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

☐ **Interim** ☒ **Final**

Date of Report December 17, ,2018

Auditor Information

Name: Robert Lanier	**Email:** rob@diversifiedcorrectionalservices.com
Company Name: Diversified Correctional Services, LLC	
Mailing Address: PO Box 452	**City, State, Zip:** Blackshear, GA 31516
Telephone: 912-281-1525	**Date of Facility Visit:** December 5-6, 2018 Two (2) Auditors

Agency Information

Name of Agency: Georgia Department of Corrections		**Governing Authority or Parent Agency** *(If Applicable)*: N/A	
Physical Address: 300 Patrol Road		**City, State, Zip:** Forsyth, Ga. 31029	
Mailing Address: P.O. Box 1529		**City, State, Zip:** Forsyth, Ga 31029	
Telephone: 404-656-4661		**Is Agency accredited by any organization?** ☐ Yes ☒ No	
The Agency Is:	☐ Military	☐ Private for Profit	☐ Private not for Profit
☐ Municipal	☐ County	☒ State	☐ Federal

Agency mission: The Georgia Department of Corrections protects the public by operating secure and safe facilities while reducing recidivism through effective programming, education and healthcare.

Agency Website with PREA Information: http://www.dcor.state.ga.us/Divisions/ExecutiveOperations/OPS

Agency Chief Executive Officer

Name: Gregory Dozier	**Title:** Commissioner
Email: Gregory.dozier@gdc.ga.us	**Telephone:** 478-992-5374

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: Harris County Prison			
Physical Address: 9982 Highway 116			
Hamilton, GA 31811			
Telephone Number: 706-628-4959			
The Facility Is:	☐ Military	☐ Private for profit	☐ Private not for profit
☐ Municipal	☒ County	☒ State	☐ Federal
Facility Type:	☐ Jail	☒ Prison	
Facility Mission: To protect the public by operating secure and safe facilities while reducing recidivism through effective programming, education and healthcare.			
Facility Website with PREA Information: Georgia Department of Corrections and Harris County Prison			

Warden/Superintendent

Name: Cynthia Nelson	Warden
Email: cnelson@harriscountyga.gov	706-628-4959

Facility PREA Compliance Manager

Name: Robert Larson	Deputy Warden
Email: rlarson@harriscountyga.gov	**Telephone:** 706-628-4959

Facility Health Service Administrator

Name: Marylin Hill	**Title:** Nurse
Email: marylin.hill@correcthealth.org	**Telephone:** 706-628-4959

Facility Characteristics

Designated Facility Capacity: 150	**Current Population of Facility**: 148
Number of inmates admitted to facility during the past 12 months	209

Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 30 days or more:	209
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:	209
Number of inmates on date of audit who were admitted to facility prior to August 20, 2012:	1401

Age Range of Population:	**Youthful Inmates Under 18:** **N/A**	**Adults**: 18 Up	
Are youthful inmates housed separately from the adult population?	☐ Yes	☐ No	☒ NA

Number of youthful inmates housed at this facility during the past 12 months:	N/A
Average length of stay or time under supervision:	2.5 to 3 years
Facility security level/inmate custody levels:	Min and Medium
Number of staff currently employed by the facility who may have contact with inmates:	30
Number of staff hired by the facility during the past 12 months who may have contact with inmates:	02
Number of contracts in the past 12 months for services with contractors who may have with inmates:	02

Physical Plant

Number of Buildings: 1	**Number of Single Cell Housing Units:** 0
Number of Multiple Occupancy Cell Housing Units:	03
Number of Open Bay/Dorm Housing Units:	03
Number of Segregation Cells (Administrative and Disciplinary:	08

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.): There are 49 cameras total inside and outside HCP. There are 3 monitors to view the cameras, which are located in the main control room. The retention of the camera footage is between 10-14 days.

Medical

Type of Medical Facility: Contracted non-Critical thru Augusta University.	Full time medical. Any major or medical needs that arise after hours is provided by Piedmont Regional Hospital in Columbus, GA.
Forensic sexual assault medical exams are conducted at:	Piedmont Regional Hospital, Columbus, GA

Other

Number of volunteers and individual contractors, who may have contact with inmates, currently authorized to enter the facility:	13
Number of investigators the agency currently employs to investigate allegations of sexual abuse:	02

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 Harris County Prison located in Hamilton, Georgia, was forwarded to the Georgia Department of Corrections PREA Coordinator, six weeks prior to the on-site audit, for posting in the Probation Detention Center. Documentation was provided confirming posting the notices in areas accessible to staff, inmates, contractors, 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, in every living unit and other places enabling staff, inmates, contractors, volunteers and visitors the opportunity to communicate with the auditor.

Pre-Audit Questionnaire/ Flash Drive Review: The Facility's PREA Compliance Manager 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 auditor communicated with the Warden of the Harris County Prison, who is a very knowledgeable, experienced and "hands on" administrator and later identified documentation the auditor would need to review during the on-site audit. When clarification was needed, the auditor communicated with the Warden. The Warden and the PREA Compliance Manager was responsive and provided information as requested.

Prior to the on-site audit the auditor requested and received the following reports provided by the Department's PREA Unit:

- Perception Report (Probationer's Identity)
- History of Sexual Abuse Report
- Special Needs Report
- Hotline Calls Report (for last 12 months)

Outreach to advocacy organizations:

Just Detention International - The auditor reached out to Just Detention International to see if they had any information or had received any complaints about or were aware of any issues related to the Harris County Prison, located in Hamilton, GA. The auditor received an email from Just Detention confirming that a check of their database did not locate any issues or complaints related to the Harris County Prison.

Sexual Assault Rape Crisis Center: The auditor reached out to Sexual Assault Rape Crisis/Advocacy Center in Columbus, Georgia. An interview with the executive director of the center confirmed they have not received any complaints or issues regarding the Harris County Prison. They confirmed they have a Memorandum of Understanding with the prison and agree to provide0 advocacy services, including a hotline that operated 24/7 for any inmate who needs to report sexual assault or who just needs someone to talk to relative to sexual assault, either at the facility or previously, even when in the community. These services are available to the inmate on an ongoing basis if needed and requested.

On-Site Audit Activities

The auditors arrived at the facility, December 5-6, 2018 and was met by the Warden and the Deputy Warden who serves as the facility's PREA Compliance Manager. This facility houses a capacity of 150 inmates and a total of 30 staff.

Following introductions and a brief overview of the process, the Auditor was provided an alpha roster from which he and the assistant to the auditor randomly selected inmates to interview. Additionally, he secured a list of targeted inmates to interview as well.

The Assistant Auditor began interviewing inmates while the Lead Auditor was accompanied on a complete site review of the entire facility by the Warden, Deputy Warden/PREA Compliance Manager, and two Lieutenants.

After the site review, the Lead Auditor selected specialized staff to interview and from a list of all staff selected random staff to be interviewed. Randomly selected staff included a cross section of staff to include security, food service, counseling staff, and administrative staff.

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 and program.

The age and racial breakdown of inmates on the days of the on-site audit included the following:

Total of all inmates: 149

(75) Caucasian
(69) Black
(01) Asian
(04) Hispanic

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, detail officers, general population counselors, staff from the business office and food service.

(10) Randomly Selected Staff:

The auditor randomly selected ten (10) staff representing a cross section of the staff and covering all shifts, including the day shift (0600-1800); Overnight Shift (1800-0600); and the Split Shift (Overlaps both shifts

(**21) Specialized Staff included the following:**

- Previous interview with Agency Head Designee
- Previous Interview with Agency Contract Manager Designee
- Previous Interview with the Agency PREA Coordinator
- Previous Interview with the Agency Assistant PREA Coordinator
- Warden
- Deputy Warden/PREA Compliance Manager
- Counselor (Victim/Aggressor Assessment)
- Investigators (2)
- Upper Level Staff Conducting Unannounced Rounds
- Volunteer Coordinator
- Grievance Officer
- Retaliation Monitor
- Staff Supervising Segregation
- Volunteer
- Human Resources
- Victim Advocate
- Staff Conducting Intake/Orientation
- GED Teacher
- Staff on the Incident Review Team
- Previous Interview with the Sexual Assault Nurse Examiner

(15) Randomly Selected Inmates: (All 20 were interviewed using the standard questions of randomly selected inmates)

(5) Targeted Inmates: Completed the Random Interview Questions in addition to the Targeted Inmates)

- One (1) limited English proficient Inmate
- One (1) Cognitively Challenged Inmates
- Two (2) Inmates disclosing prior victimization

There were no inmates at the facility who were mentally or psychiatrically challenged or who had limited reading skills. There were no inmates who reported being a victim at this facility. There were no inmates 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, Counselor (who provides the orientation to inmates), Chief of Security, interviews with inmates and reviewed reports. Also reviewed the report of disabled inmates provided to the auditor by the PREA Unit Analyst.

(10) Informally interviewed inmates during the site review

During the site review, inmates from every living unit, were informally interviewed.

Testing of Processes: Tested (2) PREA Phones in two of three dorms and left message with the Georgia Department of Corrections (GDC) PREA Unit Analyst; Tested One (1) Phone Calling the TIP Line and left a message to email the auditor back to confirm they received the

message; One (1) Call to the Georgia Department of Corrections TIP line from Dormitory Phone; Observed an inmate demonstrate how he could send an email to family and requests to staff, including the warden and deputy warden from the KIOSK, located in each of the Facility's three dormitories.

Documents and Files Reviewed:

- Agency Org Chart
- Facility Org Chart
- (20) Training Rosters documenting Day 1 and 2 Annual In-Service Training
- (1) Training Roster with 45 signatures
- (20) Staff PREA Acknowledgment Statements
- (24) Certificates of Training (NIC: Communicating Effectively and Professionally with LGBTI Inmates)
- (8) Certificates of Training (NIC: Conducting Sexual Abuse Investigations in Confinement Settings)
- (1) Certificate of Training (NIC: Health Care for Victims of Sexual Abuse in a Confinement Setting)
- (1) Facility Staffing Plan
- (1) Sexual Assault Response Team Training Agenda
- (16) Contractor PREA Acknowledgment Statements
- (40) Sexual Abuse/Sexual Assault/Information Acknowledgement Statements
- (40) Offender Orientation Checklists
- Language Line Agreement
- (40) Victim/Aggressor Assessments
- (40) Victim/Aggressor Reassessments
- (1) MOU with Sexual Assault Support Center
- (1) Investigation Package Sample
- (13) Monthly PREA Reports to PREA Unit (GDC)
- (39) Pages of Logbooks documenting Unannounced PREA Rounds
- (4) Compstat Reports
- (155) Disciplinary Reports (from DR Report)
- (27) Total Number of Grievances in the past 12 months
- (1) Resident Handbook
- (1) Interagency Agreement for the confinement of inmates
- (2) New Hire Background Checks (100% of new hires in past 12 months)
- (3) Promoted Staff Background Checks (100% of promotions in the past 12 months)
- (10) Regular Employees Background Checks including uniform and non-uniform
- (6) Contractor Background Checks
- (3) Volunteer Background Checks

- **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.

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 Harris County Prison operates under the direction of the Harris County, Georgia, County Manager. The facility consists of a 150-bed county correctional facility that houses minimum to medium security male state inmates who work on county property and provide county services including the following:

- Lawn Care
- Janitorial Services
- Garbage Collection
- Other Services

The major source of revenue for this department is a per day fee for each inmate, paid by the Georgia Department of Corrections.

Inmates are sent to the facility by the Georgia Department of Corrections and inmates are convicted felons who were sentenced by the courts and meet the criteria for eligibility for the county prison.

The following restrictions apply regarding eligibility to be assigned to the prison:

- Must not have more than 13 years left on sentence
- No medical issues or pending consults
- No mental health issues (six months free)
- No sex offenders
- No lifers
- No more than two assaultive offenses
- No escapes within 5 years
- No armed robbery convictions unless offenders have a specific trade needed
- Must have 60 days clear conduct
- No violent cruelty to children or elderly
- No severely violent arson charges

Inmates are housed in four dorms however A Dorm has been converted into a day room for the inmates. Dorms are open bay with inmates double-bunked and under the surveillance of video cameras. Dorm B houses a capacity of 52 inmates and there are four (4) cameras monitoring the inmates. Dorm C houses a capacity of 50 male inmates, double-bunked with five (5) cameras monitoring the inmates. Dorm D has a capacity of 48 inmates and there are five (5) cameras monitoring the inmates. All the dorms are general population dorms. Potential Victims are housed in B Dorm up front in the dorm under the view of cameras. Potential aggressors are housed in D Dorm.

There is a total of 30 staff including the following:

- (1) Warden
- (1) Deputy Warden
- (2) Lieutenants
- (4) Sergeants
- (1) Corporal
- (19) Correctional Officers
- (1) Counselor
- (1) Administrative Assistant
- (1) Contract Employee – A licensed practical nurse

In addition to working on details outside and within the facility, inmates participate in programs, some of which are required by the Georgia Department of Corrections. These include the following:

- GED
- Re-Entry
- Motivation for Change
- Thinking for a Change
- MRT
- OJT Program(s)

There is one general population counselor who provides case management and teaches some of the courses for the inmates.

The facility has a total of 49 cameras strategically placed throughout the facility to mitigate blind spots. Mirrors are used as well. These cameras are monitored in the control room and in the Warden and Deputy Warden's Offices.

Minimum staffing consists of a Supervisor, one staff manning the control room, and a floor officer who makes rounds of the dorms every 30 minutes.

Medical services are provided by a licensed practical nurse and a physician who comes to the center every other week. If emergency services are required, the inmate would be transported to the Piedmont Medical Center and if the issues are not emergent, the inmate may be transported to the host facility, the Georgia Department of Corrections' Rutledge State Prison, in Columbus, Georgia.

There are no mental health counselors at the facility however mental health services are available at Rutledge State Prison. These services would be provided by qualified mental health professionals.

Site Review/Facility Characteristics

During the site review the auditor made numerous observations, including the posting of Notices of PREA Audits, PREA Related Posters, and TIP Posters (with phone numbers to call to report any concern or condition), notices advising inmates, 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.

The auditor was accompanied on a complete site review by the Warden, Deputy Warden/PREA Compliance Manager, Counselor, and Lieutenant. This facility was observed to be immaculate. The hall floors and dorm floors were polished and shining. Bulletin boards were neat with posters and postings mounted behind plexiglass. Dorms were observed to be clean and orderly with bunks arranged in an orderly and effective manner on opposite sides of the dorm area. PREA Posters in the dorms were also mounted behind plexiglass and displayed in a professional manner. Bathroom and shower areas were clean, and plumbing appeared in order, with no leaking showers.

The administrative area, consisting of multiple attractively furnished offices, including personnel, business, records, the Warden's Office and the Deputy Warden's Office. There are no cameras in the area and inmates on cleaning details are under the supervision of staff.

The site review began in the administrative area housing the offices of the Warden, Deputy Warden, Administrative Assistant, and several other offices. Cameras were observed in the hall. This facility has a total of 49 cameras covering the following areas:

- Corridors
- Exterior
- Segregation Hallways
- Yard
- Dorms B, C and D
- Food Services, including dry storage
- Classroom
- Rec Yard (4)
- Additional Exterior Cameras

The original camera system was outdated with a number of inoperative cameras. The Warden advocated for and received funding from the County to upgrade the system that now consist of 49 upgraded and functioning cameras that can be monitored from the Warden and Deputy Warden's Offices. Mirrors were also observed strategically placed to mitigate blind spots.

The medical unit houses one nurse and exam room/office. Medical services are provided by one (1) Licensed Practical Nurse with an on call medical staff provided by the contracted provider, Correct Health Care.

There are three dorms. B Dorm houses a capacity of 52 inmates; C Dorm houses a maximum of 50 inmates and D Dorm houses up to 48 inmates. A Dorm has been converted to into a day room for the inmates for each of the Dorms. The day room has six (6) PREA Phones, and two (2) cameras provide coverage in the room.

B-Dorm has two cameras, two showers with ¾ walls and PREA curtains and three toilets with ½ walls. Inmates are double-bunked with beds in two rows on opposite walls facilitating viewing what is going on in the dorm.

C Dorm has four (4) PREA Phones, a KIOSK, and two cameras up front and two in the back of the dorm. Four showers are separated by ¾ walls and privacy afforded by PREA Curtains. Posters in each dorm are PREA related.

D Dorm has two cameras in the front and two in the rear of the unit. Three PREA phones are available. Toilets have a half wall to afford some privacy. Bulletin boards were neatly arranged and contained PREA related posters.

The main control room contains all the equipment normally associated with secure facilities. It also has three monitors enabling the control room staff to monitor the facility cameras in real time.

Segregation contains eight (8) cells with twelve (12) beds. This unit has cameras on each end of the halls and none are in the cells. A single shower has a PREA Curtain affording privacy. There is also a PREA Phone in the area as well as PREA related posters. Floor staff reportedly check the segregation unit every thirty minutes when there is an inmate in any cell.

The barbershop has a window in the door enabling viewing inside.

The laundry has a camera. Up to five inmates are assigned to the laundry detail. A gate has been installed to prevent inmates from getting behind the large commercial dryers. There are two cameras in the hall.

A large dining/visitation area is equipped with two cameras with tilt and zoom capability.

A classroom has a large window and one camera. GED is provided by the technical college.

The kitchen also has cameras covering entry into the coolers and freezers. There is a camera in the serving area and one in the dry storage room.

Making our way back to the entrance of the facility where visitors enter, there is a metal detector and a camera.

Inmates returning from detail are “strip searched in a large corridor. A painted square on the floor in a hall outlines where the resident must stand. This area is blackened out on the cameras so that no one viewing the monitor would view an inmate being searched. The auditor confirmed this by viewing the spot on the Warden’s monitor in her office.

Moving to the outside, the auditor observed multiple exterior cameras as well.

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

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

Number of Standards Exceeded: 4

115.11; 115.17; 115.34; 115.51

Number of Standards Met: 41

115.12; 115.13; 115.14; 115.15; 115.16; 115.18; 115.21; 115.22; 115.31; 115.32;115.33; 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; 115.87' 115.88; 115.89; 115.401; 115.403

Number of Standards Not Met: 0

N/A

Summary of Corrective Action (if any)

Issue #1 – Staff are not aware of how to access Language Line interpretive services.

Corrective Action: Train all staff and provide the auditor a training roster signed by staff acknowledging they received training on how to access language line.

Corrective Action Completed: The facility trained staff who will have access to Language Line and provided a training roster documenting that.

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 agency (Georgia Department of Corrections -GDC) has policies mandating a zero-tolerance policy and 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. The Harris County Prison complies with the GDC Standard Operating Procedure and documents in a Local Operating Procedure, 115.11(A)-1 that the facility has a zero-tolerance policy regarding illegal acts, sexual harassment, or sexual misconduct in either the Prison, Places of business and in the community where work details are operated by the prison.

The GDC 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 Director of Compliance in the Office of Professional Standards, who reports to the Director of the Office of Professional Standards. The PREA Coordinator has unimpeded access to the Commissioner of the Georgia Department of Corrections.

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 inmates. The State of Georgia has a number of statewide contracts for interpretive services. These contracts are also accessible by County Governments.

The Warden of the Harris County Prison, is an experienced corrections administrator, having served as a Warden in the GDC Prison System and as a Regional Administrator. She has designated a senior level staff as the PREA Compliance Manager. The PREA Compliance Manager is a Deputy Warden who reports directly to the Warden. The Deputy Warden has daily contact with the Warden in morning executive team meetings and just interacting in normal duties as facility administrators. He has the complete support of the Warden.

The PREA Compliance Manager indicated he has sufficient time to perform his PREA related duties and in his position and with the support of the Warden and that he has the authority and responsibility for implementing the PREA Standards and maintaining Zero Tolerance and the standards.

Zero Tolerance is communicated in multiple ways and staff and offenders/inmates are knowledgeable of the 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.

The facility's Local Operating Procedures, 208.06, Prison Rape Elimination Action (PREA) Sexually Abusive Behavior Prevention Program – Harris County Prison LOOP affirms that the facility has a zero-tolerance policy regarding illegal sexual acts, sexual harassment, or sexual misconduct in either the prison, on work details, or in the community where work details are assigned or operated by the department. Paragraph B asserts the facility will provide a safe, humane and secure environment for all inmates.

The contract between the GDC and Harris County Board of Commissioners requires the facility to adopt and comply with the Prison Rape Elimination Act, including zero-tolerance. Zero Tolerance is addressed in the Harris Prison LOP, Inmate Handbook, and PREA Acknowledgment Statements for staff and contractors/volunteers. It is asserted and affirmed in the Sexual Abuse/Sexual Assault Information/Acknowledgment for inmates, in the training agenda and SART Training Agenda for 2017. It is prominently displayed in posters mounted neatly and professionally, throughout the facility.

Policies and Documents Reviewed: Georgia Department of Corrections (GDC) Policy 208.6, Prison Rape Elimination Act-PREA, Sexually Abusive Behavior Prevention and Intervention Program; Harris County Prison Staffing Plan; 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; Harris County Prison Org Chart; Harris County Prison LOP; PREA Brochures; Training Rosters documenting 2018 Day 1 and Day 2 of GDC Annual In-Service Training. Zero Tolerance Posters located throughout the facility; Center Staffing Plan: PREA Acknowledgment Statements for staff, inmates, and contractors/volunteers.

Interviews: Warden; Deputy Warden/PREA Compliance Manager; PREA Coordinator-Previous Interview; Assistant PREA Coordinator – Previous Interview; (10) Randomly Selected Staff; Twenty-One (21) Specialized Staff, Twenty (20) Randomly Selected Inmates; Five (5) Targeted Inmates, (09) Inmates Informally Interviewed.

Other: Observed posters throughout the facility; Phones with PREA Hotline dialing instructions, and Phones were observed in all living units.

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

The PREA Coordinator is an exceptionally knowledgeable PREA Coordinator. She is not just knowledgeable of PREA but 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. Visits to facilities are often

working visits during which she and/or the Assistant PREA Coordinator often sit with the facility's investigators and review investigations of allegations of sexual abuse and sexual harassment as well as serving as a resource for the facility. 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/inmates on the Department of Corrections PREA Hotline. In working with the PREA Auditor, the PREA Analyst assists by retrieving information on all calls to the PREA Hotline from each facility prior to the on-site audit. He also assists the auditor by securing from the Georgia Department of Corrections Technical Section, rosters of disabled inmates, identifying the inmate and his/her disability, enabling the auditor to select disabled inmates to interview during on-site visits. He also provides a report of inmates or inmates 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 she expedited the interview of a deaf inmate for the PREA Auditor 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/Warden 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. The Directive reflects the institution's unique characteristics and specifies how the 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 PREA Compliance Manager reports directly to the Warden/Division Director. The PREA Compliance Manager has the responsibility and authority to implement and maintain PREA in this facility. The PREA Compliance Manger was observed interacting with the Warden often during the on-site audit. The Warden has given her complete support to the compliance manager. The leader of the Sexual Assault Response Team (Counselor) has been instrumental, as well in maintaining the PREA Standards in the facility. It appeared the PREA Compliance Manager has the full support of all levels of staff in implementing and maintaining the PREA Standards. The PREA Compliance Manager indicated he has sufficient time to perform his PREA related duties and has the authority to implement and maintain the PREA Standards in the facility.

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 inmates within 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 and Transitional Centers 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. This 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. One inmate,

in an informal interaction at this facility, said “Thank you” for PREA. He said he was around when serious gang rapes had occurred in the old days in the larger prisons. He indicated that is not the case anymore and definitely not the case at this facility.

Inmates, staff, contractors and volunteers are trained in the zero-tolerance policy. They acknowledge that in signed PREA Acknowledgment Statements. The auditor reviewed 20 PREA Acknowledgment Statements for Staff; 16 PREA Acknowledgment Statements for Contractors/Volunteers; and 40 PREA Acknowledgment Statements for inmates as well as 40 Orientation Checklists for inmates, documenting staff understanding zero tolerance and PREA as well as documentation of completion of Day 1 and Day 2, Annual In-Service Training that includes PREA Training. This was confirmed through reviewing the training rosters documenting Day 1 and Day 2, Annual In-Service. 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.

Sixteen (16) PREA Acknowledgment Statements for selected contractors and volunteers was also provided to the auditor in hard copy. PREA Acknowledgment Statements for vendors who come into the facility even under supervision of staff were reviewed.

Staff are required to complete the NIC on-line training, Communicating Effectively and Professionally with LGBTI Offenders. The auditor reviewed Twenty (20) Certificates documenting that training.

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 training rosters and through interviews with SART members and the PREA Coordinator and Assistant PREA Coordinator and often complete the NIC on-line Specialized Training for Investigating Sexual Abuse in Confinement Settings, in addition to the specialized training for their respective fields; i.e., Medical and Mental Health. Healthcare staff attend training in Nursing Protocols. A qualified staff in most or all the GDC facilities is trained to serve as an advocate for victims of sexual abuse and advocates are generally a part of the Sexual Assault Response Team. The Facility-Based Advocate provided documentation of completing the on-line training for Victim Advocacy.

Offenders are provided PREA related information upon admission to the facility during the intake process. During Intake, offenders are advised of the zero-tolerance policy and how to report allegations of sexual abuse and sexual harassment. Offenders are provided PREA Education as well. This is provided through written information, information provided verbally and through watching the PREA Video. The auditor reviewed 20 PREA Acknowledgment Statements signed by offenders. These acknowledged zero tolerance, investigations and sanctions for violating one of the sexual abuse policies. The auditor also reviewed 40 Offender Orientation Checklists documenting having viewed the PREA Video and received their required orientation.

Interviews: The Warden is an articulate and experienced facility administrator and former Regional Administrator. She described in detail her efforts to ensure the facility is safe for all including working with the county to secure updated video equipment and a total of 49 cameras.

The PREA Compliance Manager is also the Deputy Warden. He indicated he has sufficient time to perform his PREA related duties. He also stated he has the complete support of the Warden in implementing the PREA Standards and maintaining them.

One-hundred percent (100%) of the interviewed random staff and specialized staff were aware of the zero-tolerance policy and agency's zero tolerance for any form of sexual abuse, sexual assault, sexual harassment or retaliation. They also indicated they are trained to and required to report all allegations of sexual abuse or sexual harassment including suspicions.

Inmates, staff, contractors and volunteers are trained in the zero-tolerance policy. All formally interviewed offenders as well as informally interviewed offenders, during the site review, were aware the facility and GDC has a zero tolerance for all forms of sexual activity. Interviewed inmates stated they received information about the zero- tolerance policy during intake and that that, along with ways to report, were explained by the counselor. Inmates knew how to report, knew there was no such thing as consensual sex, said they have posters all over the facility and that they received a PREA Brochure and Inmate Handbook asserting the agency has a zero tolerance for all forms of sexual abuse and sexual harassment and retaliation for reporting or cooperating with an investigation.

Other: Zero Tolerance is reflected in multiple documents, including PREA Acknowledgment Statements for staff, contractors, volunteers and inmates. Posters were observed in every building, every living unit and throughout the facility.

This standard is rated "exceeds" because of the agency's and this facility's commitment to zero tolerance and to PREA. The Department has designated a Statewide Compliance Director with overall responsibility for implementing PREA. Additionally, the Department has designated a Statewide PREA Coordinator and Assistant PREA Coordinator to oversee the implementation of PREA in the GDC facilities. Interviews with the Coordinators confirmed they have direct access to the Commissioner, if needed, with regard to PREA. Observations of the work of the Statewide PREA Coordinator and the Assistant PREA Coordinator seemed to indicate that they are "hands on" and work with their facilities by monitoring and providing technical assistance. They are very knowledgeable of what was going on in their facilities. Either the PREA Coordinator or Assistant PREA Coordinator make themselves available throughout the on-site audits to provide additional information and/or clarification when needed. An interview with the Assistant PREA Coordinator confirmed he too is knowledgeable of PREA and with his institutional experience, is resourceful in helping the facilities with compliance issues. GDC has also provided the PREA Unit the position of "analyst" who collects data from monthly reports sent to the PREA Unit. He is also a valuable resource to auditors in that he can pull PREA reports from facilities; identify inmates who have called the PREA Hotline in the past twelve months; and can provide a roster identifying the disabled inmates in the prisons. The Agency has an Americans with Disabilities Coordinator who facilitates getting interpreters/translators for inmates. The state has multiple statewide contracts for interpretive services in addition to Language Line, a telephonic interpretive service.

All the interviewed inmates, including 20 randomly selected inmates, 5 targeted inmates and 9 informally interviewed inmates confirmed having been provided information on the Zero Tolerance Policy and how to report and that they have received it in each of the Georgia Department of Correction's Facilities they have been in.

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 with the Harris County Board of Commissioners, for the confinement of offenders; Pre-Audit Questionnaire.

Interviews: 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 Harris County 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. 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 Harris County Prison does not contract with any other entity 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 contactor to comply with PREA and to acknowledge that the Georgia GDC has the right to monitor for compliance. The Warden provided, for review, the contract between the GDC and the Harris County Board of Commissioners.

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.

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

The Harris County Staffing Plan considers the population of the facility and is predicated upon a maximum capacity of 150, adult male offenders. It also addresses the physical layout including the staffing requirement, video surveillance coverage, blind spots/vulnerable areas, unannounced PREA rounds, identification of Priority One (24/7) Posts, staffing for each area of the facility and ensuring coverage for all priority one posts.

Plans are required to be documented and to take into account and consider the items required by the PREA Standards. Harris County LOP 115.11 Prevention Planning, states the Harris County Prison will make every effort to comply with an adequate staffing plan. In calculating adequate staffing levels and determining the need for video monitoring, the facility is required, according to the procedures, to take the following into consideration:

- General Detention Practices
- Any findings of inadequacy from Federal Investigative Agencies
- Any findings of inadequacy from internal or external oversight bodies
- All components of the institution
- The number and placement of supervisory staff
- Activities occurring on each shift
- Any applicable State of local laws, regulations, and standards
- The prevalence of substantiated and unsubstantiated sexual abuse
- Any other factors that could impact the safety and security of the institution
- Any deviations that occur from the staffing plan will be documented and justifications for deviations supplied

It also requires that at a minimum of once a year, or whenever deemed necessary the PREA Coordinator and Executive staff will assess, determine and document whether adjustments are needed to ensure compliance with the staffing plan (based on 150 inmates), video monitoring systems, and resources to ensure the staffing plan is adhered to.

The staffing plan identified the following staff in an adequate staffing plan predicated on a capacity of 150 male inmates, and whose mission is to meet work force needs of the County and neighboring cities, while providing safe and secure housing for inmates:

Total Staff: 30

- (1) Warden
- (1) Deputy Warden
- (2) Lieutenants
- (4) Sergeants
- (1) Corporal
- (19) Correctional Officers
- (1) Counselor
- (1) Administrative Assistant

The facility has one contract employee, a Licensed Practical Nurse.

The Harris County Prison consist of one building with four (4) dormitories.

The main control room, equipped with security and safety equipment commonly associated with control rooms, is staffed 24/7 (Priority One Post) by one (1) correctional officer. The control room staff monitors the 49 video cameras strategically placed throughout the facility and grounds. Video surveillance is by one camera in the front hall.

The floor officer is staffed by one (1) Correctional Officer 24/7 (Priority One Post).

The Administrative Segregation Area is monitored by one (1) floor officer 24/7. There are two (2) cameras monitoring the front and back of the area.

The facility laundry is monitored by a video camera located in the rear of the laundry room. A cage has been fabricated to prevent inmates from going behind the equipment without supervision. No officer or staff is assigned to the laundry room.

The Food Service Area has one (1) Correctional Officer assigned Monday through Friday. On the weekends a floor officer from the shift is assigned. There are three (3) cameras located here for surveillance.

The Rear Administrative Area includes offices for Counseling, Medical, Records and the Lieutenants Offices. There are two (2) video cameras in the hallway for coverage.

The Dining Hall/Visitation Area is used during meal times seven days per week. It is also used for visitation on Saturday, Sunday, and some holidays from 9AM to 1PM. There are four (4) cameras in the area for monitoring.

A Classroom area is used for programming and religious services, Sunday through Saturday and one camera is located in this area.

Four cameras are located on the Rec Yard where inmates get “yard call” seven days a week,

The administrative area includes six (6) offices. There are no cameras in the area and offenders used for janitorial duties. Staff are always present during this time.

The plan has identified four (4) gender specific security post that are manned by male staff only. Only two of those posts are priority one. The plan documents that there have been no deviations for any priority one post.

Staffing must consider the outside details. There are five (5) details under the supervision of Correctional Officers. The facility also assigns inmates to 15 mon-certified details throughout the county.

There are four (4) open bay dorms. A Dorm has been repurposed to serve as a day room for the inmates. There are four (4) cameras in the unit. B Dorm houses 52 inmates and there are four (4) cameras for monitoring the inmates. C Dorm currently houses 50 male inmates and six (6) cameras monitor the inmates. D Dorm houses 48 inmates and is monitored by five (5) video cameras.

Minimum Staffing consists of the following:

- One (1) Shift Supervisor
- One (1) Control Room Staff

- One (1) Floor Officer (making rounds between the dorms)

Video monitoring is very much a part of the staffing plan. Cameras are deployed throughout the facility. The video monitoring system and cameras have been updated with additional cameras added since the last PREA Audit.

There have been no deviations from the minimum staffing levels. Priority One posts are always covered. If there is a call in the facility has a split shift to draw from. Staff on duty would be required to stay on post until relief became available. Off duty staff may be called in and upper level security staff, POST certified, may be called on to pull a post.

Unannounced PREA rounds are documented in log books. These are conducted by upper level staff including shift supervisors and staff serving as "duty officer". The staffing plan is reviewed and documented annually.

Policy and Documents Reviewed: Harris County Local Operating Procedures; Staffing Plan, 1/16/2018; Facility Pre-Audit Questionnaire**;** Georgia Department of Corrections Policy, 208.6, Prison Rape Elimination Act, Sexually Abusive Behavior Prevention and Intervention Program, A. Prevention Planning, Paragraph 3; Log Book pages documenting unannounced rounds (39) Logbook Sheets documenting unannounced PREA Rounds; Georgia Department of Corrections< SOP, 11A07-0012, Security Post Rotation/Security Rosters, 4/22/15.

Interviews: Warden, Deputy Warden/PREA Compliance Manager; Agency PREA Coordinator (previous interview); Assistant Statewide PREA Coordinator (previous interview), Chief of Security; Leader of Sexual Assault Response Team,10 Randomly selected staff; 25 Specialized Staff; 20 Randomly selected and 5 Targeted Inmates

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

Additionally, policy requires unannounced rounds by supervisory staff with the intent of identifying and deterring sexual abuse and sexual harassment every week, including all shifts and of all areas. These rounds are documented in area logbooks 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.

The Harris County Prison houses adult male felon offenders sentenced by the courts. Criteria define who is not an acceptable inmate for the county prison:

- Not more than 13 years left on sentence
- No medical issues or pending consults

- No Mental Health Inmates
- No detainers or pending charges
- No sex offenders
- No lifers
- No more than two assaultive offenses
- No escapes within 5 years
- No armed robbery convictions unless offender has a specific trade needed at the facility
- Must have 60 days clear conduct
- No violent cruelty to children or elderly
- No severely violent arson charges

Programs are considered in the staffing plan. These include:

- General Equivalency Diploma
- AA
- Motivation for Change
- General Recreation
- Religious Programs including Worship Services, Bible Study, Choir

The staffing plan documented consideration of the inmate population and programs that are going on different shifts, the presence of video monitoring, and priority one (24/7) posts. The population consists of offenders who are adult male felons. The facility is rated as a medium security prison and houses both medium and minimum-security level offenders.

The staffing plan is a 5- page document that discusses each area of the building and outside areas; (layout of the facility); staffing required in each area, consideration of posts that require 24/7coverage.

Deviations are discussed. If the facility was short of staff on a shift, short at the beginning or at the start of a shift or during the shift, for covering a priority one gender specific post, the on-duty staff will be required to stay to cover the post until the Chief of Security is notified. The Chief will then grant permission to contact off-duty staff and give additional instructions as the situation dictates. A current listing of staff is maintained in the front control with current contact call information. Once the shift OIC has approval, the call-in procedure is initiated, beginning with those staff that live closest to the facility. The post will always remain manned by staff of the previous shift until relief has arrived.

The plan requires unannounced rounds to be conducted by all supervisory staff. These are documented in the reviewed area and duty officer logbooks.

Discussion of Interviews: Interviewed administrative and supervisory staff indicated that staffing levels are adequate. The Warden stated the facility has all positions filled and no vacancies. To supplement staff supervision, the Warden, when appointed to the position, conducted facility assessments to develop plans for moving forward. She was ultimately successful, with the support of the County, in upgrading an older video monitoring system and providing a total of 49 cameras providing coverage for the living units, common areas where visitation and programming occur and other locations. Interviews also confirmed there have been no occasions when the minimum staffing was not provided.

Interviewed staff conducting unannounced rounds stated there are no specific times and it could be early in the mornings or late at night. Staff performing duty officer related they are required to make

unannounced PREA rounds, although they conduct informal rounds during the week as well. Shift Supervisors make required rounds throughout their shifts and document them in log books.

Standard 115.14: Youthful inmates

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

115.14 (a)

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

115.14 (b)

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

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

115.14 (c)

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

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

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

Auditor Overall Compliance Determination

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

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

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

Instructions for Overall Compliance Determination Narrative

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

Policy and Documents Reviewed: Georgia Department of Corrections PREA Policy 208.06, Harris County Prison; Pre-Audit Questionnaire

Interviews: Warden; PREA Compliance Manager; 10 randomly selected staff; 20 inmate interviews, 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; 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

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 (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, the reviewed local policy directive, "Cross Gender Viewing", and interviews with both staff and inmates.

The Harris County Prison PREA LOP, asserts that the facility does not conduct cross-gender strip or cross-gender visual body cavity searches of inmates. Too, it requires that the facility does not permit cross-gender pat down searches of male inmates by female staff except in cases of exigent circumstances. If there was an exigent circumstance, an incident report is required, detailing the circumstances that required the action to be taken. The Shift Supervisor is then required to ensure the Deputy Warden of Security is notified.

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. Interviews with staff and inmates confirmed that female staff have not been observed conducting any cross-gender searches. Staff stated a female could do a pat down search only if a male staff was not available and that there were always enough male staff available.

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.

Staff affirmed they were trained how to conduct cross-gender searches, including cross-gender pat down searches and searches of transgender or intersex inmates in a professional and respectful manner. Training rosters documenting Day 1 and Day 2 of Annual In-Service Training documented that. Additionally, correctional staff receive that training initially at Basic Correctional Officers Training for newly hired Correctional Officers. The agency requires all staff to take the on-line course entitled: "Communicating Effectively and Professionally with LGBTI Offenders". Twenty (20) certificates were reviewed documenting that training. The LOP prohibits staff from searching of physically examining a transgender or intersex inmate for the sole purpose of determining the inmate's genital status. Interviewed staff were aware that they are not permitted to search or physically examine a transgender or intersex inmate for the sole purpose of determining the inmate's genital status. 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. The Pre-Audit Questionnaire documented that there were no searches of transgender or intersex inmates during the 12 months preceding the on-site audit.

GDC policy and practice and the local operating procedures 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. The Warden, since the last PREA Audit, added a partition in the restroom area and equipped the showers with curtains allowing inmates to use the restroom and shower with privacy.

100% of the 20 formally interviewed inmates and 09 informally interviewed inmates confirmed they can shower, use the restroom and change clothing without being viewed by staff. The observed showers were separated by partitions with privacy enabled through shower curtains. There are no cameras in the shower/restroom area. Inmates live in open bay dorms and change clothing in the shower/restroom area.

GDC Policy and the local operating procedure requires female staff to announce their presence when entering the housing units. Interviewed inmates and staff confirmed that this is a consistent practice. During the on-site audit, female staff were observed announcing their presence.

Policies and Documents Reviewed: Georgia Department of Corrections (GDC) Policy 208.6, Prison Rape Elimination Act, Sexually Abusive Behavior Prevention and Intervention Program; GDC Policy 226.01, Searches, 1.d; Training Module for In-Service Training for 2017; Harris County Prison LOP; Pre-Audit Questionnaire; Reports from the PREA Analyst; SOP 11B-01-0013, Searches;

Interviews: 10 Randomly selected staff, 21 Specialized Staff; 20 Randomly selected inmates, 05 Special Category Inmates; 09 Informally interviewed inmates during the site review.

Observations: See observations made during the site visit and throughout the on-site audit period; Inmates have privacy while using the restroom. Partitions between the showers and curtains provide privacy for inmates.

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

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

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

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

The auditor reviewed the training module for in-service training. That training reaffirmed the verbiage in policy. Certificates of Training documenting Day 1 of annual in-service training. Staff also affirmed in their interviews that they have been trained on how to conduct a proper pat search of inmates, to include transgender and intersex offenders. Staff were asked to demonstrate the technique they were taught, and staff demonstrated how they would use the back of their hands to avoid an allegation of groping the detainee.

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.

An additional measure required by policy is for staff of the opposite gender to announce their presence when entering an inmate housing unit. Notices are prominently posted advising inmates that female staff routinely work and visit inmate housing areas. Interviewed staff, randomly selected as well as specialized staff, affirmed that staff consistently announce their presence before entering the housing area. Signs are also located in each dorm and in other areas stating the male staff routinely work these areas and that video surveillance is occurring in each dorm. During the tour the auditor did not observe cameras in any restroom area or in any cell. The strip search area is under camera view however there is a square where the inmate stands. The square is blacked out on the camera and this was also confirmed by the auditor. The control room view and the view the Warden has in her office monitor confirmed the square is blacked out to ensure no one viewing the monitor would see an inmate naked in full view of staff.

Discussion of Interviews: Staff affirmed, in their interviews, that female staff are prohibited from conducting a cross-gender search unless there was an emergency and no male staff were available to conduct the cross-gender search. They also stated they were trained in conducting cross-gender searches and that they get this training at Basic Correctional Officers Training and during annual in-service. They stated they would not be allowed to search a transgender or intersex inmate for the sole purpose of determining the inmate's genital status but would get that information through talking with the inmate or getting that information from medical. Currently there are only two female staff so there are always enough males to conduct searches.

Interviews with 20 inmates confirmed that they have not been searched by a female staff nor have they seen anyone searched by a female staff.

Staff indicated, in their interviews, that staff of the opposite gender consistently announce their presence saying things like “female on the floor/deck”. The interviewed inmates indicated that anytime anyone comes into the unit the inmates are required to announce the visitor however they also indicated female staff do announce their presence. Inmates interview also confirmed that 100% of them stated they are never naked in full view of female staff or male staff while 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*)

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 appears 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 and that interpretive services are provided expeditiously through professional interpretive services made available through a variety of statewide contracts that can be accessed by each GDC facility when needed.

The agency 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 Harris County Prison Local Operating Procedures 208.06, Inmates with Disabilities and Limited English Proficiency requires that the Harris County Prison asserts the facility is a work camp and each inmate entering the facility must be able to perform a variety of tasks as well as take basic instructions in order to complete any number of assigned tasks. If it is determined by the medical staff of Harris County Prison that the inmate would be unable to perform the needed tasks, the classification committee would be required to request the inmate be transferred to an appropriate facility. The LOP also affirms that limited English proficient inmates will receive the product of efforts of the prison to prevent, detect, and respond to sexual abuse and sexual harassment by providing translated copies of inmate rights, grievance procedures, PREA policy and PREA Pamphlets addressing zero tolerance. The facility also has a contract with Language Line interpretive services to provide both telephonic, video and in person interpretive services. The reference guide for contacting Language Line Solutions is posted in the control room.

The LOP affirms the facility prohibits the use of inmate interpreters, inmate readers, or other types of inmate assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the inmate's safety, the performance of the first responder's duties, or the investigation of the inmates' allegations. If an inmate interpreter is needed a detailed report must be generated detailing the circumstances that required the action to be taken.

There have been no occasions since the last PREA Audit in which a disabled inmate or a limited English proficient inmate was assigned to the Harris County Prison. A report for the past 12 months from the Georgia Department of Corrections confirmed there were none for the past 12 months. The Pre-Audit Questionnaire confirmed there have been no disabled or limited English proficient inmates in the past 12 months. This was also confirmed through interviews with the Warden, Deputy Warden, Counselor and inmates.

The Counselor, teachers 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.

Counseling staff are available in this facility to assist in intake and orientation of inmates with mental or psychiatric issues. Inmates with serious mental illness are not accepted into the program. Mental Health services are, however, readily available, at the host facility for Harris County, and that is the Rutledge State Prison, located in Columbus, Georgia.

Language Line is available for telephone interpretive services, video interpretive services and on-site services and for translation services.

American Sign Language is available through Language Line Solutions.

PREA Brochures are available in Spanish. The agency has a PREA Video in Spanish and in 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; Harris County Local Operating Procedure, 208.06; 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; Counselor; Georgia Department of Corrections ADA Coordinator; Randomly selected staff (10); Specialized Staff (21); Randomly Selected (20) 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. Teachers can assist anyone with literacy issues. Language Line Solutions is available to staff working with limited English proficient inmates. 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 “signer” 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. Interviews with the Warden, Deputy Warden and Counselor confirmed the facility has not had any disabled or limited English proficient inmates since the last PREA Audit. They affirmed a contract with Language Line Solutions. Interviews with fifteen (15) 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 responding to the PREA related questions asked of all applicants and documented on the Employment Verification Form; 2) Applicants for Correctional Officers must pass an online "Integrity Test". This test places the applicant in situations requiring ethical judgments and gives the applicant choices of responses to those situations; 3) Correctional Staff must also submit to a social media check; 4) 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; 5)

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 annually.

The Georgia Department of Corrections, as required in 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.

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.

Harris County LOP 208.06, Hiring and Promotion Decisions, prohibits hiring or promoting anyone who may have contact with inmates and prohibits enlisting the services of any contractor who may have contact with inmates who has 1) engaged in sexual abuse in a prison, jail, lock-up, community confinement facility, juvenile facility, or other institution 2) 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 give consent or was unable to give consent or refuse; or 3) has been civilly or administratively adjudicated to have engaged in the activity described in paragraph (a)(2) of this section. Harris County, also, according to this LOP takes into consideration any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, or volunteer who may have contact with inmates.

The Harris County LOP requires, in compliance with GDC Policy and the PREA Standards that before it hires any new employees or contractors who may have contact with inmates, it conducts criminal background checks, and makes it's 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. All staff and contract workers who have contract with inmates must have a criminal background check completed at least annually. Any omissions regarding misconduct or provision of false information will be grounds for termination, according to the LOP.

The auditor reviewed two of two newly hired employees (within the past 12 months). Each one had a PREA Acknowledgment Form, Code of Conduct Acknowledgment, PREA Questions, and documentation of the background checks (Georgia Crime Information Center – GCIC and National Crime Information Center – NCIC)

Three staff were promoted in the past 12 months. Each reviewed file contained PREA Acknowledgment Forms, Code of Conduct Acknowledgments, PREA Questions, and GCIC/NCIC Checks.

Ten Regular Staff personnel files were randomly pulled for review. 100% of the files contained PREA Acknowledgment Statements, Code of Conduct Acknowledgments, PREA Questions and GCIC/NCIC Checks.

The facility has one contracted staff, the nurse. Her personnel file contained all the required information as well, including the PREA Acknowledgment Statement, Code of Conduct Acknowledgment, GCIC and NCIC Background Checks.

Additionally, a driver's license check is a part of the background check.

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; Harris County Local Operating Procedure, 208.06; 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 Two (2) Newly hired employees; Three (3) promoted staff in the past 12 months; Ten (10) Regular Employees Background Checks; One (1) Contractor personnel record;

Interviews: Warden; Human Resources/Personnel Manager; PREA Compliance Manager/ Deputy Warden

Observations: None that were applicable to this standard.

Policy Review: Department of Corrections Policy 208.6, Prison Rape Elimination Act, Sexually Abusive Behavior Prevention and Intervention Program, A. Prevention Planning, Paragraph 7, Hiring and Promotion Decisions and Harris County Local Operating Procedure complies with the PREA Standards. The agency and facility 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.

The GDC requires that all correction staff have an annual background check prior to going to the firing range, which is a requirement for corrections staff to maintain their certification as Correctional Officers through the Peace Officer's Standards Training council. Non-Uniformed staff are required to have a background check every five (5) years.

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

Document Review: All the reviewed files contained the required background checks. 100% of the files contained PREA Acknowledgment Statements, Code of Conduct Acknowledgment Statements, and GCIC/NCIC Background clearances.

The GDC Applicant Verification form contains an acknowledgement that the applicant understands that if they do become subject to those prohibitions in their current or subsequent positions involving contact with persons in confinement or under supervision, they have an affirmative duty to report that within 24 hours. They also are acknowledging that if they become involved in such activity, they are subject to termination and if they falsely certify their eligibility for employment, they are subject to termination or disqualification for employment for this falsification.

In addition to the PREA questions asked of applicants prior to hire and completed background checks, the Human Resource Staff attempt to secure information from former employees related to the applicant. The form entitled, "Georgia Department of Corrections, Professional Reference Check, IV003-0001, Attachment 5. After advising the former employer about the requirements to conduct background checks, the employer is asked to answer the following: 1) Are you aware of your employee of being involved in any allegation of sexual abuse that was found to be true or resigning during a pending investigation of any allegation of sexual abuse of sexual abuse before the investigation was finished?

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 Human Resource Staff indicated that all persons selected for employment or to provide services at the prison must consent in writing (Form SOP IV00312, Attachment 1), to a Criminal Background Check and a Driver History Consent to be

conducted prior to officially hiring someone. The manager also stated that all newly hired staff have background checks that include Fingerprints. She also indicated these checks are conducted annually on all security staff. Background checks can be conducted at the facility because the facility has a terminal enabling them to do so.

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.

The Warden was successful in advocating with the County and receiving funds for an upgrade to the older and ineffective video monitoring system. The system consists now of a total of 49 video cameras that can be viewed in the Warden's Office, Deputy Warden's Office and in the control room.

The facility has not had any substantial expansions or modifications to the facility. Interviews with the Warden confirmed that she and her 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

Interviews: Warden, PREA Compliance Manager

Observations: None that were applicable to this standard.

Policy Review: Department of Corrections Policy 208.6, Prisons Rape Elimination Act, Sexually Abusive Behavior Prevention and Intervention Program, A, Prevention Planning, Paragraph 8, requires all new or existing facility designs and modifications and upgrades of technology will include consideration of how it could enhance the Department's ability to protect inmates against sexual abuse. The PREA Coordinator must be consulted in the planning process.

The Pre-Audit Questionnaire indicated there were no modifications to the existing facility.

Document Review: 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 successfully advocated for an updated video monitoring system. Prior to deciding what was needed to upgrade the system and to cover blind spots, she got the services of a qualified vendor to walk through the facility with the Warden and Deputy Warden to determine the placement and kinds of cameras needed for this facility. The developed plan was approved by the county and put out for bids. The project has been completed.

Discussion of Interviews: An interview with the Warden and the PREA Compliance Manager confirmed that there were no expansions or modifications to the facility since the last PREA Audit however the outdated video monitoring system was upgraded.

RESPONSIVE PLANNING

Standard 115.21: Evidence protocol and forensic medical examinations

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

115.21 (a)

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

115.21 (b)

- Is this protocol developmentally appropriate for youth where applicable? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.) ☒ Yes ☐ No ☐ NA

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

115.21 (c)

- Does the agency offer all victims of sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate? ☒ Yes ☐ No

- Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible? ☒ Yes ☐ No

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

- Has the agency documented its efforts to provide SAFEs or SANEs? ☒ Yes ☐ No

115.21 (d)

- Does the agency attempt to make available to the victim a victim advocate from a rape crisis center? ☒ Yes ☐ No

- If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member? ☒ Yes ☐ No

- Has the agency documented its efforts to secure services from rape crisis centers? ☒ Yes ☐ No

115.21 (e)

- As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews? ☒ Yes ☐ No

- As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals? ☒ Yes ☐ No

115.21 (f)

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

115.21 (g)

- Auditor is not required to audit this provision.

115.21 (h)

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

Auditor Overall Compliance Determination

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

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

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

Instructions for Overall Compliance Determination Narrative

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

The Georgia Department of Corrections, Office of Professional Standards Investigators (Special Agents), who are regionally located, conduct investigations of allegations that appear to be criminal in nature for the Department. These investigators undergo extensive training in conducting investigations and empowered to arrest staff or inmates. Special Agents received extensive mandated training through the Georgia Bureau of Investigations and follow the protocols for collecting evidence that they were trained in that allows for a uniform process.

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. The facility-based investigator completed the on-line specialized training provided by the National Institute of Corrections, "PREA: Conducting Sexual Abuse Investigations in Confinement Settings".

The SART's role would be to respond promptly and initially to all allegations and again, if the nature of the allegation appeared criminal, the Warden/Designee would contact the Georgia Department of Corrections Regional Office and request an Office of Professional Standards Special Agent to conduct the investigation.

All inmates are offered a forensic exam at no cost to the inmate/resident. This Agency has a contract with Satilla Advocacy, located in Waycross, Georgia, to conduct the forensic exam. The exam would be conducted at the facility or at the facility's host facility. In an emergency resulting in the inmate being taken to the local hospital, a SANE would be requested to conduct the forensic exam.

The Harris County Prison does not house youth in its facility.

The facility has a trained staff advocate and has entered into a Memorandum of Understanding with the Sexual Assault Support Center in Columbus, GA, located approximately 30 minutes away from the facility.

Information on how to contact the Sexual Assault Support Center (SASC) was observed posted in the living units and accessible to the inmates. Contact information included the hotline phone number and the mailing address of the SASC

A victim advocate from the facility was trained on-line. Certificates of Completion were provided documenting that training. The facility-based advocate is available to provide emotional support through the process, if requested. Advocates from the SASC are also available for emotional support services throughout the forensic exam process.

The Facility has a written memo of understanding with the Sexual Assault Support Center in Columbus, Georgia.

- Be available via the hotline (number provided) 24/7
- At the request of the victim, provide accompaniment and emotional support throughout the forensic process and through any investigatory interviews
- Provide emotional support, accompaniment, crisis intervention and referral
- Maintain confidentiality as required in the PREA Standards

An interview with the Executive Director of the Sexual Assault and Advocacy Center confirmed the organization has an agreement with the Harris County Prison to provide services to victims of sexual abuse and the organization's willingness and ability to provide all the services in the Memorandum of Understanding. She related the victim advocate would meet the inmate at the hospital or at the prison. Inmates have a 24/7 hotline number posted enabling them to report sexual abuse and to receive advocacy services over the phone and by appointment if follow-up is needed.

The facility is grant funded by the Georgia Criminal Justice Coordinating Council and is monitored by them, according to the executive director.

Policy and Documents Reviewed: GDC Policy, 208.6, Prison Rape Elimination Act Sexually Abusive Behavior Prevention and Intervention Program, B. Responsive Planning; Local Operating Procedure, 208.06, Responsiveness Planning, 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 Sexual Assault Support Center in Columbus, Georgia; Sexual Assault Support Center Brochure online

Interviews: Warden; PREA Compliance Manager; Sexual Assault Response Team Members; One (1) Staff Advocate; Ten (10) Randomly selected staff; Twenty-One (21) Specialized Staff; Interviews with Twenty (20) total inmates (5) of whom are Targeted; One (1) Office of Professional Standards Special Agent. (previous interview); Facility-Based Investigator

Observations: None applicable to this standard.

Discussion of Policy and Document Review: Georgia Department of Corrections 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 Warden 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 uses the Sexual Assault Nurse Examiner's List and contacts them to arrange the exam. The list, entitled,

“SANE Nurse Call Roster” with contact information for Satilla SANE Nurse Group was posted, provided to the auditor and reviewed. The Satilla SANE Nurses consists of four (4) registered nurses and an advocate. Upon completion of the exam the “rape kit” would be turned over to the OPS investigator. If the OPS investigator has not arrived, the SART leader secures the rape kit and initiates the chain of custody following a forensic exam.

The local operating procedure affirms, in LOP 208.06, Responsiveness Planning, that the Georgia Department of Corrections will be the primary point of contact when advisement is required to move forward with any investigation, or if the investigation needs to be taken over from the administration of the Harris County Prison. The LOP requires that the agency investigation follows a uniform protocol for evidence collection. There are no youthful offenders assigned to this prison. All the offenders at the prison, as a matter of placement criteria, excludes youthful offenders. The protocol, the LOP affirms, is adapted from or based on the most recent edition for “Sexual Assault Medical Forensic Exams, Adults/Adolescents or similarly comprehensive and authoritative protocols developed after 2011 and the LOP says it is based on the 2013 edition.

The Health Services Staff acknowledged there have been no cases involving the services of a sexual assault nurse examiner during the past twelve months.

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 Western Georgia Prevention and 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 not had any 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 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 16 weeks of training hours of training 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 Policy 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.

The Georgia Department of Corrections (GDC) has established Sexual Assault Response Teams in each of the GDC facilities and programs. 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. Staff misconduct is investigated by the Office of Professional Standards Special Agent.

All investigations are documented and maintained. The GDC has recently developed a computer-based system for inputting investigations into the GDC computer system/data base enabling them to be reviewed by the Agency's Statewide PREA Coordinator and Assistant Statewide PREA Coordinator to ensure the quality of the investigation and to provide general oversight to that process. Investigations muse be approved by the Coordinator(s) prior to closing out the investigation.

The agency's website addresses investigations of sexual assault and misconduct. The website provides a way for viewers to report allegations of sexual abuse and informs the viewer that All PREA investigations are handled by GDC Criminal Investigative Unit if it appears that criminal activity has occurred.

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; Memo from the Warden Re: 115.13, Policies to ensure referrals of allegations for investigation; 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: 10 Randomly selected and 21 special category staff; 10 informally interviewed staff during the audit; 20 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 all allegations of sexual abuse or sexual harassment with limitations. In cases where allegations are made against staff members and the SART inquiry deems the allegation is unfounded or unsubstantiated by evidence of facility documentation, video monitoring systems, witness statement or other investigative means, the case can be closed at the facility level. No interviews may be conducted with a staff member nor a statement collected from the accused staff without first consulting the Regional SAC. All allegations with penetration and those with immediate and clear evidence of physical contact, are required to be reported to the Regional SAC and the Department's PREA Coordinator immediately upon receipt of the allegations. If a sexual assault is alleged and cannot be cleared at the local level, the Regional SAC determines the appropriate response upon notification. If the response is to open an official investigation, the Regional SC will dispatch an agent or investigator who has received special training in sexual abuse investigations. Evidence, direct and circumstantial, will be collected and preserved. Evidence includes any electronic monitoring data; interviews with witnesses; prior complaints and reports of sexual abuse involving the suspected perpetrator. When the criminal investigation pertaining to an employee is over it is turned over to the Office of Professional Standards to conduct any necessary compelled administrative interviews. The credibility of a victim, suspect or witness is to be assessed on an individual basis and not determined by the person's status as offender or staff member. Offenders alleging sexual abuse will not be required to submit to a polygraph or other truth telling device as a condition for proceeding with the investigation of the allegation. After each SART investigation all SART investigations are referred to the OPS for an administrative review.

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

This policy also affirms the "Internal Investigations Unit" (now Office of Professional Standards) will investigate allegations of sexual contact, sexual abuse, sexual harassment by employees, contractors, volunteers, or vendors. The investigations may include video or audio recorded interviews and written statements from victims, alleged perpetrator and any witnesses as well as all other parties with knowledge of any alleged incident; as well as known documents, photos or physical evidence.

Policy requires investigations to continue whether the alleged victim refuses to cooperate with the investigator and whether another investigation is being conducted and even if the employee resigns during an investigation. The time limit for completing investigations is 45 days from the assignment of the case.

The auditor conducted previous interviews with one Office of Professional Standards (OPS) investigator as well as an interview with an OPS Special Agent on site and a previous on-site interview with a facility based Sexual Assault Response Team Investigator. The Special Agent stated investigators must complete 600 hours of training provided by the Georgia Bureau of Investigations. The Office of Professional Standards investigators have arrest powers and handle those cases that appear to be criminal in nature. The agent related that once an allegation is made, the Regional Office Staff is notified, after which it goes to the Special Agent in Charge who assigns the case to a Special Agent and notifies OPS Investigations. He described his role in ensuring the scene is secured, interviewing the victim, staff, witnesses, reviewing videos and getting medical records. He related if an employee involved in an allegation of sexual abuse resigned or terminated his/her employment prior to the conclusion of an investigation, the investigation would continue. Too, if an inmate who is an alleged abuser is transferred to another facility or terminated or otherwise discharged from the program, the investigation, according to the investigators would continue.

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 mental health/staff advocate, and a medical staff. Upon receiving the complaint, the investigator initiates the investigation process.

An interview with the facility-based investigators indicated they have completed the on-line NIC Specialized Training: PREA: Conducting Sexual Abuse Investigations in Confinement Settings. In the interview the 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 soley 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 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 past 12 months.

Interviews with SART Members indicated they would tell the detainee 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.

The agency's investigation policy is provided via the agency website and are provided information on how to report any PREA related allegation or complaint on line. Third parties may also report via the Fraud and Abuse Hotline, with contact information provided on the website as well. The Harris County Corrections Division Website informs viewers that all PREA investigations are handled by GDC Criminal Investigative Unit if it appears that criminal activity has occurred.

Discussion of Interviews: Interviews with Ten (10) Randomly selected staff, staff informally interviewed during the site review and (21) specialized staff stated consistently they were required to

report all allegations of sexual abuse or sexual harassment, including suspicions, reports, knowledge or allegations. They said they are required to report immediately to their immediate supervisor and when asked about having to document the report they indicated they would be required to complete a written statemen or an incident report completed prior to the end of their shift. Also, when asked, they confirmed they also would accept any report from any source and treat it seriously, reporting it just as any other report or allegation. 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 knowledgeable of the investigation process.

Twenty (20) Interviewed inmates, including those randomly selected, specialized as well as 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.

GDC Policy 208.06 requires that staff are trained in the following:

- 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 (Harris County Correctional 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 Harris County Prison provided documentation in the form of six (6) pages of training rosters documenting eight (8) pages of training rosters confirming staff having received Day 1 of annual in-service training that includes PREA. Twenty-Seven (27) signatures confirmed Day 1 training for staff. Nine (9) signatures documented Contractors completing Day 1 of annual in-service that included PREA. Rosters were provided documenting Day 2 In-Service that would include search training. There were 33 signatures documenting the training provided in Day 2. This training was conducted in February and March 2018.

The auditor also requested files to determine if staff had acknowledged receiving information on the Zero Tolerance Policy and PREA. A total of 45 acknowledgment statements were reviewed. Of the 45 reviewed PREA Acknowledgment Statements, 29 were signed by employees and 16 by contractors.

GDC requires staff to complete the on-line training provided by the National Institute of Corrections (NIC), "Communicating Effectively and Professionally with LGBTI Offenders". The auditor reviewed 24 Certificates documenting the training.

The following additional training documented the Warden, Deputy Warden, Two Lieutenants and the Registered Nurse completing the following Specialized Training and other training:

- (1) Nurse – Medical Health Care for Victims of Sexual Abuse in a Confinement Setting
- (7) Staff – PREA: Investigating Sexual Abuse in a Confinement Setting

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. This was confirmed by prior reviews of the training rosters.

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: Georgia DOC Policy, 208.6, Prison Rape Elimination Act, Sexually Abusive Behavior Prevention and Intervention Program, C. Training and Education; Harris County Prison 2018 Training Plan; Reviewed 2017 Lesson Plan for PREA; Reviewed Power Point Presentation for Annual Inservice Training: PREA, 2018; Reviewed Certificates documenting Specialized Training; (6) Pages of Training Rosters – Annual In-Service Training, 2018; (45) PREA Acknowledgment Statements; Reviewed personnel files containing PREA Acknowledgment Statements; Previous Rosters documenting Sexual Assault Response Team Training.

Interviews: Warden; PREA Compliance Manager; Agency PREA Coordinator (Previous Interview); Assistant PREA Coordinator (Previous Interview); 10 Randomly selected staff, 21 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.

The auditor reviewed six (6) pages of training rosters documenting Day 1, Annual In-Service Training, 2018; six (6) pages of training rosters documenting Day 2, Annual In-Service Training.

Reviewed personnel files representing Newly Hired Staff and Regular Staff all contained PREA Acknowledgment Statements indicating staff are PREA Trained (See 115.17 Hiring Process). An additional 45 PREA Acknowledgment Statements were reviewed, documenting PREA training indicating staff were trained and that they understood the agency's zero tolerance policy and PREA. 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. 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 SART members and medical staff.

PREA Related posters are prolific and posted in numerous locations throughout this facility and in this facility the posters and notices are placed neatly and conspicuously in frames and on neatly maintained bulletin boards.

The investigator on the SART completed the specialized training for investigators through the National Institute of Corrections. Five (5) other staff completed the NIC Training: Investigating Sexual Abuse in Confinement Settings. Additionally, the SART receives training in their roles in response to a sexual assault at least semi-annually. The auditor reviewed multiple certificates confirming the specialized training.

Discussion of Interviews: Interviews with ten (10) random staff and twenty-one (21) specialized staff, confirmed they receive PREA Training annually during annual in-service training on Day 1. Newly hired employees, they indicated, attend new employee's orientation where they receive an introduction to PREA. They also indicated PREA information is discussed during shift briefings and that PREA related posters throughout the facility keep PREA in the forefront.

Staff, indicated, in their interviews, that they receive PREA training as newly hired employees both at the facility and at the academy (BCOT). They stated they then receive PREA Training during annual in-service and that sometimes that training is in a class and sometimes on-line.

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 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.

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.

Contractors who have contact with inmates must complete Day 1 of Annual In-Service training, covering PREA. PREA Acknowledgment Statements, as well as an interview with a volunteer, confirmed they were provided PREA Information, including the Zero-Tolerance Policy and how to report sexual assault and sexual harassment. Training Rosters documented contractors completed Day 1 of annual in-service. Interviews indicated the contractors attended annual in-service as required.

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.

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

Policy and Documents Reviewed: DOC Policy, 208.6, Prison Rape Elimination Act, Sexually Abusive Behavior Prevention and Intervention Program, C. Training and Education, Paragraph 3, Volunteer and Contractor Training; (16) PREA Acknowledgement Statements; Training Roster Documenting (4) Contractors being PREA Trained; Nine (9) Volunteer/Contractor PREA Acknowledgment Statements. 2017 PREA Lesson Plan.

Interviews: Warden; PREA Compliance Manager; Contracted Employees; a volunteer

Observations: There were no volunteer activities during the on-site audit period.

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

The auditor reviewed a total of 9 PREA Acknowledgement 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 it they witnessed another having sexual contact with an offender or if someone reported it to the contractor/volunteer he/she agrees to report it to a corrections employee. They acknowledge, as well, the disciplinary action, including the possibility for criminal prosecution, if they violate the agreement. The Acknowledgment Statement for Unsupervised Contractors and Volunteers acknowledges training on the zero-tolerance policy and that they have read the agency's PREA Policy (208.06). They acknowledge they are not to engage in any behavior of a sexual nature with an offender and to report to a nearby supervisor if they witness such contact or if someone reports such conduct to the them. They acknowledge the potential disciplinary actions and/or consequences for violating policy.

Volunteers complete an orientation that includes the following:

- NCIC Consent Form (for conducting the required background checks)
- Sexual Assault/Sexual Misconduct Acknowledgment Statement for Supervised Visitors/Contractors/Volunteers – acknowledging zero tolerance, duty to report, and an acknowledgment that entry into the facility is based on the volunteer's agreement not to engage in any sexual conduct of any nature with any offender and to report such conduct when learned. The Volunteer acknowledges that the consequences for failing to report or violating the agreement will result in being permanently banned for entering all GDC facilities and that GDC may pursue criminal prosecution.
- Code of Ethics

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

Interviewed contractors confirmed they attend the same annual in-service training as Georgia Department of Corrections Employees. They also confirmed receiving the NIC, LGBTI training.

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 or access one of the many statewide contracts for interpretive services, both via phone, in person, or through video conference.

The initial intake information may be read to anyone with limited literacy. The facility has a GED teacher. If a teacher is available on site during the admission, the teacher may ensure the resident understands.

Georgia Department of Corrections (GDC) Policy 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.

The Facility's Local Operating Procedures, 208.06, Inmate Education, requires that all inmates, upon intake, will receive verbal and written information about sexual misconduct during the orientation and will include:

- Harris County Zero-Tolerance for sexual misconduct
- What constitutes sexual misconduct
- Harris County Prison's program for prevention of sexual misconduct
- Methods of self-protection
- How to report sexual misconduct and retaliation
- Protection from retaliation
- Treatment and Counseling
- Methods of reporting sexual misconduct.

The LOP requires PREA education is available to all inmates and those who are hearing impaired or limited English proficient will be taken into the counselor's office where Language Line Solutions will be used to interpret.

The PREA Acknowledgment Statement in this facility is entitled, "Sexual Abuse/Sexual Assault information/Acknowledgment. It asserts that it is GDC's Policy and the Harris County Prison's Policy, to report, and fully investigate all allegations of sexual assault, abuse, contact or harassment. It asserts again, this behavior is "strictly prohibited". It asserts, as well, that anyone who is a victim or suspected of abuse will receive a mental health evaluation and will be referred for treatment as clinically indicated. The definitions are provided, and inmates acknowledge, at the conclusion, that they have seen the PREA Video and given the opportunity to ask questions about sexual assault, abuse and harassment.

Most of the interviewed inmates (20) stated they received the PREA Pamphlet and were notified of the zero- tolerance policy, that they viewed the PREA video, that some information was read to them, but they indicated the counselor does ask if they have questions and provides some of the information verbally. The auditor reviewed 40 Acknowledgment Statements and 40 Orientation Checklists documenting the information provided during the orientation.

Inmates consistently affirmed they received the facility's rules against sexual abuse and sexual harassment and that during orientation they were told again they had the right to be free from sexual abuse and sexual harassment, how to report it, and that they have the right not to be punished for reporting.

GDC Policy also requires, within 15 days of arrival, a formal PREA education. At this facility they receive their PREA Information and Orientation during the admissions process.

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.

Notifications and education are required to be documented in writing by signature of the inmate. The directive is in addition to all other requirements of the GDC Standard Operating Procedures, 208.06.

The auditor reviewed forty (40) PREA Acknowledgment statements and forty (40) GDC Orientation Checklist, documenting having viewed the PREA Video and completing orientation. Inmates sign the checklists indicating they did receive all the topic items listed on the checklist. Interviewed inmates affirmed having received the PREA information during intake and watching the PREA Video the same day they were admitted.

PREA related posters were observed throughout the facility and accessible in multiple areas to inmates. Signs were large and enabled inmates to view and read them easily and mounted to the walls professionally.

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; Memo from Warden, 115.33, Inmate Education; Local Policy Directive; A review of 40 Inmate PREA Acknowledgment Forms and40 GDC Orientation Checklist

Interviews: Warden; Staff conducting intake; Staff conducting orientation (resident education); PREA Compliance Manager; Twenty (20) inmates (all the 20 inmates were interviewed using the Randomly Selected Questionnaire); Five (5) Targeted Inmates.

Discussion of 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, 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) Acknowledgment of having received the PREA Orientation (to include the PREA Video on sexual assault and sexual harassment.
2) Offender Orientation Checklist (documenting Sexual Abuse and Harassment and Viewed the 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 a detainee requires signing (hearing impaired) the agency's ADA Coordinator is called and provides the necessary translation services (according to an interview with the ADA Coordinator). The State Department of Administrative Services has multiple contracts with translation services. These may be accessed through the Agency ADA Coordinator. One of the targeted inmates to be interviewed was a deaf resident. The staff contacted the ADA Coordinator who expeditiously facilitated a video interview with an interpreter using American Sign Language. The facility has a contract with Language Line for interpretive services for the deaf and inmates 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 two mental health counselors who can assist them in understanding PREA and how to report. PREA Videos have closed caption and there is also a Spanish version of the video.

At intake, inmates are reportedly given the PREA Pamphlet and an explanation of the zero-tolerance policy and how inmates may report sexual abuse and sexual harassment. PREA information is also available in the resident handbook.

There were no inmates with any disabilities or conditions that would cause them not to be able to understand the information being presented. The facility does have access to a GED teacher for any detainee with limited skills or literacy issues, counselors for inmates who may be cognitively challenged or having mental issues, and Language Line interpretive services for inmates who may be limited English proficient.

The PREA Acknowledgment acknowledges that the faculty has a zero- tolerance policy and acknowledges that the resident has been briefed on this policy by the identified staff member. It also acknowledges he has viewed the PREA Video and has been instructed on how to avoid being a target for unwanted sexual advances. It goes on to instruct the inmate what to do if he should become a victim. He acknowledges his right to report violations of the policy immediately to a staff member or call the PREA hotline. He also acknowledges he has the right to be free from Sexual Abuse/Harassment and that he has a right to be free from retaliation for reporting.

The auditor reviewed 40 Offender Orientation Checklists, and 40 PREA Acknowledgment Statements. Checklist documenting viewing the PREA Video

Discussion of Interviews: The interviewed counselor related she gives PREA Information, both orally and in writing, to incoming inmates. She indicated she explains PREA, xero-tolerance, and reads the

acknowledgment statements to the offender and gives out a PREA Brochure. She also related she tells the inmates about the services offered by the Sexual Assault Support Services along with contact information for the program.

Interviewed inmates confirmed receiving PREA Information on admission and during orientation by watching the video. They indicated the counselor goes over PREA with them.

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.

This standard is rated exceeds. The agency 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 agency conducts its own investigations of allegations of sexual assault, sexual harassment or retaliation. Allegations that appear criminal are 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. According to the Assistant PREA Coordinator Special Agents must complete mandated training at the Georgia Public Safety Training Center and that training consists of 16 weeks of 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.

The Facility has six staff, in addition to the facility-based investigator who have completed the on-line specialized training provided by the National Institute of Corrections to ensure that a facility-based trained investigator would be available in the event the principal investigator was not available. The auditor reviewed seven (7) certificates confirming the specialized training. These included the SART Leader, who is the facility's counselor and the facility-based investigator. An allegation of sexual abuse in the past 12 months. An interview with the Facility Based Investigator confirmed her Specialized Training. This facility has not had an allegation of sexual abuse in the past twelve months. This was verified through a number of sources including the following: 1) The reviewed monthly PREA Reports to the GDC PREA Unit; 2) Sampled Compstat Reports (4); Report of Calls to the Hotline in the past 12

months (provided by the Georgia Department of Corrections PREA Unit Analyst); 5) Reviewed Grievances (100% of all filed in the past 12 months); 6) 10% of all the Incident Reports filed in the past 12 months; and 7) Interviews with staff and inmates.

The investigator was knowledgeable of the investigative process and had no issues responding to the questions asked. It is recommended that in the absence of sexual abuse and sexual harassment allegations, the investigator and SART complete the Investigation Course annually, however that is just a recommendation to keep the SART and investigator current and proficient in the material provided in the NIC Specialized Training.

Sexual Assault Response Team members, according to interviews with the SART members, Agency PREA Coordinator and Assistant PREA Coordinator, and previously reviewed SART Training Rosters documenting the training the department provides SART members at least annually and when possible twice a year. This training covers investigations.

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 incudes attending annual in-service training. This training is documented on training rosters documenting 100 staff completing annual in-service Day1 training.

Policy and Documents Reviewed: DOC Policy 208.6, Prison Rape Elimination Act, Sexually Abusive Behavior Prevention and Intervention Program, C. Training and Education, Paragraph 5. Specialized Training Investigations; Seven (7) Certificates documenting specialized training provided by the National Institute of Corrections: Investigating Sexual Abuse in Confinement Settings; 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 (previous interview); Facility-Based Investigator; SART Members.

Discussion of Policies and Documents: DOC Policy 208.6, Prison Rape Elimination Act, Sexually Abusive Behavior Prevention and Intervention Program, C. Training and Education, Paragraph 5. Specialized Training, Investigations, requires the Office of Professional Standards to ensure all investigators are appropriately trained in conducting investigations in confinement settings. That training includes techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity Warnings, sexual abuse evidence collection in confinement settings, and the criteria and evidence required to 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.

Seven (7) staff at the facility, including the SART Leader, have completed the online NIC course: PREA: Investigating Sexual Abuse in Confinement Settings. This was confirmed by reviewing the Certificates documenting the specialized training and through interviews with the investigators.

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, in a previous interview, an Office of Professional Standards, Special Agent, from the 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 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 600 hours 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. Seven (7) Certificates were provided documenting other staff completing the NIC specialized training.

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.

Georgia Department of Corrections (GDC) Policy, in 208.06, Paragraph 5, requires Georgia Department of Corrections medical and mental health staff and Georgia Correctional Healthcare staff who have contact with offenders to be trained using the National Institute of Corrections (NOC) Specialized training. Policy also requires that they also attend GDC's annual PREA in-service training. That specialized training is provided by the National Institute of Corrections in their on-line courses; Health Care for Victims of Sexual Abuse in Confinement Settings; and Behavioral Health Care for Victims of Sexual Abuse in Confinement Settings. 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.

This facility has one Licensed Practical Nurse. She provided the auditor confirmation that she had completed the specialized training for health care providers by completing the NIC On-Line Training, "Medical Care for Victims of Sexual Abuse in a Confinement Setting". The auditor reviewed the Certificate documenting the training. In addition to the NIC specialized training the Nurse attends SART training conducted by the PREA Coordinator and Assistant PREA Coordinator.

This facility does not have a mental health counselor. Inmates requiring mental health services would be taken to the host facility, Rutledge State Prison in nearby Columbus, Georgia. Previous interviews with the Director of Mental Health at Rutledge State Prison confirmed he and his staff have completed the NIC training for behavioral health services to victims of sexual abuse in a confinement setting. The Director is a Psychologist.

The facility does not perform forensic exams. These are conducted by Sexual Assault Nurse Examiners under contract with the Georgia Department of Corrections. Previous interviews with those SANEs confirmed their process for conducting the exams. The SANE would either come to the facility to conduct the forensic exam or to Rutledge State Prison, the host facility for Harris County Prison.

Medical staff also must complete the same training provided for all employees. Training Rosters documented their attendance at annual in-service training conducted most recently by the Georgia Department of Corrections in 2018 (March).

Policy and Documents Reviewed: Pre-Audit Questionnaire**,** Department of Corrections Policy, 208.6, Prison Rape Elimination Act, Sexually Abusive Behavior Prevention and Intervention Program, C. Training and Education, Paragraph 6, Specialized Training: Medical and Mental Health Care; National Institute of Corrections Certificates documenting specialized training: Medical Health Care for Sexual Assault Victims in Confinement Settings (1); SANE Certificate of Continuing Education (from former audit and documentation of that training is maintained in that file; Harris County Local Operating Procedure, 208.06.

Interviews: Previous interview with the Agency PREA Coordinator; Warden; PREA Compliance Manager; Licensed Practical Nurse; Counselor; Sexual Assault Nurse Examiner (two previous interviews with the contracted SANEs); 20 Inmates including 5 targeted.

Observations: None applicable at this time to this standard.

Discussions of Policy and Documents: The Pre-Audit Questionnaire documented 100% of the medical staff completing the required specialized training. Department of Corrections Policy, 208.6, Prison Rape Elimination Act, Sexually Abusive Behavior Prevention and Intervention Program, C. Training and Education, Paragraph 6, Specialized Training: Medical and Mental Health Care, requires the GDC medical and mental health staff and 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.

The facility does not conduct forensic examinations. If there was a sexual assault at this facility, the facility nurse would not conduct the forensic exam. The exam would be conducted by the GDC SANE or at the emergency room depending upon the injuries the inmate incurred or at the Rutledge State Prison, the host facility.

Staff are trained in PREA as newly hired employees and through annual in-service, just as any other employee of the facility. That training 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.

As a member of the Sexual Assault Response Team, the nurse is required to attend SART training provided by the Department of Corrections. This training provides some specialized training for responding to allegations of sexual abuse.

Discussion of Interviews: An interview with the nurse at the facility, who is the only medical staff at the facility, indicated that she is required to and has completed the NIC Specialized Training provided online by the NIC. The 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.

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.; Victim/Aggressor Assessments- PREA Sexual Victim/Sexual Aggressor Classification Screening (40); PREA Sexual Victim/Sexual Aggressor Screening Reassessments (20)

Interviews: Warden; PREA Compliance Manager/Deputy Warden; General Population Counselor who conduct victim/aggressor assessments; Interviews with twenty (20) 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.

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 soley for civil immigration purposes. It also considers prior acts of sexual abuse, prior convictions for violent offenses and history of prior institutional violence or sexual abuse, as known by the Department, Other factors considered are: physical appearance, demeanor, special situations or special needs, social inadequacy and developmental disabilities.

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

The Harris County Prison will make individualized determinations about how to ensure the safety of each offender. The facility has designated Dorm B as the dorm best suited for housing potential victims. Potential Victims would be placed in the front of the dorm where they would be under camera view. The classification committee also considers the victim/aggressor assessments resulting in identifying an

inmate as either a potential victim or abuser, in deciding on the safest details for an inmate and for programming assignments.

In making housing assignments for transgender or intersex offenders, the Department and Harris County Prison 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. The process would be the same for transgender and intersex inmates as it is with anyone else. 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.

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. She related that prior to or during the intake she looks into the offender database to see if the resident has been flagged previously as a potential victim or aggressor. She said she checks the Court Cases on the resident and reviews the GCIC. She said also that she conducts reassessment within 30 days of the resident's arrival based on any new information or incidents of sexual abuse or if the inmate has been absent from the facility for court, medical appointments etc.

The general population counselor at Harris County Prison conducts the victim/aggressor assessments as a part of the intake process. The interviewed counselor indicated she looks in SCRIBE, the offender database, to review his violence history, disciplinary report history, as well as any flags as either a potential or actual victim or aggressor. The information in SCRIBE is also used to cross reference and serve as a check on the detainee's responses.

The auditor reviewed 40 Victim/Aggressor Assessments and 20 Reassessments conducted by the PREA Compliance Manager and General Population Counselor.

None of the 40 reviewed assessments of 20 reassessments contained confirmation that an inmate had been a victim previously or in prison.

Discussion of Interviews:

Staff use the GDC Form PREA Sexual Victim/Sexual Aggressor Classification Screening and the questions are asked orally, and the assessment is done in an office with privacy. The staff stated she 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; or when a detainee leaves the facility and returns. The reassessment consists of the counselors asking the resident if anything has changed since the first assessment after which a note is placed in SCRIBE documenting the reassessment.

Inmates recalled being asked the questions associated with the PREA Assessment.

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 Harris County Prison uses 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 the Harris County Local Operating Procedure.

The facility has identified Dorm B as the safest dorm for potential victims. Additionally, potential victims would be placed in bunks that are up front in the dorm under the view of a video camera. Inmates do not dress in the living area but in the shower/restroom area. The dorms are constructed with top to bottom glass, enabling anyone walking by the view into the dorm.

Initial housing assignments are made by 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 an inmate is a potential victim, they are housed closest to the front of the dorm in view of a video camera.

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 staff authorized to make inmate movements.

Policy and Documents Reviewed: GDC Policy 208.6, D. Screening for Risk of Victimization and Abusiveness, Paragraph 2. Use of Screening Information; Harris County Local Operating Procedure, 208.06; (40) Reviewed Assessments; (20) Reviewed Re-Assessments;

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

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

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

The facility's living units are all open bay style. Inmates are assigned to the dorms based on their security levels and the details they are assigned to. The victim/aggressor assessment is administered during the intake process. If that assessment identifies a detainee as either a potential victim or potential aggressor, the counselor notifies the staff who will make the dorm change.

The open bay dorms have glass windows from top to bottom enabling the floor officers and anyone walking by to observe the dorm, providing an additional measure supplementing supervision.

The classification committee meets weekly and reviews the newly admitted inmate's record and file and if they determine he needs to be moved, he will be moved. They also consider the inmate's safety in making assignments to details and programs.

Discussion of Interviews: The General Population Counselor conducts the victim/aggressor assessments during the admission process. Staff assigning inmates to the respective dorms have access to the victim/aggressor assessment during intake in order attempt to assign them to the safest housing unit for them. When the victim/aggressor assessment is competed, if the detainee scores out as either a potential victim or potential aggressor, the counselor stated they inform the staff who makes

dorms and bunk changes. The counselors indicated they would place potential victims in general population but in a bunk that is closer in proximity to the control room and on a top bunk. General Population Dorm B would be the dorm that would appear to be the safest placement for potential victims.

Standard 115.43: Protective Custody

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

115.43 (a)

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

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

115.43 (b)

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

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

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

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

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

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

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

115.43 (c)

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

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

115.43 (d)

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

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

115.43 (e)

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

Auditor Overall Compliance Determination

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

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

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

Instructions for Overall Compliance Determination Narrative

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

Policy and Document Review: Pre-Audit Questionnaire; Georgia GDC Policy, 208.06, IV.d.3 (a-d) Administrative Segregation; Coordinated Response Plan.

Interviews: Warden; PREA Compliance Manager/Deputy Warden; Staff supervising segregation; Randomly selected staff (10); Randomly selected; (21) Specialized staff; (20) Randomly selected inmates and Targeted Inmates (05).

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 designated Dorm B as the dorm that would be safest for a potential victim and the potential victim would be placed in a bed in the front of the dorm under the view of a camera.

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 or placed in protective custody at the host facility, Rutledge State Prison.

If an inmate had to be 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.

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, mental health, recreation/exercise, education, and the phone.

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Discussion of Interviews: Interviews with the Warden, PREA Compliance Manager, and the facility's counselor indicated there have been no cases in which a detainee was involuntarily placed in segregation or protective custody during the past 12 months. None of the random or specialized staff could remember any resident placed in involuntary protective custody in the past year. They did recall that some inmates had dorm changes. Interviewed staff stated if a resident was placed in involuntary segregation it would be temporarily and hopefully less than 24 hours. They indicated it may be hard to place a resident in another dorm because of inmates who may be friends with the alleged aggressor. The most likely scenario for an inmate at risk would be to transfer him to another facility where he could feel safe and/or possibly transfer the aggressor if known.

Interviews with staff indicated that inmates at risk or potential or actual victims would be considered first for placement in another dorm and if that would not provide safe housing for the inmate he could be transferred or placed in Protective Custody until an alternative housing arrangement could be considered. If an inmate was placed in segregated housing for his safety, he would have access to

programs and services, similar to those of the general population insofar as possible, consistent with security needs.

REPORTING

Standard 115.51: Inmate reporting

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

115.51 (a)

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

115.51 (b)

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

115.51 (c)

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

115.51 (d)

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

Auditor Overall Compliance Determination

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

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

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

Instructions for Overall Compliance Determination Narrative

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

This standard is rated exceeds and the justification for that rating is discussed. The agency and the Harris County Prison provide multiple ways for inmates to report, both internally and externally. These include multiple ways to internally 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 and facility provide ways for inmates to report to a public or private entity that is not a part of the agency. The Sexual Assault Support Services, a Rape Crisis Center/Advocacy Center, located in Columbus, Georgia may receive reports from inmates via their posted 24/7 hotline or via mail to the posted mailing address and report them back to the facility. The resident may, however ask to remain anonymous. The inmate may report to the Ombudsman's Office and the address and contact information is posted and available to inmates. This facility does not house any resident who is being detained soley for civil immigration purposes. The inmates at the Harris County Prison are inmates who have been sentenced and have served the required portion of their sentences to be eligible to come to a county prison where they will work on details outside and inside the facility. There will not be any inmates sent to this facility who is or was being detained soley for civil immigration purposes.

Inmates have access to telephones for reporting allegations to the PREA Unit, the outside advocacy organization, or to family members. They have mailing addresses for the PREA Coordinator for the state of Georgia, Victim Services, and the Ombudsman, as well as the outside advocacy organization. They may write the legal representatives, call them or have them visit. They may call family, write them, or visit with them at the facility on the weekends and holidays. Inmates have access to a KIOSK that enables them to send requests to staff.

Staff at this facility, in compliance with GDC Policy, the Harris County Local Operating Procedures, 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 Harris County Prison provide multiple ways for inmates to report allegations of sexual abuse, sexual harassment, retaliation, and staff neglect that may have resulted in a sexual abuse.

The local operating procedure, 208.06 K, Reporting, affirms inmates may report verbally, in writing, and/or confidentially through anonymous communications to a staff, medical personnel, any non-employee or the Warden. The LOP 115.51 Reporting, asserts that the Harris County Prison provides ways for an inmate to report incidents of sexual abuse and sexual harassment, and retaliation by other inmates or staff. Inmates, according to the Local Operating Procedure, may report verbally, in writing and/or confidentially through anonymous communications of any incident, to a staff member, medical personnel, or any non-employee or to the Warden. They may contact the GDC Sexual Assault Hotline, to the Sexual Assault Support Center, and to the State Board of Pardons and Parole, Office of Victim Services and to the GDC's Ombudsman's Office. Contact information is provided to the inmates.

Inmates may get a third-party to report for them. Harris County Local Operating Procedures allow third parties to make reports of sexual abuse and sexual harassment of inmates and affirms these reports will be reviewed immediately and the reports documented.

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 multiple ways to report. Most named reporting to a staff and using the hotline.

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

Interviews: Twenty (20) inmates, both randomly selected and special category; Ten (10) randomly selected staff representing a cross section of positions; and Twenty-One (21) specialized staff.

Observations: Phones in each dorm with dialing instructions; Kiosks for reporting sexual abuse; Testing two (2) PREA Phones; Observations of PREA Posters all over the facility and accessible to staff, inmates, volunteers and visitors, The PREA Unit Analyst confirmed he received the calls from the phones without any issues.

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 information for reporting via the GDC Tip Line.

Staff have been instructed and trained to accept reports made both verbally and in writing from third parties and promptly document them. The grievance process is not to be used for PREA allegations and they are not, according to policy, grievable. In the event an inmate did report via a grievance form it would be turned over to the SART for investigation.

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).

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

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 adminsitrative, line staff and specialized staff as well as interviews with inamtes.

Inmates may call anyone on their approved list. They may also call their attorney's if they have one. Inmates can 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/Outside Advocacy Organization, 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.

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

Discussion of Interviews: Interviews with 20 inmates confirmed that they understand and are aware of how to report sexual assault/abuse or sexual harassment. Inmates could name ways to report. They indicated they would report to a staff, use the PREA Hotline, or tell a family member. Some said they would tell the Warden, Counselor or PREA Compliance Manager. Staff asserted they would take any and all allegations seriously and report them to their immediate supervisor.

Standard 115.52: Exhaustion of administrative remedies

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

115.52 (a)

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

115.52 (b)

- Does the agency permit inmates to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.) ☐ Yes ☐ No ☒ NA

- Does the agency always refrain from requiring an inmate to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.) ☐ Yes ☐ No ☒ NA

115.52 (c)

- Does the agency ensure that: An inmate who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.) ☐ Yes ☐ No ☒ NA

- Does the agency ensure that: Such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.) ☐ Yes ☐ No ☒ NA

115.52 (d)

- Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by inmates in preparing any administrative appeal.) (N/A if agency is exempt from this standard.) ☐ Yes ☐ No ☒ NA

- If the agency claims the maximum allowable extension of time to respond of up to 70 days per 115.52(d)(3) when the normal time period for response is insufficient to make an appropriate decision, does the agency notify the inmate in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.)
  ☐ Yes ☐ No ☒ NA

- At any level of the administrative process, including the final level, if the inmate does not receive a response within the time allotted for reply, including any properly noticed extension, may an inmate consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.) ☐ Yes ☐ No ☒ NA

115.52 (e)

- Are third parties, including fellow inmates, staff members, family members, attorneys, and outside advocates, permitted to assist inmates in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.)
  ☐ Yes ☐ No ☒ NA

- Are those third parties also permitted to file such requests on behalf of inmates? (If a third-party files such a request on behalf of an inmate, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.) ☐ Yes ☐ No ☒ NA

- If the inmate declines to have the request processed on his or her behalf, does the agency document the inmate's decision? (N/A if agency is exempt from this standard.)
  ☐ Yes ☐ No ☒ NA

115.52 (f)

- Has the agency established procedures for the filing of an emergency grievance alleging that an inmate is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) ☐ Yes ☐ No ☒ NA

- After receiving an emergency grievance alleging an inmate is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.). ☐ Yes ☐ No ☒ NA

- After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.) ☐ Yes ☐ No ☒ NA

- After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.) ☐ Yes ☐ No ☒ NA

- Does the initial response and final agency decision document the agency's determination whether the inmate is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) ☐ Yes ☐ No ☒ NA

- Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.) ☐ Yes ☐ No ☒ NA

- Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.) ☐ Yes ☐ No ☒ NA

115.52 (g)

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

Auditor Overall Compliance Determination

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

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

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's

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

Policy and Documents Reviewed: The Harris County Prison Pre-Audit Questionnaire**;** GDC Policy, 227.02, Statewide Grievance Process; Page 5 of the Statewide Grievance Policy, Paragraph 4.; Paragraph F. Emergency Grievances Procedure; DOC Policy, 208.6, Prison Rape Elimination Act, Sexually Abusive Behavior Prevention and Intervention Program, F. Reporting, Paragraph 2, Five (5) Detainee Grievances filed in 2017-18; representing 100% of the filed grievances, There were no allegations of either sexual abuse or sexual harassment made in 2017-18 via a grievance.

Interviews: Warden; PREA Compliance Manager; Ten (10) Randomly selected staff; Twenty (20) Inmates, five of whom are targeted

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 0 grievances, representing 100% of the total number of grievances filed in one year. 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

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The Harris County Prison provides an outside advocacy organization capable of providing an advocate to accompany an inmate during a forensic exam and any investigation or other interviews, at the request of the victim. Those services are provided in accordance with a Memorandum of Understanding with the Sexual Assault Support Services Center in Columbus, Georgia. The organization also provides a hotline manned 24/7 enabling an inmate victim or any inmate who may have been victimized in the past who just wants to talk with the agency and arrange for a follow-up if needed with an advocate or other counselor form the center.

The facility has posted the contact information throughout the facility. Contact information includes the hotline phone number and the mailing address for the organization.

Agency policy (208.06) and Harris County Local Operating Procedure, 208. 06, 115.53, Inmate Access to Outside Confidential Support Services, requires and affirms the facility will provide inmates with access to outside victim advocates for emotional support services by giving them (inmates) mailing addresses and phone numbers and toll-free hotline numbers of local, state, or national victim advocacy

or rape crisis organizations and enabling communication with the center in as confidential a manner as possible. The memo also states that the facility will give reasonable access to these organizations in as confidential a manner as possible.

The facility has a Memorandum of Understanding (MOU) with the Sexual Assault and Advocacy Center in Columbus, 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 prison. It affirms that upon request from inmates, the center will provide a victim advocate to accompany and support the victim throughout the forensic medical examination process and investigatory interviews and that they will provide emotional support, crisis intervention, information and referrals. An interview with the Executive Director of the Center confirmed that the 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 and monitored by the Georgia Criminal Justice Coordinating Council.

Policy and Documents Reviewed: GDC Policy 208.6, PREA, Pre-Audit Questionnaire; GDC Policy IIA234-0001, PREA Related Posters;Harris County Prison Local Operating Procedure; Memorandum of Understanding with the Sexual Assault and Advocacy Services, Columbus, Georgia.

Interviews: Warden; PREA Compliance Manager, PREA Coordinator, Executive Director of the Sexual Assault and Advocacy Services Center, Twenty (20) inmates

Observations: Contact information for the outside advocacy organization posted in areas accessible to the inmates. Information included the contact phone number for the hotline and the mailing address.

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 Sexual Assault and Advocacy Center. The reviewed MOU confirmed the services the Center agreed to provide including a victim advocate to meet the inmate victim of sexual abuse and accompany him through the forensic process and any investigation interviews.

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 cusdoty status or occurrences to the Vienna Convention on Consular Relations. Inmates will be provided information on how to access Foreign Counsular Offices in the United States. This information is available for download at http://www.state.gov/s/cpr/ris/fco This policy prescribes the GDC's responsibility for notificaiton and that the inmate be informed of such notification. Foreign National inmates are allowed visitation with representatives from the Consulate General of his/her native country.

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 s have access to their family daily via phone, through the mail, and through visitation on the weekends and holidays.

Discussion of Interviews: The auditor interviewed the Executive Director of the Sexual Assault and Advocacy Center in Columbus, Georgia prior to and after 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 and to learn of the services the Center can and will provide the inmates at the Harris County Prison. 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 Harris County Prison 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 also provides for third party reports to make reports of allegations of sexual abuse or sexual harassment to using the PREA Hotline that enables them to remain anonymous.

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 Harris County 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?"; Harris County Prison Website; 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: Twenty (20) inmates, randomly selected and targeted; Ten (10) Randomly Selected Staff; Twenty-One (21) Special Category Staff, PREA Compliance Manager; Counselor; Warden

Observations: Review of the Agency's Website (Georgia Department of Corrections); Reviewed Harris County Prison Website

Discussion of Policy and Documents: The Georgia Department of Corrections and the Harris County Prison 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 Harris County Prison Website provides contact information for the PREA Hotline enabling third party reports that may be made anonymously.

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: Staff are asked to name ways inmates can make reports or allegation of sexual abuse or sexual harassment. They consistently could name a variety of ways and when asked if an inmate could report anonymously and through a third party, staff said inmates could get a third party to report for them and that they would take that report seriously and act immediately. They also said, when asked if they would accept and report an anonymous report they had received, they said they would. They also affirmed they would document the allegation in writing and they would have to do that prior to the end of the shift.

All the twenty (20) Interviewed inmates were aware they could have a third party, including a parent, relative or another detainee report for them. They included family as one of the ways they could report an allegation of sexual abuse or sexual harassment.

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*)

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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 LOP, 208.06, Staff and Agency Reporting Duties, requires staff to immediately and according to agency policy any knowledge, suspicion, or information they receive regarding an incident of sexual abuse or sexual harassment that occurred in a facility whether it is a part of the agency. Staff

are required, according to policy, to report immediately and according to agency policy, any retaliation against inmates or staff who report such an incident. Staff are also required to report any staff neglect of violation of responsibilities that may have contributed to an incident or retaliation. Staff are prohibited, apart from reporting to designated supervisors or officials and designated state or local series agencies, from revealing any information related to a sexual abuse report to anyone other than to the extent necessary to make treatment, investigation, and other security and management decisions. Staff are required to use tack and discretion to ensure privacy of the inmate while maintaining the considerations of security and accountability. Staff must ensure the confidentiality of the victim(s) in incidents of sexual misconduct and it will not be compromised, according to Harris County Prison Local Operating Procedures.

Local Operating Procedures require all reports of sexual abuse and sexual harassment must be considered credible and promptly investigated without regard to whether the inmate named in the allegations is in custody or not; the staff members named in an allegation are currently employed or not; the report was made in a timely manner or not; the inmate reporting is known to have made past false allegations; the source of the allegation recants the allegation; or the employee receiving the complaint believes or does not believe the allegations.

The PREA Compliance Manager is then required to promptly report the allegation to the Georgia Department of Corrections.

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.

All allegations, including anonymous and third-party reports will be reported to the SART. The Warden then will notify the GDC Statewide PREA Coordinator and the GDC Office of Professional Standards Investigations Unit and the Warden is responsible for ensuring the notifications are made as soon as possible.

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 incudes 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/inmates and for disabled inmates/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 and mental health providers 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; Harris County Prison Local Operating Procedure, 208.06; 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; Ten (10) randomly selected staff; Twenty-One (21) 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: All the interviewed staff, both those randomly selected and special category staff stated they are trained to and required to report everything, including anonymous reports and reports received from third parties. They said they would report it to their shift supervisor or Officer in Charge. Non-Uniform staff said they would report it to the first security staff they saw and to the shift supervisor.

All the interviewed staff and contracted staff said they would also have to complete a witness statement, or an incident report and the report would have to be completed as soon as possible but prior to leaving the shift.

When asked about observing staff negligence resulting in a sexual assault, if they would have to report that, they indicated they would. The auditor asked staff if they would be expected to report something they suspected. 100% of them said they would report that, as well, to their immediate supervisor. The auditor asked if a staff received a third-party report or an anonymous report, as well as reports made verbally and in writing, would they report those and the all said yes. When asked about whether a written statement or report would be required, they said they would have to put all verbal reports in a written statement that would have to be completed before they left their shift. When asked what would happen if they failed to report they indicated there would be an investigation and they would 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 and interviews with staff confirmed there have been no inmates at risk of imminent sexual abuse during the past 12 months. None of the 20 interviewed inmates indicated they had ever been at risk of imminent sexual abuse.

Staff consistently, in their interviews, stated would take any information related to a detainee being threatened or at risk seriously and they would act immediately to remove and separate the inmate from the threat or potential threat. When asked what they would do with him, staff indicated they would take him to an office, medical or in an open space away from the threat and possibly place him in an admin seg cell until a decision could be made about what to do with him from there. Staff indicated the inmate may be placed in another dorm, such a B Dorm, housing inmates who might have been determined to be potential victims.

The Local Operating Procedure asserts in 115.62, Agency Protection Duties, that Harris County, upon learning an inmate is subject to a substantial risk of imminent sexual abuse, it takes immediate action to protect the inmate. The prison takes some action to assess and implement appropriate protective measures without unreasonable delay.

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; LOP 209.06, Administrative Segregation; the Pre-Audit Questionnaire

Interviews: Warden; PREA Compliance Manager; Staff Supervising Segregation; Ten (10) randomly selected staff; Twenty-One (21) Special Category Staff; Twenty (20) 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 paced in SCRIBE indicating the reason for the placement. If the offender remains in Administrative Segregation for 72 hours, ensure that the Sexual Assault Response Team has again evaluated the victim within 72 hours. Again, a note is to be entered SCRIBE indicating the reason for continued placement. The care and treatment member of SART is responsible for documenting the reasons in SCRIBE. If the alleged perpetrator is an offender and if the alleged perpetrator has been placed in Administrative Segregation in accordance with SOP 209.06, Administrative Segregation, again, a case note documenting the reason for placement is completed and documented in SCRIBE. If the offender remains in Administrative Segregation for 72 hours, the SART evaluates the offender again within 72 hours and if continued placement is required, the reasons

are documented in SCRIBE. The care and treatment staff from the SART 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.

The Warden and PREA Compliance Manager indicated the facility does not place potential victims automatically in a separate dorm but assigns potential victims in the beds closest to the front and within the view of a video camera and Dorm B has been identified as the safest place to house potential victims.

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

Discussion of Interviews: Interviews with the Warden, PREA Compliance Manager, random and special category staff and inmates, and reviewed incident reports (10%) for the past 12 months confirmed there were no inmates at risk of imminent sexual abuse in the past 12 months.

100% of the randomly selected staff who were interviewed related if they became aware that an inmate was subject to a substantial risk of imminent sexual abuse, the first thing they would do is remove that inmate immediately from the alleged threat and notify their supervisor. When asked where they would place the inmate or where they thought the detainee would be placed, they indicated the inmate would be probably be moved to another dormitory and if that could not be done safely, he may be placed temporarily in protective custody until he could be transferred to a facility where he might feel safer. When asked when they would take the action to remove the inmate from the potential threat, 100% said they would take the allegation seriously and act on it immediately.

Other interviewed staff, including the Warden, PREA Compliance Manger, and Staff Supervising Segregation stated they have not received any reports or grievances alleging an inmate was at risk of imminent sexual abuse.

None of the interviewed inmates stated they had ever been at risk of imminent sexual abuse and 100% of those interviewed stated that they felt safe at this facility.

Standard 115.63: Reporting to other confinement facilities

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

115.63 (a)

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

115.63 (b)

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

115.63 (c)

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

115.63 (d)

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

Auditor Overall Compliance Determination

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

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

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

Instructions for Overall Compliance Determination Narrative

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

The facility's Pre-Audit Questionnaire documented that the facility has not received any allegations from another facility that an inmate at the Harris County Prison was sexually abused at another facility nor were there any allegations that a resident of another facility was sexually abused while at the Harris County Prison.

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 any inmate alleging abuse at another facility nor have they had a detainee 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 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: DOC Policy, 208.6, Prison Rape Elimination Act, Sexually Abusive Behavior Prevention and Intervention Program, 3. Reporting to other Confinement Facilities; Harris County Prison Local Operating Procedures, 208.6; Pre-Audit Questionnaire; Reviewed Incident Reports and Grievances filed during the past 12 months.

Interviews: Assistant: Warden; PREA Compliance Manager, SART Members

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

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

Although there have been no allegations received from another facility or from an inmate at the prison that he was abused elsewhere, staff named 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 PREA Compliance Manager and Warden confirmed they are aware of the policy requiring reporting to other facilities upon receiving an allegation of sexual abuse that occurred in another facility. They also indicated if they received an allegation from another facility that a detainee, 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*)

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 the Harris County Prison, including office staff, medical staff, counseling and well as uniformed staff attend Annual In-Service Training and Day 1 of that training includes PREA.

Georgia Department of Corrections Policy and the Harris County Local Policy Directive for the prison identifies the actions required of first responders. That response includes separating the alleged victim from the alleged abuser; preserving and protecting any crime scene until appropriate steps can be taken to collect any evidence; If the physical abuse occurred within a time period that still allows for the collection of physical evidence, request the victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothing, urinating, defecating, smoking, drinking or eating; and ensure that the abuser does not take any actions that could destroy physical evidence including washing, brushing teeth, changing clothing, urinating, defecating, smoking, drinking, or eating,

Staff are required to notify the shift supervisor and secure the scene, not allowing anyone in or out until investigators arrive on the scene. Additionally, it requires requesting the victim not eat, drink, shower, take a bath, brush their teeth, or change clothing or take any action that might destroy or contaminate the evidence. It requires instructing the alleged aggressor not to eat, drink change clothes, shower, take a bath or brush their teeth. If there is a dry cell available, the aggressor may be placed in that cell to prevent evidence destruction.

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 a Sexual Assault Response Plan, 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 assess the inmate but protect evidence that may be on the person or his clothing. The Sexual Assault Nurse Examiner would be called to 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.

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"; Pre-Audit Questionnaire; Harris County Prison Local Operating Procedure 208.06; SANE's List; PREA Local Procedure Directive. Sexual Assault Response Protocol/List; Monthly PREA Reports to the PREA Unit.

Interviews: Warden; 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.

The local protocol, PREA Local Procedure Directive, provides contact information for the Warden, Field Operations Manager; PREA Compliance Manager, SART Leader, SART Members, and Retaliation Monitor. First Steps in responding are identified to are the 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 (by the highest-ranking staff on duty at the institution to receive a report of sexual contact with an offender. Response steps related to sexual misconduct are identified for the staff on duty receiving the report.

Staff are trained in first responding during annual in-service training, with refreshers in shift briefings and from the PREA Compliance Manager in meetings and briefings. Staff also carry First Responder Cards they can use if the situation arises to ensure they are following the required steps.

Non-custody staff have been trained in first responding. They could describe the steps they would take in response to being informed a resident had been sexually assaulted. They were able to articulate step by step the same procedures as correctional staff.

There were no allegations of any form of sexual abuse or sexual harassment in the past 12 months.

Discussion of Interviews: Interviews with 10 randomly selected staff, including both uniformed and non-uniformed 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.

Non-security staff were knowledgeable of the actions of a first responder, to ensure the alleged victim and alleged abuser are separated; that the potential crime scene is secured; that they would ask the victim not to shower, eat, drink, brush their teeth, or change clothing; and that they would tell the alleged abuser not to do those things as well.

Standard 115.65: Coordinated response

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

115.65 (a)

- Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in response to an incident of sexual abuse? ☒ Yes ☐ No

Auditor Overall Compliance Determination

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

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

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

Instructions for Overall Compliance Determination Narrative

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 Harris County Prison is a compact and smaller facility with three dorms. The leadership, investigators, first responders, medical, and mental health all housed in close proximity to each other enabling them to communicate quickly during any emergency, including an incident of sexual abuse. The facility has a Coordinated Response Plan to ensure that during an emergency, the Coordinated Response Plan serves as the Emergency Plan, like other emergency plans required for secure facilities. The reviewed Coordinated Response Plan is documented in the Harris County Prison 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
- Field Operations Manager
- PREA Compliance Manager
- SART Leader
- SART Members
- Inmate Education on PREA
- Retaliation Monitor

First Steps address staff first responding and the steps to take as first responders followed by Medical attention (Medical's Role, including Sexual Assault Protocol as needed), Mental Health's Role; local PREA Notifications;

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; Ten (10) Randomly Selected Staff; Twenty-One (21) 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 Georgia Department of Corrections employees are not members of a union. The Department is not involved in any form of collective bargaining. The facility is county operated and county employees are not unionized employees. Collective Bargaining is not conducted in this county.

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

Discussion of interviews: Interviews with the Statewide PREA Coordinator, Assistant Statewide PREA Coordinator, Warden; PREA Compliance Manager and previous interviews with the PREA Coordinator serving as the Agency Head's Designee confirmed that Georgia is a Right to Work State and employees are all non-union and not involved in any form of collective bargaining. The Warden can remove any staff member from contact with inmates following an allegation of sexual abuse or sexual harassment.

Standard 115.67: Agency protection against retaliation

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

115.67 (a)

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

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

115.67 (b)

- Does the agency employ multiple protection measures, such as housing changes or transfers for inmate victims or abusers, removal of alleged staff or inmate abusers from contact with

victims, and emotional support services for inmates or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations? ☒ Yes ☐ No

115.67 (c)

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of 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. The Warden has designated a staff to serve as the Retaliation Monitor. The retaliation monitor is the facility-based investigator and is a Lieutenant. The retaliation monitor is a part of the SART Team and will be notified of an allegation of sexual assault.

The Local Operating Procedure prohibits retaliation for reporting and for cooperating with an investigation; requires a staff to monitor retaliation of inmates and staff, as applicable; asserts the monitoring will be for as long as the inmate is at the facility and as long as the staff is employed. Measures to protect the employee or inmate include transferring both the abuser and the potential victim of retaliation; removal of staff from contact with the victim; emotional support services, and monitoring for any changes that suggest possible retaliation. All items on the GDC Retaliation Monitoring Form, Attachments I and II, SOP 208.06, will be monitored.

Policy and Documents Reviewed: GDC Policy 208.6, Prison Rape Elimination Act, Sexually Abusive Behavior Prevention and Intervention Program; Harris County Local Operating Procedure, 208.6; 90 Day Offender Sexual Abuse Review Checklist (GDC Form)

Interviews: Facility Staff Designated as the Facility's Retaliation Monitor; Warden; PREA Compliance Manager.; Ten (10) Randomly selected staff; Twenty-One (21) Specialized Staff; Twenty (20) Inmates including (20) 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 a Lieutenant, who also serves as the facility-based investigator. The agency, according to interviews with the Warden, PREA Compliance Manager and Retaliation Monitor, employs multiple protection measures to protect inmates from retaliation. The facility has open bay dorms in close proximity to other dorms however dorm changes may be an option. The facility has a facility-based advocate to provide emotional support services if needed and requested. If the facility could not provide suitable safe housing for the resident, the resident can easily be transferred to another facility.

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 has not had any allegations of sexual abuse, sexual harassment or retaliation during the past 12 months but stated she would use the GDC Form guiding the items to check that might indicated retaliation. She indicated she meets with the resident each 30, 60 and 90 days. She indicated she 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. She 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, Deputy Warden/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. Inmates could be placed in another dorm 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

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, 3. Protective Custody;

Interviews: Warden; PREA Compliance Manager; Staff Supervising Segregation; Randomly Selected and Special Category Staff (31); Randomly Selected and Special Category Inmates (20).

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, and interviews with staff documented that there were no inmates placed in involuntary segregation during the past 12 months for protection as the result of being a potential or actual victim of sexual abuse.

Discussion of Interviews: Interviews with the Warden, PREA Compliance Manager, and staff supervising segregation, indicated that placing someone in involuntary protective custody would be a last resort and may be used only in the absence of any other safe place to house the resident. Potential Victims of sexual abuse are not housed in a dorm designated soley 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 detainee could not be safely housed in the facility, the detainee could be transferred to another probation detention center.

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. The detainee would have access to programs and services similar to those of the general population insofar as possible.

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

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 Policy and the Harris County Local Operating Procedures, 208.06, Investigations, 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.

All initial abuse and harassment allegation investigations are conducted by the facility Sexual Assault Response Team (SART). Substantiated investigations are then immediately referred to the Georgia Department of Corrections (GDC) OIC Criminal Investigations Division. All the SART members, except medical, have completed the specialized training for conducting investigations of sexual abuse in confinement settings. Additionally, five other staff have completed the training to ensure that in the absence of the primary investigator, the facility has other staff who have received specialized training to conduct the initial investigation. If the incident appears criminal in nature it is referred to the OIC, Ops Investigators.

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 the PREA Unit Report, Report of Calls to the Agency's Hotline for the past 12 months, Reviewed Monthly PREA Reports; Reviewed grievances and incident reports.

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; Referrals to Medical and Mental Health (including the statements made by

medical and counseling staff); PREA Initial Notification Form; Forms documenting SART receiving grievances alleging sexual abuse or sexual harassment; GDC Incident Report; Reviewed NIC Certificates; Coordinated Response Plan; Pre-Audit Questionnaire

Interviews: Warden, Agency PREA Coordinator; PREA Compliance Manager; SART Members; Special Agent; Facility-Based Investigator; Thirty-One (31) Staff, including Random and Specialized; Twenty (20) 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.

The facility has a Sexual Assault Response Team. The team consists of a lead member who initiates the investigation, medical staff, and a counselor.

Discussion of Interviews: An interview with the facility -based investigator indicated she has completed the NIC on-line specialized training for conducting sexual abuse investigations in a confinement setting. The investigator described most of the content of the course and with additional prompting responded to the other topics. In initiating an investigation, she indicated he would start the investigation as soon as he received the report. Documentation indicated the investigation were initiated expeditiously and within 24 hours of the allegation and within hours of becoming aware of the allegation. If the alleged incident appeared criminal, she stated that the Warden would turn it over to the

Office of Professional Standards for investigations. She indicated she would not be biased and would judge the credibility of the victim, alleged perpetrator and witnesses based on the evidence.

The investigation would include witness statements from the alleged victim, perpetrator and any potential or actual witnesses. She indicated she would also look at staff rosters, assignments for that shift, and review any camera footage that may be available.

Interviews with facility staff, both those randomly selected and special category, confirmed they all 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; Harris County Local Operating Procedure, 115.72, Evidentiary Standards for Administrative Investigations

Interviews: Warden; PREA Compliance Manager; 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 the facility's local operating procedures, 115.72; 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

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This facility has not had a substantiated or unsubstantiated allegation of sexual abuse in the past 12 months. This is confirmed through review of the Monthly PREA Report sent to the PREA Unit, reviewed investigation packages, and interviews with the PREA Compliance Manager and Warden.

GDC Standard Operating Procedure, 208.06 and the Harris County Local Operating Procedure, requires that inmates must be notified of the outcome of the investigation. The LOP requires the PREA Coordinator to inform the inmate, whether the allegation was determined to be substantiated, unsubstantiated, or unfounded. All notifications or attempted notifications are documented.

If the allegations involved a staff member, the SART Leader or other SART Member will inform the inmate whenever:

- The staff is no longer posted in the institution
- The staff is no longer employed at the institution
- The staff has been indicted on a charge related to sexual abuse with the institution or the staff has been convicted on a charge related to sexual abuse within the institution

If the allegation involved another inmate, the SART Leader or Member is required to inform the alleged victim when the alleged abuser has been"

- Indicated on a charge related to sexual abuse within the institution or;
- The alleged abuser has been convicted on a charge related to sexual abuse within the institution

Notifications are documented on the GDC Notification Form that documents all the above.

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

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 resident is notified of any of the following if applicable:

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

There were no cases requiring notification to a resident of the outcome of the investigation.

Discussion of Interviews: Interviews with the SART Leader 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 has not had to use the required GDC Notification Form, Attachment 5, GDC 208.6, however the interviewed investigator confirmed that is the document used to notify the detainee.

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*)

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The GDC Policy requires that staff who violate and agency sexual abuse and sexual harassment policy is subject to disciplinary sanctions up to and including termination and termination is the presumptive sanction. If the allegation was criminal in nature, recommendations for referral for prosecution. Special Agents 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

Failure to report is cause for disciplinary action up to and including termination.

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 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. To screen rogue applicants out, the Department has initiated an Integrity Test required of all security staff.

Applicants are placed in situations involving character and ethics and asked to endorse how they would respond.

Disciplinary Sanctions for Staff requires that disciplinary sanctions will be commensurate with the nature of the circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories.

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

Interviews: PREA Compliance Manager; Warden; Human Resources

Discussion of Policy and Document Review: Department of Corrections Policy, 208.6, Prison Rape Elimination Act, H. Discipline, 1. Disciplinary Sanction for Staff, requires that staff who engage in sexual misconduct with an offender are banned from correctional institutions or subject to disciplinary action, up to and including, termination, whichever is appropriate. Staff may also be referred for criminal prosecution when appropriate.

The presumptive disciplinary sanction for sexual touching is termination. Violations of Department policy related to sexual abuse or sexual harassment (other than engaging in sexual abuse) will be commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history and the sanctions imposed for comparable offenses by other staff with similar histories.

Terminations for violations of the Department sexual abuse or sexual harassment policies or resignations by staff that would have been terminated if not for their resignation are reported to law enforcement agencies unless the activity was clearly not criminal. These cases are also reported to the Georgia Peace Officers Standards and Training Council (POST).

Substantiated cases of nonconsensual sexual contact between offenders or sexual contact between a staff member and an offender will be referred for criminal prosecution. 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 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 40 PREA Acknowledgment Statements signed by employees and contractors.

Discussion of Interviews: Interviews with the Warden and Deputy Warden/PREA Compliance Manager affirmed 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 administrative leave. 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*)

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GDC 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. These statements were indicated from reviewed of GDC Policy and interviews with the Warden and Deputy Warden. The facility has not had an allegation of either sexual abuse or sexual harassment in and beyond the past 12 months.

Policy and Documents Reviewed: DOC Policy, 208.06, Prison Rape Elimination Act, Sexually Abusive Behavior Prevention and Intervention Program, Paragraph #2. Contractors and Volunteers; GDC Sexual Assault/Sexual Misconduct Prison Rape Elimination Act (PREA) Education Acknowledgment Statement for Employees and Unsupervised Contractors and Unsupervised Volunteers; Pre-Audit Questionnaire

Interviews: Warden**;** PREA Compliance Manager; SART Members

Discussion of Policies and Reviewed Documents: DOC Policy, 208.06, Prison Rape Elimination Act, Sexually Abusive Behavior Prevention and Intervention Program, Paragraph #2. Contractors and Volunteers, requires that any contractor or volunteer who engages in sexual abuse will be prohibited from contact with inmates and will be reported to law enforcement agencies, unless the activity was clearly not criminal and to relevant licensing bodies.

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

Contractors and Volunteers, as a part of their PREA training sign a GDC Sexual Assault/Sexual Misconduct Prison Rape Elimination Act (PREA) Education Acknowledgment Statement for Employees and Unsupervised Contractors and Unsupervised Volunteers contains a warning that any violation of the policy will result in disciplinary action, including termination, or that they will be banned from entering any correctional institution. Furthermore, it 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 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.

Discussion of Interviews: Interviews with the PREA Compliance Manager; SART Team, Warden; and Chief of Security; indicated that they have not had any allegations made against a volunteer of a contractor in the past twelve (12) months or that they can remember. If they did have a volunteer or contractor who was alleged to have violated an agency sexual abuse or sexual harassment, they would be prohibited from coming into the facility and would have no contact at all with any detainee. He also stated that an investigation would be conducted and if the allegations were substantiated the volunteer or contractor 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, Pre-Audit Questionnaire; Reviewed Incident Reports

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

Discussion of Policy and Documents Reviewed: GDC Policy prohibits all consensual sexual activity between offenders and offenders may be subject to disciplinary action for such activity. Consensual sexual activity between offenders does not constitute sexual abuse, but it is considered a disciplinary issue. Paragraph b. requires that offenders are subject to disciplinary sanctions pursuant to a formal disciplinary process following an administrative finding that the offender engaged in offender-on-offender sexual abuse or a criminal finding of guilt for offender-on-offender sexual abuse. The sanctions that may be imposed are prescribed in Standard Operating Procedures 209.01, Offender Discipline.

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

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

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

The facility will subject inmates to disciplinary sanctions pursuant to a formal disciplinary process following an administrative finding that the inmate engaged in inmate-on-inmate sexual abuse or a criminal finding of guilt. Sanctions will be imposed in compliance with the GDC Standard Operating

Procedure. The disciplinary process 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, 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 were 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.

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*)

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

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

Instructions for Overall Compliance Determination Narrative

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Policy and Documents Reviewed: GDC Policy 208.06, Sexually Abusive Behavior Prevention and Intervention Program, I., Medical and Mental Health Care; Pre-Audit Questionnaire; Victim/Aggressor Assessment; Health Screening Form; 40 Victim/Aggressor Assessments

Interviews: Facility Nurse; 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. Health Care services are provided through a contract. The GDC Policy, 208.06, Sexually Abusive Behavior Prevention and Intervention Program I, Medical and Mental Health Care requires that the GDC provide prompt and appropriate medical and mental health services in compliance with 28 CFR 115 and in accordance with the GDC Standard Operating Procedures;

Inmates are screened upon admission to the facility by medical staff. During the initial health screening upon intake, inmates 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.

Additionally, if a detainee 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 detainee may choose to refuse the offer and if so, the refusal will be documented.

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.

Medical Staff conduct a screening of incoming inmates. The form they use is entitled: “Receiving Health Screening Form”. That form in section VI., asked if the detainee has a history of prior sexual victimization. The second question in VI. asks if the detainee answered yes, was a referral made? The screening also in VI. asks if a detainee has perpetrated prior sexual abuse and if so, was a referral made.

Staff were aware that if they had made a disclosure the same procedures for referral would occur.

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

A mental health screening is also conducted on all newly admitted inmates. Items 8,9 and 10 asks the following:

- Do you identify as transgender or intersex?
- Do you have a history of being a victim of sexual abuse?
- Have you ever hurt another person sexually?

Instructions state if a detainee responds “yes” to questions 1-8, schedule a follow-up with 14 days with a mental health provider for further evaluations/monitoring.

The reception screening also asks about a history of being a victim of sexual abuse and a history of assaultive/violent behaviors.

Interviews with medical and the General Population Counselor who conduct the Victim/Aggressor Assessment indicated they know to refer any detainee who makes a report of prior victimization during the intake assessment. Because this small minimum-security facility does not have mental health services, the detainee, according to staff would be referred to Rutledge State Prison and would be seen within a day or two.

A review of 40 Victim/Aggressor Assessments confirmed there were no inmates disclosing prior victimization in that sample.

Discussion of Interviews: Interviews with medical, PREA Compliance Manager and general population counselor who conducts the victim/aggressor assessments of incoming inmates confirmed that the victim/aggressor assessment asks the inmates about prior victimization and prior abuse. They all are aware that this disclosure must result in a referral to a medical or mental health practitioner within 14 days. Inmates, they understand, may choose to refuse the referral. None of the interviewed inmates disclosed prior victimization.

Standard 115.82: Access to emergency medical and mental health services

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

115.82 (a)

- Do inmate victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment?
  ☒ Yes ☐ No

115.82 (b)

- If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do security staff first responders take preliminary steps to protect the victim pursuant to § 115.62? ☒ Yes ☐ No

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

115.82 (c)

- Are inmate victims of sexual abuse offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate? ☒ Yes ☐ No

115.82 (d)

- Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?
  ☒ Yes ☐ No

Auditor Overall Compliance Determination

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

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

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

Instructions for Overall Compliance Determination Narrative

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

GDC Policy and Practice ensures that inmate victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services and the services are within 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, Monthly PREA Meeting Minutes; Interviews with staff, inmates, Counselor, PREA Compliance Manager, the facility's Nurse and a previous interview with the Agency's Contracted SANE.

Medical care is provided on-site through an onsite Licensed Practical Nurse and emergency care is provided at the Piedmont Medical Center.

The Sexual Assault Nurse Examiners are provided through a contract. Previous interviews with both Sexual Assault Nurse Examiners confirmed their role in responding to a sexual assault and conducting the forensic exam. On site medical service and care is limited to Monday through Friday during normal business hours. The facility has a physician who is on call to give direction, as needed, for any medical situation. A doctor is on-call and comes on site every other week. Saturday, Sunday, Holidays and after hours, inmates may be taken to the local hospital or the host facility, Rutledge State Prison, located in Columbus, GA.

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 a detainee does not have "bleeding" or life-threatening injuries, the detainee will be transported to the Emergency Room. The Nurse affirmed the Sexual Assault Nurse Examiner will be notified in the event of a sexual assault. Previous interviews with the Contracted Sexual Assault Nurse Examiner indicated she would recommend STI prophylaxis and write and order that must be approved by the physician.

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 Rutledge State Prison and Advocacy Center to the victim 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 Monthly PREA Reports to the PREA Unit 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; PREA Medical Logs; Coordinated Response Plan;

Interviews: The Warden; Facility Nurse; Facility-Based Investigator; PREA Compliance Manager; Previous interviews with two Sexual Assault Nurse Examiners; 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.

Health care services at the facility are available during essentially normal duty hours, 6AM to 4:30PM, Monday through Thursday. A medical doctor is on call 24/7 and on site once a week. After hours health care could be available 24/7 at the host facility, Smith State Prison.

After hours emergencies would go to the emergency room at the Piedmont Medical Center. When medical staff are not on duty, PREA protocols and Sexual Abuse Checklists require staff to notify medical and take steps to protect the detainee.

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. Medical Staff are required to contact the appropriate Sexual Assault Nurse Examiner, who will respond as soon as possible, but within 72 hours of the time the alleged assault occurred to collect forensic evidence. Medical staff are charged with conducting an initial assessment of the offender to determine if there is evidence of physical trauma requiring immediate medical intervention in accordance with good clinical judgment. Medical staff immediately initiate all necessary urgent/emergent treatment for bleeding, wounds and other traumas. They then complete the Nursing Protocol Assessment form for alleged sexual assault. Facility clinicians document physical examinations in the progress notes. When medically indicated, medical staff are required to arrange transfer the offender (if no SANE's is available on site) to the designated emergency facility for continued treatment and collection of forensic evidence. If an alleged assault occurred within 72 hours of the reported incident and the offender does not require transport to the emergency room, the designated facility SANE Nurse (from the list of SANE Nurses) shall be immediately notified and an appointment scheduled for the collection of forensic evidence. If the sexual assault occurred more than 72 hours previously, the decision on whether the evaluation is done by a local hospital, by the SANE Nurse, or facility staff will be made on a case by case basis. If the facility does not have a designated SANE Nurse, the offender is sent to the designated emergency room for collection of forensic evidence. This facility would send the inmate to Piedmont Hospital in Columbus, Georgia.

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.

Discussion of Interviews: The facility 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 Piedmont Hospital Emergency Room. Her role, she indicated would be to conduct an initial assessment and services strictly limited to first aid, conducting a visual and if there were no serious injuries, she would protect potential evidence.

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.

Harris County Prison, Local Operating Procedure, 208.06, affirms Harris County Prison offers medical and mental health evaluation at the catchment/host facility, as appropriate, treatment to all inmates who have been victimized by sexual abuse in a prison, jail, or lockup or juvenile facility. Inmate victims are offered tests for STIs as medically appropriate.

Any time an allegation of sexual abuse occurs, the inmate will be taken to the Piedmont Regional Medical Center to be evaluated and seen by a SANE or to the Rutledge State Prison where the GDC contracted SANE will conduct a forensic examination and upon return from the ER the institution's nurse will assess for any lingering acute or non-acute physical injuries as well as any psychological impact of the victimization. Follow-up medications, treatment, testing etc. will be completed as ordered.

Mental health services can be provided by the Mental Health Team at Rutledge State Prison or by the Sexual Assault Support Center in Columbus, Georgia.

Medical and mental health staff will provide services consistent with the community level of care, consistent with the GDC Policy, VH-08-0002.

This treatment is at no cost to the inmate as long as the medical and mental health professional deems it necessary and this will be regardless of whether the victim names the abuser or cooperates with any investigation arising out of that incident.

Policy and Documents Reviewed: GDC "Procedure for Sane Nurse Evaluation/Forensic Collection: GDC Policy 208.6, PREA. Reviewed Pre-Audit Questionnaire; Harris County Local Operating Procedure, 115.83, Ongoing Medical and Mental Health Care for Sexual Abuse Victims and Abusers.

Interviews: Warden; PREA Compliance Manager; Facility Nurse; Previous interviews with two Sexual Assault Nurse Examiners; 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 would offer the detainee STI prophylaxis. If the detainee went to Rutledge State Prison, the inmate would be offered STI prophylaxis based on the recommendation of the Sexual Assault Nurse Examiner. The facility's MD would then issue an order and the Nurses could provide it. Any follow-up as the result of a sexual assault would be provided by the facility (Harris County Prison).

Discussion of Interviews: The facility nurse, Warden, SART Leader, and PREA Compliance Manager confirmed the process for providing ongoing physical and mental healthcare services.

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

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This facility has not had any allegations of either sexual abuse or sexual harassment in the past 12 and more months. This was confirmed through multiple sources, including the PREA Reports from the PREA Unit; Report of Calls to the PREA Hotline for the past 12 months; Reviewed Grievances (100%), and Reviewed Incident Reports (10%); Reviewed Monthly PREA Reports to the PREA Unit; and interviews with staff and inmates.

The facility, as a contract facility, is required to conduct incident reviews within 30 days of the conclusion of the investigation. Harris County Local Operating Procedures, 208.06, 115.86, Sexual Abuse Incident Review asserts that the facility will conduct a debriefing of all incidents of sexual misconduct to assess the environmental factors, relevant issues or problem areas that could have contributed to the incident and will implement identified improvement to increase inmate safety. Using

the GDC Incident Review form the facility's team will consider and review all the required items and will do the following:

- Consider whether the allegation or investigation indicated the need to change policy or practice
- Consider whether the incident or allegation was motivated by race, ethnicity, identity, gay, lesbian, bisexual, transgender or intersex; motivated by Gang Affiliation, or was motivated by other group dynamics at the facility
- Examine the area where the incident allegedly occurred to assess whether physical barriers in the areas may have enabled the abuse
- Assess the adequacy of the staffing in that area during various shifts
- Assess whether monitoring technology should be deployed or augmented to supplement staff supervision

Any suggestions for improvement will be forwarded to the Warden and PREA Compliance Manager who are authorized to implement the recommendations and will document the reasons for not doing so, if they cannot implement the recommendation.

These reviews, according to the procedures are conducted at the conclusion of every criminal or administrative sexual abuse investigation, unless the allegation has been determined to be unfounded. The review team includes the SART, upper level management and allows for input from the supervisors, investigators and medical or mental health practitioners. A report of findings and any recommendations for improvement will be submitted to Warden and PREA Compliance Manager. The auditor was provided minutes of 13 monthly PREA Meetings. PREA Meetings is the venue where the incidents will be reviewed.

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; Monthly Sexual Abuse and Sexual Assault Program Review; Pre-Audit Questionnaire; Local Operating Procedure, 208.6.

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 past 12 months. This was confirmed through reviewed monthly PREA reports to the GDC PREA Unit; reviewed Monthly PREA Minutes; Reviewed Reports of Calls to the PREA Hotline in the past 12 months; as well as interviews with the Warden, PREA Compliance Manager, Lead Nurse, Random and Specialized Staff, and Random and Targeted Inmates.

GDC Policy 208.06, Prison Rape Elimination Act-PREA, Sexually Abusive Behavior Prevention and Intervention Program J. Data Collection and Review, 1. Monthly Sexual Abuse and Sexual Assault Program Review, affirms and requires that each facility meet once per month to review and assess the facility's PREA prevention, detection, and response efforts. During that meeting, policy requires an incident review to be conducted for each sexual abuse allegation that has been concluded within the past 30 days. This review is to be conducted on all abuse allegations deemed to be substantiated and unsubstantiated. Reviews of unfounded allegations are not necessary.

This policy requires that the members of the incident review team consist of the PREA Compliance Manager, SART and representatives from upper level management, line supervisors and other staff members, as designated by the Warden of the facility.

GDC conduct monthly PREA Meetings. If there were any unsubstantiated or substantiated cases of sexual abuse the incident review would be conducted during the monthly PREA Meeting. The auditor reviewed the minutes of the PREA Meetings for the past 12 months. Team members indicated they would use the GDC Incident Review Form that requires the team document consideration of each item for review required by the policy and PREA Standards. Reports will be forwarded to Warden and the Compliance Manager, if they cannot be present.

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, PREA Compliance Manager, Chief of Security, Nurse, General Population Counselor and members of the Sexual Assault Response Team, confirmed the facility does have a process for conducting incident reviews following an investigation and the interviewed staff could articulate the process. That process articulated by the SART members was in compliance with GDC Policy. The PREA Compliance Manager described the membership of the team as well as the things the team would be looking at in that review.

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.

Harris County Local Operating Procedure, 208.06, 115.87, Data Collection, sates that the prison collects accurate, uniform data for every allegation of sexual abuse using a standardized instrument and definitions. The standardized instrument includes the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence (SSV) conducted by the Department of Justice. Although the prison has not had any allegations for several years, the staff are aware that they are required to aggregate the incident-based data at least annually, if there is any data to compile. The prison maintains, reviews and collects data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews. Upon request all data from the previous calendar year will be provided to the DOJ. Also, the LOP requires the data collected to be securely maintained and retained for at least 10 years after the date of initial collection.

Although the facility has not had any allegations of sexual abuse or sexual harassment, that information is posted on the County's Website, for Harris County Prison. Personally identifying information is redacted and information that may present a clear and specific threat to safety and security may also be redacted and the nature of redacted information will be documented.

Policies and Documents Review: GDC Policy 208.06, Prison Rape Elimination Act, Sexually Abusive Behavior Prevention and Intervention Program, J.3; Georgia Department of Corrections Annual Report; Monthly PREA reports to the GDC PREA Unit; Monthly Operational Report/COMSTAT; Reports from the GDC PREA Analyst; County Website/Harris County Prison

Interviews: Statewide PREA Coordinator (previous interview); Assistant Statewide PREA Coordinator (previous interview); Warden; PREA Compliance Manager

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.

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 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/inmates 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.

The facility's annual reports that are posted on the County's Website, indicated there have been no allegations of either sexual abuse, sexual harassment or retaliation. The fact that the facility has had no allegations during the past 12 months was confirmed through the reviewed monthly PREA reports to the GDC PREA Unit, Reviewed Calls to the PREA Hotline Report; Victimization Report; reviewed incident reports, reviewed grievances, and interviews with the administration, line staff and inmates.

The Harris County Local Operating Procedures, 208.06, Data Review for Corrective Action, asserts that the facility will review data collected and aggregated 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 form 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 Harris County Website

Interviews: 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.

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

The reviewed annual reports for 2015 through 2017 affirms the facility has had no allegations of sexual abuse, sexual harassment or retaliation however, if there had been, the information would be used to develop and implement corrective action.

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, Harris County Prison Local Operating Procedure, 208.06, 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 and the Harris County Prison 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 requires that all data collected will be securely retained. All sexual abuse data will eb 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, inmates, and inmates? ☒ 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 Harris County Board of Commissioners. The facility was audited in 2016 and again December 4-5, 2018 by a Certified Auditor and an Assistant.

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. Each facility operated by the Department will be audited every three years or on a schedule determined by the PREA Coordinator.

The Georgia Department of Corrections also contracts with county and private facilities. Policy requires that county facilities and privately operated on behalf of the Department (housing state offenders) must meet the same audit requirements. These entities are responsible for scheduling and funding their audits. All audits are required to be certified by the Department of Justice and each facility will bear the burden of demonstrating compliance with the federal standards. A copy of the final report will be submitted to the Department's PREA Coordinator upon completion of the audit and must be conducted every three years.

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 contained GDC Policies and Procedures, Harris County Prison Local Operating Procedures, and multiple samples of documents to support compliance with the PREA Standards.

The Pre-Audit questionnaire was completed and was informative as well. Communications between the auditor and the Warden 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 Harris County Prison 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. Her role was to conduct the interviews of the inmates. During the on-site audit, the auditors were provided complete and unfettered access to all areas of the facility and to all the inmates. 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 inmates.

The Notice of PREA Audit was observed posted throughout the facility and in every living units. The notice contained contact information for the auditor. The auditor did not receive any correspondence as a result of the notice posting. During the site review of the facility the auditor informally talked with inmates and staff. Inmates were positive, behaved and respectful. None of the inmates requested to talk with the auditor in private although the auditor was often intermingling with the inmates.

Interviews were conducted in complete privacy and every resident chosen for interviews participated in the interviews.

The auditor thoroughly reviewed large samples of documentation and interviewed staff, contractors and inmates. 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 two phones by calling the PREA Hotline and leaving messages for the PREA Unit to email the auditor when they received the message. 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 GDC Statewide PREA Coordinator ensures that all PREA Reports are published on the agency's website within 90 days of the completion of the report. Reports for all facilities for all reporting periods are posted on the agency's website and easily accessible to the public.

The 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 December 17, 2018

Auditor Signature **Date**

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

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