA Videos with closed caption capability have been sent to the prison by the GDC PREA Unit. Brochures are available in the Spanish version of the video. The facility does have a TYY machine and phones with volume controls to raise the volume for the hard of hearing.

Discussion of Interviews: Interviews with intake staff and staff conducting orientation confirmed inmates are provided initial PREA Information, including information about the facility's zero-tolerance policy and how to report. They are given a PREA Brochure and told about zero tolerance and how to report. However, during the intake process, inmates watch the PREA Video and have the opportunity to ask questions. The staff conducting the orientation, indicated she stops the video during the presentation and asks if there are any questions and to provide explanation when warranted. Inmates coming into this facility are coming from State Prisons where they have all been exposed to the PREA Video and PREA related information. Interviewed inmates, randomly selected, targeted and those informally interviewed indicated they did receive the PREA information during intake and that in that same process they saw the PREA Video and signed acknowledgments indicating they understood the information.

Standard 115.34: Specialized training: Investigations

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

115.34 (a)

- In addition to the general training provided to all employees pursuant to §115.31, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators have received training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).) Yes No NA

115.34 (b)

- Does this specialized training include techniques for interviewing sexual abuse victims? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).] Yes No NA
- Does this specialized training include proper use of Miranda and Garrity warnings? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).] Yes No NA

- Does this specialized training include sexual abuse evidence collection in confinement settings? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).] Yes No NA
- Does this specialized training include the criteria and evidence required to substantiate a case for administrative action or prosecution referral? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).] Yes No NA

115.34 (c)

- Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).] Yes No NA

115.34 (d)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The agency (GDC) and the Spalding County Correctional Institution requires that investigators complete specialized training regarding conducting investigations of sexual abuse in confinement settings. The specialized training, in addition to the extensive training required for the Department's Office of Professional Standards, Special Agents, covers all the topics required by the PREA Standards: interviewing sexual abuse victims; Miranda and Garrity Warnings; Evidence Collection in Confinement Settings; and the Criteria for the evidence Required to Substantiate a Case for administrative action or criminal prosecution.

The Office of Professional Services provides investigators (Special Agents) who receive extensive training in conducting criminal investigations. After completing mandated training, an 11-week course at

a law enforcement academy, covering basic law enforcement, followed by specialized training, lasting 13 weeks> That training is conducted by the Georgia Bureau of Investigations at the Georgia Bureau of Investigation Academy. Training includes every facet of the investigation process, including interviewing, Miranda and Garrity Warnings, and evidence collection, including collecting DNA evidence. A lesser level of investigators is the Office of Professional Standards investigators (Non-Special Agent). These are called OPS Investigators. They attend the mandated 11-week course of training at a law enforcement training center and upon graduation are empowered to make arrests when warranted. OPS investigators are assigned to a facility however they cover several facilities. They are primarily involved in intelligence gathering, dealing with gang related issues, use of force issues and contraband but may also be called on to conduct a sexual abuse investigation or to assist the Special Agent.

The facility conducts its own investigations of allegations of sexual assault, sexual harassment or retaliation. These are conducted by the Sexual Assault Response Team (SART). When an investigation is initiated by the SART, if the allegation appears criminal in nature, it is investigated by a Georgia Department of Corrections (GDC), Office of Professional Standards, Special Agent, assigned to the investigation by a GDC Regional Office. Special Agents receive extensive investigation training through the Georgia Bureau of Investigations Training Academy and through the NIC online training, Conducting Sexual Abuse Investigations in Confinement Settings. Special Agents complete mandated school, police academy, Specialized Criminal Investigation Classes at the Georgia Public Safety Training Center and a two-day Specialized PREA Investigations Training.

If the allegation is not criminal, the facility's Sexual Abuse Response Team (SART), composed of a facility-based investigator, a representative from medical, and someone from counseling.

An interview with the Facility Based Investigator and review of the Certificate of Training conducted on line by the National Institute of Corrections confirmed his Specialized Training. He also completed the Georgia Department of Corrections Sexual Assault Investigation training a one-day workshop and this was confirmed through reviewing the certificate of training documenting that training. The facility-based investigator was knowledgeable of the investigative process and had no issues responding to the questions asked. He described the training provided by the NIC, including the topics required by the GDC Policy and the PREA Standards.

Too, the agency has implemented a computer- based system in which the facility-based investigator inputs the components of the investigation for review by the Agency's PREA Coordinator and/or Assistant PREA Coordinator. If they believe additional information is needed, they inform the facility-based investigator and will not authorize the close-out of the investigation until the PREA Unit approves the investigation. Interviews with the Facility-Based Investigator, PREA Compliance Manager (also trained to conduct investigations in confinement settings), Agency PREA Coordinator and a Special Agent (previous interview) confirmed the investigative process and the fact that the investigators have all completed specialized training in conducting sexual abuse investigations in confinement settings.

Facility-Based Investigators also must complete the PREA Training required of all other employees and this includes attending annual in-service training. This training is documented on training rosters documenting staff completing annual in-service Day1 training.

Policy and Documents Reviewed: Pre-Audit Questionnaire; GDC Policy 208.6, Prison Rape Elimination Act, Sexually Abusive Behavior Prevention and Intervention Program, C. Training and Education, Paragraph 5. Specialized Training Investigations; Spalding County Correctional Institute,

PREA Policy; One (1) Certificate documenting specialized training provided by the National Institute of Corrections: Investigating Sexual Abuse in Confinement Settings; Sexual Assault Investigation Training Certificate, documenting the training provided by the GDC; Previously Reviewed Training Rosters for SART Training;

Interviews: Warden; Previous interview with Agency PREA Coordinator; Previous Interview with the Agency Assistant PREA Coordinator; PREA Compliance Manager; Office of Professional Standards Investigator, Special Agent Southwest Region/PREA Investigator; Special Agent (previous interview); Facility-Based Investigator; SART Members.

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

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

One (1) Staff at the facility has completed the online NIC course: PREA: Investigating Sexual Abuse in Confinement Settings. This was confirmed by reviewing the Certificate documenting the specialized training and through interviews with the investigator.

Sexual Assault Response Team members are provided training conducted by the GDC PREA Unit at least twice a year. Training rosters were previously provided documenting the SART attendance at the training.

Discussion of interviews: The auditor interviewed an Office of Professional Standards, Special Agent, from the Southwest Regional Office. The agent articulated the investigative process and the role of the Special Agent in investigating PREA related allegations. He indicated he or other agents would be dispatched by the Regional Office, Special Agent in Charge, in the event of a sexual assault. He also related that in addition to the NIC Specialized Training taken on-line, (PREA: Investigating Sexual Abuse in Confinement Settings) he attended 13 weeks of training provided by the Georgia Bureau of Investigation to become a Special Agent with arrest powers.

The facility-based investigator confirmed receiving the NIC training and SART Training. Additionally, he indicated the investigation would be initiated immediately. He described the evidence he would consider, that he would not require a victim to take a truth telling device as a condition for proceeding with an investigation, that the departure of an employee or an inmate would not stop the investigation and that he would judge the credibility of a witness based solely on the evidence.

Standard 115.35: Specialized training: Medical and mental health care

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

115.35 (a)

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

115.35 (b)

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

115.35 (c)

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

115.35 (d)

- Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.31? Yes No
- Do medical and mental health care practitioners contracted by and volunteering for the agency also receive training mandated for contractors and volunteers by §115.32? Yes No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The Spalding County Correctional Institution employs one licensed practical nurse and an agency licensed practical nurse part time. The Pre-Audit Questionnaire, reviewed Certificates of Training, and interviews with staff confirmed both have completed the specialized online training provided by the National Institution of Corrections, entitled, "Medical Care of Victims of Sexual Abuse in a Confinement Setting".

Georgia Department of Corrections (GDC) Policy, in 208.06, Paragraph 5, and Spalding County Correctional Institution PREA Policy requires Georgia Department of Corrections and County Prisons (that must follow Department of Corrections Policy) medical and mental health staff who have contact with offenders to be trained using the National Institute of Corrections (NIC) Specialized training, "Medical Care of Victims of Sexual Abuse in a Confinement Setting" and "Behavioral Health Care for Victims of Sexual Abuse in a Confinement Setting" for mental health staff. Policy also requires that they also attend GDC's annual PREA in-service training. The specialized training includes: how to detect and assess signs of sexual abuse and sexual harassment; how to preserve physical evidence, and how to respond effectively and professionally to victims of sexual abuse and sexual harassment. In an interview the facility nurse described the training and then explained her role as a first responder.

This facility has one full time Licensed Practical Nurse and currently, a part time agency licensed practical nurse. Both have completed the NIC online training and, as a member of the Sexual Assault Response Team, attends the facility nurse completed the specialized training provided by the Department of Corrections for SART Members.

This facility is a county correctional facility serving inmates getting toward the end of their sentences and who work on work details and generally does not have inmates with mental health issues however if they did, they would be seen by the facility's host Department Facilities. The host facility for Spalding County Correctional Institution is the Jackson State Prison/Georgia Diagnostic Prison. The facility does not have any mental health counselors.

The facility does not perform forensic exams. Forensic exams, according to the facility's nurse, would be conducted at the Southern Crescent Sexual Assault and Child Advocacy Center and would be conducted by a Sexual Assault Nurse Examiner. This was also confirmed in an interview with the Program Director of Southern Crescent. If the inmate was injured to the point of requiring outside treatment, the inmate may be taken to the local hospital in Griffin, Georgia.

Health Care staff also must complete the same training provided for all employees. Training Rosters documented the nurse's attendance at annual in-service training conducted most recently by the Georgia Department of Corrections in February 2018.

Policy and Documents Reviewed: Pre-Audit Questionnaire, Georgia Department of Corrections Policy, 208.6, Prison Rape Elimination Act, Sexually Abusive Behavior Prevention and Intervention

Program, C. Training and Education, Paragraph 6, Specialized Training: Medical and Mental Health Care; Spalding County Correctional Institution PREA Policy; National Institute of Corrections Certificates documenting specialized training: Medical Health Care for Sexual Assault Victims in Confinement Settings (2);

Interviews: Warden; Previous interview with the Agency PREA Coordinator; PREA Compliance Manager; Lead Nurse; Counselor; Interview with the Program Director, Southern Crescent Sexual Assault and Child Advocacy Center; 31 Inmates including 5 targeted.

Discussions of Policy and Documents: This facility has only one medical staff person, a Licensed Practical Nurse, who is a prison employee and an Agency Licensed Practical Nurse. The Pre-Audit Questionnaire documented 100% of the medical staff completing the required specialized training. Department of Corrections Policy, 208.6, Prison Rape Elimination Act, Sexually Abusive Behavior Prevention and Intervention Program, C. Training and Education, Paragraph 6, Specialized Training: Medical and Mental Health Care, requires the GDC medical and mental health staff and GCHC 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 and that training is documented on the requested training rosters documenting Day1, Annual In-Service Training.

The facility does not conduct forensic examinations. If there was a sexual assault at this facility, the lead nurse would not conduct the forensic exam. The exam would be conducted, according to the facility's nurse, and confirmed by the Program Director of the Southern Crescent Sexual Assault Center and Child Advocacy Center, at the Center by Sexual Assault Nurse Examiner or at the emergency room depending upon the injuries the inmate incurred.

Medical staff are trained in PREA through annual in-service, just as any other employee of the facility. That training is in-depth and includes recognizing signs and symptoms of sexual abuse, first responding as a non-uniformed staff, and how to report allegations of sexual abuse and sexual harassment, including how and to whom to report and follow-up with a written statement. Medical staff are trained in annual in-service training how to respond to allegations and how to protect the evidence from being compromised or destroyed.

Discussion of Interviews: An interview with the lead nurse at the facility indicated that all health care staff are required to and have completed the NIC Specialized Training provided online by the NIC. The lead nurse also affirmed the regular PREA Training staff received during annual in-service and refreshers. The lead nurse is also a member of the Sexual Assault Response Team and attends the Department's SART Training as well. A discussion with the agency Licensed Practical Nurse indicated that she too has completed the specialized training provide by the National Institute of Corrections.

SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS

Standard 115.41: Screening for risk of victimization and abusiveness

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

115.41 (a)

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

115.41 (b)

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

115.41 (c)

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

115.41 (d)

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (1) Whether the inmate has a mental, physical, or developmental disability? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (2) The age of the inmate? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (3) The physical build of the inmate? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (4) Whether the inmate has previously been incarcerated?
 Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (5) Whether the inmate's criminal history is exclusively nonviolent?
 Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (6) Whether the inmate has prior convictions for sex offenses against an adult or child? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (7) Whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming (the facility affirmatively asks the

inmate about his/her sexual orientation and gender identity AND makes a subjective determination based on the screener's perception whether the inmate is gender non-conforming or otherwise may be perceived to be LGBTI)? Yes No

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (8) Whether the inmate has previously experienced sexual victimization? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (9) The inmate's own perception of vulnerability? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (10) Whether the inmate is detained solely for civil immigration purposes? Yes No

115.41 (e)

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

115.41 (f)

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

115.41 (g)

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

115.41 (h)

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

115.41 (i)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Policy and Documents Reviewed: Department of Corrections Policy 208.6, Prison Rape Elimination Act, Sexually Abusive Behavior Prevention and Intervention Program, D. Screening for Risk of Sexual Victimization and Abusiveness, Paragraph 1. Screening for victimization and abusiveness, Victim/Aggressor Classification Instrument; Policy 208.06, Prison Rape Elimination Act-PREA, Sexually Abusive Behavior Prevention and Intervention Program in paragraph 9.; Spalding County Correctional Institution PREA Policy, 7.0, Screening for Risk of Victimization and Abusiveness; Victim/Aggressor Assessments- PREA Sexual Victim/Sexual Aggressor Classification Screening (40) and (40) Reassessments; Reviewed Victim Aggressor Histories for inmates randomly selected from the ID Board at intake to determine if any potential victim was bunked with an aggressor.

Interviews: Warden, PREA Compliance Manager/Deputy Warden; Chief Counselor; General Population Counselor who conducts victim/aggressor assessments; ID Officer making housing assignments; Interviews with Thirty-One (31) inmates

Discussion of Policy and Documents:

Department of Corrections Policy 208.6, Prison Rape Elimination Act, Sexually Abusive Behavior Prevention and Intervention Program, D. Screening for Risk of Sexual Victimization and Abusiveness,

Paragraph 1. Screening for victimization and abusiveness, dated March 2, 2018, 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.

Policy requires counseling staff to conduct a screening for risk of victimization and abusiveness, in SCRIBE, the offender database using the instrument, PREA Sexual Victim/Aggressor Classification Screening Instrument. Policy requires that the assessment is done within 24 hours of arrival at the facility. At this facility, interviews with a Counselor conducting the Victim/Aggressor Assessment and reviewed Victim/Aggressor Assessments indicated that the assessments are done as part of the admissions process and are done within 24 hours of admission.

All the reviewed assessments were completed within 24 hours of admission. Information from the screening will be used to inform housing, bed assignment, work, education and program assignments. Policy requires that outcome of the screening is documented in SCRIBE.

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

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

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

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

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

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

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

documented in the offender SCRIBE case notes, with an alert note indicating which the controlling rating is.

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

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

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

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

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

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

Policy requires that offenders whose risk screening indicates a risk for victimization, or abusiveness will be reassessed whenever warranted due to an incident, disclosure or allegation of sexual abuse or sexual harassment. It also requires all offenders to be reassessed within 30 days of arrival at the facility. A case note must be entered into SCRIBE to indicate when the reassessment was conducted.

Screening is required to be conducted, in private in an office with the door closed, within 24 hours of arrival at the facility. A counselor who conducts the screening indicated the screening takes place the same day the resident is admitted. He related that prior to or during the intake he reviews the information contained in the inmate's file and looks into the offender database to see if the resident has been flagged previously as a potential victim or aggressor. An interview with the counselor and inmates indicated the assessment is conducted in an office with complete privacy.

Counselors at the prison conduct the victim/aggressor assessments as a part of the intake process. The PREA Compliance Manager, who is also the Deputy Warden of Care and Treatment, stated that once the assessment is done during intake, she inputs the assessment into SCRIBE, the offender database.

Thirty-day reassessments are conducted by the general population counselors. Reviewed PREA assessments were consistently conducted during the admissions process the same day the inmate arrives at the facility. However, reviewed reassessments indicated one counselor is not completing the reassessments within 30 days as required. The PREA Compliance Manager and Chief Counselor are developing procedures to ensure compliance with the reassessments conducted by this counselor.

The auditor reviewed 40 Victim/Aggressor Assessments and Reassessments conducted by the Counselor.

Discussion of Interviews:

Staff use the GDC Form PREA Sexual Victim/Sexual Aggressor Classification Screening and the questions are asked orally. The staff stated they cannot require an inmate to answer any of the questions on the assessment nor can inmates be disciplined for not doing so. The screening form considers things such as: 1) Prior victimization, 2) Weight, 3) Age, 4) Body type, 5) Disability, 6) Mental issues, 7) First incarceration or not, 8) Criminal history that is non-violent, 9) Sexual offenses, 10) Sexual abuse against adults, children etc., 11) Current offense, and 12) Prior convictions for violence. Staff also related that instead of stature the department instruments populate information in the system to assign a score for body mass index. Staff also related that they go into SCRIBE, the offender database, to look for any previous flags, criminal history, and disciplinary actions involving the offender. They use the information in SCRIBE to cross check the responses of the offender.

If an inmate endorses the 1st question regarding being a victim previously in an institutional setting, the resident is identified as a Risk for Victimization. If a resident endorses the first question on the abusive scale he is designated as at Risk for Abusiveness. She also informed the auditor the scores that would result in a designation of being a potential victim or abuser.

Reassessments, according to staff, are completed, within 30 days after the initial assessment; when a significant incident occurs; but were not aware of a need to reassess an inmate who leaves the facility for appointments, court, etc. and returns. Staff were retrained in the GDC Policy and a training roster was provided to confirm the training.

Inmates, who had been at the facility less than 12 months, recalled being asked the questions associated with the PREA Assessment. Most of the inmates could not recall being asked the questions again at a later date.

Standard 115.42: Use of screening information

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

115.42 (a)

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

115.42 (b)

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

115.42 (c)

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

health and safety, and whether a placement would present management or security problems?
 Yes No

115.42 (d)

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

115.42 (e)

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

115.42 (f)

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

115.42 (g)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The agency and the facility use the information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Housing Assignments; Bedding; Work Details; Education Assignments and Program Assignments. This is required in GDC Policy 208.06, D. Screening for Risk of Victimization and Abusiveness, Use of Screening Information and in the Spalding County Correctional Institution PREA Policy.

Initial housing assignments are made by the ID staff who check in SCRIBE to see if the offender was previously flagged as a potential or actual victim or a potential or actual abuser. If the offender was previously identified or is identified during the initial intake PREA Assessment as having the potential for being victimized or for being an aggressor, the facility has designated safe beds in all the dorms except for Dorm 3 which has been designated as the dorm to house aggressors. This information was provided to the auditor in a document identifying those beds and in an interview with the ID Officer and the PREA Compliance Manager. The safe beds are also identified on the ID Board. The ID Board is a large board with hooks identifying the top and bottom bunk of each dormitory. On the hooks are inmate identification cards. Safe beds are identified by the word PREA neatly painted on the board. Potential victim ID's are hung on those hooks. The safe beds are the beds closest to the front of the dorm to enable staff in the rear control room and/or cameras to view more easily. Potential victims are bedded on the top bunks of those safe beds. Aggressors or potential aggressors are housed in Dorm #3.

The classification committee meets weekly and assess all the information available on the resident and the committee makes decisions about housing, bedding, work detail assignments, education programming and other program assignments, some of which are mandated. The classification committee has access to the victim/aggressor assessment and if a change in bedding or dorm assignment is needed, the classification committee notifies the records staff.

Policy and Documents Reviewed: DOC Policy 208.6, D. Screening for Risk of Victimization and Abusiveness, Paragraph 2. Use of Screening Information; Staffing Plan Designating Safe Housing; (40) Reviewed Assessments; (40) Reviewed Re-Assessments;

Interviews: Warden; PREA Compliance Manager/Deputy Warden; General Population Counselor; Intake Officer; Records Staff; Members of the Classification Committee

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

placement would ensure the inmate's health and safety and whether the placement would present management or security problems. Placement and program assignments for each transgender or intersex inmate is to be reassessed at least twice a year.

Policy also requires that inmates at high risk for sexual victimization will not be placed in involuntary segregated housing unless an assessment of all available alternatives have been made and there is no alternative means of separation from likely abusers. If an assessment cannot be made immediately the offender may be held in involuntary segregation for no more than 24 hours while completing the assessment. The placement and justifications for placement in involuntary segregation must be noted in SCRIBE. While in any involuntary segregation, the offender will have access to programs as described in GDC SOP 209.06, Administrative Segregation which also provides for reassessments as well and the offender will be kept in involuntary segregated housing for protection only until a suitable and safe alternative is identified.

Potential victims are assigned to general population dorms and are not housed in designated dorms specifically designed for Potential Victims. However, safe beds have been identified in five of the dorms with Dorm #3 being specifically designated as the most appropriate placement for potential or actual aggressors. Dorm assignments, following classification, are generally made based on the detail to which the inmate is assigned. The open bay dorms are arranged along a long corridor in a linear fashion and anyone walking down the corridor can see what is going on in the dorms. Additionally, video cameras cover the dorm, deterring inappropriate activity.

The classification committee meets weekly and reviews the detainees record and file and if they determine if a resident needs to be moved, he will be moved. They also consider the inmate's safety in making assignments to details and programs, although programs are very limited.

Discussion of Interviews: General Population Counselors conduct the victim/aggressor assessments during the admission process. Staff indicated they check SCRIBE for any flags. The counselors indicated they would place potential victims in general population. The ID staff indicated he assigns inmates to the dorms after determining if the inmate is assessed either previously or currently as a potential victim or aggressor. Potential victims may be assigned to any general population dorm other than Dorm #3. Safe beds, he said are identified in each dorm other than Dorm #3. The safe beds, he showed the auditor, are the top bunks of identified beds that are closer to the front of the Dorm and more visible to the control room staff and any other staff walking the halls or viewing inside the Dorm. Classification team members indicated any PREA related information is considered in determining the best detail placement for the inmate and for programming assignments.

Standard 115.43: Protective Custody

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

115.43 (a)

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

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

115.43 (b)

- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Programs to the extent possible? Yes No
- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Privileges to the extent possible? Yes No
- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Education to the extent possible? Yes No
- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Work opportunities to the extent possible? Yes No
- If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document: The opportunities that have been limited? Yes No
- If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document: The duration of the limitation? Yes No
- If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document: The reasons for such limitations? Yes No

115.43 (c)

- Does the facility assign inmates at high risk of sexual victimization to involuntary segregated housing only until an alternative means of separation from likely abusers can be arranged?
 Yes No
- Does such an assignment not ordinarily exceed a period of 30 days? Yes No

115.43 (d)

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

115.43 (e)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The facility did not have any allegations of either sexual abuse or sexual harassment in the 12 months prior to the facility loading the flash drive and sending it to the auditor. This was confirmed through reviewing the Monthly PREA Reports, Monthly, Hotline Call Report from the Georgia Department of Corrections PREA Unit, reviewed incident reports and grievances for the past 12 months (sampled 10% of incident reports and reviewed all five of the grievances), and interviews with the Warden, Deputy Warden/PREA Compliance Manager, staff and inmates. However, in January 2019, just prior to the on-site audit the facility received one allegation of sexual harassment and one allegation of sexual abuse. The sexual abuse allegation was that one inmate on a detail was trying to touch the buttocks of the other inmate. Investigation revealed that the inmates were apparently horse playing because one inmate said he was going to call PREA and the other inmate beat him to it. Both inmates denied sexual abuse. Too, there have been no inmates, including those assessed as potential victims, placed in either voluntary or involuntary protective custody.

Policy and Documents Reviewed: Pre-Audit Questionnaire; Georgia GDC Policy, 208.06, IV.d.3 (a-d) Administrative Segregation; Coordinated Response Plan; Monthly PREA Reports; Hot Line Call Report from the Georgia Department of Corrections PREA Unit, 10% of all Incident Reports and all five grievances for the past 12 months.

Interviews: Warden, PREA Compliance Manager; Staff supervising segregation; Randomly selected staff (16); Randomly selected; (22) Specialized staff; (26) Randomly selected inmates and Targeted Inmates (5).

Discussion of Policy and Documents: The Pre-Audit Questionnaire documented the facility did not place any inmate in involuntary segregation/protective custody during the past twelve months. The Pre-Audit Questionnaire documented that there were no inmates at risk of sexual victimization who were assigned to involuntary segregated housing at all; none held for 24 hours awaiting assessment

and none in the past 12 months for longer than 30 days while awaiting alternate placement. Staff were aware however of the requirements of GDC policy which is consistent with the PREA Standards. The

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

Inmates at high risk for sexual victimization are housed in the general population. They are not placed in segregated housing and would not be placed there unless there were no other options for safely housing the detainee/resident. The facility has not designated a safe dorm to keep from placing potential victims all together, segregating them from the general population. However, the facility has identified safe beds in five (5) of the six (6) Dorms. In these dorms they are placed in bunks close to the control room and on the top bunk facilitating viewing by staff manning the control room. Dorm #3 has been identified as the general population dorm for housing potential or actual aggressors.

Because of the configuration of this facility and the proximity of one dorm to the other as well as the interaction of inmates in common areas, changing dorms may not be a safe option, although it would be considered. If a perpetrator could be transferred or placed in administrative segregation, the inmate may be able to be moved to another dorm but with gang related activity, that may not be the safest place for the inmate. If there was no place to safely house a potential or actual victim, the victim will be temporarily housed in the segregation area but would be expeditiously transferred to another facility. If an inmate is assigned to involuntary segregated housing it is 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.

Policy requires and interviewed staff supervising segregation, that inmates in involuntary protective custody, in compliance with policy, will have access to programs and services similar to those of the general population, including access to medical care, counselors, recreation/exercise, education, and the phone. The staff supervising segregation stated if the inmate could safely attend GED, for example, he could go out of the cell to GED and any other programming however safety and security will take priority. Services for inmates in segregated housing are documented.

<input type="checkbox"/>
<input type="checkbox"/>

Discussion of Interviews: Interviews with the Warden indicated that there have been no inmates placed in involuntary protective custody in the past 12 months. Inmates who are at high risk for sexual victimization may be placed in involuntary protective custody until some other means of keeping them safe could be arranged and that may include transfer to another facility. If they were placed in involuntary protective custody the justification would be documented. The Deputy Warden indicated

that if an inmate was placed in involuntary protective custody it would most likely be for not more than 24 hours because if continued protective custody was going to be needed, the inmate would be transferred. Interviewed staff who supervise segregation indicated that an inmate in protective custody would receive programs and services comparable with the population insofar as possible. This would include visits by medical, counseling, access to the phone, and would be able to receive GED materials in the cell and would be able to keep most of his personal belongings.

REPORTING

Standard 115.51: Inmate reporting

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

115.51 (a)

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

115.51 (b)

- Does the agency also provide at least one way for inmates to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency? Yes No
- Is that private entity or office able to receive and immediately forward inmate reports of sexual abuse and sexual harassment to agency officials? Yes No
- Does that private entity or office allow the inmate to remain anonymous upon request? Yes No
- Are inmates detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security? Yes No

115.51 (c)

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

115.51 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The agency and the Spalding County Correctional Institution provides multiple ways for inmates to report. These include ways to report internally, externally and privately report allegations of sexual abuse, sexual harassment, retaliation and staff neglect or violations that may have contributed to the incident.

Additionally, the agency provides a way for inmates to report to a public or private entity that is not a part of the agency. The Southern Crescent Sexual Assault and Advocacy Center located in Jonesboro, Georgia may receive reports from inmates and report them back to the agency. The resident may, however, ask to remain anonymous. This facility does not house any resident who is being detained solely for civil immigration purposes. The inmates at the Facility are inmates who have been sentenced and have served the required portion of their felony sentences to be eligible to come to a county prison. There will not be any inmate sent to this facility who is or was being detained solely for civil immigration purposes.

Staff at this facility, in compliance with GDC Policy, and the PREA Standards, accepts reports from all sources, including those from third parties and reports made anonymously. Policy requires that they report these to their immediate supervisor immediately and/or Designated SART member and follow-up with a written witness statement or incident report prior to the end of their shift. Interviewed staff indicated they would be disciplined for failing to report and that would most likely be termination.

Staff may report allegations of sexual abuse and sexual harassment in the same ways the inmates may make.

The Georgia Department of Corrections and the Spalding County Correctional Institution provide multiple ways for detainees to report allegations of sexual abuse, sexual harassment, retaliation, and staff neglect that may have resulted in a sexual abuse.

The Spalding County Correctional Institution PREA Policy, 8.0, Reporting, 8.1, Inmate Reporting, affirms that inmates may report in the following ways:

- In writing by utilizing inmate request forms or other written communication
- Verbally or in writing to Correctional Officers during security rounds or other routine daily contacts
- Verbally or in writing to medical staff during medical visits
- By utilizing free calls on the dorm phones to the PREA Hotline, which allows the inmate to remain anonymous upon request

The inmate handbook addresses reporting and tells the inmate, reporting is the first step and that inmates may report in the following ways:

- Call the PREA Hotline
- Report to any staff member
- Write the Statewide PREA Coordinator (address provided in handbook)
- Write the Director of Victim Services (address provided in handbook)

Information in the PREA Acknowledgment Statements signed by inmates confirming they received the information, including the following ways to report:

- Call the hotline
- Tell a staff member verbally or in writing
- Contact Victim Services (contact information provided)
- Contact the GDC Ombudsman (contact information provided)

The PREA Brochure given to inmates at intake includes the following ways they may report:

- PREA Hotline (Number provided)
- To any staff member
- In writing to the Statewide PREA Coordinator (address given)
- Call or write the Ombudsman (contact information provided)
- Write the Director of Victim Services (contact information provided)

Inmates have access to reporting via the KIOSK that enables them to submit request to all department heads. An inmate was asked to demonstrate for the auditor how the Kiosk could be used to send a report to a department head. Inmates in the dorms have access to any of the eight (8) phones in each day room. If an inmate needs to make a report or an allegation of sexual abuse or sexual harassment, the phones have the number to the hotline on top of the phone. The auditor tested a phone by placing a call to the PREA Hotline Making a report via phone is an easy process with the first prompt asking if the call is in English or Spanish, followed by prompts directing the call to the PREA Unit and instructions about leaving a message. The auditor requested the PREA Compliance Manager test two additional phones in two different dorms and request the GDC forward an email to the auditor confirming receipt of the call. An email from the PREA Analyst the following morning confirmed receipt of the calls.

Inmates may do this anonymously, as well. A report from the PREA Unit Analyst confirmed there have been no calls from this facility to the PREA Unit in the past 12 months.

Policy requires staff to treat all allegations as confidential. Therefore, when allegations are reported up the chain of command, they are kept private and are only forwarded to the Warden, who then determines who else needs to be notified. Typically, only SART, GDC PREA Coordinator, and GDC Internal Investigations (Office of Professional Standards) will be informed.

To report outside the facility inmates can call the PREA Hotline; write the Ombudsman (phone number provided); write the State Board of Pardons and Parole Victim Services (contact information provided); call the GDC Tip Line (and remain anonymous); write or call the GDC PREA Coordinator. Within the facility they can report to a staff member, write a note, send a request, tell medical, file a grievance, tell a family member by phone, letter or during visitation or report while on detail and report to their attorney's either via phone, in person or via letter.

The Staff Guide on the Prevention and Reporting of Sexual Misconduct of Offenders require "all employees have a duty to report immediately any findings in which inmates are having sexual relationships with other inmates or staff." Another section, "A Duty to Report" requires staff to report any inappropriate staff/offender behavior immediately. Staff who fail to report will be held accountable and sanctioned through dismissal. Allegations must result in staff filing an incident report.

Interviewed staff indicated they would take a report of sexual abuse or sexual harassment from any source and take all of them seriously and report it to their immediate supervisor and follow-up with a written report prior to the end of the shift.

Interviewed inmates named several ways to report but indicated that sexual assaults and sexual harassment do not occur at this facility. Inmates named multiple ways to report.

Policy and Documents Reviewed: Policy, 208.6, Prison Rape Elimination Act, Sexually Abusive Behavior Prevention and Intervention Program, E. Reporting, 1. Inmate Reporting; Spalding County Correctional Institution PREA Policy; The GDC policy (208.06, 2. Offender Grievances); Standard Operating Procedure 227.02, Statewide Grievance Procedures; brochure entitled, "Sexual Assault, Sexual Harassment, Prison Rape Elimination Act (PREA), Reporting is the First Step; PREA related posters; "Sexual Assault and Sexual Harassment Prison Rape Elimination Act (PREA) How to Prevent it; How to report it"; GDC Policy IIA23-0001, Consular Notification;. Report from the PREA Analyst documenting there were no calls to the PREA Hotline in the past 12 months; Inmate Handbook, PREA Section.

Interviews: Thirty-One (31) Inmates, both randomly selected and targeted; Sixteen (16) randomly selected staff representing a cross section of positions; and Twenty-Two (22) specialized staff; Warden; Deputy Warden; Captain

Observations: Eight (8) Phones in each dorm with dialing instructions; Kiosks for reporting sexual abuse; Multiple PREA Related Posters in Dorms and throughout the Facility

Testing Processes: Testing three (3) PREA Phones in different dorms; Observations of PREA Posters all over the facility and accessible to staff, inmates, volunteers and visitors

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

documented. The Department has provided inmates a sexual abuse hotline enabling inmates to report via telephone without the use of the inmate's pin number. If an inmate wishes to remain anonymous or report to an outside entity, he may do so in writing to the State Board of Pardons and Paroles, Office of Victim Services (address provided). Additionally, the resident is provided contract information, including dialing instructions for reporting via the GDC Tip Line. The instructions tell the resident the Tip Line is for anonymous reporting of staff and inmate suspicions and illegal activity.

Staff have been instructed and trained to accept reports made both verbally and in writing from third parties and promptly document them. Inmates may file grievances as well however the agency has determined and asserted in the revised Standard Operating Procedure that allegations of sexual abuse and sexual harassment are not grievable issues because of the potential for losing time in responding. If, however a grievance is received and determined to be PREA related, the grievance is immediately turned over to the SART and an investigation begins.

Third Party reports may be made to the Ombudsman's Office or in writing to the State Board of Pardons and Paroles, Office of Victim Services (address provided). Interviews with staff, both random and specialized confirmed staff are required and trained to accept all reports, regardless of how they are made and regardless of the source, to notify their supervisor and write either an incident report or a statement as directed by the supervisor to document receipt of verbal reports, third party reports, anonymous reports etc.

The GDC Standard Operating Procedure, 208.06, PREA, has changed the policy regarding grievances as a means for reporting sexual abuse by stating an allegation of sexual abuse is not grievable. In the event an inmate did file a grievance alleging sexual abuse it would be immediately turned over to the SART for investigation, but it is not processed as a grievance.

Inmates also have access to outside confidential support services including those identified in the PREA Brochure given to inmates during the admission process and posted throughout the prison. The following ways to report are provided: Call PREA; to any staff member; to the Statewide PREA Coordinator, to the Ombudsman (phone number provided), to the Director of Victim Services (mailing address provided).

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

There have been no allegations of either sexual assault/abuse, sexual harassment or retaliation for reporting in the past 12 months. This is confirmed through reviewed monthly PREA reports, Calls to the Hotline Report for the past 12 months, reviewed incident reports, reviewed grievances, and interviews with administrative, line staff and specialized staff as well as interviews with inmates.

Inmates may call anyone on their approved list. They may also call their attorney's if they have one. Inmates have the opportunity to report through visits with family, calling family, or writing families.

Inmates have multiple ways to report allegations of sexual abuse or sexual harassment internally and externally. They may report by calling the PREA Hotline, write the Ombudsman, write the State Board of Pardons and Parole, Victim Services, report to the Agency's PREA Coordinator, to staff, friends, family and inmates, report via the grievance process, the GDC Tip Line, to the outside Rape Crisis Center/Southern Crescent Sexual Assault Center, the Director of Victim Services and by telling a trusted staff.

Multiple PREA related posters were observed posted throughout the facility keeping PREA information continuously available to inmates. Zero Tolerance Posters, located throughout the facility, as well as other PREA related posters, explaining that inmates have the right to report and listing some ways inmates may choose to report.

Discussion of Interviews: Interviews with 31 inmates confirmed that they understand and are aware of how to report sexual assault/abuse or sexual harassment. They indicated they would report to a staff, use the PREA Hotline, or tell a family member. Some said they would tell the Warden or PREA Compliance Manager. Staff related multiple ways inmates could report and stated they would take every allegation seriously regardless of the source of the allegation.

Standard 115.52: Exhaustion of administrative remedies

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

115.52 (a)

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

115.52 (b)

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

115.52 (c)

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

115.52 (d)

- Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by inmates in preparing any administrative appeal.) (N/A if agency is exempt from this standard.) Yes No NA
- If the agency claims the maximum allowable extension of time to respond of up to 70 days per 115.52(d)(3) when the normal time period for response is insufficient to make an appropriate decision, does the agency notify the inmate in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.) Yes No NA
- At any level of the administrative process, including the final level, if the inmate does not receive a response within the time allotted for reply, including any properly noticed extension, may an inmate consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.) Yes No NA

115.52 (e)

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

115.52 (f)

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

115.52 (g)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

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

Policy and Documents Reviewed: Pre-Audit Questionnaire; GDC Policy, 208.6, Prison Rape Elimination Act, Sexually Abusive Behavior Prevention and Intervention Program, F. Reporting, Paragraph 2, 10% of the filed grievances in the past 12 months (13), There were no allegations of either sexual abuse or sexual harassment made in 2017-18 via a grievance.

Interviews: Warden; Deputy Warden/ PREA Compliance Manager; Grievance Officer; Sixteen (16) Randomly selected staff; Thirty-One (31) inmates

Observations: Not applicable for this standard.

Discussion of Policies and Documents: 208.6, E.3, Offender Grievances, in an updated policy, states that all allegations of sexual abuse and sexual harassment are not grievable issues. These should be reported in accordance with methods outlined in the policy.

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

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

If a grievance alleged sexual abuse, it would be turned over to the SART to begin an investigation, as the grievance process ceases.

The auditor reviewed 10% of all the filed grievances (13 of 123 filed grievances) during the past 12 months. None of the grievances contained any allegations of either sexual abuse or sexual harassment.

Standard 115.53: Inmate access to outside confidential support services

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

115.53 (a)

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

115.53 (b)

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

115.53 (c)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The facility provides access to the outside advocacy organization, for the provision of emotional support services to victims of sexual assault. The organization, the Southern Crescent Sexual Assault and Child Advocacy Center, located in Hampton, Georgia, confirmed they will provide an advocate on a 24/7 around the clock, to support an inmate victim of sexual abuse during the forensic examination and through any investigatory interviews. Additionally, the facility has a staff member, trained through the Victim Advocacy On-Line Training, to serve as a qualified staff advocate for inmates.

The facility has a Memorandum of Understanding (MOU) with the Southern Crescent Sexual Assault and Child Advocacy Center, in Hampton, Georgia. The MOU provides for a 24/7 Crisis Hotline to provide crisis intervention services to inmates who are victims of sexual violence while at the Spalding County Correctional Institution. An interview with the Program Director of the Advocacy Center confirmed that his Center does man a 24/7 Hotline to accept calls from inmate victims of sexual abuse at the facility and to inmates who may have been victimized previously and want to talk with someone about it. The Center is not required to possess any form of licensure but is funded through multiple sources, including the Georgia Criminal Justice Coordinating Council, who would be responsible for monitoring the organization for grant purposes.

In addition to the outside advocacy organization, the facility has a trained staff who has completed the online training to serve as a victim advocate. An interview with the facility victim advocate confirmed the training they received and their role in serving any resident victim, upon request. The auditor reviewed the one (1) Certificate of Training for the advocates.

Policy and Documents Reviewed: GDC Policy 208.6, PREA, Pre-Audit Questionnaire; GDC Policy IIA234-0001, PREA Related Posters; Training Certificate: Advocate On-Line Training; Spalding County Correctional Institution PREA Policy; Memorandum of Understanding with the Southern Crescent Sexual Assault and Child Advocacy Center.

Interviews: Warden; PREA Compliance Manager, PREA Coordinator – Previous Interview, Program Director, Southern Crescent Sexual Assault Center; Thirty-One (31) inmates; Staff advocate.

Discussion of Policies and Documents Review: GDC Procedures require the facility attempt to enter into an agreement with a rape crisis center to make available a victim advocate to 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 agency provided a Memorandum acknowledging the services that the Southern Crescent Sexual Assault Center agreed to provide including a victim advocate to meet inmate victims of sexual abuse and accompany him through the forensic process and any investigation interviews. An interview with the Program Director of the Southern Crescent Sexual Assault Center, Hampton, Georgia, confirmed the organization's ability and willingness to provide a trained victim advocate to accompany an inmate victim through the forensic process and other interviews, such as investigatory interviews, if requested by the inmate. She indicated a victim advocate, either a staff member or a volunteer advocate would be called in to meet the inmate at the Southern Crescent Sexual Assault Center. Inmates have been provided the contact information for the center. That contact information includes the telephone number and the mailing address.

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

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

Inmates have access to their attorney's if they have one and may correspond with them, call them and visit with them at the prison. Professional visits are available during normal duty hours and by other appointment to accommodate them.

Inmates also have access to their parents or relatives daily via phone, through the mail, and through visitation.

Discussion of Interviews: The auditor interviewed the Program Director of the Southern Crescent Sexual Assault and Child Advocacy Center prior to the on-site audit to see if they had any reports to make or whether they have had any calls from the inmates at the prison; to confirm they have a MOU with the Spalding County Correctional Institution, and to learn of the services the Rape Crisis Center can and will provide the inmates of the Spalding County Correctional Institution. These are described in the report above. The auditor also contacted Just Detention International to see if the facility had had any complaints of PREA related issues. The JDI emailed that a database check did not reveal any known issues with the prison.

Standard 115.54: Third-party reporting

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

115.54 (a)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The Georgia Department of Corrections and the Spalding County Correctional Institution has established ways to receive third party reports. GDC Policy 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, page 23, Paragraph 2. Third Party Reporting, provides for Third Party Reports to be made to the following:

- Ombudsman's Office (address and phone number provided)
- Email to the PREA Coordinator

- State Board of Pardons and Paroles, Office of Victim Services (mailing address provided)

The prison's website, www.spaldingcounty.com/correctional_institution/php also provides for third party reports to:

Ombudsman's Office (phone number provided)

- Director of Victim Services (mailing address provided)
- State Board of Pardons and Parole (contact information provided)
- PREA Hotline
- # to contact the facility PREA Compliance Manager

It then asserts all PREA Investigations are handled by the GDC Office of Professional Standards and if it involves staff on inmates, it will be reported to the Spalding County Sheriff's Office as well.

The inmate PREA Brochure provides contact information for the following third-party reporters:

- Georgia Department of Corrections PREA Hotline (dialing instructions provided)
- Statewide PREA Coordinator (mailing address provided)
- Ombudsman (mailing address and phone number)
- Director of Victim Services (mailing address provided)

Policy and Documents Reviewed: Georgia Department of Corrections Policy, 208.6, PREA; The Spalding County Correctional Institution Website; Prison Pre-Audit Questionnaire; GDC Policy, 227.02, Statewide Grievance Process; The Department's Website contains a section entitled: "How do I report sexual abuse or sexual harassment?"; The brochure entitled, "Sexual Assault, Sexual Harassment, Prison Rape Elimination Act – How to Prevent It and How to Report It"; Reviewed PREA Related Brochures (An Overview for Offenders – Do You Know Your Rights and Responsibilities?); PREA Related Posters; Report of Calls to the PREA Hotline in the past 12 months

Interviews: Warden, Deputy Warden/PREA Compliance Manager; Twenty-Six (26) inmates, randomly selected and Five (5) targeted inmates; Sixteen (16) Randomly Selected Staff; Twenty-Two (22) Specialized Staff, PREA Compliance Manager; Program Director of the Southern Crescent Sexual Assault Center

Observations: Review of the Agency's Website (Georgia Department of Corrections); Review of the Spalding County Correctional Institution Website.

Discussion of Policy and Documents: The Georgia Department of Corrections and the Spalding County Correctional Institution provides multiple way for inmates to access third parties who may make reports on behalf of an inmate. GDC provides contact information enabling Third Party reports to be made to the GDC Ombudsman's Office, to the GDC TIP Line and to the agency's PREA Coordinator. Information is provided to inmates that allows them to call or write the Ombudsman's Office. They are also informed they may report in writing to the State Board of Pardons and Paroles, Office of Victim Services. This information is provided in the brochure given to inmates during admissions/orientation. The brochure entitled, "Sexual Assault, Sexual Harassment, Prison Rape Elimination Act – How to Prevent It and How to Report It" provides the phone number and mailing address for the Ombudsman and the mailing address for reporting to the Director of Victim Services. A PREA hotline is also available for third party reports and an inmate's pin is not required to place a call using the "hotline". The auditor tested a phone and found it operational. Dialing instructions are posted at the phone.

The 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.

The Facility Website, www.spaldingcounty.com/correctional_institution/php, provides contact information for the Ombudsman's Office, Board of Pardons and Paroles Victim Services, and for contacting the prison to report.

The PREA brochure, An Overview for Offenders, Do You Know Your Rights and Responsibilities? Provides contact information for the GDC Sexual Assault Hotline, PREA Coordinator, State Board of Pardons and Parole Office of Victim Services, and through the Ombudsman's Office.

Family members, friends and other inmates, may make a report for a resident.

Discussion of Interviews: During the interview process, staff are asked to name ways inmates can make reports or allegations of sexual abuse or sexual harassment. Staff named tell staff, call the PREA Hotline, verbally and in writing. When asked if an inmate could report anonymously and through a third party, 100% of the staff said inmates can report in all those ways. When asked if they received a report from a third party such as another inmate or family member if they would accept the report. 100% of the interviewed staff said a third party could report for an inmate and they would take that report and report it immediately to their shift supervisor. They also affirmed they would document the allegation in writing, and they would have to do that prior to the end of the shift.

Interviewed inmates were aware they could have a third party, including a parent, relative or another detainee report for them.

OFFICIAL RESPONSE FOLLOWING AN INMATE REPORT

Standard 115.61: Staff and agency reporting duties

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

115.61 (a)

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

- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation?
 Yes No

115.61 (b)

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

115.61 (c)

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

115.61 (d)

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

115.61 (e)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The Georgia Department of Corrections mandates that all staff, contractors and volunteers report any knowledge, suspicion, or information they may receive concerning sexual assault or sexual harassment. They are required to report any retaliation they know about or have observed or are aware of. Additionally, they are expected to report any knowledge or information related to staff negligence of misconduct that may have resulted in a sexual assault. Staff are required to keep confidential, any information, knowledge or reports of sexual abuse or sexual harassment they may receive other than reporting to those who have a need to know and for management and security decisions.

The facility's PREA Policy, 9.0, Official Response Following an Inmate Report, 9.1, Staff and Facility Reporting Duties, requires staff who witness or receive a report of sexual abuse, sexual harassment or who learn of rumors or allegations of such conduct, must report to the supervisor on duty and write a statement in accordance with the employee standards of conduct. The highest- ranking supervisor on duty at the facility who receives the report must report it to the head of the facility or his/her designee immediately. The facility head or designee, then must notify the PREA Compliance Manager and/or Sexual Assault Response Team Leader.

The local policy also requires the PREA Compliance Manager or Warden or designee to report all allegations of sexual assault with penetration to the GDC Office of Professional Standards Special Agent-in-Charge immediately upon receipt of the allegation.

Staff, as required in policy, are not allowed to disclose any information concerning sexual assault, sexual harassment of sexual misconduct of an offender, including the names of victims or perpetrators, except to report the information as required by policy or to discuss information as necessary to perform their jobs.

Staff who fail to comply with the reporting provisions of the PREA Policy may be banned from the facility or will be subject to disciplinary action, to possibly include termination.

9.1.8 of the Facility's PREA Policy requires that in addition to reporting information, staff must intervene, as appropriate, by reporting behaviors that may subsequently lead to an incident of sexual abuse. With that in mind, staff are required to be aware of the following in determining what to report:

- 1) Institutional climate and reputations and behaviors of inmates
- 2) Inmate communications
- 3) Comments to staff
- 4) Inmate interactions
- 5) Changes in inmate behavior
- 6) Isolated or "hot" areas of the institution

At the initiation of services, medical and mental health personnel understand that they are required to inform inmates of their duty to report and the limitations of confidentiality and any information medical or counseling staff receive will be reported in compliance with policy.

There are no youth at this facility under the age of 18. Inmates under the age of 18 are housed at the GDC's Burrus Training Center in Forsyth, Georgia and this is confirmed through reviewing the Training Center's Website and interviews with the Warden, PREA Compliance Manager, and the Statewide PREA Coordinator, in a previous interview.

The Staff Guide on the Prevention and Reporting of Sexual Misconduct with Offenders discusses, in a section entitled, A Duty to Report, that staff must report any inappropriate staff/offender behavior immediately. Failure to report will result in staff being held accountable and sanctioned through dismissal. Reporting includes not only verbal reporting but following up with writing an incident report. Another section of the Guide requires that all employees have a duty to report immediately any findings in which inmates are having sexual relations with other inmates or staff.

The Department appears serious about Zero Tolerance and preventing sexual assault and sexual harassment and retaliation. This is reflected in the structure of the Department where the PREA Coordinator, reports to the Director of Compliance, who reports to the Director of the Office of Professional Standards yet allows the PREA Coordinator direct access to the Commissioner should she need it regarding any PREA related issue. The agency has an ADA Coordinator who serves actively as a resource person for securing interpretive services for limited English proficient inmates/detainees and for disabled detainees/inmates who may be hearing or visually impaired to enable them to make reports of sexual abuse or sexual harassment and to participate fully in the agency's prevention, detection, responding and reporting program.

The training component for PREA also engages all staff, with correctional staff receiving PREA education during Basic Correctional Officer's Training while attending the Peace Officers Standards BCOT Academy. Staff are trained to report all allegations regardless of how those allegations came to light and to report them immediately to a designated shift supervisor. They may also report to any member of the Sexual Assault Response Team. Upon making verbal notification, they are required to document the allegation in a written statement or an incident report and these must be completed prior to the end of the shift (or leaving the shift). Policy requires that reports of allegations of sexual assault or sexual harassment are limited to those with a need to know only and reports are generally made by radioing the Shift Supervisor to come to the area or taking the detainee to the Supervisor's Office.

Medical providers and counselors are required to report any knowledge, information, reports, or suspicions of sexual abuse or sexual harassment and are required to inform inmates at the initiation of services of the limits of confidentiality and their duty to report. This was confirmed through interviewing medical staff and counseling staff. The facility does not employ any mental health staff.

Policy and Document Review: Department of Corrections Policy, 208.6, Sexually Abusive Behavior Prevention and Intervention Program, F. Official Response Following and Inmate Report, 1. Staff and Department Reporting Duties; Spalding County Correctional Institution, PREA Policy, 9.0, Official Response Following an Inmate Report; the reviewed Sexual Assault/Sexual Misconduct Prison Rape Elimination Act (PREA) Education Acknowledgment Statement; Staff Guide on the Prevention and Reporting of Sexual Misconduct with Offenders

Interviews: Warden; PREA Coordinator (previous interview); Assistant PREA Coordinator (previous interview) PREA Compliance Manager; SART Leader; Facility Based Investigator; Sixteen (16) randomly selected staff; Twenty-Two (22) special category staff;

Discussion of Policy and Documents Reviewed: Department of Corrections Policy, 208.6, Sexually Abusive Behavior Prevention and Intervention Program, F. Official Response Following and Inmate Report, 1. Staff and Department Reporting Duties, requires staff who witness or receive a report of sexual assault, sexual harassment, or who learn of rumors or allegations of such conduct, must report information concerning incidents or possible incidents of sexual abuse or sexual harassment to the supervisor on duty and write a statement, in accordance with the Employee Standards of Conduct. The

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

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

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

Discussion of Interviews: 100% of the interviewed staff, both those randomly selected and special category staff stated they are trained to and required to report everything. They stated they would report it to the shift supervisor immediately. When asked if they would report something they suspected, they all said yes. When asked if they would take a report from the third party such as another inmate, relative or friend, they said yes, they would. When asked about a report made anonymously, they said they would report it to their shift supervisor. All of them stated they would also have to put the report in writing in the form of an incident report or a witness statement.

Non-Uniform staff said they would report it to the first security staff they saw or to the shift supervisor. The non-uniform staff said they would have to put the allegation in writing and before they left the facility.

When asked about observing staff negligence resulting in a sexual assault, if they would have to report that, they said they would report it. The auditor asked staff if they would be expected to report something they suspected. 100% of them said they would report that, as well. When asked what would happen if they failed to report they indicated there would be an investigation and they would most likely be terminated.

Standard 115.62: Agency protection duties

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

115.62 (a)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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The Pre-Audit Questionnaire, reviewed monthly PREA Reports, reviewed grievances and incident reports, the reviewed Call to the PREA Hotline Report for the last 12 months, and interviews with staff and inmates confirmed there have been no inmates at risk of imminent sexual abuse during the past 12 months. None of the 31 interviewed inmates indicated they had ever been at risk of imminent sexual abuse.

100% of the interviewed staff consistently state, in their interviews, they would respond to an inmate who said he was at risk or threatened seriously. They all said they would immediately remove the inmate from the threat and either keep him with them until the supervisor made a decision about where to house the inmate or place the inmate in protective custody until the shift supervisor could make a decision about what other action to take. Shift Supervisors must secure the permission of the Duty Officer to keep an inmate in Protective Custody or administrative segregation. They indicated they are not doing this to punish the inmate but to keep him safe because even though he may be placed in another dorm; the risk must be assessed because of the lack of places an inmate can be housed where he has not contact with the threat or with gang members associated with the threat. The Warden indicated that if the threat is known the aggressor will be placed in administrative segregation as well while an investigation is conducted. Staff are required to document that there are not other alternative means of separation.

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

209.06, Administrative Segregation; Spalding County Correctional Institution PREA Policy, 9/2, Facility Protection Duties; Spalding County Correctional Institution Pre-Audit Questionnaire

Interviews: Warden; PREA Compliance Manager; Staff Supervising Segregation; Sixteen (16) Randomly Selected Staff; Twenty-Two (22) Special Category Staff; Thirty-One (31) Inmates, Random and Targeted

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

Spalding County Correctional Institution PREA Policy, Facility Protection Duties, requires the following regarding inmates at substantial risk of imminent sexual abuse:

- Separate the alleged victim and abuser, placing the alleged victim in safe housing
- If placed in administrative segregation, ensure a SCRIBE case note indicates the reason for placement
- Ensure, the SART evaluates the victim within 72 hours
- If placement continues, another note must be placed in SCRIBE documenting the reason for continued placement. The care and treatment counselor has the responsibility for completing the SCRIBE not.

9.2.2 requires if the alleged perpetrator is an inmate, he is placed in Administrative Segregation and a note placed in SCRIBE justifying the placement and within 72 hours the SART must evaluate the

continued placement and document the justification for continuing the inmate in administrative segregation with a note placed in SCRIBE by the care and treatment member of SART.

If the alleged perpetrator is a staff, the staff will be separated from the inmate during the investigation by reassigning the staff to other duties or work areas, suspending the staff or temporarily banning the employee from the facility, whichever option the appointing authority deems appropriate.

The Pre-Audit Questionnaire, reviewed incident reports, and interviews with staff and inmates indicated there have been no incidents in which an inmate was at substantial risk of imminent sexual abuse during the past twelve months.

Standard 115.63: Reporting to other confinement facilities

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

115.63 (a)

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

115.63 (b)

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

115.63 (c)

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

115.63 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The facility's Pre-Audit Questionnaire, reviewed incident reports and interviews with the Warden, PREA Compliance Manager, and staff indicated that the facility has not received any allegations from another facility that an inmate at the Spalding County Correctional Institution was sexually abused at another facility nor were there any allegations that an inmate at another facility was sexually abused while at the Spalding County Correctional Institution.

The Spalding County Correctional Institution PREA Policy, Section 9.2, requires the Warden or his designee must provide notification to the Warden of the identified facility and the Georgia Department of Corrections PREA Coordinator. In cases that involve or allege sexual abuse by staff at another facility, the Warden/designee will refer the matter directly to the Office of Professional Standards Special Agent-in-Charge who may assign a Special Agent to conduct the investigation. Notification is as soon as possible and not later than 72 hours after receiving notification. That notification will be documented. The facility Warden and/or PREA Compliance Manager at the other facility who receives notification from Spalding County Correctional Institution, will be responsible for and ensuring an investigation is conducted according to Department of Corrections Standards and Operating Procedures.

Staff confirmed they understand Georgia Department of Corrections Policy and the PREA Standards with regard to responding to such allegations. The Warden and PREA Compliance Manager indicated, in their interviews, that they have not had an inmate alleging abuse at another facility nor have they had an inmate alleging sexual abuse at another facility that they were sexually abused or sexually harassed at this facility. Their role, they indicated, would be to initiate an investigation immediately of any allegation received from another facility and if they received an allegation that an offender was abused at another facility, the Warden related he would contact the sending facility to determine if the incident had been reported and if not to ensure an investigation was initiated and to cooperate with the investigation.

Policy and Documents Reviewed: GDC Policy, 208.6, Prison Rape Elimination Act, Sexually Abusive Behavior Prevention and Intervention Program, 3. Reporting to other Confinement Facilities; Spalding County Correctional Institution PREA Policy, 9.2; Pre-Audit Questionnaire; Reviewed Incident Reports and Grievances filed during the past 12 months.

Interviews: Warden; PREA Compliance Manager, SART Members, Thirty-One (31) Inmates

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

facility head or Department office receiving the notification is required to ensure that the allegation is investigated in accordance with the PREA Standards.

The Pre-Audit Questionnaire documented that there have been no allegations received from another facility reporting that a detainee reported to another facility that he was sexual abused while at the Spalding facility and no reports of an inmate at the facility reporting having been abused at another facility.

Although there have been no allegations received from another facility, staff articulated the steps they would take in reporting to the sending facility and ensuring that if an investigation had not been initiated, starting an investigation. They also indicated if they received an allegation from another facility that a detainee had been sexual abused while at this facility, they would cooperate with an investigation and conduct interviews or provide any additional information they might have.

Discussion of Interviews: Interviews with the Warden indicated there have been no allegations either that an inmate at another facility was sexual abused or sexually harassed at Spalding nor have there been any allegations made by an inmate at Spalding that he was sexual abused or sexually harassed at another facility. The Warden indicated the Warden of the other facility would be notified if an inmate at Spalding reported being sexually abused elsewhere and that he would initiate an investigation if an investigation had not been initiated and would cooperate with any investigation into an allegation made elsewhere than an inmate was abused at Spalding. The notification to the other facility would be as soon as they became aware of the allegation. The PREA Compliance Manager confirmed they are aware of the policy requiring reporting to other facilities upon receiving an allegation of sexual abuse that occurred in another facility. She also indicated if they received an allegation from another facility that an inmate, while assigned to this facility, was sexually abused at this facility, they would initiate an investigation and cooperate with any investigation and treat it as any other investigation.

Standard 115.64: Staff first responder duties

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

115.64 (a)

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

- Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence? Yes No

115.64 (b)

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

Auditor Overall Compliance Determination

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

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Staff at the Spalding County Correctional Institution, including office staff, medical staff, counseling and well as uniformed staff attend Annual In-Service Training and Day 1 of that training includes PREA. Staff are trained as first responders and actions required by policy require the following:

- Notify the Shift Supervisor
- Separate the alleged victim and perpetrator
- Tell the alleged victim not to change clothing, shower, drink, eat, brush teeth or take any action that would destroy evidence
- Instruct the alleged perpetrator, if known, not to do the same
- Secure the area

Georgia Department of Corrections Policy, Spalding County Correctional Institution, PREA Policy, 9.5, Coordinated Response Plan, and the Spalding County Correctional Institution Local Policy Directive and the GDC Sexual Abuse Response Checklist identifies the actions, including notifications, required of first responders. That response includes separating the alleged victim from the alleged aggressor and keeping the alleged victim safe. If the first responder is not a uniformed staff, interviewed staff stated they would ask the victim not to change clothes, eat, drink, brush their teeth or use the bathroom and in an initial assessment of the resident's potential injuries following a sexual assault, medical

indicated they would be careful to protect the evidence until the resident is seen by a Sexual Assault Nurse Examiner

Staff carry a first responder card to refresh them if they need it in responding to an allegation or incident of sexual assault. The agency initiates a Sexual Assault Response Protocol serving as a checklist of actions to take. The facility also has the Spalding County Correctional Institutional Local Procedure Directive, acting as coordinated response plan.

Interviewed staff, including non-uniformed staff articulated the steps required as a first responder. Medical explained they would do the same if they were the first person to become aware of an allegation or incident of sexual abuse. They explained their role would be to separate the inmate from the alleged aggressor and report the allegation and to assess the inmate but attempt to protect evidence that may be on the person or his clothing.

The Sexual Assault Nurse Examiner would conduct the forensic exam, collecting potential forensic evidence. A chain of custody would be started, and the sexual assault kit turned over to the security staff at the facility, who would in turn, turn it over to the GDC Office of Professional Standards, Special Agent. The facility, according to the Southern Crescent Sexual Assault and Child Advocacy Center, will, upon prior notification, ensure an advocate is available to meet the alleged victim to accompany him through the forensic process providing emotional support if requested.

There were no occasions in which a resident was allegedly sexually assaulted with any form of penetration.

Policy and Documents Review: Georgia DOC Policy, 208.6; local protocol, "PREA Reporting Process"; Spalding County Correctional Institution PREA Policy, 9.5, Coordinated Response; Pre-Audit Questionnaire; SANE's List; PREA Medical Log; Spalding County Correctional Institution PREA Local Procedure Directive. Sexual Assault Response Protocol/List; Monthly PREA Reports to the PREA Unit.

Interviews: Two (2) SART Members; Sixteen (16) Randomly selected staff; Twenty-Two (22) Specialized staff; Facility-Based Investigator; Special Agent (Previous Interview) and PREA Compliance Manager. Informal Interviews with staff randomly selected during the site review

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

The Sexual Assault Response Team will be notified and will implement the local protocol.

Spalding County Correctional Institution PREA Policy, 9.5, Coordinated Response, 9.5, and the local protocol, PREA Local Procedure Directive, provides directions and contact information for the Warden, PREA Compliance Manager, SART Member Medical, SART Member Security/Primary Investigator, SART Member Counseling, Staff Training, SART Retaliation Monitor, and Inmate Education. Contact information is provided on the directive.

First Steps in responding are identified and actions to be taken in the order stated on the Local Procedure Directive. The first steps are identified for the first responders and additional steps are then identified for Sexual Assault Response.

Staff are trained in first responding during annual in-service training. This information was provided by staff during their interviews.

Non-custody staff have been trained in first responding. The licensed practical nurse described the steps they would take in response to being informed an inmate who had been sexually assaulted. They were able to articulate step by step the same procedures as correctional staff. The nurse stated that, in addition to conducting an assessment on the alleged victim would be to attempt to protect the evidence. The inmate would be taken to the Southern Crescent Sexual Assault and Child Advocacy Center for a forensic exam. This was confirmed through interviews with the facility nurse and the Program Director of the Southern Crescent Sexual Assault and Child Advocacy Center.

There were no allegations of any form of penetration during the past 12 months.

Discussion of Interviews: Interviews with 16 randomly selected staff and medical staff confirmed they are knowledgeable of their roles as first responders. They detailed the steps they would take if they were the first person to be alerted that a detainee had been sexually assaulted/abused.

Standard 115.65: Coordinated response

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

115.65 (a)

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

Auditor Overall Compliance Determination

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

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The Spalding County Correctional Institution is a smaller facility with the facility's leadership, investigators, first responders, medical, and mental health housed in close proximity to each other. However, the facility has a Coordinated Response Plan to ensure that during an emergency, the Coordinated Response Plan serves as the Emergency Plan, similar to other emergency plans required for secure facilities. The reviewed Coordinated Response Plan is documented in the GDC Sexual Abuse Response Checklist and in the Spalding County Correctional Institution PREA Local Procedure Directive and Coordinated Response Plan. This plan is documented in SOP 2018.06, Attachment 7. The plan includes contact information for the following staff who must be notified:

- Warden
- PREA Compliance Manager
- SART Retaliation Monitor
- SART Security
- SART Counselor
- SART Medical
- Staff Training
- Inmate Education

There have been no allegations of sexual assault with penetration during the past 12 months.

Policy and Documents Reviewed: GDC Policy 208.06, Prison Rape Elimination Act-PREA, Sexually Abusive Behavior Prevention and Intervention Program, Paragraph 5, Coordinated Response; local protocol, "PREA Reporting Process"; GDC Sexual Abuse Response Checklist (GDC 208.06, Attachment 6); Local Operating Directive; PREA Monthly Reports

Interviews: Warden, Deputy Warden/PREA Compliance Manager, Sixteen (16) Randomly Selected Staff; Twenty-Two (22) Specialized Staff

Discussion of Policies and Documents: GDC Policy 208.06, Prison Rape Elimination Act-PREA, Sexually Abusive Behavior Prevention and Intervention Program, Paragraph 5, Coordinated Response, requires each facility to develop a written institutional plan to coordinate actions taken in response to an incident of sexual abuse, among staff first responders, medical and mental health practitioners, investigators and facility leadership. The plan must be kept current and include names and phone numbers of coordinating parties.

The local protocol, PREA Local Procedure Directive and the Sexual Abuse Response Checklist identify actions taken by staff in response to a report of sexual abuse or of sexual misconduct and sexual harassment. In addition to the detailed steps to be taken, notification information is provided.

The facility also uses the GDC Sexual Abuse Response Checklist (GDC 208.06, Attachment 6) to coordinate the actions and responses of first responders. This document becomes a part of the investigation package.

None of the interviewed inmates reported sexual abuse or sexual harassment while at this facility.

This facility is small, compact, with offices very close to each other and communication is not an issue here.

Discussion of Interviews: All the interviewed staff articulated their roles in responding to an allegation of sexual assault.

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

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

115.66 (a)

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

115.66 (b)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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The State of Georgia is a right to work state. The Spalding County Correctional Institution employees are not members of a union or any organization in which collective bargaining occurs. The Department is not involved in any form of collective bargaining. There is no regulation or policy that prohibits the Warden from removing any staff from contact with an inmate.

Interviews: Warden; Statewide PREA Coordinator (previous interview); Statewide Assistant PREA Coordinator (previous interview); PREA Compliance Manager; Warden as the County Manager's Designee

Discussion of interviews: Interviews with the Warden, Statewide PREA Coordinator, Assistant Statewide PREA Coordinator, PREA Compliance Manager confirmed that Georgia is a Right to Work State and employees are all non-union and not involved in any form of collective bargaining. The Warden, designated by the County Manager, as his designee, confirmed the county is not involved in any form of collective bargaining and the Warden can remove any staff member from contact with the inmate following an allegation of sexual abuse or sexual harassment.

Standard 115.67: Agency protection against retaliation

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

115.67 (a)

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

115.67 (b)

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

115.67 (c)

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

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

115.67 (d)

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

115.67 (e)

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

115.67 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The Georgia Department of Corrections has a zero tolerance toward retaliation against any inmate/detainee or staff who report an allegation of sexual abuse or sexual harassment. This is documented in GDC Policy 208.06, Prison Rape Elimination Act, Sexually Abusive Behavior Prevention and Intervention Program. Spalding County Correctional Institution PREA Policy, 9.6, Protection Against Retaliation, asserts anyone who retaliates against a staff member or an inmate who has reported in good faith an allegation of sexual abuse or sexual harassment will be subject to disciplinary action. The Warden has designated a retaliation monitor for the facility and documented that designation on the PREA Local Procedure Directive and Coordinated Response Plan. The retaliation monitor is named on the Local Procedure Directive with his contact information enabling him to be notified when an allegation of sexual abuse or sexual harassment has been made.

All staff and inmates who make an abuse allegation in good faith and/or participate in an investigation will be monitored for 90 days on a 30-day interval using the SOP 208.06, Attachment I and II, as appropriate. If needed, monitoring will continue beyond 90 days. If retaliation is identified, prompt action will be taken to remedy the retaliation and the appointing authority will be notified.

Policy and Documents Reviewed: GDC Policy 208.6, Prison Rape Elimination Act, Sexually Abusive Behavior Prevention and Intervention Program; Spalding County Correctional Institution PREA Policy, 9.0, Protection Against Retaliation; 90 Day Offender Sexual Abuse Review Checklist (GDC Form);

Interviews: Facility Staff Designated as the Facility's Retaliation Monitor; Warden; PREA Compliance Manager; Sixteen (16) Randomly selected staff; Twenty-Two (22) Specialized Staff; Twenty-Two (22) Inmates including (26) Random and Five (5) Targeted inmates.

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

The Georgia Department of Corrections 90 Day Offender Sexual Abuse Review Checklist includes documenting the reviews of the following at 30, 60 and 90 days:

- Offender Disciplinary Report(s) History
- Offender Housing Unit Placement Reviewed
- Offender Transfer(s) Placement Review
- Offender Program(s) History Review
- Offender Work Performance Review
- Offender Schedule History Review
- Offender Case Note(s) Review

The retaliation monitor is named on the Local Procedure Directive. The agency employs multiple protection measures to protect inmates from retaliation. These are identified in the PREA Local Procedure Directive and include the following:

- Inmate housing changes
- Inmate transfers
- Removal of alleged staff from contact with victims
- Removal of alleged inmate abusers from contact with victims
- Emotional support services for staff or inmates who fear retaliation for reporting or for cooperating with investigations

The facility's housing arrangement with six (6) Open Bay Dorms configured around a control room with dorms next to each other on either side and with multiple common areas in this smaller institution, separating inmates by placing them in different dorms may or may not be an appropriate response to keeping inmates separate but it would be considered. Separation may be by transferring one of those involved.

IF a staff is involved the staff would be potentially be placed on no contact, depending on the situation. No contact could be placement on another post not supervising inmates or in a control room or on administrative suspension or leave.

Upon learning of an allegation, whether staff on inmate or inmate on inmate, the alleged victim and alleged aggressor will be separated. For an inmate that may mean placing either the alleged victim or alleged aggressor or both, temporarily, in administrative segregation. If a staff is involved the staff will be separated from the alleged victim by placing the staff on a post away from the inmate or placing the staff on administrative paid leave while an investigation is going on.

The Retaliation monitor would meet with the alleged victim following an allegation to let him know the Deputy Warden is the staff to contact if the inmate is experiencing any form of retaliation. The Retaliation Monitor uses the GDC Retaliation Monitoring Form and documents reviewing things like DRs, Dorm Changes, Detail Changes etc. and for staff, reviewing post assignments, changes in shifts, performance reports and write ups.

There were no allegations made during the past 12 months. This was confirmed through the reviewed Pre-Audit Questionnaire, reviewed grievances, reviewed incident reports, reviewed monthly PREA reports to the PREA Unit and interviews with staff and inmates.

Discussion of Interviews: The Retaliation Monitor uses the GDC Form guiding the items to check that might indicate retaliation. He indicated she meets with the resident each 30, 60 and 90 days. She indicated is checking things like DRs, Dorm Changes, Work Detail Changes etc. Monitoring occurs every 30, 60, and 90 days and is documented on the GDC Retaliation Monitoring Form.

The monitor indicated that any alleged victim will be immediately removed and separated from the alleged perpetrator and placed in a safe environment. He indicated the resident may be placed in another dorm if that can be safely accomplished and if not, the resident can be transferred to another facility. If protective custody is needed, that is available at the host facility. If an officer was involved in an allegation, the officer would be placed on “no contact” and depending on the nature of the allegation, would be placed on a post away from contact with the detainee.

The monitor would be reviewing things like Disciplinary Reports, grievances, movements and details and these would be monitored, and the detainee contacted every 30 days, 60 days, 90 days and more if needed. The monitoring would be documented on the GDC Retaliation Form.

The monitor indicated she would monitor Disciplinary Reports, Changes of details and any changes of dorms. If a staff was being monitored, she would review any write-ups, changes in shifts or details, and performance reports.

The Warden, Chief of Security and PREA Compliance Manager indicated if a staff is alleged to have been involved in an allegation of sexual abuse, the staff would be placed on no contact and transferred if necessary. Inmates could be placed in another dorm, if that could be accomplished safely and keep the inmate safe or even another facility, if needed.

Standard 115.68: Post-allegation protective custody

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

115.68 (a)

- Is any and all use of segregated housing to protect an inmate who is alleged to have suffered sexual abuse subject to the requirements of § 115.43? Yes No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Policy and Documents Reviewed: Department of Corrections Policy, 208.6, Prison Rape Elimination Act, Sexually Abusive Behavior Prevention and Intervention Program, D. Screening for Risk of Sexual Victimization and Abusiveness, 3. Protective Custody;

Interviews: Warden; PREA Compliance Manager; Staff Supervising Segregation; Randomly Selected and Special Category Staff (38); Randomly Selected and Special Category Inmates (31).

Discussion of Policy and Documents: Department of Corrections Policy, 208.6, Prison Rape Elimination Act, Sexually Abusive Behavior Prevention and Intervention Program, D. Screening for Risk of Sexual Victimization and Abusiveness, 3. Protective Custody, prohibits placing inmates at high risk for sexual victimization in involuntary segregated housing unless an assessment of all available alternatives have been made and a determination made that there is no available alternative means of separation from likely abusers. If an assessment cannot be conducted immediately, the inmate may be held in involuntary segregation for less than 24 hours while completing the assessment. This placement, including concern for the inmate's safety, must be documented in the inmate/offender database, SCRIBE, documenting concern for the inmate's safety and the reason why no alternative means of separation can be arranged. Inmates who are placed in involuntary segregation are housed there only until an alternative means of separation from likely abusers can be arranged and the assignment, ordinarily, shall not exceed 30 days. Reviews are required to be conducted every 30 days to determine whether there is a continuing need for separation from the general population. Inmates in involuntary segregation will receive services in accordance with SOP HN09-0001, Administrative Segregation.

The reviewed Pre-Audit Questionnaire, reviewed Monthly PREA Reports, Calls to the PREA Hotline Reports (for the past 12 months), reviewed grievances, reviewed incident reports and interviews with staff confirmed there were no allegations of either sexual abuse or sexual harassment in the past 12 months.

Discussion of Interviews: Interviews with the Warden, PREA Compliance Manager, and staff supervising segregation, indicated that placing someone in involuntary protective custody would probably be the most appropriate place to safely keep the inmate victim of sexual abuse if the inmate could not be placed in a safe bed in another dorm. Potential Victims of sexual abuse are not housed in a dorm designated solely for potential or actual victims. The facility does not discriminate and houses them in general population dorms but assigns them to the bunks closer to the front of the dorm, enabling the rear control room staff to observe what is going on the dorms, providing supplemental supervision.

If the inmate could not be safely housed in the facility, he could be transferred to another facility.

The Warden, PREA Compliance Manager, and Staff Supervising Segregation indicated, in their interviews, that there have not been any inmates involuntarily placed in segregation or protective custody during the past 12 months.

An interview with staff supervising segregation indicated if an inmate was placed in involuntary segregation, they would be placed there with the reasons documented on GDC Form 1. He also stated the detainee would have access to programs, attend groups, if comfortable let him work on a detail, visitation, recreation, to phones, and access to medical twice a day.

None of the interviewed inmates had been placed in involuntary Protective Custody.

INVESTIGATIONS

Standard 115.71: Criminal and administrative agency investigations

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

115.71 (a)

- When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? [N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).] Yes No NA
- Does the agency conduct such investigations for all allegations, including third party and anonymous reports? [N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).] Yes No NA

115.71 (b)

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

115.71 (c)

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

115.71 (d)

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

115.71 (e)

- Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as inmate or staff? Yes No

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

115.71 (f)

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

115.71 (g)

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

115.71 (h)

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

115.71 (i)

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

115.71 (j)

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

115.71 (k)

- Auditor is not required to audit this provision.

115.71 (l)

- When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct administrative or criminal sexual abuse investigations. See 115.21(a).) Yes No NA

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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Georgia Department of Corrections Policy requires that all investigations are conducted promptly, thoroughly and objectively. It also requires, and staff confirmed, that allegations or reports, including any knowledge, information or suspicions are taken seriously and are investigated. These include reports made verbally, in writing, from third parties and from anonymous sources.

Spalding County Correctional Institution PREA Policy 10.0, Investigations, requires the facility SART to be responsible for initial inquiry and subsequent administrative investigation of all allegations of sexual abuse and sexual harassment with limitations. GDC Policy requires if the SART receives an allegation and that allegation appears criminal in nature and/or involves an allegation of penetration of any kind, the allegation is reported to the Warden or designee who contacts the Regional Office of the GDC Special Agent who may assign an Office of Professional Standards investigator Special Agent.

Special Agents investigate allegations of criminal conduct. These investigators receive extensive training including mandate basic law enforcement training at a regional law enforcement academy for 11 weeks and 13 weeks of additional training of investigations training conducted by the Georgia Bureau of Investigations (GBI) at the GBI Academy. That training includes interviewing techniques and evidence collection, including taking DNA Swabs. Special Agents have arrest powers.

The Office of Professional Standards (OPS) also has OPS Investigators who have completed mandated training at a regional law enforcement academy (11 weeks) but have not attended or not yet attended the GBI Academy. They are stationed in specific facilities but are responsible for investigations in designated facilities. Their primary role however is intelligence gathering, gang related activity, use of force issues and contraband but may conduct PREA related investigations as well. They may also, at the direction of the Special Agent, assist in the criminal investigation.

The Sexual Assault Response Team (SART), as stated previously, conducts initial investigations into allegations of both sexual abuse and sexual harassment. This team consist of a facility-based investigator, a representative from medical and from counseling. The facility-based investigator has received the specialized training for conducting sexual abuse investigations in confinement settings.

If there is an allegation of sexual abuse, staff trained as first responders separate the alleged victim and alleged aggressors and ensure that the crime scene, including the bodies of the alleged victim and perpetrator as well as the area where the alleged offense occurred, are treated as crime scenes and actions are taken to protect the evidence that may be on them. If during the initial investigation by the

SART, the allegation appears to be criminal in nature, the Warden or designee will contact the Regional Office to secure a Special Agent, who has arrest powers and extensive investigatory training at the Georgia Bureau of Investigations Academy.

There were no allegations of either sexual abuse or sexual harassment in the past 12 months. This was confirmed through multiple sources including reviewing the following: Hotline Call Report from the GDC PREA Unit; Monthly PREA Reports; 10% of all Incident Reports and Grievances for the past 12 months; interviews with the Warden, Deputy Warden, Chief of Security, PREA Compliance Manager and randomly selected and specialized staff; and interviews with 31 inmates.

Although there have been no allegations during the past 12 months, if there is one, the Agency Facility-Based Investigator/SART enters the alleged incident and notifications into the agency's database, enabling the Agency's PREA Coordinator and Assistant PREA Coordinator to review the investigations in a computer-based program. Investigators upload their investigation packages into the program where they can be viewed and reviewed. If additional information should have been looked at the PREA Unit requires the investigator to go back and secure the information requested. Upon satisfaction that they investigation was appropriate, the PREA Unit approves the submission. This provides an additional measure of quality assurance in the investigative process.

Policy and Documents Reviewed: Georgia Department of Corrections Policy, 208.6, G. Investigations; PREA Investigation Summary; Sexual Abuse Incident Review Checklist; Notification of Results of Investigation; GDC Incident Reports and Grievances; Reviewed NIC Certificate; Coordinated Response Plan; Pre-Audit Questionnaire

Interviews: Warden, Agency PREA Coordinator -Previous Interview; PREA Compliance Manager; SART Members; Special Agent/PREA Investigator, Southwest Region; Facility-Based Investigator; Sixteen (16) Random Staff; Twenty-Two (22) Specialized Staff; Thirty-One (31) Inmates, both randomly selected and targeted.

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

Investigations are required to be prompt and thorough, including those reported by third parties or anonymously. Administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse. Reports are documented and include descriptions of physical and testimonial evidence, reasoning behind the credibility of assessments and investigative facts and findings. Criminal investigations are documented in written reports that contain thorough descriptions of physical, testimonial, and documentary evidence and copies of all documentary evidence when feasible. Substantiated allegations of conduct that appears to be criminal are referred for prosecution.

The departure of the alleged abuser or victim from the employment or control of the Department does not provide a basis for termination of the investigation.

Discussion of Interviews: An interview with a Special Agent assigned to the Southwest Region and who conducts PREA Investigations in that Region confirmed the criminal investigation process as well as the extensive training Special Agents have received in the 13- week investigative training at the Georgia Bureau of Investigations Academy. He described ensuring the crime scene is protected until he arrives so he can collect evidence that he would take to the Georgia Bureau of Investigations Crime Lab. He described taking DNA swabs and the process for interviewing inmates and staff. An interview with the facility -based investigator indicated he has completed the on-line specialized training, "PREA: Conducting Sexual Abuse Investigations in Confinement Settings". He also explained and described the steps he would take in initiating and conducting an investigation. The investigator described most of the content of the course and with additional prompting responded to the other topics. In initiating an investigation, he indicated he would start the investigation as soon as he received the report and that this would be immediately depending on the nature of the allegation and within 24 hours unless it was an emergency.

If the alleged incident appeared criminal, the investigator indicated the Warden will be notified and the Warden would contact the appropriate Regional Office, to let them assign an Office of Professional Standards Special Agent to conduct the criminal investigation. In those cases, he would provide whatever support or evidence collection was needed in consultation with the Special Agent.

The credibility of the victim, alleged perpetrator and witnesses, according to the facility-based investigator, is based solely on the evidence.

The investigation would include witness statements from the alleged victim, perpetrator and any potential or actual witnesses. The investigator would also look at staff rosters, assignments for that shift, and review any camera footage that may be available. Interviews with the SART members confirmed the investigation process.

Interviews with facility staff, both those randomly selected and special category, confirmed that most of them knew the SART conducts sexual abuse investigations in this facility and could name each member of the SART and their specific roles.

Standard 115.72: Evidentiary standard for administrative investigations

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

115.72 (a)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Interviews: Warden; Deputy Warden; PREA Compliance Manager; Facility-Based Investigator; SART Leader.

Discussion of Policy and Documents Reviewed: The Georgia Department of Corrections Policy 208.06, Prison Rape Elimination Act-PREA, Sexually Abusive Behavior Prevention and Intervention Program, Section G. 14, and Spalding County Correctional Institution PREA Policy, 10.4, requires that there shall be no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated.

The Facility-Based Investigator affirmed that the standard of evidence to substantiate an allegation of sexual abuse is “the preponderance of the evidence”.

Standard 115.73: Reporting to inmates

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

115.73 (a)

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

115.73 (b)

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

115.73 (c)

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

115.73 (d)

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

115.73 (e)

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

115.73 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

This facility has not had any allegations in several years, and none in the past 12 months. This is confirmed through review of the Hotline Call Report from the PREA Unit; Monthly PREA Report sent to the PREA Unit, Compstat Reports; Reviewed Incident Reports' Reviewed Grievances; and interviews with the Warden, PREA Compliance Manager and Interviews with random Staff and Inmates. There were two allegations however made during the month of January 2019, after the flash drive had been prepared and sent documenting no allegations in the past 12 months, which was accurate. Both investigations documented that the inmate was notified of the results of the investigation.

The facility's PREA Policy, 1015, requires that following an investigation into an inmate's allegation that he suffered sexual abuse in the facility, the facility will inform the inmate as to whether the allegation has been determined to be either substantiated, unsubstantiated, or unfounded. Notification, as required by policy, is to be completed by the SART team leader or facility PREA Compliance Manager and the notification will be documented in SCRIBE.

Notifications are documented on a Spalding County Correctional Institution Notification Form.

Policy and Documents Reviewed: GDC Policy 208.06, Prison Rape Elimination Act – PREA, Sexually Abusive Behavior Prevention and Intervention Program, G.15; Spalding County Correctional Institution, PREA Policy, 10.2; Reviewed GDC Notification Form, Attachment 5, GDC 208.6; Pre-Audit Questionnaire; Two (2) Notifications to Inmates

Interviews: Warden, PREA Compliance Manager; Facility-Based Investigator/Sexual Assault Response Team Leader

Discussion of Policy and Documents Review: Following an investigation into an allegation of sexual abuse, within 30 days, the facility is required, by policy, (208.6), to notify the inmate of the results of the investigation as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded. GDC Policy 208.06, Prison Rape Elimination Act – PREA, Sexually Abusive Behavior Prevention and Intervention Program, G.15, requires that following the close of an investigation into an

offender's allegation that he/she suffered sexual abuse in a Department facility, the facility is required to inform the offender as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded. Policy requires the notification be completed by a member of the local SART unless the appointing authority delegates to another designee under certain circumstances. Notifications are required to be documented. If an inmate is released from the Department's custody the Department's obligation to "notify" the inmate of the outcome of the investigation is terminated. Notifications are required to comply with the PREA Standards and GDC Policies.

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

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

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

There were two investigations conducted in the month of January 2019. Both outcomes were reported to the inmates and documented on the Spalding County Correctional Institution Notification Form.

Discussion of Interviews: Interviews with the Facility-Based Investigator indicated that a member of SART would be responsible for notifying the inmates of the outcome of the investigation. Staff who were interviewed were knowledgeable of the items listed on the notification. The SART notified two inmates of the results of investigations conducted in January 2019.

DISCIPLINE

Standard 115.76: Disciplinary sanctions for staff

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

115.76 (a)

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

115.76 (b)

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

115.76 (c)

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

115.76 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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There have been no allegations resulting in a substantiated case against any staff requiring or resulting in disciplinary action. This was confirmed through reviewed monthly PREA Reports to the GDC PREA Unit, Calls to the PREA Hotline Report, incident reports and grievances for the past 12 months, and

interviews with the Warden, Deputy Warden of Care and Treatment/PREA Compliance Manager and interviews with randomly selected and specialized staff

GDC Policy requires that staff who violate any agency sexual abuse and sexual harassment policy is subject to disciplinary sanctions up to and including termination and termination is the presumptive sanction and if the allegation was criminal in nature, recommendations for referral for prosecution. Special Agent Investigators work with the District Attorneys to determine if, and when, they have enough evidence to refer for prosecution. Administrative investigations in which staff violate policy, may result in a staff member being disciplined up and including dismissal.

If an offense was less than sexual abuse the appropriate sanction would 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

The Spalding County Correctional Institution PREA Policy, Disciplinary Sanctions for Staff, affirms, in 11.1, that staff who engage in sexual misconduct with an offender will be banned from the facility and subject to disciplinary action, up to and including termination, whichever is appropriate, and may also be referred for criminal prosecution when appropriate. Final decisions will be approved by the Spalding County Human Resources along with input from the Georgia Department of Corrections. Termination should be the presumptive disciplinary sanction for staff who have engaged in sexual touching. Policy also requires that all terminations for violations of GDC and Spalding County CI's sexual abuse or sexual harassment policies, or resignations by staff that would have been terminated if not for their resignation will be reported to law enforcement agencies, unless the activity was clearly not criminal. These will also be reported to the Georgia Peace Officers Standards and Training Council (POST). Substantiated cases of sexual contact between a staff and offender will be referred for criminal prosecution.

The Georgia Department of Corrections has a zero tolerance for sexual abuse and sexual harassment and if there is a substantiated case of sexual abuse, the presumptive sanction is termination from employment and possible referral for prosecution. The Department requires each facility to have a "Wall of Shame" that contains the photos of staff who have been arrested for issues including contraband and staff misconduct, including staff misconduct with an inmate. Staff acknowledge, in the PREA Acknowledgment Form which they sign, the potential sanctions, including arrest and referral for prosecution and the punishment if found guilty. Staff also sign a Code of Conduct/Ethics Acknowledgement as well.

There have been no substantiated allegations against any staff or contractor at the facility.

Policy and Documents Reviewed: Department of Corrections Policy, 208.6, Prison Rape Elimination Act, H. Discipline, 1. Disciplinary Sanction for Staff; GDC Sexual Assault/Sexual Misconduct Prison Rape Elimination Act (PREA) Education Acknowledgment Statement for Employees and Unsupervised Contractors and Unsupervised Volunteers; Reviewed Pre-Audit Questionnaire; Spalding County Correctional Institution PREA Policy, 11.1, Disciplinary Sanctions for Staff

Interviews: Warden; PREA Compliance Manager; Chief of Security/Captain

Discussion of Policy and Document Review: Department of Corrections Policy, 208.6, Prison Rape Elimination Act, H. Discipline, 1. Disciplinary Sanction for Staff and Spalding County Correctional Institution PREA Policy, requires that staff who engage in sexual misconduct with an offender are

banned from correctional institutions or subject to disciplinary action, up to and including, termination, whichever is appropriate. Staff may also be referred for criminal prosecution when appropriate.

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

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

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

Staff, as a part of their PREA training, sign a GDC Sexual Assault/Sexual Misconduct Prison Rape Elimination Act (PREA) Education Acknowledgment Statement for Employees and Unsupervised Contractors and Unsupervised Volunteers that contains a warning that any violation of the policy will result in disciplinary action, including termination, or that they will be banned from entering any correctional institution. Furthermore, it asserts that staff understand, that in accordance with Georgia Law, O.C.G.A. 16-6-5.1, certain correctional staff members who engage in sexual contact with an offender commit sexual assault, a felony punishable by imprisonment of not less than one nor more than 25 years, a fine of \$100,000.00 or both. Staff acknowledge that an offender cannot consent to sexual activity. The auditor reviewed 39 PREA Acknowledgment Statements signed by employees and contractors.

Discussion of Interviews: Interviews with the Warden, Chief of Security, and PREA Compliance Manager indicated that if a staff was involved in an allegation of sexual abuse the staff would be placed on no-contact with that resident or placed on suspension. If the allegations were substantiated, the staff would be banned from all GDC facilities and the presumptive disciplinary action is termination. Referral for prosecution was also likely depending on the outcome of the OPS investigation. Interviews with staff confirmed they understand the sanctions that may be imposed for violating any agency sexual abuse or sexual harassment policies.

Standard 115.77: Corrective action for contractors and volunteers

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

115.77 (a)

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

- Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies? Yes No

115.77 (b)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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GDC and the Spalding County Correctional Institution has a zero tolerance for any form of sexual abuse or sexual harassment. Contractors and Volunteers are advised of that policy and explained the consequences for violations. Any contractor or volunteer who violates any agency sexual abuse or sexual harassment will be immediately barred from the facility and placed on a ban for entering any GDC facility. Pending investigation, the contractor or volunteer will not be allowed entry into this facility or any other GDC facility. The local law enforcement will be notified, and a recommendation will be made to refer the contractor or volunteer for prosecution.

If the contractor or volunteer is a licensed person, the licensing agency will also be notified.

The Spalding County Correctional Institution PREA Policy, 11.2, Contractors and Volunteers, requires that any contractor or volunteer who engages in sexual abuse will be prohibited from contact with inmates and will be reported to law enforcement agencies, unless the activity was clearly not criminal and to relevant licensing bodies. Spalding County CI will take appropriate remedial measures and will prohibit further contact with inmates, removing them from approval to enter the facility.

Policy and Documents Reviewed: GDC Policy, 208.06, Prison Rape Elimination Act, Sexually Abusive Behavior Prevention and Intervention Program, Paragraph #2. Contractors and Volunteers; Spalding County Correctional Institution PREA Policy, 11.2, Contractors and Volunteers; Spalding County Correctional Institution PREA Policy, 11.2, Contractors and Volunteers; GDC Sexual

Assault/Sexual Misconduct Prison Rape Elimination Act (PREA) Education Acknowledgment Statement for Employees and Unsupervised Contractors and Unsupervised Volunteers; Pre-Audit Questionnaire;

Interviews: Warden; Deputy Warden/PREA Compliance Manager; SART Members; Two (2) Volunteers and one (1) Contractor

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

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

Contractors and Volunteers, as a part of their PREA training sign a GDC Sexual Assault/Sexual Misconduct Prison Rape Elimination Act (PREA) Education Acknowledgment Statement for Employees and Unsupervised Contractors and Unsupervised Volunteers. The acknowledgment statement contains a warning that any violation of the policy will result in disciplinary action, including termination, or that they will be banned from entering any correctional institution. Furthermore, it asserts that staff understand that in accordance with Georgia Law, O.C.G.A. 16-6-5.1, certain correctional staff members who engage in sexual contact with an offender commit sexual assault, a felony punishable by imprisonment of not less than one nor more than 25 years, a fine of \$100,000.00 or both. Staff acknowledge that an offender cannot consent to sexual activity. The auditor reviewed 3 PREA Acknowledgment Statements for Volunteers and Contractors and reviewed the volunteer training chart.

The Pre-Audit Questionnaire documented that there were no allegations of sexual abuse or sexual harassment against any contractor or volunteer during the past 12 months. This was also confirmed through reviewed Monthly PREA Reports to the GDC PREA Unit, reviewed grievances and incident reports, reviewed Calls to the PREA Hotline, and interviews with staff and inmates.

Discussion of Interviews: Interviews with the Warden; PREA Compliance Manager; SART Team, Volunteers, and Contractors, indicated that the facility has not had any allegations made against a volunteer of a contractor in the past twelve (12) months or that they can remember. The Warden confirmed any volunteer or contractor would be prohibited from coming into the facility and if an investigation was substantiated the volunteer would be referred for prosecution.

Standard 115.78: Disciplinary sanctions for inmates

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

115.78 (a)

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

115.78 (b)

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

115.78 (c)

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

115.78 (d)

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

115.78 (e)

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

115.78 (f)

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

115.78 (g)

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

Auditor Overall Compliance Determination

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

Does Not Meet Standard (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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

Policy and Documents Reviewed: GDC Policy, 208.6, Sexually Abusive Behavior Prevention and Intervention Program, H. Discipline, Paragraph 3. Disciplinary Sanctions for Offenders; Spalding County Correctional Institution PREA Policy, 11.3, Disciplinary Sanctions for Inmates; Pre-Audit Questionnaire; Reviewed Incident Reports; Reviewed Grievances; Reviewed Report of Calls to the PREA Hotline

Interviews: Warden; PREA Compliance Manager; SART Leader; SART Members; Due Process Officer

Discussion of Policy and Documents Reviewed: GDC Policy prohibits all consensual sexual activity between offenders and that offenders may be subject to disciplinary action for such activity. Consensual sexual activity between offenders does not constitute sexual abuse, but it is considered a disciplinary issue. Paragraph b, GDC Policy 208.06, requires that offenders are subject to disciplinary sanctions pursuant to a formal disciplinary process following an administrative finding that the offender engaged in offender-on-offender sexual abuse or a criminal finding of guilt for offender-on-offender sexual abuse. The sanctions that may be imposed are prescribed in Standard Operating Procedures 209.01, Offender Discipline. An interview with the Due Process Officer indicated the Department is revising their disciplinary process to provide for negotiated pleas for certain offenses and for sanctions more applicable to the severity of the offense.

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

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

Reports made in good faith upon a reasonable belief that the alleged conduct occurred will not constitute false reporting or lying, even if the investigation does not establish sufficient evidence to substantiate the allegation. However, following an administrative finding of malicious intent on behalf of the offender making the report, the offender will be subject to disciplinary sanctions pursuant to a formal disciplinary process in accordance with SOP 209.01, Offender Discipline and Spalding County CI PREA Policy, 11.3, Disciplinary Sanctions for Inmates.

Following a formal disciplinary process, sanctions will be imposed in compliance with the GDC Standard Operating Procedures. The disciplinary process, as required in policy and based on an

interview with the Due Process Office, will consider whether an inmate's mental disabilities or mental illness contributed to his or her behavior when determining the type of sanction. GDC SOP HB02-0001 requires staff to consider an inmate's mental disability or mental illness. Therapy, counseling or other interventions can be offered to address and correct the underlying reasons or motivations for the abuse and the facility will consider whether to offer the same to the offending inmate and whether to require participation or other interventions to require the offending inmate and whether to require such participation in such interventions as a condition of access to programming or other benefits.

There have been no allegations of sexual abuse or sexual harassment during the past 12 months. The Pre-Audit Questionnaire documented there were no inmates subject to disciplinary action during the past twelve (12) months. This was confirmed through reviewed Monthly PREA Reports, incident reports, grievances, and interviews with staff and inmates.

MEDICAL AND MENTAL CARE

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

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

115.81 (a)

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

115.81 (b)

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

115.81 (c)

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

115.81 (d)

- Is any information related to sexual victimization or abusiveness that occurred in an institutional setting strictly limited to medical and mental health practitioners and other staff as necessary to inform treatment plans and security management decisions, including housing, bed, work,

education, and program assignments, or as otherwise required by Federal, State, or local law?
 Yes No

115.81 (e)

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

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
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- Does Not Meet Standard** (*Requires Corrective Action*)

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Policy and Documents Reviewed: GDC Policy 208.06, Sexually Abusive Behavior Prevention and Intervention Program, I., Medical and Mental Health Care; Spalding County Correctional Institution PREA Policy, 12.0, Medical and Mental Health Care; Pre-Audit Questionnaire; Victim/Aggressor Assessment; Health Screening Form; Mental Health Consent Forms; Receiving Health Screening Form; Mental Health Reception Screening Form

Interviews: Facility's Licensed Practical Nurse; Deputy Warden/PREA Compliance Manager, Staff who administer the Victim/Aggressor Assessments; Randomly Selected and Targeted Inmates.

Discussion of Reviewed Policy and Documents: GDC Medical Policies are specific and voluminous regarding health care. The GDC Policy, 208.06, Sexually Abusive Behavior Prevention and Intervention Program I, Medical and Mental Health Care requires that the GDC provide prompt and appropriate medical and mental health services in compliance with 28 CFR 115 and in accordance with the GDC Standard Operating Procedures.

Inmates are screened upon admission to the facility by medical staff. During the initial health screening upon intake, detainees are asked about previous sexual abuse. If the detainee discloses that he was a prior victim, the detainee must be offered a follow-up with mental health. The auditor randomly pulled 20 medical files for inmates to determine if an inmate disclosed prior victimization anywhere, whether in an institution, the community, in a jail or elsewhere and if so, to determine if the inmate was offered a follow-up with mental health. Twenty randomly pulled inmate file medical screening forms documented that none of the inmates disclosed any sexual abuse. None of the 40 reviewed victim/aggressor assessments documented an inmate disclosing prior victimization, regardless of where it occurred.

Additionally, if an inmate discloses prior victimization during the initial intake victim/aggressor assessment, the detainee will be offered a follow-up with either medical or a mental health practitioner. This follow-up is offered and will be completed within 14 days of the intake screening. The inmate may choose to refuse the offer and if so, the refusal will be documented. The auditor reviewed forty (40) PREA Assessments. None of the reviewed assessments documented an inmate disclosing prior victimization.

If the screening process indicates an offender has previously perpetrated sexual abuse whether it occurred in an institutional setting or in the community, staff ensure that the offender is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening. The medical screening form documents whether an inmate discloses having previously perpetrated sexual abuse. None of the 20 reviewed files documented an inmate having perpetrated prior sexual abuse. It should be noted that this facility does not accept sex offenders into the program.

Policy requires and staff indicated care is taken to keep information confidential and reported only to those who need to know it. 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.

Staff were aware that victims of sexual abuse are offered mental health crisis intervention and services and that these services would be provided through Southern Crescent Sexual Assault Center and Georgia Diagnostic Prison.

Although there have been no inmates disclosing prior victimization, staff were not knowledgeable of the process for offering inmates who disclose prior victimization a follow-up with mental health, nor were they aware of the GDC referral process. They did relate that if an inmate needed mental health services, the inmate would be referred to the Georgia Diagnostic Prison in Jackson, Georgia.

Corrective Action: The facility agreed to retrain medical and counseling staff in the GDC Policies and PREA Standards regarding offering inmates who disclose prior victimization in the medical screening process, victimization screening process, or who disclose it at any time in any manner a follow-up with mental health. The facility agreed to develop a process for documenting acceptance or refusal of the follow-up. The facility agreed to follow GDC Policy and utilize the GDC referral forms to document referral and to document that the inmate was seen by mental health.

Discussion of Interviews: Interviews with medical and counseling staff indicated they were unsure about the process for offering an inmate a follow-up with mental health. They were aware that if an inmate scored out as a potential victim, they would inform the ID staff to ensure the inmate was placed in a safe bed.

Standard 115.82: Access to emergency medical and mental health services

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

115.82 (a)

- Do inmate victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment?
 Yes No

115.82 (b)

- If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do security staff first responders take preliminary steps to protect the victim pursuant to § 115.62? Yes No
- Do security staff first responders immediately notify the appropriate medical and mental health practitioners? Yes No

115.82 (c)

- Are inmate victims of sexual abuse offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate? Yes No

115.82 (d)

- Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?
 Yes No

Auditor Overall Compliance Determination

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

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GDC Policy and Spalding County Correctional Institution PREA Policy, 12.0, Medical and Mental Health Care; and Practice requires that inmate victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services and the nature and scope of which are

determined by medical and mental health practitioners according to their professional judgment. This was confirmed through reviewed policies and procedures, reviewed monthly PREA reports, Interviews with staff, Counselors, PREA Compliance Manager, the facility's Lead Nurse, and an interview with the Program Director of the Southern Crescent Sexual Assault and Child Advocacy Center.

Medical care is provided on-site through an onsite Licensed Practical Nurse during normal business hours and there is an MD who is on call and emergency care provided at local hospital in Griffin, Georgia.

Sexual Assault Nurse Examiners are provided through the Southern Crescent Sexual Assault and Child Advocacy Center. The Program Director of the Center confirmed that the organization has access to six (6) Sexual Assault Nurse Examiners who would conduct the forensic exams and that these staff would be available to inmate victims of the Spalding County Correctional Institution. The center also offers the inmate sexually transmitted disease prophylactics. Follow-up care is provided at the Spalding County Correctional Institution in compliance with any physician's orders for the inmates.

Security and non-security staff are trained as first responders and their roles are to separate the alleged victims from alleged perpetrators, try to protect any evidence, suggesting the victim not eat, drink, use the restroom or change clothes, and require the alleged perpetrator not do those things as well that could destroy evidence. Interviewed staff articulated their roles as first responders and non-uniform staff responded with all the elements of first responding just as the uniformed staff did.

If an inmate does not have serious or life-threatening injuries, he would be transported to the Southern Crescent Sexual Assault and Child Advocacy Center and if there were inquiries requiring care beyond the capability of the facility the inmate will be taken to the local hospital Emergency Room.

Both GDC Policy and Spalding County Correctional Institution PREA Policy requires that the Forensic Exam is provided at no cost at all to the victim. Interviews confirmed that as well.

Mental Health treatment services can be provided by the mental health staff at the Georgia Diagnostic Prison in nearby Jackson, Georgia or at the Southern Crescent Sexual Assault Center at no cost, regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.

The Facility has not had any allegations during the past 12 months of any form of penetration or sexual assault. This is confirmed through reviewed Hotline Call Reports for the past 12 months; Monthly PREA Reports to the PREA Unit; reviewed incident reports and grievances and interviews with staff and inmates.

Policy and Documents Reviewed: GDC Policy, 208.6, Prison Rape Elimination Act, Sexually Abusive Behavior Prevention and Intervention Program; Spalding County Correctional Institution PREA Policy; Reviewed inmate medical records; Coordinated Response Plan;

Interviews: The Warden; Licensed Practical Nurse; Facility-Based Investigator; PREA Compliance Manager; Program Director of the Southern Crescent Sexual Assault and Child Advocacy Center; Sexual Assault Response Team Leader; Randomly Selected Staff; Security and Non-Security First Responders;

Discussion of Reviewed Policies and Documents:

Inmate victims of sexual abuse receive timely and unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment. This was confirmed through an interview with the Licensed Practical Nurse.

Health care services onsite at the facility are available during essentially normal duty hours. During after hours the nurse indicated the on-call physician will generally tell staff to take the inmate to the emergency room at the local hospital in Griffin, Georgia.

GDC Policy, 208.6, Prison Rape Elimination Act, Sexually Abusive Behavior Prevention and Intervention Program requires the facility to provide prompt and appropriate medical and mental health services in compliance with this standard. It requires the SART to arrange for immediate medical examination of the alleged victim, followed by a mental health evaluation within 24 hours. One of the SART Members is the health services administrator. Forensic Exams are conducted at the Southern Crescent Sexual Assault Center. Medical staff at the prison are charged with conducting an initial assessment of the offender to determine if there is evidence of physical trauma requiring immediate medical intervention in accordance with good clinical judgment. Medical staff immediately initiate all necessary urgent/emergent treatment for bleeding, wounds and other traumas. They then complete the Nursing Protocol Assessment form for alleged sexual assault. Facility clinicians document physical examinations in the progress notes. When medically indicated, medical staff are required to arrange transfer the offender (if no SANE's is available on site) to the designated emergency facility for continued treatment and collection of forensic evidence. If an alleged assault occurred within 72 hours of the reported incident and the offender does not require transport to the emergency room, the designated facility SANE Nurse (from the list of SANE Nurses) shall be immediately notified and an appointment scheduled for the collection of forensic evidence. If the sexual assault occurred more than 72 hours previously, the decision on whether the evaluation is done by a local hospital, or by the SANE Nurse at the Southern Crescent Sexual Assault Center 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.

When an inmate has been the victim of sexual abuse, medical staff assess the inmate to ensure there are no life threatening or emergency needs, and if stable, initiate the Nursing Protocol, contact the SANE or Doctor and take the inmate to the Southern Crescent Sexual Assault and Child Advocacy Center for a forensic exam and if the inmate was injured and required treatment beyond what the facility could do, the inmate will be transported to the local hospital emergency room.

There have been no allegations of sexual abuse or allegations of any form of penetration at the facility during the past twelve months that required the inmate to have a forensic exam. This was confirmed through reviewed Monthly PREA Reports to the GDC PREA Unit, Calls to the PREA Hotline Report, reviewed grievances and incident reports and interviews with staff and inmates.

Discussion of Interviews: Medical and health care services at the facility are limited essentially to normal duty hours. There are two nurses assigned to the facility however one has been out on leave. An agency licensed practical nurse has been employed to supplement the lead nurse, also a licensed practical nurse. The lead nurse stated the facility does not perform forensic exams and is not equipped to do so. She indicated if the detainee had injuries beyond first aid, she would send them to the local hospital emergency room. Her role, she indicated would be to conduct an initial assessment and if there

were no serious injuries, she would protect potential evidence. The inmate would be taken to the Southern Crescent Sexual Assault Center for the forensic exam.

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

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

115.83 (a)

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

115.83 (b)

- Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody? Yes No

115.83 (c)

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

115.83 (d)

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

115.83 (e)

- If pregnancy results from the conduct described in paragraph § 115.83(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if all-male facility.) Yes No NA

115.83 (f)

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

115.83 (g)

- Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident? Yes No

115.83 (h)

- If the facility is a prison, does it attempt to conduct a mental health evaluation of all known inmate-on-inmate abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners? (NA if the facility is a jail.)
 Yes No NA

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Spalding County Correctional Institution PREA Policy, Medical and Mental Care, 12.2 requires Spalding County Correctional Institution offers medical and mental health evaluation and, as appropriate, treatment to all inmates who have been victimized by sexual abuse in the facility. Evaluation and treatment include follow-up services, treatment plans, and referrals, as needed, for continued care following their transfer to another GDC Facility or their release from custody. The services will be provided by the Southern Crescent Sexual Assault Center or Georgia Department of Corrections Mental Health Staff at the Georgia Diagnostic Prison, in nearby Jackson, Georgia.

The lead nurse confirmed that inmate victims of sexual abuse will be offered timely information about and time access to emergency sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, and where medically appropriate. The emergency prophylaxis will be administered by appropriately trained SANE personnel at the Southern Crescent Sexual Assault Center.

Medical and mental health staff will provide services consistent with the community level of care, consistent with the GDC Policy, VH-08-0002.

Policy and Documents Reviewed: GDC "Procedure for Sane Nurse Evaluation/Forensic Collection; GDC Policy 208.6, PREA; Spalding County Correctional Institution PREA Policy, 12.0; Reviewed Pre-Audit Questionnaire;

Interviews: Lead Nurse; Previous interviews with two Sexual Assault Nurse Examiners; Warden; PREA Compliance Manager; SART Team; Randomly selected and targeted inmates

Discussion of Policy and Documents Reviewed: 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) that specifies the actions for first responders; Sexual Assault Response Team, Medical and Mental Health. GDC Policy requires that victims of sexual abuse are provided health care services, including the forensic exam at no cost to the victim. This is confirmed through review of the GDC PREA Policy as well as interviews with medical staff. GDC Policy requires that the facility attempt to conduct a mental health evaluation of all known resident on resident abusers within 60 days of becoming aware of such history and offer treatment as appropriate.

If an inmate had to go to the hospital for a forensic exam, the hospital or to the Southern Crescent Sexual Assault Center would offer the inmate STI prophylaxis. Any follow-up as the result of a sexual assault would be provided by the facility or at an appropriate GDC facility such as the Georgia Diagnostic Center in nearby Jackson, GA.

Discussion of Interviews: The lead nurse confirmed the process for providing ongoing physical and mental healthcare services. The inmate is also offered a follow-up with mental health.

DATA COLLECTION AND REVIEW

Standard 115.86: Sexual abuse incident reviews

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

115.86 (a)

- Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded? Yes No

115.86 (b)

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

115.86 (c)

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

115.86 (d)

- Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse? Yes No

- Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility? Yes No
- Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse? Yes No
- Does the review team: Assess the adequacy of staffing levels in that area during different shifts? Yes No
- Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff? Yes No
- Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.86(d)(1) - (d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager? Yes No

115.86 (e)

- Does the facility implement the recommendations for improvement, or document its reasons for not doing so? Yes No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The facility had not had any allegations of either sexual abuse or sexual harassment in the 12 months prior to the flash drive being prepared and sent to the auditor. This was confirmed through multiple sources including the Calls to the PREA Hotline in the past 12 months report, reviewed monthly PREA Reports, reviewed incident reports and grievances, and interviews with staff and inmates. In January, 2019, however there were two (2) allegations of sexual harassment involving comments and actions that were determined to be 1) unfounded and, 2) unsubstantiated. None of the allegations were of sexual abuse, therefore none required an incident review. However, staff are aware of the Incident

Review Process and there is an incident review team, the sexual assault response team. The team is composed of the facility-based investigator, medical staff, counseling staff and the PREA Compliance Manager.

GDC Policy and the Spalding County Correctional Institution PREA Policy, 13.0, Data Collection and Review, 13.1, Sexual Abuse Incident Reviews, requires the facility conduct incident reviews within 30 days of the conclusion of every sexual abuse investigation. The team, includes the following

Paragraph 4 asserts that the team will do the following:

- Consider whether the allegations or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse whether the incident or allegation was motivated by race, ethnicity, gender identity, gay, lesbian, bisexual, transgender or intersex identification status or perceive status, gang affiliation or was motivated or otherwise caused by other group dynamics at the institution.
- Examine the area where the incident allegedly occurred to assess any physical barriers in the area that may enable abuse
- Assess the adequacy of staffing levels in that area during various shifts

The review team then will prepare a report of its findings to the Warden and PREA Coordinator who are authorized to implement the recommendations for improvement or document the reasons for not doing so.

Policy and Documents Review: GDC Policy 208.06, Prison Rape Elimination Act-PREA, Sexually Abusive Behavior Prevention and Intervention Program J. Data Collection and Review, 1. Monthly Sexual Abuse and Sexual Assault Program Review; Spalding County CI PREA Policy, 13.0 Data Collection and Review; Monthly Sexual Abuse and Sexual Assault Program Review; Pre-Audit Questionnaire; Calls to the PREA Unit Hotline in the past 12 months; Monthly PREA Reports; Compstat Reports; Reviewed Incidents and Grievances for the past 12 months (sample)

Interviews: Warden; PREA Compliance Manager; SART Members

Discussion of Policies and Documents: The facility has not had any allegations of either sexual abuse or sexual harassment during the 12 months prior to the flash drive being prepared and sent to the PREA Auditor. In January, 2019, there were two (2) allegations of sexual harassment. There were no allegations of sexual abuse. This was confirmed through reviewed monthly PREA reports to the GDC PREA Unit; the Hotline Call Report for the past 12 months

GDC Policy 208.06, Prison Rape Elimination Act-PREA, Sexually Abusive Behavior Prevention and Intervention Program J. Data Collection and Review, 1. Monthly Sexual Abuse and Sexual Assault Program Review, affirms and requires that each facility meet once per month to review and assess the facility's PREA prevention, detection, and response efforts. During that meeting, policy requires an incident review to be conducted for each sexual abuse allegation that has been concluded within the past 30 days. This review is to be conducted on all abuse allegations deemed to be substantiated and unsubstantiated. Reviews of unfounded allegations are not necessary.

Spalding County Correctional Institution PREA Policy, 13.1, 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. Facility policy requires the team include the SART, upper level management with input from line supervisors, and other staff, where practical. 13.2, describes and delineates the things the team will consider. These are all consistent with the PREA Standard.

GDC policy requires that the members of the incident review team consist of the PREA Compliance Manager, SART and representatives from upper level management, line supervisors and other staff members, as designated by the Warden of the facility.

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

The reviews are conducted at the end of the investigation, as required. Interviews with team members confirmed the reviews are conducted within 30 days of the conclusion of the investigation and that the team would consider, what motivated the incident (identification, status, gang related etc.), where it happened, blind spots, the presence of cameras, staffing and other items included on the Incident Review Checklist (Sexual Abuse Incident Review Checklist).

Discussion of Interviews: Interviews with the Warden; Deputy Warden/PREA Compliance Manager; SART members confirmed they have not had any allegations of sexual abuse in the past twelve months and before. The team is aware of the review process and described the things the team would consider following the conclusion of an investigation.

Standard 115.87: Data collection

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

115.87 (a)

- Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions? Yes No

115.87 (b)

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

115.87 (c)

- Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice? Yes No

115.87 (d)

- Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews? Yes No

115.87 (e)

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

115.87 (f)

- Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.) Yes No NA

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

This standard is rated exceeds because of the sophisticated reports the GDC PREA Analyst generates in support of the PREA Audit process. In addition to the monthly reports of sexual abuse/sexual harassment submitted to the PREA Unit from which the Annual Report is compiled, the PREA Analyst secures a report of disabled residents/inmates for the auditor prior to each audit, enabling the auditor to identify inmates who are hearing or visually impaired or otherwise disabled. Also, prior to each audit the PREA Analyst provides the auditor with a report of all calls to the PREA Hotline during the past twelve (12) months. Where names are associated with the hotline calls, these are provided to the auditor. At each facility the auditor collects the Monthly COMSTAT Reports submitted to the GDC, documenting multiple areas of facility operations, including major incidents. Too, each facility maintains color coded Monthly PREA Reports documenting the allegations received during a given month.

Spalding County Correctional Institution PREA Policy, 13.3, Data Collection, requires that the facility will collect uniform data for every allegation of sexual assault using a standardized instrument and set of definition and that the facility will combine the incident-based sexual abuse data at least annually. This information, according to policy will include, at a minimum, the data necessary to answer all questions on the most recent version of the Department of Justice. Policy also requires the facility to maintain, review and collect data, as needed from all available incident-based documents, including reports, investigations and sexual abuse incident reviews and on request, the facility will provide the data from the previous calendar year to the Department of Justice no later than June 30.

The aggregated sexual abuse data will be readily available to the public at least annually through the facility's web site. The facility also submits monthly PREA reports to the GDC PREA Unit for data collection. Before making the data available, the facility will remove all personal identifiers. Some information may be redacted from the reports when publication would present a clear and specific threat to the safety and security of the institution (wording removed) but, the nature of the material redacted will be indicated.

Policies and Documents Review: GDC Policy 208.06, Prison Rape Elimination Act, Sexually Abusive Behavior Prevention and Intervention Program, J.3; Spalding County Correctional Institution PREA Policy, 13.3, Data Collection; Georgia Department of Corrections Annual Report; Monthly PREA reports to the GDC PREA Unit; Reports from the GDC PREA Analyst

Interviews: Statewide PREA Coordinator (previous interview); Assistant Statewide PREA Coordinator (previous interview); PREA Compliance Manager; Warden

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

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

The auditor reviewed the most recent Georgia Department of Corrections Annual Report. The Agency issues annual PREA reports and posts them on the GDC Website. The auditor reviewed the 2017 Georgia Department of Corrections Prison Rape Elimination Annual Report. The thirteen-page report was detailed and comprehensive. The report indicated that the Georgia DOC has 34 prisons, 13 Transition Centers, 9 probation detention centers, 5 substance abuse and integrated treatment facilities and 4 private prisons. Data is collected from each of the facilities and aggregated. Georgia DOC compiles and investigates PREA allegations in 4 major categories including 1) Staff on inmate Abuse,

2) Staff on Inmate Harassment, 3) Inmate on Inmate Abuse, and 4) Inmate on Inmate Harassment. The report provided data regarding the total number of allegations from all facilities and then it breaks the allegations down into those that were substantiated, unsubstantiated and unfounded. A chart then breaks down the data by facility. The 2017 report indicated there was a 21% increase in allegations reported and this was attributed to and the addition of county and private facility allegations, the improvement in reporting as well as the effect of increased staff and inmate education. The substantiated cases remained constant and an increase in the total number of allegations is influenced by process improvements and prevention training.

The report included initiatives by the Department. In 2017 the PREA Unit implemented a database for all allegations. The database records all reported PREA incidents that are sorted into queues including Pending SART Investigator, Pending PREA Coordinator Review, and Completed Cases. This enhanced the PREA Coordinator's ability to be more involved in the investigative process as allegations are reported. The PREA Coordinator reviews provide a check and balance system to ensure the dispositions are in compliance with the investigation standards. Beginning in 2018 the PREA became able to ensure all allegations are accompanied by an incident report and all federal-related data recorded as the cases occur. This is accomplished through the SCRIBE Module.

Statistics are provided for each GDC facility.

The facility's annual report documents that there were no allegations of sexual abuse or sexual harassment. The 2019 will document some allegations inasmuch as there have been two (2) allegations made in January, 2019.

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

In addition to the monthly PREA statistical report submitted by each facility; the facility also submits to GDC, a Monthly Operational Report, providing statistics on a multitude of topics, including PREA incidents. The monthly PREA Report documents all allegations/incidents of sexual abuse or sexual harassment. The auditor reviewed all twelve months of reports to the PREA Unit.

The PREA Analyst provides the auditor, prior to each audit; reports documenting the disabilities of inmates; lists of inmates disclosing prior victimization (when available), as well as an email documenting the names of inmates contacting the PREA Hotline during the past twelve (12) months. The disability report enables the auditor to identify inmates/residents who are hearing or visually impaired or who have some other form of disability.

Standard 115.88: Data review for corrective action

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

115.88 (a)

- Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas? Yes No
- Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis? Yes No
- Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole? Yes No

115.88 (b)

- Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse? Yes No

115.88 (c)

- Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means? Yes No

115.88 (d)

- Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility? Yes No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

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

This facility is a county “work camp” meaning inmates placed in this facility are inmates who are on the last portions of their sentences and who meet criteria that would make it more likely the inmates will abide by most rules and regulations. These inmates have the opportunity to work outside the facility or inside the facility on a daily basis. Allegations of sexual abuse and sexual harassment are rare in county prisons. Inmates consistently tell the auditor that sexual abuse does not happen in county prisons and that inmates want to stay in the placement and are motivated to conform to the rules.

The Spalding County Correctional Prison’s annual report is a statement that there have been no allegations of either sexual abuse or sexual harassment in a given year. There is no data to aggregate. The fact that the facility has had no allegations during the past 12 months prior to the provision of the flash drive to the auditor, was confirmed through the reviewed monthly PREA reports to the GDC PREA Unit, reviewed incident reports, reviewed grievances, and interviews with the administration, line staff and inmates.

The Spalding County Correctional Institution PREA Policy, 13.4, Data Review for Corrective Action, asserts that the facility will review data collected and combined, if any, to assess and improve the effectiveness of its sexual abuse prevention, detection, response policies, practices and training including the following:

- Identifying problem areas
- Taking corrective action on an ongoing basis
- Preparing an annual report of its findings and corrective actions for the institution

The report, if applicable, would include a comparison of the current year’s data and corrective actions with those from the prior years and provide an assessment of the facility’s progress in addressing sexual abuse. The report will be approved by the Warden and made available to the public through the county website.

Policy and Documents Reviewed: Georgia Department of Corrections 2017 Annual Report; Agency Website; Reviewed Spalding County Correctional Institution, PREA Policy, Annual Reports on Website

Interviews: Warden; Deputy Warden/PREA Compliance Manager; Members of Incident Review Team; Previous interview with the Agency’s Statewide PREA Coordinator and Agency Assistant Statewide PREA Coordinator

Policy and Document Review: The Georgia Department of Corrections requires each facility to conduct incident reviews after each sexual abuse allegation investigation if the allegations are founded or unsubstantiated. The purpose of this is to determine what the motivation for the incident was and to assess whether there is a need for corrective actions including additional staff training, staffing changes or requests for additional video monitoring technology or other actions to help prevent similar incidents in the future. There were no allegations of sexual abuse, sexual harassment, or retaliation during the past 12 months and two (2) allegations of sexual harassment in January, 2019.

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.

Standard 115.89: Data storage, publication, and destruction

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

115.89 (a)

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

115.89 (b)

- Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means? Yes No

115.89 (c)

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

115.89 (d)

- Does the agency maintain sexual abuse data collected pursuant to § 115.87 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise? Yes No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Policies and Documents Reviewed: GDC Policy 208.06, Prison Rape Elimination Act -PREA, Sexually Abusive Behavior Prevention and Intervention Program, VI. Record Retention of Forms Relevant to this Policy, Spalding County Correctional Institution, PREA Policy,13.4, Data Storage, Publication, and Destruction

Interviews: Statewide PREA Coordinator (previous interview); Assistant Statewide PREA Coordinator, PREA Compliance Manager; Warden

Discussion of Policies and Documents: Georgia Department of Corrections makes all aggregated sexual abuse data from all facilities under its direct control and private facilities with whom it contracts, readily available to the public through the Georgia GDC Website. GDC Policy requires all reports are securely retained and maintained for at least 10 years after the date of the initial collection unless the Federal, State or local laws require otherwise.

GDC Policy 208.06, Prison Rape Elimination Act -PREA, Sexually Abusive Behavior Prevention and Intervention Program, VI. Record Retention of Forms Relevant to this Policy, requires that the retention of PREA related documents and investigations will be securely retained and made in accordance with this policy and policy in VI.1, Sexual abuse data, files and related documentation requires they are retained at least 10 years from the date of the initial report.

Criminal investigation data, files and related documentation is required to be retained for as long as the alleged abuser is incarcerated or employed by the agency, plus five years or 10 years from the date of the initial report, whichever is greater. Administrative investigation data files and related documentation is to be retained for as long as the alleged abuser is incarcerated or employed by the agency, plus five years; or 10 years from the date of the initial report, whichever is greater.

The facility's local operating procedures Storage, Publication and Destruction requires that all data collected will be securely retained. All sexual abuse data will be available to the public on the county website and in annual reports. All personal identifiers will be removed as it pertains to confidentiality. All data collected will be maintained no less than 10 years from the initial date of collection unless Federal, State, or local law requires otherwise.

AUDITING AND CORRECTIVE ACTION

Standard 115.401: Frequency and scope of audits

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

115.401 (a)

- During the three-year period starting on August 20, 2013, and during each three-year period thereafter, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (N/A before August 20, 2016.)
 Yes No NA

115.401 (b)

- During each one-year period starting on August 20, 2013, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited? Yes No

115.401 (h)

- Did the auditor have access to, and the ability to observe, all areas of the audited facility? Yes No

115.401 (i)

- Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)? Yes No

115.401 (m)

- Was the auditor permitted to conduct private interviews with inmates, residents, and detainees? Yes No

115.401 (n)

- Were inmates permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel? Yes No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

This is the only facility operated under the auspices of the Spalding County Government. The facility was audited January 27, 2016 and again January 30, 2019. The PREA Report was posted on the Agency's Website for public review.

Policy and Documents Reviewed: GDC Policy, 208.06, Prison Rape Elimination Act-PREA, Sexually Abusive Behavior Prevention and Intervention Program, K. Audits; Notices of PREA Audit; GDC Policy, 208.06, Prison Rape Elimination Act-PREA, Sexually Abusive Behavior Prevention and Intervention Program, K. Audits, asserts that the Department will conduct audits pursuant to 28 C.F.R/ 114.401-405.

The Georgia Department of Corrections contracts with county and private facilities. Policy requires that county facilities and privately operated on behalf of the Department (housing state offenders) must meet the same PREA audit requirements as the state facilities. These entities are responsible for scheduling and funding their audits. All audits are required to be certified by the Department of Justice and each facility will bear the burden of demonstrating compliance with the federal standards. A copy of the final report will be submitted to the Department's PREA Coordinator upon completion of the audit and must be conducted every three years.

The facility provided documentation that they posted the Notices of PREA Audit in areas of the facility accessible to inmates, staff, contractors, volunteers and visitors six weeks prior to the on-site audit. More than 30 days prior to the onsite audit the auditor and PREA Compliance Manager communicated via email and phone to discuss the audit process and to clarify policies, procedures and other documents.

The auditor received the flash drive more than 30 days prior to the onsite audit. The information contained on the flash drive was comprehensive. Where documentation to confirm training was required, the facility provided multiple pages and certificates to confirm the training.

The drive contained information including GDC Policies and Procedures, local operating procedures, as well as documentation indicating the facility's practices relative to the GDC Policies and the PREA Standards.

The Pre-Audit questionnaire was completed and was informative as well. Communications between the auditor and the PREA Compliance Manager were effective and productive. When additional information was requested, the information was provided expeditiously. During the on-site audit the facility was requested to provide documentation and the documentation was readily available to and easily provided.

The on-site audit of the Spalding County Correctional Institution was conducted by a Certified Auditor and an assistant. The assistant is an experienced corrections staff person who works in the state office of the Department of Juvenile Justice and who is knowledgeable of PREA and the PREA Standards. During the on-site audit, the auditors were provided complete and unfettered access to all areas of the facility and to all the detainees. The auditors were free to move about the facility any time they needed to. Space in two offices were provided for the auditors to conduct interviews with complete privacy. During the on-site review, the auditor freely walked around the facility, interviewing informally, staff and probationers.

The Notice of PREA Audit was observed posted throughout the facility and on the PREA Bulletin Boards in each of the six (6) dormitories. The notice contained contact information for the auditor. The auditor did not receive any correspondence as a result of the notice posting. During the tour of the facility the auditor informally talked with inmates and staff. Inmates were relaxed and cordial and informed the auditor they had received PREA Information at intake and orientation, that they were

asked the PREA Assessment personal questions in private, and that they had multiple ways to report. None of the inmates requested to talk with the auditor in private.

Interviews were conducted in complete privacy and every resident chosen for interviews participated in the interviews. Most of the male inmates previous identified by GDC as having been previously victimized in other than a prison or institutional setting, denied they had been victimized. The auditors were free to move about the facility at will, providing the opportunity for any resident to communicate with the auditor, if they needed to.

The auditor thoroughly reviewed large samples of documentation. Twenty-four inmate institutional files were pulled and reviewed. Twenty-one medical files were reviewed. Personnel files for newly hired staff, regular staff, contracted staff and volunteers were reviewed. Grievances and Incident Reports were reviewed. Staff, contractors, volunteers and inmates were interviewed. Twenty (20) inmates were informally interviewed during the site review. Multiple personnel files were reviewed to assess the hiring process and background checks. Too, processes were tested during the on-site audit. The auditor tested three phones in separate dorms by calling the PREA Hotline and leaving messages for the PREA Unit to email the auditor when they received the message. Victim/ Aggressor Assessments were pulled for randomly selected inmates identified on the Intake ID Housing Board. During the exit briefing, the PREA Compliance Manager preliminary findings were discussed and corrective actions were identified.

Standard 115.403: Audit contents and findings

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

115.403 (f)

- The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports within 90 days of issuance by auditor. The review period is for prior audits completed during the past three years PRECEDING THIS AGENCY AUDIT. In the case of single facility agencies, the auditor shall ensure that the facility's last audit report was published. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or in the case of single facility agencies that there has never been a Final Audit Report issued.) Yes No NA

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The Warden and the PREA Compliance Manager ensures that all PREA Reports are published on the agency's website within 90 days of the completion of the report. Reports for all facilities for all reporting periods are posted on the agency's website and easily accessible to the public.

The auditor reviewed the Agency's website and reviewed the previous PREA report as well as annual reports that were posted on the website.

AUDITOR CERTIFICATION

I certify that:

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

Auditor Instructions:

Type your full name in the text box below for Auditor Signature. This will function as your official electronic signature. Auditors must deliver their final report to the PREA Resource Center as a searchable PDF format to ensure accessibility to people with disabilities. Save this report document into a PDF format prior to submission.¹ Auditors are not permitted to submit audit reports that have been scanned.² See the PREA Auditor Handbook for a full discussion of audit report formatting requirements.

Robert Lanier

March 3, 2019

Auditor Signature

Date

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

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