

**DECLARATION OF KHALIAH REEVES**

I, Khaliah Reeves, declare as follows:

1. My name is Khaliah Reeves and I am competent in all respects to testify to the matters set forth herein. I have personal knowledge of the facts stated herein and know them to be true, and I give this declaration freely and for use as evidence in the case styled *Ashley Diamond v. Timothy Ward*, Case No. 5:20-cv-453 in the U.S. District Court for the Middle District of Georgia.

2. I am employed by the Georgia Department of Corrections as a Lieutenant at Coastal State Prison (CSP) which is located in Garden City, Georgia. As of August 2021 I will have worked at CSP for ten years. I made Lieutenant in October 2020.

3. In October 2020 I was working as the first shift Lieutenant. First shift is the time period from 6:00 a.m. to 6:00 p.m. However, before the shift starts there is a briefing at 5:45 a.m., and my usual working hours are 5:00 a.m. to 7:00 p.m.

4. As first shift Lieutenant, my responsibilities include making the post assignments for the shift, supervising the shift Sergeants, conducting counts, responding to emergencies, and in addition there are other general tasks and responsibilities that I supervise or that I may handle on each shift.

5. On October 31, 2020, I was in the process of getting the trash out of the institution which is a process that involves security steps when I received a radio call for a supervisor. When I received the call I closed the back gate to the institution where I was located and proceeded to N building.

6. When I arrived at N building offender Ashley Diamond was standing either outside the building or in the lobby of the building. Correctional Officer Courtney Brown who was assigned to work N building on that shift reported to me that she caught offender Diamond and offender [John Doe] having sex and she then separated the two offenders. Because I knew that Diamond was classified for PREA risk purposes as a PREA victim I contacted the Duty Officer to report the incident.



7. I made a phone call to the Duty Officer from the phone inside the N building control room. I cannot recall who was working as the Duty Officer at that time. On the phone call I related to the Duty Officer what CO Brown told me. The Duty Officer asked if the two offenders were separated and I stated that they were. The Duty Officer also asked to speak with CO Brown to get the details of what occurred. I recall that I put CO Brown on the phone and I heard CO Brown tell the Duty Officer that she entered the range to do count, she pushed open Diamond's cell door, she saw Diamond and [John Doe] on the bottom bunk having sex and Diamond's penis was in [John Doe] anus, neither of them heard her so she said "aye" and Diamond then said "shoot." CO Brown then gave the phone back to me and the Duty Officer told me that she was coming to the prison. That was the end of the phone conversation.

8. In my interactions with CO Brown I did not give any instruction to CO Brown as to what to write in any report or statement that she made about the incident. I did instruct CO Brown to write exactly what she saw on the disciplinary report for offender Diamond.

9. After the phone call with the Duty Officer, I escorted offender Diamond to the medical unit to be checked, and let them know that Diamond was being taken to administrative segregation. An offender has to be checked by medical staff before being placed into administrative segregation. After the medical check I then escorted Diamond to a cell in G building which is the administrative segregation building. I then returned to N building to get Diamond's property to bring it to the cell in G building.

10. When I returned to N building and arrived at offender Diamond's cell I noticed that there was a rag in the cell door and that the door was not closing securely because of the placement of the rag. It was a white rag stuffed in the upper corner of the door. I took a photograph of the rag and made a call for a maintenance worker to come to the dormitory to remove the rag and work on the door to make sure that it would close securely.

11. CSP maintenance worker Joseph Rinker came to the N building and worked on offender Diamond's cell door. He removed the rag and when he did that the door closed and secured properly. I recall that he then stayed to assist me with the back gate which also needed work that day.

12. After discovering the rag in offender Diamond's cell door I wrote a Disciplinary Report for blocking the lock on the door. **Attachment 1** hereto is a true and correct copy of the DR which has the offense date of October 31, 2020 and which was prepared and signed by me on the same date. Attached behind the DR is a true and correct copy of the photograph of the rag that I took. The photograph accurately depicts the rag as I discovered it in the cell door. As shown on Attachment 1, I served this DR on offender Diamond on November 1, 2020.

13. **Attachment 2** and **Attachment 3** hereto are true and correct copies of two additional DRs that I also served on offender Diamond at the same time on November 1, 2020. These other two DRs were issued to offender Diamond also with the offense date of October 31, 2020. The first of these two DRs has the time of offense listed as 0840 hours and it relates to the sexual conduct described in paragraphs 6-8 above. The second one has the time of offense listed as 1235 hours and it concerns the unauthorized giving of contraband. All three of the DRs attached hereto have writing or information on them that was completed by others after I served the DRs on offender Diamond.

I declare under penalty of perjury that the foregoing is true and correct.

Dated: 5-3-2021

  
KHALIAH REEVES

**ATTACHMENT 1**

BIM

M/H

Gen POP  
DISCIPLINARY REPORT

Adv/wit

Attachment 11  
SOP 209.01  
11/06/2017

Coastal State Prison 523  
INSTITUTION NAME CODE # TPM/MAX DATE

I. Offender: Diamond, Ashley Medium 1000290565  
Name: Last, First, M.I. Security ID Number

II. Offense Data:

A. Charge	Code	Plea	Finding	Charge	Code	Plea	Finding
1 Blocking Lock	C-8	NG	G	4			
2				5			
3				6			

October 31, 2020 1015hrs LT. Khaliah Reeves  
Date Time of Offense Signature of Reporting Official

B. Factual Statement: On the above date and time, I, Lt. Reeves, entered N-Building B-Rang. to see why the door will not secure. There was a white rag stuffed in the corner of the door preventing the door from securing. Offender Diamond, Ashley #100290565 is the only offender assigned to it is against policy to tamper with any lock or prevent the locking of any doors.

Reviewed by the appropriate supervisor: Sgt. Danielle Alexander 10-31-20  
Signature M/o./day/year

C. Charges served on accused: 11-1-20 @ 0825 Khaliah Reeves  
Mo./day/year/time Signature of Serving Official

III. Investigative Report:

A. Summary of Investigation: Investigation started 11/03/20 and complete 11/04/20, upon investigation I formally charge offender and recommend a hearing.

B. Co II Morgan Adam 11/04/2020  
Title Signature Mo./day/year

C. Advocate's Name: Gerlyn Pepin M/H counselor

IV. Hearing Officer's Recommendation:

Greatest High Moderate Low  
UM Cameron Mack 11-5-20  
Signature Mo./day/year

V. Disposition of disciplinary hearing:

A. Justification for Findings: Offender Diamond, Ashley found  
guilt of charge due to supporting documentation.

B. Action Recommended: 60 Days WAP > C-8

C. TPM Extension: NA Isolation: NA

D. Offender advised of his/her right to appeal: Yes No

UM Cameron Mack 1720 11-5-20  
Signature of Disciplinary Hearing Officer Time of Hearing Mo./day/year

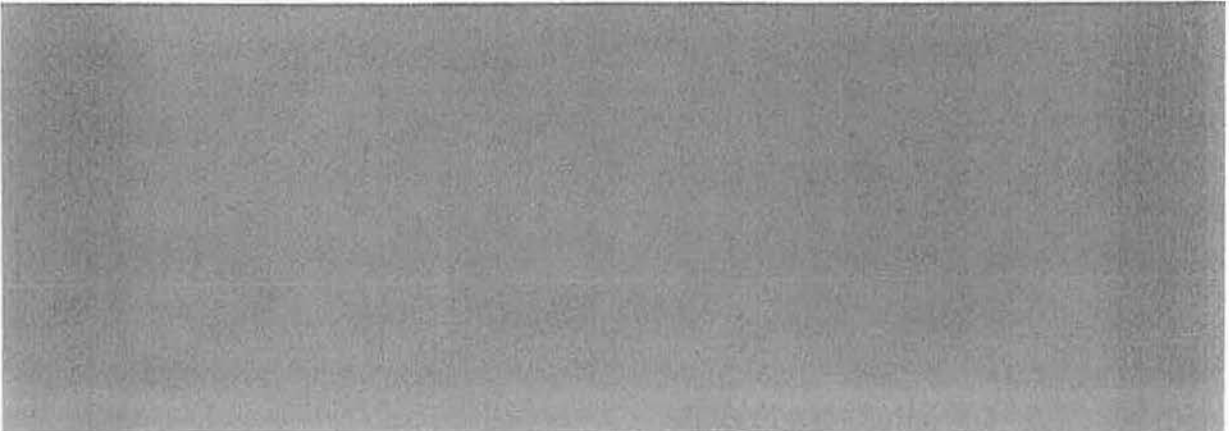
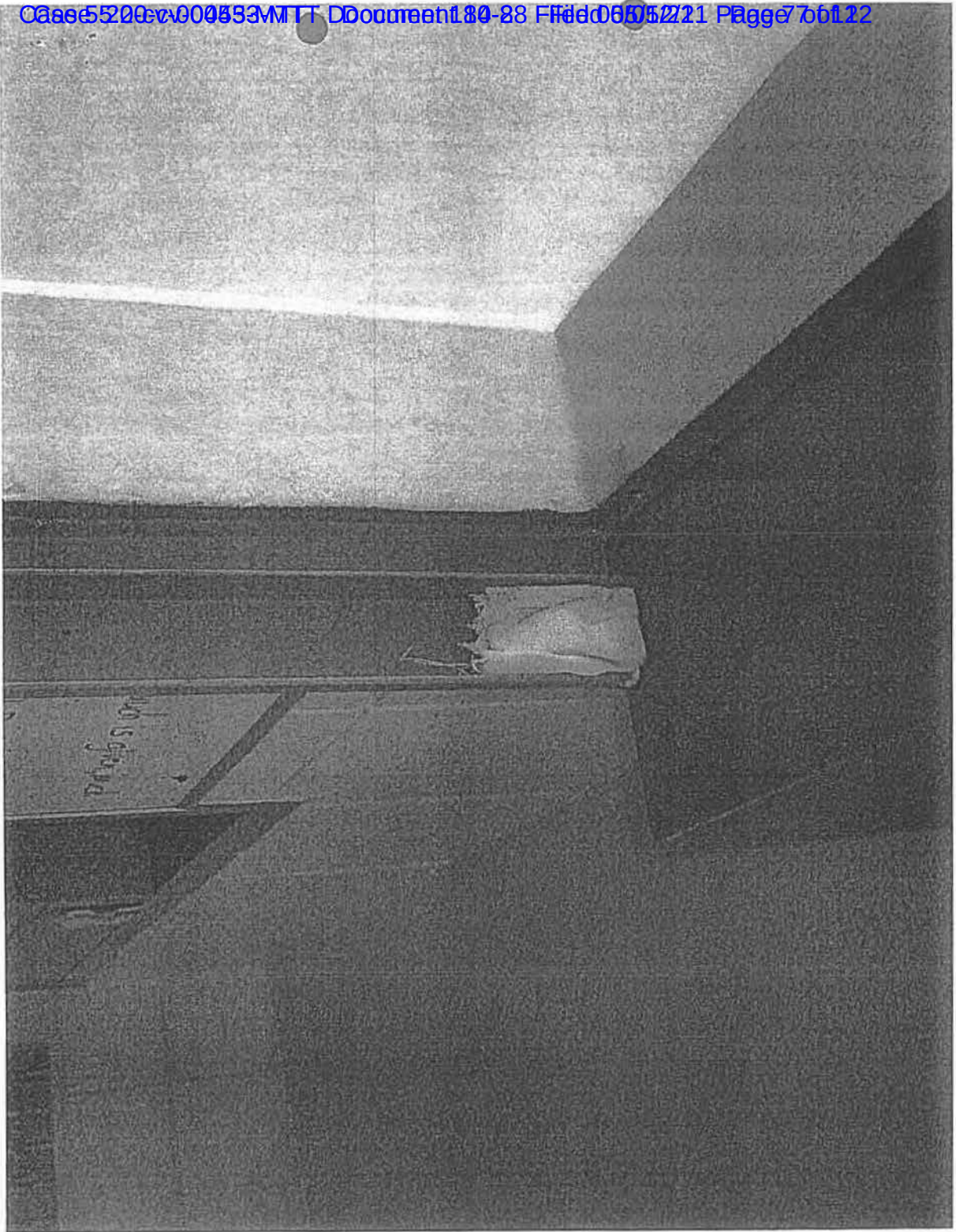
VI. Reviewing Officer:

Signature Title 11/06/2020  
mo. dy. year

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NOV 03 2020

**O.I.D.**



**ATTACHMENT 2**



BIM  
MH

Adv/Nit

Attachment 11  
SOP 209.01  
11/06/2017

Gen Pop  
DISCIPLINARY REPORT

Coastal State Prison  
INSTITUTION NAME

523  
CODE #

TPM/MAX DATE

I. Offender: Diamond, Ashley Medium 1000290565  
Name: Last, First, M.I. Security ID Number

II. Offense Data:

A. Charge	Code	Plea	Finding	Charge	Code	Plea	Finding
1 Sexual Behavior	B-8	NG	G	4			
2 <del>_____</del>				5			
3 Indecent Exposure	B-11	NG	G	6			

October 31, 2020 0840hrs Courtney Brown, COI Courtney S. Brown  
Date Time of Offense Signature of Reporting Official

B. Factual Statement: On the above date and time I, Ofc Brown, entered N-Building B-Range to count. When I approached \_\_\_\_\_ I observed offender Diamond, Ashley #1000290565 on top of offender; \_\_\_\_\_ on the bottom bunk. Both offenders had their pants down. Offender Diamond's penis was inside of \_\_\_\_\_'s anus and they were moving in a back and forth motion. I opened the door to \_\_\_\_\_ and neither offender moved. I then yelled "Aye." Both offender Diamond and \_\_\_\_\_ jumped up and pulled their pants up. Offender Diamond stated "oh shoot!" Both offenders sat on the bed. I then notified my supervisor and separated the offenders from each other.

Reviewed by the appropriate supervisor: Lt Khaliah Reeves [Signature] 10-31-20  
Signature M/o./day/year

C. Charges served on accused: 11-1-20 @ 0825 [Signature] Khaliah  
Mo./day/year/time Signature of Serving Official

III. Investigative Report:

A. Summary of Investigation: Investigation started 11/03/20 and completed on 11/04/20, upon investigation I formally charge offender and recommend a hearing.

B. COI [Signature] 11/04/2020  
Title Signature Mo./day/year

C. Advocate's Name: Gerlyn Pepin MH Counselor

IV. Hearing Officer's Recommendation:

Greatest High  Moderate Low  
[Signature] 11-5-20  
Signature Mo./day/year

V. Disposition of disciplinary hearing:

A. Justification for Findings: Offender Diamond, Ashley was found guilty of Sexual Behavior and Indecent Exposure due to the supporting documentation.

B. Action Recommended: 180 Days WAP B-8, B-11

C. TPM Extension: NA Isolation: NA

D. Offender advised of his/her right to appeal: Yes  No

[Signature] 1700 11-5-20  
Signature of Disciplinary Hearing Officer Time of Hearing Mo./day/year

VI. Reviewing Officer: [Signature] DWS 11/04/2020  
Signature Title mo./dy./year

**ATTACHMENT 3**

BIM  
M/H

Gen pop  
DISCIPLINARY REPORT

Co #  
Adv /wit

Attachment 11  
SOP 209.01  
11/06/2017

Coastal State Prison 523  
INSTITUTION NAME CODE # TPM/MAX DATE

I. Offender: Diamond, Ashley Medium 1000290565  
Name: Last, First, M.I. Security ID Number

II. Offense Data:

A. Charge	Code	Plea	Finding	Charge	Code	Plea	Finding
1 Unauthorized giving of	D-1	NG	G	4			
2 Contraband to someone else				5			
3				6			

October 31, 2020 1235 hrs Tono Gordon, COI  
Date Time of Offense Signature of Reporting Official

B. Factual Statement: On the above date and time, I, ofc. Gordon, was making rounds in G-Building A-Range when offender Diamond gave me paperwork and asked me could I give offender the paperwork because its his legal mail. Along with the papers was a manilla envelop that wasn't stamped as Legal mail should. Upon looking at the paperwork, some of the papers were sentimental letters and pictures From offender Diamond to offender . Both offenders are in separate rooms and that is unauthorized.

Reviewed by the appropriate supervisor: Lt. Khaliah Reeves  
Signature M/o./day/year

C. Charges served on accused: 11-1-20@0825  
Mo./day/year/time Signature of Serving Official

III. Investigative Report:

A. Summary of Investigation: Investigation started 11/03/20 and complete on 11/04/20, upon investigation I formally charge offender and recommend a hearing.

B. Co # Morgan Odum 11/04/2020  
Title Signature Mo./day/year

C. Advocate's Name: Gerlyn Pepin M/H Counselor

IV. Hearing Officer's Recommendation:

Greatest High Moderate Low  
Signature 11-5-20  
Mo./day/year

V. Disposition of disciplinary hearing:

A. Justification for Findings: Offender Diamond, Ashley was found guilty of charge due to supporting documentation.

B. Action Recommended: 60 Day LOAP > D-1

C. TPM Extension: NA Isolation: NA

D. Offender advised of his/her right to appeal: Yes No

Signature of Disciplinary Hearing Officer 17:00 11-5-20  
Signature Time of Hearing Mo./day/year

VI. Reviewing Officer:

Signature Title 11/06/2020  
Signature Title mo. dy. year

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NOV 03 2023

**O.I.D.**

## Offender Disciplinaries History

**DIAMOND, ASHLEY ALTON-GDC ID 1000290565**

Offense Date	D.R. #	Location	Charge(s) and Final Disposition(s)	Disposition Date	Authorizing Official's Recommendation	AOR Date	Sanctions Probated	Obligation Id
<a href="#">02/22/2021</a>	879721	COASTAL STATE PRISON	D-3J-GREAT-POSSESSION OF CELL PHONE - GUILTY	03/12/2021	COMPLETE LOCAL DISPOSITION APPROVED	03/12/2021	NO	29830914
<a href="#">02/18/2021</a>	879720	COASTAL STATE PRISON	B-13-MODERATE-INSUBORDINATION - GUILTY	03/12/2021	COMPLETE LOCAL DISPOSITION APPROVED	03/12/2021	NO	29830830
<a href="#">10/31/2020</a>	867129	COASTAL STATE PRISON	D-1-HIGH-POSSESSION OF CONTRABAND - GUILTY	11/09/2020	FINAL REVIEW APPEAL DENIED	02/22/2021	NO	29338543
<a href="#">10/31/2020</a>	867128	COASTAL STATE PRISON	C-8-GREAT-DAMAGE/TAMPERING TO LOCK/DOOR/FIRE EQUIPMENT - GUILTY	11/09/2020	FINAL REVIEW APPEAL DENIED	02/22/2021	NO	29338541
<a href="#">10/31/2020</a>	866981	COASTAL STATE PRISON	B-11-HIGH-EXPOSURE/EXHIBITION - GUILTY B-8-HIGH-SEXUAL BEHAVIOR/ACTIVITY - GUILTY B-10-GREAT-SOLICIT SEXUAL ACTIVITY - NOT GUILTY	11/09/2020	FINAL REVIEW APPEAL DENIED	02/22/2021	NO	29338537
<a href="#">07/23/2015</a>	574084	RUTLEDGE STATE PRISON	B13-HIGH-INSUBORDINATION - DISMISSED	08/24/2015	COMPLETE LOCAL DISPOSITION APPROVED	08/24/2015	NO	
<a href="#">04/16/2015</a>	553115	GA STATE PRISON	C17C-HIGH-REFUSE SUBSTANCE TEST - GUILTY	04/29/2015	COMPLETE LOCAL DISPOSITION APPROVED	04/30/2015	NO	19119460
<a href="#">04/16/2015</a>	553149	GA STATE PRISON	D03J-GREAT-POSSESSION ANY DRUG/NARCOTIC - DISMISSED	05/12/2015	COMPLETE LOCAL DISPOSITION APPROVED	05/13/2015	NO	
<a href="#">06/26/2014</a>	489237	VALDOSTA STATE PRISON	C17B-HIGH-UNDER INFLUENCE OF DRUGS - GUILTY	07/18/2014	FINAL REVIEW APPEAL DENIED	09/29/2014	NO	17650508
<a href="#">03/18/2014</a>	464108	VALDOSTA STATE PRISON	C15-HIGH-FAIL TO FOLLOW INSTRUCTIONS - NOT GUILTY	04/14/2014	COMPLETE LOCAL DISPOSITION APPROVED	04/15/2014	NO	

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Send your system questions and recommendations to us

PLAINTIFF'S  
EXHIBIT

**5**

# EXHIBIT 33



DISCIPLINARY REPORT

I. Offender: DIAMOND ASHLEY MEDIUM 1000290565  
 Name: Last, First, M.I. Security ID Number

II. Offense Data:  
 A. Charge Code Plea Finding Charge Code Plea Finding  
 1 REFUSE TO CITC 4  
 2 PROVIDE SAMPLE 5  
 3 6

10/7/2020 1125 AM Jasmine Samuel SAMUEL JASMINE  
 Date Time of Offense Signature of Reporting Official CERT CO II

B. Factual Statement: ON 10/7/2020 AT APPROXIMATELY 1125 AM OFFENDER  
DIAMOND ASHLEY/GDC 1000290565 REFUSED TO PROVIDE A URINE  
SAMPLE. IT IS AGAINST GEORGIA DEPARTMENT OF CORRECTIONS  
TO REFUSE BEING TESTED FOR UNAUTHORIZED SUBSTANCES.

Reviewed by the appropriate supervisor: Brown, Ruby TSgt / Brown Rick psy 10/7/2020  
 Signature M/o./day/year

C. Charges served on accused: 10/7/2020 1238 PM Jasmine Samuel SAMUEL JASMINE  
 Mo./day/year/time Signature of Serving Official CERT CO II

III. Investigative Report:  
 A. Summary of Investigation:

B. \_\_\_\_\_  
 Title Signature Mo./day/year

C. Advocate's Name: \_\_\_\_\_

IV. Hearing Officer's Recommendation:  
 Greatest \_\_\_\_\_ High \_\_\_\_\_ Moderate \_\_\_\_\_ Low \_\_\_\_\_  
 Signature Mo./day/year

V. Disposition of Disciplinary Hearing:  
 A. Justification for Findings: \_\_\_\_\_

B. Action Recommended: \_\_\_\_\_

C. TPM Extension: \_\_\_\_\_ Isolation: \_\_\_\_\_

D. Offender advised of his/her right to appeal: \_\_\_\_\_  
 Yes No

Signature of Disciplinary Hearing Officer Time of Hearing Mo./Day/Year

VI. Reviewing Officer:  
 Signature Title Mo./Day/Year

WITNESS STATEMENT			
PLACE	DATE	TIME	FILE NUMBER
Coastal			
LAST NAME, FIRST NAME, MIDDLE NAME		EMPLOYEE ID NUMBER	STATE ID NO.
Diamond, Ashley		1000098585	
INSTITUTION OR ADDRESS			
Ashley Diamond			
SWORN STATEMENT			
I, <u>Ashley Diamond</u> , WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH:			
<p>I was asked by Cert to go to medical. I asked why and was told for Uranalysis. I explained I was unable to urinate due to numerous castration attempts days prior.</p> <p style="text-align: center;">AD</p> <p style="text-align: left;">AD</p> <p style="text-align: right;">AD</p> <p style="text-align: center;">AD</p>			
EXHIBIT	INITIALS OF PERSON MAKING STATEMENT		PAGE 1 OF ___ PAGES
	AD		
<p>ADDITIONAL PAGES MUST CONTAIN THE HEADING "STATEMENT OF ___ TAKEN AT ___ DATED ___ CONTINUED." THE BOTTOM OF EACH ADDITIONAL PAGE MUST BEAR THE INITIALS OF THE PERSON MAKING THE STATEMENT AND BE INITIALED AS "PAGE ___ OF ___ PAGES." WHEN ADDITIONAL PAGES ARE UTILIZED, THE BACK OF PAGE 1 WILL BE LINED OUT, AND THE STATEMENT WILL BE CONCLUDED ON THE REVERSE SIDE OF ANOTHER COPY OF THIS FORM.</p>			

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Retention Schedule: Upon completion, this form shall be maintained locally for three (3) years, with the Incident Report, and then destroyed.



# EXHIBIT 37

PLAINTIFF'S  
EXHIBIT

**199**

801 207 01  
Attachment 11  
11/06/2017

DISCIPLINARY REPORT

Coastal State Prison 523  
INSTITUTION NAME CODE #

I Offender: Diamond, Ashley medium 1000290565  
Name, Last, First, M.I. Security ID Number

II Offense Data:  
A. Charge Code Plea Finding Charge Code Plea Finding  
1 possession of contraband D-1 4  
2 5  
3 6

12/23/20 1538 Aliyah R / Aliyah Parker COI  
Date Time of Offense Signature of Reporting Official

B. Factual Statement: On the above date and time, I Mr. Parker was conducting  
round in N-B where I observed a rolled up brown piece of paper on offender  
Diamond, Ashley GDC # 1000290565 floor. Upon retrieving the object I also  
observed a broken wooden pencil wrapped with unauthorized wires in  
offender Diamond trash can. Supervisor was notified

Reviewed by the appropriate supervisor: Robyn Helled / Lt. Tracy Helled 12/24/2020  
Signature M/o./day/year

C. Charges served on accused: 12/24/2020 0625 Aliyah R / Aliyah Parker COI  
Mo./day/year/time Signature of Serving Official

III Investigative Report:

A. Summary of Investigation:

B. Title Signature Mo./day/year

C. Advocate's Name:

IV. Hearing Officer's Recommendation:  
Greatest High Moderate Low

Signature Mo./day/year

V. Disposition of Disciplinary Hearing:

A. Justification for Findings:

B. Action Recommended:

C. TPM Extension: Isolation:

D. Offender advised of his/her right to appeal:  
Yes No

Signature of Disciplinary Hearing Officer Time of Hearing Mo./Day/Year

VI Reviewing Officer:  
Signature Title Mo./Day/Year

Retention Schedule: Upon completion, this form shall become part of the offender's institutional file and shall be maintained according to the official records retention schedule for institutional files.

# Stop being bad!

## DISCIPLINARY REPORT

Coastal State Prison  
INSTITUTION NAME

523  
CODE #

10.31.2020 - 02.05.2024  
TPM/MAX DATE

I. Offender: DIAMOND, ASHLEY ALTON MEDIUM 1000290565  
Name: Last, First, M.I. Security ID Number

II. Offense Data:

A. Charge	Code	Plea	Finding	Charge	Code	Plea	Finding
1 Failure to Follow	C-15			4			
2				5			
3				6			

12.3.2020 Date      Approximately 0733 Time of Offense      Carl Betterson Signature of Reporting Official

B. Factual Statement: On 12.10.2020 at 0922 I reviewed video footage of dorm N-B; The camera footage showed that on 12.3.2020 at approximately 0733 Richard Parker entered offender Ashely Diamonds room. Offender Parker appeared to be cleaning Ashley Diamonds room. I also Observed offender Diamond conversing with offender Parker while he was inside of her room. Offender Diamond was instructed on numerous occasions that she is not allowed to have any offender in her room for any reason. Ashley Diamonds actions are a clear violation of her Evidence Based Program contract and dormitory rules.

Reviewed by the appropriate supervisor: Stephanie Love / Stephanie Love 12/10/2020  
Signature M.o./day/year

C. Charges served on accused: 12/10/2020 1804 St. Nancy Hall / Lt. Tracy  
Mo./day/year/time Signature of Serving Official

III. Investigative Report:

A. Summary of Investigation: \_\_\_\_\_

B. \_\_\_\_\_  
Title Signature Mo./day/year

C. Advocate's Name: \_\_\_\_\_

IV. Hearing Officer's Recommendation:

Greatest \_\_\_\_\_ High \_\_\_\_\_ Moderate \_\_\_\_\_ Low \_\_\_\_\_  
Signature Mo./day/year

V. Disposition of Disciplinary Hearing:

A. Justification for Findings: \_\_\_\_\_

B. Action Recommended: \_\_\_\_\_

C. TPM Extension: \_\_\_\_\_ Isolation: \_\_\_\_\_

D. Offender advised of his/her right to appeal: \_\_\_\_\_  
Yes No

Signature of Disciplinary Hearing Officer Time of Hearing Mo/Day/Year

VI. Reviewing Officer:

Signature Title Mo/Day/Year

### DISCIPLINARY REPORT

Coastal State Prison 523  
INSTITUTION NAME CODE #

I. Offender: Diamond Ashley Medium 1000290565  
Name: Last, First, M.I. Security ID Number

II. Offense Data:

A. Charge	Code	Plea	Finding	Charge	Code	Plea	Finding
1 <u>Social Media</u>	<u>D-300</u>			4			
2				5			
3				6			

2-22-2021 1408 Mitchell, Michael STG  
Date Time of Offense Signature of Reporting Official

B. Factual Statement: On 2-22-2021 at approximately 1408 hours  
While conducting a social media search for STG offenders  
it was found that offender Diamond Ashley had been  
using Facebook to communicate with people outside  
incarceration. Screen shots were taken for evidence.

Reviewed by the appropriate supervisor: Sean Kelly 2-22-2021  
Signature M/o./day/year

C. Charges served on accused: 2-22-2021 / 1607 Shawn Smith / Shawn Smith CEAT  
M/o./day/year Signature of Serving Official

III. Investigative Report:  
A. Summary of Investigation: \_\_\_\_\_

B. \_\_\_\_\_  
Title Signature M/o./day/year

C. Advocate's Name: \_\_\_\_\_

IV. Hearing Officer's Recommendation:  
Greatest \_\_\_\_\_ High \_\_\_\_\_ Moderate \_\_\_\_\_ Low \_\_\_\_\_  
Signature M/o./day/year

V. Disposition of Disciplinary Hearing:  
A. Justification for Findings: \_\_\_\_\_

B. Action Recommended: \_\_\_\_\_

C. TPM Extension: \_\_\_\_\_ Isolation: \_\_\_\_\_

D. Offender advised of his/her right to appeal: \_\_\_\_\_  
Yes No

Signature of Disciplinary Hearing Officer Time of Hearing Mo./Day/Year

VI. Reviewing Officer: \_\_\_\_\_  
Signature Title Mo./Day/Year



# EXHIBIT 35



WITNESS STATEMENT		
PLACE 9 Bldg	DATE 11-1-2020	TIME 8:45
FILE NUMBER	LAST NAME, FIRST NAME, MIDDLE NAME Diamond, Ashley	EMPLOYEE ID NUMBER 1000290565
STATE ID NO.	INSTITUTION OR ADDRESS Coastal State Prison	
SWORN STATEMENT		
<p>I, <u>Ashley Diamond</u> (Blonde) WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH:                      On Nov 1, 2020 I asked pit call Nurse to please inform staff. That I would like to be examined for proof that no sexual act took place as stated by Officer Courtney Brown. They never asked me or the offender involved to participate in any procedure to procure the evidence that would disprove the allegation of penetration. A sample test would prove this allegation false. They refuse to test.</p>		
EXHIBIT 1	INITIALS OF PERSON MAKING STATEMENT AD	PAGE 1 OF 1 PAGES
<p>ADDITIONAL PAGES MUST CONTAIN THE HEADING "STATEMENT OF [ ] TAKEN AT [ ] DATED [ ] CONTINUED." THE BOTTOM OF EACH ADDITIONAL PAGE MUST BEAR THE INITIALS OF THE PERSON MAKING THE STATEMENT AND BE INITIALED AS "PAGE [ ] OF [ ] PAGES." WHEN ADDITIONAL PAGES ARE UTILIZED, THE BACK OF PAGE 1 WILL BE LINED OUT, AND THE STATEMENT WILL BE CONCLUDED ON THE REVERSE SIDE OF ANOTHER COPY OF THIS FORM.</p>		

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Retention Schedule: Upon completion, this form shall be maintained locally for three (3) years, with the Incident Report, and then destroyed.

STATEMENT (Continued)

AD

AD

AD

AD

AFFIDAVIT

I, Ashley Diamond HAVE READ OR HAVE HAD READ TO ME THIS STATEMENT WHICH BEGINS ON PAGE 1 AND ENDS ON PAGE 1. I FULLY UNDERSTAND THE CONDITIONS OF THE ENTIRE STATEMENT MADE BY ME. THE STATEMENT IS TRUE. I HAVE INITIALED ALL CORRECTIONS AND HAVE INITIALED THE BOTTOM OF EACH PAGE CONTAINING THE STATEMENT. I HAVE MADE THIS STATEMENT FREELY WITHOUT HOPE OF BENEFIT OR REWARD, WITHOUT THREAT OF PUNISHMENT AND WITHOUT COERCION, UNLAWFUL INFLUENCE, OR UNLAWFUL INDUCEMENT.

Ashley Diamond  
(Signature of Person Making Statement)

WITNESS

\_\_\_\_\_

INSTITUTION OR ADDRESS

\_\_\_\_\_

INSTITUTION OR ADDRESS

Subscribed and sworn to before me, a person authorized by law to administer oaths, this \_\_\_ day of \_\_\_\_\_, 20\_\_ at \_\_\_\_\_

\_\_\_\_\_  
(Signature of Person Administering Oath)

\_\_\_\_\_  
(Typed Name of Person Administering Oath)

\_\_\_\_\_  
(Authority to Administer Oath)

INITIALS OF PERSON MAKING STATEMENT

PAGE OF PAGES



WITNESS STATEMENT			
PLACE G 126	DATE 11-2-2020	TIME APRX: 9:41	FILE NUMBER
LAST NAME FIRST NAME MIDDLE NAME Diamond, Ashley	EMPLOYER ID NUMBER 1000290565	STATE ID NO.	
INSTITUTION OR ADDRESS Coastal Prison			

I, Ashley Diamond, WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH:

Was visited by the Warden of Care + Treatment and the Warden of Security this morning. They asked why I wasn't eating I said no appetite and hadn't eaten ~~that~~ for a few days. I asked why on the 109 was it written that I cant have phone calls. I also asked how long I'd be here, why I couldn't get my request for physical examination and why couldn't I be locked in cell in NB. Warden of Security asked me had anyone come to see me yet I said no. He said he'd bring me back an answer. This segregation is very hard on me and it is well documented within GDC that this should be a last resort.

AD AD AD

EXHIBIT	INITIALS OF PERSON MAKING STATEMENT AD	PAGE 1 OF _____ PAGES
<p>ADDITIONAL PAGES MUST CONTAIN THE HEADING "STATEMENT OF ___ TAKEN AT ___ DATED ___ CONTINUED." THE BOTTOM OF EACH ADDITIONAL PAGE MUST BEAR THE INITIALS OF THE PERSON MAKING THE STATEMENT AND BE INITIALED AS "PAGE ___ OF ___ PAGES." WHEN ADDITIONAL PAGES ARE UTILIZED, THE BACK OF PAGE 1 WILL BE LINED OUT, AND THE STATEMENT WILL BE CONCLUDED ON THE REVERSE SIDE OF ANOTHER COPY OF THIS FORM.</p>		

STATEMENT (Continued)	
<b>AFFIDAVIT</b>	
<p>I, _____ HAVE READ OR HAVE HAD READ TO ME THIS STATEMENT WHICH BEGINS ON PAGE 1 AND ENDS ON PAGE _____, I FULLY UNDERSTAND THE CONDITIONS OF THE ENTIRE STATEMENT MADE BY ME. THE STATEMENT IS TRUE. I HAVE INITIALED ALL CORRECTIONS AND HAVE INITIALED THE BOTTOM OF EACH PAGE CONTAINING THE STATEMENT. I HAVE MADE THIS STATEMENT FREELY WITHOUT HOPE OF BENEFIT OR REWARD, WITHOUT THREAT OF PUNISHMENT, AND WITHOUT COERCION, UNLAWFUL INFLUENCE, OR UNLAWFUL INDUCEMENT.</p>	
WITNESS	<p style="text-align: center;">_____ (Signature of Person Making Statement)</p> <p>Subscribed and sworn to before me, a person authorized by law to administer oaths, this ____ day of _____, 20__ at _____</p> <p style="text-align: center;">_____ (Signature of Person Administering Oath)</p> <p style="text-align: center;">_____ (Typed Name of Person Administering Oath)</p> <p style="text-align: center;">_____ (Authority to Administer Oath)</p>
INSTITUTION OR ADDRESS	
INSTITUTION OR ADDRESS	
INITIALS OF PERSON MAKING STATEMENT	PAGE OF PAGES

WITNESS STATEMENT			
PLACE	Coastal Prison Medical	DATE	11-3-2020
LAST NAME, FIRST NAME, MIDDLE NAME	Diamond Ashley	EMPLOYEE ID NUMBER	1000290565
INSTITUTION OR ADDRESS	Coastal State Prison		

**SWORN STATEMENT**

I, Ashley Diamond, WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH:

I have been brought to medical after being photographed by Sgt. Mitchell and asked if I was in gang and wouldn't disclose any other information. Upon arrival to medical I asked is this the exam for DNA? I have requested, as well as the other offender, physical exams to determine that there was no sexual act between us. We have yet to be informed on the nature of this medical visit and if its involving my request to be treated.

End of Statement

EXHIBIT	INITIALS OF PERSON MAKING STATEMENT	PAGE 1 OF 1 PAGES
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ADDITIONAL PAGES MUST CONTAIN THE HEADING "STATEMENT OF \_\_\_\_\_ TAKEN AT \_\_\_\_\_ DATED \_\_\_\_\_ CONTINUED." THE BOTTOM OF EACH ADDITIONAL PAGE MUST BEAR THE INITIALS OF THE PERSON MAKING THE STATEMENT AND BE INITIALED AS "PAGE \_\_\_\_\_ OF \_\_\_\_\_ PAGES." WHEN ADDITIONAL PAGES ARE UTILIZED, THE BACK OF PAGE 1 WILL BE LINED OUT, AND THE STATEMENT WILL BE CONCLUDED ON THE REVERSE SIDE OF ANOTHER COPY OF THIS FORM.

STATEMENT (Continued)

*[Handwritten initials]*

*[Handwritten initials]*

*[Handwritten initials]*

*[Handwritten initials]*

AFFIDAVIT

I, Ashley Diamond HAVE READ OR HAVE HAD READ TO ME THIS STATEMENT WHICH BEGINS ON PAGE 1 AND ENDS ON PAGE 2. I FULLY UNDERSTAND THE CONDITIONS OF THE ENTIRE STATEMENT MADE BY ME. THE STATEMENT IS TRUE. I HAVE INITIALED ALL CORRECTIONS AND HAVE INITIALED THE BOTTOM OF EACH PAGE CONTAINING THE STATEMENT. I HAVE MADE THIS STATEMENT FREELY WITHOUT HOPE OF BENEFIT OR REWARD, WITHOUT THREAT OF PUNISHMENT, AND WITHOUT COERCION, UNLAWFUL INFLUENCE, OR UNLAWFUL INDUCEMENT.

*[Handwritten signature of Ashley Diamond]*  
(Signature of Person Making Statement)

WITNESS

\_\_\_\_\_

INSTITUTION OR ADDRESS

\_\_\_\_\_

INSTITUTION OR ADDRESS

INITIALS OF PERSON MAKING STATEMENT

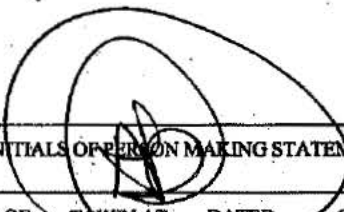
Subscribed and sworn to before me, a person authorized by law to administer oaths, this \_\_\_ day of \_\_\_\_\_, 20\_\_ at \_\_\_\_\_

(Signature of Person Administering Oath)

(Typed Name of Person Administering Oath)

(Authority to Administer Oath)

PAGE | OF | PAGES

WITNESS STATEMENT			
PLACE <i>Medical</i>	DATE <i>11-3-2020</i>	TIME <i>12:30</i>	FILE NUMBER
LAST NAME, FIRST NAME, MIDDLE NAME <i>Diamond, Ashley</i>	EMPLOYEE ID NUMBER		STATE ID NO.
INSTITUTION OR ADDRESS <i>Coastal State Prison</i>			
SWORN STATEMENT			
<p><i>Ashley Diamond</i> WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH:</p> <p>I was informed by Nurse Gregory that no test or exams would be performed, even after requesting and at my expense, that no testing of my genitals would be done to assess that I transgender woman whos taken Estrogen for over 20 yrs. Has a functioning Penis</p> <p style="text-align: center;">— End of Statement —</p>			
EXHIBIT	INITIALS OF PERSON MAKING STATEMENT 		PAGE 1 OF _____ PAGES
<p>ADDITIONAL PAGES MUST CONTAIN THE HEADING "STATEMENT OF _____ TAKEN AT _____ DATED _____ CONTINUED." THE BOTTOM OF EACH ADDITIONAL PAGE MUST BEAR THE INITIALS OF THE PERSON MAKING THE STATEMENT AND BE INITIALED AS "PAGE _____ OF _____ PAGES." WHEN ADDITIONAL PAGES ARE UTILIZED, THE BACK OF PAGE 1 WILL BE LINED OUT, AND THE STATEMENT WILL BE CONCLUDED ON THE REVERSE SIDE OF ANOTHER COPY OF THIS FORM.</p>			

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Retention Schedule: Upon completion, this form shall be maintained locally for three (3) years, with the Incident Report, and then destroyed.

STATEMENT (Continued)

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AFFIDAVIT

I, Ashley D. [Signature] HAVE READ OR HAVE HAD READ TO ME THIS STATEMENT WHICH BEGINS ON PAGE 1 AND ENDS ON PAGE 1. I FULLY UNDERSTAND THE CONDITIONS OF THE ENTIRE STATEMENT MADE BY ME. THE STATEMENT IS TRUE. I HAVE INITIALED ALL CORRECTIONS AND HAVE INITIALED THE BOTTOM OF EACH PAGE CONTAINING THE STATEMENT. I HAVE MADE THIS STATEMENT FREELY WITHOUT HOPE OF BENEFIT OR REWARD, WITHOUT THREAT OF PUNISHMENT, AND WITHOUT COERCION, UNLAWFUL INFLUENCE, OR UNLAWFUL INDUCEMENT.

Ashley D. [Signature]  
(Signature of Person Making Statement)

WITNESS

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

INSTITUTION OR ADDRESS

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

INSTITUTION OR ADDRESS

Subscribed and sworn to before me, a person authorized by law to administer oaths, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ at \_\_\_\_\_

\_\_\_\_\_  
(Signature of Person Administering Oath)

\_\_\_\_\_  
(Typed Name of Person Administering Oath)

\_\_\_\_\_  
(Authority to Administer Oath)

INITIALS OF PERSON MAKING STATEMENT

PAGE OF PAGES

G-A-126

Adv/Hit

BIM

MH

Attachment 11  
SOP 209.01  
11/06/2017

### Gen Pop DISCIPLINARY REPORT

Coastal State Prison	523	
INSTITUTION NAME	CODE #	TPM/MAX DATE

I. Offender: Diamond, Ashley Medium 1000290565  
 Name: Last, First, M.I. Security ID Number

II. Offense Data:

A. Charge	Code	Plea	Finding	Charge	Code	Plea	Finding
1 Sexual Behavior	B-8	NG	G	4			
2 [REDACTED]				5			
3 Indecent Exposure	B-11	NG	G	6			

October 31, 2020 0840hrs Courtney Brown, COI  
 Date Time of Offense Signature of Reporting Official

B. Factual Statement: On the above date and time I, Ofc Brown, entered N-Building B-Range to count. When I approached  
rm #136, I observed offender Diamond, Ashley #1000290565 on top of offender **John Doe** on the bottom bunk. Both offenders  
had their pants down. Offender Diamond's penis was inside of offender **John Doe**'s anus and they were moving in a back and forth  
motion. I opened the door to room #136 and neither offender moved. I then yelled "Aye." Both offender Diamond and **John Doe**  
jumped up and pulled their pants up. Offender Diamond stated "oh shoot!" Both offenders sat on the bed. I then notified my super-  
visor and separated the offenders from each other.

Reviewed by the appropriate supervisor: Lt Khaliah Reeves 10-31-20  
 Signature M/o./day/year

C. Charges served on accused: 11-1-20 @ 0825 Lt Khaliah Reeves Khaliah  
 Mo./day/year Signature of Serving Official

III. Investigative Report:

A. Summary of Investigation: Investigation started 11/03/20 and complete on 11/04/20, upon  
investigation I formally charge offender and recommend a hearing.

B. COI J Morgan Odum 11/04/2020  
 Title Signature Mo./day/year

C. Advocate's Name: Gerlyn Pepin M/H Counselor

IV. Hearing Officer's Recommendation: High Moderate Low  
Greatest High Moderate Low  
Ull Cameron Mack 11-5-20  
 Signature Mo./day/year

V. Disposition of disciplinary hearing:  
 A. Justification for Findings: Offender Diamond, Ashley was found  
guilt of Sexual Behavior and Indecent Exposure due  
to the supporting documentation.

B. Action Recommended: 120 Days WAP B-8, B-11

C. TPM Extension: NA Isolation: NA

D. Offender advised of his/her right to appeal: Yes No

Ull Cameron Mack 1700 11-5-20  
 Signature of Disciplinary Hearing Officer Time of Hearing Mo./day/year

VI. Reviewing Officer: [Signature] DWS 11/04/2020  
 Signature Title mo./day/year



Brian P. Kemp  
Governor

# GEORGIA DEPARTMENT OF CORRECTIONS STATE OF GEORGIA



Timothy C. Ward  
Commissioner

## DISCIPLINARY APPEAL FORM

Facility: COASTAL STATE PRISON      Disciplinary Report#: 866981

Offender's Name: DIAMOND, ASHLEY ALTON      Offender's ID#: 1000290565

TO: WARDEN/SUPERINTENDENT: (Submit within fifteen (15) calendar days after hearing).

REASON FOR APPEAL:

*The factual basis of the DR isnt true, I have medical proof of this. I did not penetrate offender John Doe. I would like to submit medical documentation*  
*Henry Diamond*      *11-5-2020*

Offender's Signature

Date

WARDEN'S/SUPERINTENDENT'S DECISION: (Within thirty (30) calendar days of receipt of appeal).

Warden's/Superintendent's Signature

Date

**2nd Appeal:**(Within five(5) working days of Warden's Response)

TO: Inmate Affairs Unit  
P.O. Box 310  
Hardwick, GA. 31034

Offender's Signature

Date

EXECUTIVE ASSISTANT'S DECISION:

Executive Assistant's Signature

Date

(Reproduce locally)

Retention Schedule: Upon completion, this form shall become part of the offender's institutional file, except for those overturned or dismissed, and shall be kept according to the official records retention schedule for institutional files.



# EXHIBIT 11

PLAINTIFF'S  
EXHIBIT

**173**



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September 29, 2020

*Via Certified Mail*

Commissioner Timothy Ward  
Georgia Department of Corrections  
7 MLK Jr Drive, Suite 543  
Atlanta, GA 30334

*Via Certified Mail and Email*

Georgia Department of Corrections  
Attn: Office of Professional Standards/ PREA Unit  
300 Patrol Rd.  
Forsyth, Ga. 31029  
[PREA.report@gdc.ga.gov](mailto:PREA.report@gdc.ga.gov)  
[Ombudsman@gdc.ga.gov](mailto:Ombudsman@gdc.ga.gov)

*Via Certified Mail and Email*

State Board of Pardons and Paroles  
Office of Victim Services  
2 Martin Luther King, Jr. Drive, S.E.  
Balcony Level, East Tower  
Atlanta, Georgia 30334  
[VictimServices@pap.ga.gov](mailto:VictimServices@pap.ga.gov)

**Re: Fourth Notice of Constitutional and PREA Violations on Behalf of Ashley Diamond (GDC ID: 1000290565)**

Dear Commissioner Ward, PREA Coordinator, and State Board of Pardons and Paroles:

We write to notify the Georgia Department of Corrections (GDC) of multiple incidents of sexual assault, including four incidents in one weekend, perpetrated against our client, Ashley Diamond. This letter serves as a third-party Prison Rape Elimination Act (PREA) Notice filed pursuant to GDC Standard Operating Procedure (GDC SOP) 208.06.IV.E.2. This

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letter is also one of multiple notices to GDC of the continued threat to Ms. Diamond's safety and GDC's constitutional violations. In addition, we have repeatedly requested time to speak with GDC's General Counsel and the Attorney General's Office about Ms. Diamond's urgent health and safety needs only to be ignored or have our requests declined.

As our prior correspondence has emphasized, Ms. Diamond should be released, placed in a transitional center, or transferred to a female facility where her medical, mental health, and safety concerns are properly addressed. Ms. Diamond's placements at the Georgia Diagnostic and Classification Prison ("GDCP) and Coastal State Prison ("Coastal") are not appropriate and have only allowed for ongoing constitutional violations for which GDC is fully aware.

**I. Ms. Diamond Was Sexually Assaulted Four Times in One Weekend and Continues to Fear for Her Safety.**

Ms. Diamond and her attorneys have repeatedly explained that Ms. Diamond is not safe at Coastal. We have notified GDC officials that GDC staff members have sexually harassed and degraded Ms. Diamond based on her gender identity and expression, including in dormitory-wide meetings, and that a number of unauthorized incarcerated people have been allowed into Ms. Diamond's dormitory by GDC officers. As a result of the failure to respond reasonably to the identified risks or take corrective action, Ms. Diamond was attacked four times over the course of three days. These incidents show, once again, that GDC cannot keep Ms. Diamond safe.

**a. Ms. Diamond Was Sexually Assaulted on September 18, September 19, and September 20, 2020.**

In the evening on Friday, September 18, an incarcerated person approached Ms. Diamond in her dormitory and said that someone wanted to talk to her. She followed him to a room and found another incarcerated person—her attacker—waiting for her. He locked the door to the room, ripped off her shirt, and proceeded to grab her breasts and sexually assault her. He then pushed her to the bed and attempted to forcibly rape her. Ms. Diamond was only able to escape because "count" began, at which point she exited the room and ran away.

The next morning, on Saturday, September 19, Ms. Diamond was in her room when another incarcerated person entered, physically grabbed her head, and forced her to give him oral sex on the bed.

On Sunday, September 20, the incarcerated person who had set up the September 18 attack approached Ms. Diamond in her room. He then proceeded to rape Ms. Diamond. Later that day, a different incarcerated person called Ms. Diamond into a room, where another incarcerated person attacked her. Ms. Diamond's assailant grabbed her breasts, groped her, and sexually assaulted her until she was able to escape the room.

Ms. Diamond is experiencing mental anguish from these traumatic incidents. Yesterday, September 28, she requested to be moved out of her dormitory for fear of further attacks. Ms. Diamond was told that she could not move because GDC Director of Field Operations, Robert Toole, had specified that she is to stay in her current room.

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**II. GDC Officials Have Had Ample Notice and Opportunity to Act and Have Failed to Do So.**

Under the Eighth Amendment, GDC has a duty to protect Ms. Diamond from sexual assault and to provide adequate medical and mental health care. *See Diamond v. Owens (Diamond I)*, 131 F. Supp. 3d 1346, 1376 (M.D. Ga. 2015) (explaining that GDC has a duty to “take reasonable measures to guarantee the safety of” Ms. Diamond) (quoting *Caldwell v. Warden, FCI Talladega*, 748 F.3d 1090, 1099 (11th Cir. 2014)); *id.* at 1374–75 (explaining that Ms. Diamond’s gender dysphoria is a serious medical need that GDC has a constitutional obligation to treat).

GDC’s failure to meet its constitutional obligations is inexcusable, almost 11 months since Ms. Diamond entered GDC custody and six months since the first of our letters. As explained in our prior correspondence, GDC is well aware of the seriousness of Ms. Diamond’s need to adequate mental health services and of the severe consequences of not providing her those services. *See Diamond I*, 131 F. Supp. 3d at 1354–58 (describing Ms. Diamond’s previous suicide and self-harm attempts while in GDC custody); Dr. Randi Ettner Decl. ¶ 9, *Diamond v. Owens*, No. 5:15-cv-50 (M.D. Ga. 2015), ECF No. 49-2 (“When Ms. Diamond goes without medically necessary gender dysphoria care, she experiences suicide ideation, emotional dysregulation, and a propensity to self-harm.”). Further, it is well established that Ms. Diamond, as a transgender woman, is more vulnerable to sexual assaults. *Diamond I*, 131 F. Supp. 3d 1355–56 (documenting Ms. Diamond’s history of being sexually assaulted in GDC custody). Our letters and Ms. Diamond’s complaints have provided further notice of GDC’s constitutional failures.

**III. GDC Officials, Including the General Counsel’s Office, Have Shown Deliberate Indifference to Ms. Diamond’s Medical, Mental Health, and Safety Concerns.**

GDC has been continuously on notice of the severe and substantial risks of sexual assault Ms. Diamond faces as a transgender woman within GDC. Upon entering GDC custody on October 29, 2020 and being placed at the Georgia Diagnostic & Classification Prison (“GDGP”), Ms. Diamond repeatedly raised concerns about inadequate medical and mental health care for gender dysphoria, as well as her safety as a transgender woman in a male close-security facility, including during the intake process. We, as Ms. Diamond’s attorneys, also sent three letters<sup>1</sup> while Ms. Diamond was at GDGP notifying GDC of its ongoing constitutional violations, including deliberate indifference to Ms. Diamond’s serious medical need and failure to protect Ms. Diamond from sexual harassment, assault, and abuse by incarcerated people and GDC staff. We emphasized that to ensure Ms. Diamond’s safety, she should be released, placed in a transitional center, or transferred to a female facility that is equipped to address her medical and mental health needs.

Instead of taking Ms. Diamond’s safety concerns into account as mandated under PREA, on June 4, 2020 Ms. Diamond was moved to Coastal State Prison (“Coastal”), another men’s facility that is neither safe nor appropriate for Ms. Diamond. As a foreseeable result of Ms. Diamond’s ill-conceived placement at Coastal, she has faced continuous issues regarding

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<sup>1</sup> *See* Letters dated May 1, May 20, and June 3, attached hereto.

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her medical and mental health care and her safety.<sup>2</sup> Many of the health and safety challenges Ms. Diamond has experienced also stem directly from the actions of GDC staff. As explained in our July 2 letter, a Coastal Unit Manager harassed Ms. Diamond and called a dormitory-wide meeting about Ms. Diamond's transgender status in which he intentionally created a sexually hostile environment in her dorm, therefore increasing Ms. Diamond's already substantial risk of sexual assault. Since then, Ms. Diamond has been repeatedly threatened, harassed, and sexually assaulted, and has attempted auto-castration resulting from inadequate treatment for her gender dysphoria.

GDC's response to Ms. Diamond's medical and mental health needs is also constitutionally deficient. GDC has utterly failed to provide Ms. Diamond adequate medical care for her gender dysphoria, including, without limitation, by: arbitrarily discontinuing and failing to provide Ms. Diamond's hormone treatment for weeks at a time; failing to evaluate or monitor her bloodwork to adjust her hormone levels; failing to provide Ms. Diamond appointments with medical professionals and counselors that are competent to treat gender dysphoria; and imposing medically harmful restrictions on her gender expression.

GDC's failure to provide treatment sufficient to alleviate her gender dysphoria combined with repeated sexual assaults and the constant fear of additional violence and sexual assaults has exacerbated her mental health conditions resulting in a dangerous, if not deadly, prognosis. In recent weeks, Ms. Diamond has attempted self-surgery and developed problems urinating that GDC doctors found placed her at risk for kidney failure. Coastal admitted that Ms. Diamond's condition could prove fatal and acknowledged that they did not have the equipment necessary to perform diagnostic testing or analysis. Despite repeatedly requesting outside emergency care and escalating Ms. Diamond's concerns to the General Counsel's office, GDC steadfastly continued to deny Ms. Diamond medically necessary treatment or referrals.

On September 2, without warning or explanation, Ms. Diamond was transferred back to GDCP, the facility where she had been subjected to repeated sexual abuse and had experienced inadequate medical and mental health care. On September 8, Ms. Diamond was transferred back to Coastal. Ms. Diamond's arbitrary transfers between GDCP and Coastal have not addressed her health or safety concerns. Instead, back at Coastal, Ms. Diamond faces the same medical, mental health, and safety concerns, and has even endured multiple instances of rape in the past week alone. Staff also remains indifferent to her needs; Ms. Diamond heard Deputy Warden of Care & Treatment Carl Betterson refer to her as a "cancer to this prison" since her return.

Transferring Ms. Diamond between facilities, both where Ms. Diamond has been repeatedly assaulted and where Ms. Diamond's mental health has continued to deteriorate, demonstrates deliberate indifference to known risks to her health and safety.

GDC's refusal to respond to our notice letters, or requests to speak regarding Ms. Diamond's urgent health and safety needs, is further evidence of GDC's deliberate indifference to Ms. Diamond's constitutional rights.

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<sup>2</sup> See Letters dated July 2 and July 15, attached hereto.

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**IV. Ms. Diamond Should Be Released.**

Ms. Diamond has been subjected to repeated sexual harassment, assault, and abuse by incarcerated people and GDC staff. Each incident is serious and unacceptable and calls for immediate action. Ms. Diamond's medical and mental health condition have seriously deteriorated in GDC custody. These ongoing constitutional and PREA violations highlight the need for Ms. Diamond to be released, placed in a transitional center, or transferred to a female facility, or substantially similar and equally safe non-segregated setting that accounts for her heightened risk of sexual abuse by male inmates, where she can be protected from sexual assault and receive adequate medical and mental health care.

We, once again, request a phone call to discuss these matters.

Respectfully,



---

Beth Littrell  
Senior Supervising Attorney  
Southern Poverty Law Center  
P.O. Box 1287  
Decatur, GA 30031-1287  
beth.littrell@splcenter.org  
404-221-5876



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A. Chinyere Ezie  
Senior Staff Attorney  
Center for Constitutional Rights  
666 Broadway, 7th Floor  
New York, NY 10012  
cezie@ccrjustice.org  
212-614-6467

cc: Ahmed Holt, Assistant Commissioner Facilities Division  
Jack "Randy" Sauls, Assistant Commissioner Health Services Division  
Robert Toole, Director of Field Operations  
Cedric Taylor, North Regional Director  
Stan Shepard, Southeast Regional Director  
Jennifer Ammons, General Counsel  
Beth Burton, Office of the Attorney General

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Tina Piper, Office of the Attorney General  
Elizabeth McCrary Crowder, Office of the Attorney General  
Brooks Benton, Warden of Coastal State Prison  
Sharon Lewis, Statewide Medical Director

encl: Letter from SPLC to GDC (May 1, 2020)  
Letter from SPLC and CCR to GDC (May 20, 2020)  
Letter from SPLC and CCR to GDC (June 3, 2020)  
Letter from SPLC and CCR to GDC (July 2, 2020)  
Letter from SPLC and CCR to GDC (July 15, 2020)

WITNESS STATEMENT			
PLACE <i>Coastal</i>	DATE <i>10-8-20</i>	TIME <i>12:30</i>	FILE NUMBER
LAST NAME, FIRST NAME, MIDDLE NAME <i>Diamond, Ashley</i>	EMPLOYEE ID NUMBER <i>1000290565</i>	STATE ID NO.	
INSTITUTION OR ADDRESS			
SWORN STATEMENT			
I, <u><i>Ashley Diamond</i></u> , WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH:			
<p><i>I would like to pursue my PREA investigation but cant get a response to the request for counsel to be present. Because of the sensitive nature of the allegations and fear of retaliation, along with privacy concerns make it very difficult to navigate this process. I also fear retaliation from those involved because of gang affiliations.</i></p>			
EXHIBIT <i>AD</i>	INITIALS OF PERSON MAKING STATEMENT <i>AD</i>	PAGE 1 OF	PAGES
<small>ADDITIONAL PAGES MUST CONTAIN THE HEADING "STATEMENT OF _____ TAKEN AT _____ DATED _____ CONTINUED." THE BOTTOM OF EACH ADDITIONAL PAGE MUST BEAR THE INITIALS OF THE PERSON MAKING THE STATEMENT AND BE INITIALED AS "PAGE ____ OF ____ PAGES." WHEN ADDITIONAL PAGES ARE UTILIZED, THE BACK OF PAGE 1 WILL BE LINED OUT, AND THE STATEMENT WILL BE CONCLUDED ON THE REVERSE SIDE OF ANOTHER COPY OF THIS FORM.</small>			

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Retention Schedule: Upon completion, this form shall be maintained locally for three (3) years, with the Incident Report, and then destroyed.

PLAINTIFF'S  
EXHIBIT  
**2331**



STATEMENT (Continued)

AD

AD

AD

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AFFIDAVIT

I HAVE READ OR HAVE HAD READ TO ME THIS STATEMENT WHICH BEGINS ON PAGE 1 AND ENDS ON PAGE 1. I FULLY UNDERSTAND THE CONDITIONS OF THE ENTIRE STATEMENT MADE BY ME. THE STATEMENT IS TRUE. I HAVE INITIALED ALL CORRECTIONS AND HAVE INITIALED THE BOTTOM OF EACH PAGE CONTAINING THE STATEMENT. I HAVE MADE THIS STATEMENT FREELY WITHOUT HOPE OF BENEFIT OR REWARD, WITHOUT THREAT OF PUNISHMENT, AND WITHOUT COERCION, UNLAWFUL INFLUENCE, OR UNLAWFUL INDUCEMENT.

WITNESS

\_\_\_\_\_

INSTITUTION OR ADDRESS

\_\_\_\_\_

INSTITUTION OR ADDRESS

\_\_\_\_\_

INITIALS OF PERSON MAKING STATEMENT

\_\_\_\_\_

(Signature of Person Making Statement)

Subscribed and sworn to before me, a person authorized by law to administer oaths, this \_\_\_\_ day of \_\_\_\_\_, 20\_\_ at \_\_\_\_\_

(Signature of Person Administering Oath)

(Typed Name of Person Administering Oath)

(Authority to Administer Oath)

PAGE OF PAGES

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WITNESS STATEMENT			
PLACE <u>Medical</u>	DATE <u>10-31-2020</u>	TIME <u>Approx. 1040</u>	FILE NUMBER
LAST NAME, FIRST NAME, MIDDLE NAME <u>Spann Catherine Naomi</u>	EMPLOYEE ID NUMBER <u>1085629</u>	STATE ID NO.	
INSTITUTION OR ADDRESS <u>Coastal State Prison</u>			

**SWORN STATEMENT**

I, Spann Catherine M, WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH:

Offender **John Doe** came in Medical. I was told offender was engaged in sexual activity and he needed vital signs taken. I asked Lt Reeves was a physical exam needed she replied No but the Warden was coming in. I asked Offender **John Doe** several times if he was engaged in sexual activity and he denied it each time. A few minutes later Offender Diamond Ashley came in Medical. She also denied having any sexual activity with Offender **John Doe**. I instructed Lt Reeves to put both offenders in the classrooms up in the front of Medical separate until the Warden came down with further instruction. The Warden called Medical and spoke with both C Anderson RN and myself. He stated that Diamond was the alleged penetrator and both offenders were denying sexual activity and no claim of PREA were stated by either offender so there was no further action needed from Medical. I notified Lt. Reeves and both

EXHIBIT	INITIALS OF PERSON MAKING STATEMENT <u>CS</u>	PAGE 1 OF <u>2</u> PAGES
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ADDITIONAL PAGES MUST CONTAIN THE HEADING "STATEMENT OF \_\_\_\_\_ TAKEN AT \_\_\_\_\_ DATED \_\_\_\_\_ CONTINUED." THE BOTTOM OF EACH ADDITIONAL PAGE MUST BEAR THE INITIALS OF THE PERSON MAKING THE STATEMENT AND BE INITIALED AS "PAGE 1 OF 2 PAGES." WHEN ADDITIONAL PAGES ARE UTILIZED, THE BACK OF PAGE 1 WILL BE LINED OUT, AND THE STATEMENT WILL BE CONCLUDED ON THE REVERSE SIDE OF ANOTHER COPY OF THIS FORM.

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Retention Schedule: Upon completion, this form shall be maintained locally for three (3) years, with the Incident Report, and then destroyed.



**STATEMENT (Continued)**

offenders were taken to Unit 4. At approximately 1130 I received a phone call stating a nurse needed to come to Unit 4 for offender Diamond. Upon my arrival in Unit 4 Sgt Alexander escorted C. Am and myself to the examination room with Offender Diamond. Sgt Alexander stood outside while we examined Offender Diamond. She stated that she self harms her private area and the younger was her friend and was just trying to help take the bondage of offender's penis. She was very adamant that no sexual activity occurred between them. She was thoroughly assessed. Assessment documented in chart. She requested mental health as well. Lt Reeves was notified of request after examination was completed then we returned to Medical. — *PKH*

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**AFFIDAVIT**

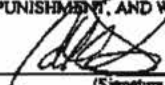
I, Spann Catherine A HAVE READ OR HAVE HAD READ TO ME THIS STATEMENT WHICH BEGINS ON PAGE 1 AND ENDS ON PAGE 2. I FULLY UNDERSTAND THE CONDITIONS OF THE ENTIRE STATEMENT MADE BY ME. THE STATEMENT IS TRUE. I HAVE INITIALED ALL CORRECTIONS AND HAVE INITIALED THE BOTTOM OF EACH PAGE CONTAINING THE STATEMENT. I HAVE MADE THIS STATEMENT FREELY WITHOUT HOPE OF BENEFIT OR REWARD, WITHOUT THREAT OF PUNISHMENT, AND WITHOUT COERCION, UNLAWFUL INFLUENCE, OR UNLAWFUL INDUCEMENT.

WITNESS \_\_\_\_\_

INSTITUTION OR ADDRESS \_\_\_\_\_

INSTITUTION OR ADDRESS \_\_\_\_\_

INITIALS OF PERSON MAKING STATEMENT CS

  
 \_\_\_\_\_  
 (Signature of Person Making Statement)

Subscribed and sworn to before me, a person authorized by law to administer oaths, this \_\_\_\_ day of \_\_\_\_\_, 20\_\_  
 at \_\_\_\_\_

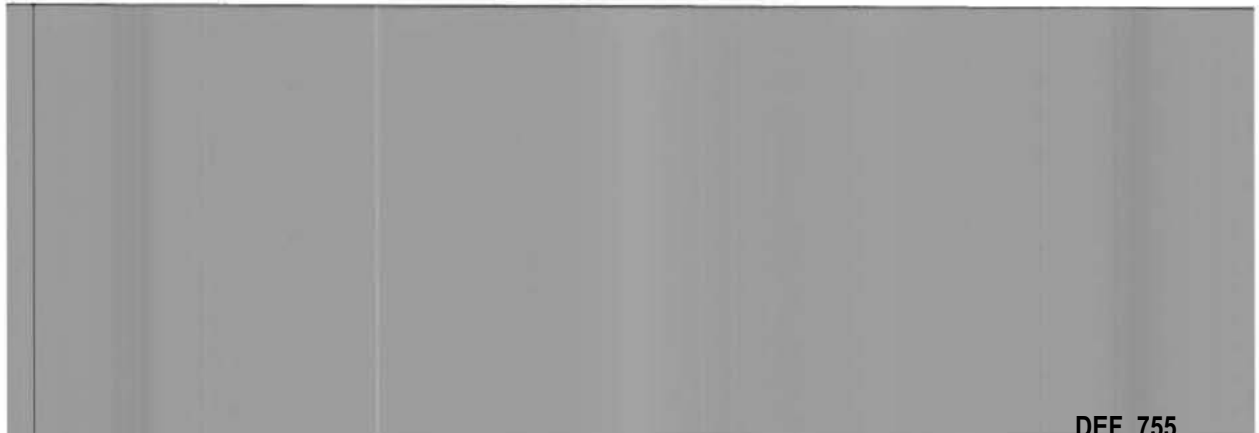
\_\_\_\_\_  
 (Signature of Person Administering Oath)

\_\_\_\_\_  
 (Typed Name of Person Administering Oath)

\_\_\_\_\_  
 (Authority to Administer Oath)

PAGE 2 OF 2 PAGES

Retention Schedule: Upon completion, this form shall be maintained locally for three (3) years, with the Incident Report, and then destroyed.



WITNESS STATEMENT			
PLACE <i>H-Blg</i>	DATE <i>11,5,2020</i>	TIME <i>14:00</i>	FILE NUMBER
LAST NAME, FIRST NAME, MIDDLE NAME <i>Miller, Samuel, Kron</i>	EMPLOYEE ID NUMBER <i>01019367</i>	STATE ID NO.	
INSTITUTION OR ADDRESS			
SWORN STATEMENT			
<p><i>I, Samuel Miller</i> _____, WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH:  <i>Diamonds Door in N-B Was broken, I repair the Door to open and Lock with The Key. The door button has not been reconnected.</i></p> <div style="text-align: center; font-size: 2em; margin-top: 20px;"><i>SM</i></div> <div style="display: flex; justify-content: space-around; margin-top: 20px;"> <span style="font-size: 2em;"><i>SM</i></span> <span style="font-size: 2em;"><i>SM</i></span> </div> <div style="text-align: center; margin-top: 20px;"><i>SM</i></div>			
EXHIBIT	INITIALS OF PERSON MAKING STATEMENT <i>SAM</i>		PAGE 1 OF <u>1</u> PAGES
<small>ADDITIONAL PAGES MUST CONTAIN THE HEADING "STATEMENT OF ___ TAKEN AT ___ DATED ___ CONTINUED." THE BOTTOM OF EACH ADDITIONAL PAGE MUST BEAR THE INITIALS OF THE PERSON MAKING THE STATEMENT AND BE INITIALED AS "PAGE ___ OF ___ PAGES." WHEN ADDITIONAL PAGES ARE UTILIZED, THE BACK OF PAGE 1 WILL BE LINED OUT, AND THE STATEMENT WILL BE CONCLUDED ON THE REVERSE SIDE OF ANOTHER COPY OF THIS FORM.</small>			

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PLAINTIFF'S  
EXHIBIT  
  
**233Z**

STATEMENT (Continued)

*SM*  
*SM*  
*SM*

AFFIDAVIT

I, Samuel Miller HAVE READ OR HAVE HAD READ TO ME THIS STATEMENT WHICH BEGINS ON PAGE 1 AND ENDS ON PAGE 1. I FULLY UNDERSTAND THE CONDITIONS OF THE ENTIRE STATEMENT MADE BY ME. THE STATEMENT IS TRUE. I HAVE INITIALED ALL CORRECTIONS AND HAVE INITIALED THE BOTTOM OF EACH PAGE CONTAINING THE STATEMENT. I HAVE MADE THIS STATEMENT FREELY WITHOUT HOPE OF BENEFIT OR REWARD, WITHOUT THREAT OF PUNISHMENT, AND WITHOUT COERCION, UNLAWFUL INFLUENCE, OR UNLAWFUL INDUCEMENT.

WITNESS

\_\_\_\_\_  
\_\_\_\_\_

INSTITUTION OR ADDRESS

\_\_\_\_\_  
\_\_\_\_\_

INSTITUTION OR ADDRESS

*Samuel Miller*  
(Signature of Person Making Statement)

Subscribed and sworn to before me, a person authorized by law to administer oaths, this \_\_\_\_ day of \_\_\_\_\_, 20\_\_ at \_\_\_\_\_

\_\_\_\_\_  
(Signature of Person Administering Oath)

\_\_\_\_\_  
(Typed Name of Person Administering Oath)

\_\_\_\_\_  
(Authority to Administer Oath)

INITIALS OF PERSON MAKING STATEMENT

*SAM*

PAGE 1 OF 1 PAGES

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**GEORGIA**  
DEPARTMENT OF CORRECTIONS



**Maintenance Details**

**Requested By:** State Prison, Coastal on 10/31/2020 10:15:00 AM  
**Completed:** 10/31/2020 10:15:00 AM  
**Status:** Closed  
**Description:** 136B Not Secure

**Priority/Type:** Normal / Emergency  
**Shop:** COASP

Georgia Department of Corrections  
 Coastal State Prison  
 Housing N

**Labor**

Date	Labor	Craft	Rate	Reg Hrs	OT Hrs	Cost
10/31/2020	Rinker, Joseph	General Trades	\$0.00	1		\$0.00
<b>Labor Total:</b>					1	\$0.00

**Work Performance**

**Report:** Removed Rag from lock mechanism

**Total Billed:** \$0.00





# GEORGIA

DEPARTMENT OF CORRECTIONS



**Maintenance Details**

**Requested By:** State Prison, Coastal on 6/3/2020 2:00:00 PM  
**Completed:** 6/3/2020 3:18:00 PM  
**Status:** Closed  
**Description:** Cell 106 not securing N-5

**Priority/Type:** Normal / Corrective  
**Shop:** COASP  
**Assigned To:** Smoaks, Randy

Georgia Department of Corrections  
 Coastal State Prison  
 Housing N

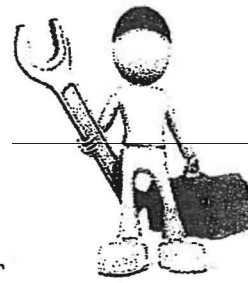
**Labor**

Date	Labor	Craft	Rate	Reg Hrs	OT Hrs	Cost
6/3/2020	Miller, Samuel	General Trades	\$0.00	1		\$0.00
<b>Labor Total:</b>						1 \$0.00

**Work Performance**

**Report:** Repaired Lock

**Total Billed:** \$0.00



MAINTENANCE CALL BACK REPORT  
 FACILITY NAME: Coastal State Prison

MAINTENANCE EMPLOYEE NAME: Joseph R Linker

EMPLOYEE ID: 01060603

DATE	TIME CALLED	TIME ARRIVED	TIME DEPARTED
10-31-2020	10:15 AM	11:30 AM	12:30 PM

DESCRIPTION OF THE PROBLEM:

cell door not securing (136)  
 \_\_\_\_\_  
 \_\_\_\_\_

CORRECTING ACTION(S):

removed Rag from door Jam. Lubricated  
lock  
 \_\_\_\_\_  
 \_\_\_\_\_

CALL BACK REQUESTED BY: Joseph Manker

MAINTENANCE EMPLOYEE SIGNATURE: Joseph R Linker

MAINTENANCE SUPERVISOR SIGNATURE: [Signature]



WITNESS STATEMENT			
PLACE <i>Caerol SP</i>	DATE <i>11/5/2020</i>	TIME <i>2:38 pm</i>	FILE NUMBER
LAST NAME, FIRST NAME, MIDDLE NAME <i>Foss, Daniel P</i>	EMPLOYEE ID NUMBER <i>6176281</i>	STATE ID NO. <i>676281</i>	
INSTITUTION OR ADDRESS			
SWORN STATEMENT			
<p>I, <u><i>Daniel Foss</i></u>, WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH:</p> <p><i>Inmate Ashley Diamond told me that the door for her cell in N building did not lock. This was previous to receiving a DR.</i></p> <p><i>On 10/26/2020 she told me that her door was not locking. I sent an email to our attorney, requesting that she share this information w/ the warden</i></p>			
EXHIBIT	INITIALS OF PERSON MAKING STATEMENT	PAGE 1 OF ____ PAGES	
<p>ADDITIONAL PAGES MUST CONTAIN THE HEADING "STATEMENT OF ____ TAKEN AT ____ DATED ____ CONTINUED." THE BOTTOM OF EACH ADDITIONAL PAGE MUST BEAR THE INITIALS OF THE PERSON MAKING THE STATEMENT AND BE INITIALED AS "PAGE ____ OF ____ PAGES." WHEN ADDITIONAL PAGES ARE UTILIZED, THE BACK OF PAGE 1 WILL BE LINED OUT, AND THE STATEMENT WILL BE CONCLUDED ON THE REVERSE SIDE OF ANOTHER COPY OF THIS FORM.</p>			

(Reproduced locally)

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PLAINTIFF'S  
EXHIBIT  
**233Y**

STATEMENT (Continued)

AFFIDAVIT

I, \_\_\_\_\_ HAVE READ OR HAVE HAD READ TO ME THIS STATEMENT WHICH BEGINS ON PAGE 1 AND ENDS ON PAGE \_\_\_\_\_. I FULLY UNDERSTAND THE CONDITIONS OF THE ENTIRE STATEMENT MADE BY ME. THE STATEMENT IS TRUE. I HAVE INITIALED ALL CORRECTIONS AND HAVE INITIALED THE BOTTOM OF EACH PAGE CONTAINING THE STATEMENT. I HAVE MADE THIS STATEMENT FREELY WITHOUT HOPE OF BENEFIT OR REWARD, WITHOUT THREAT OF PUNISHMENT, AND WITHOUT COERCION, UNLAWFUL INFLUENCE, OR UNLAWFUL INDUCEMENT.

WITNESS

\_\_\_\_\_  
\_\_\_\_\_

INSTITUTION OR ADDRESS

\_\_\_\_\_  
\_\_\_\_\_

INSTITUTION OR ADDRESS

\_\_\_\_\_  
(Signature of Person Making Statement)

Subscribed and sworn to before me, a person authorized by law to administer oaths, this \_\_\_\_ day of \_\_\_\_\_, 20\_\_ at \_\_\_\_\_

\_\_\_\_\_  
(Signature of Person Administering Oath)

\_\_\_\_\_  
(Typed Name of Person Administering Oath)

\_\_\_\_\_  
(Authority to Administer Oath)

INITIALS OF PERSON MAKING STATEMENT

PAGE OF PAGES

Retention Schedule: Upon completion, this form shall be maintained locally for three (3) years, with the Incident Report, and then destroyed.

offender diamond

Fass, Daniel

Mon 10/26/2020 10:43 AM

To: Fletcher, Tia <tfletcher1@TeamCenturion.com>;

Good Morning Ms. Fletcher,

Could you please forward this to the warden or maintenance.

Offender Diamond has continued to express to me that her door doesn't lock/work. This I believe has been ongoing since a couple weeks ago and appears related to her last PREA report.

I would like to suggest that if the door is not fixed or fixable, we should let her have a roommate who is classified as a PREA victim for extra safety precautions.

Thank you,

Daniel Fass Ph.D.  
Clinical Director

PLAINTIFF'S  
EXHIBIT

**123**

DEF\_1164

offender diamond

Fass, Daniel

Mon 10/26/2020 10:43 AM

To: Fletcher, Tia <tfletcher1@TeamCenturion.com>;

Good Morning Ms. Fletcher,

Could you please forward this to the warden or maintenance.

Offender Diamond has continued to express to me that her door doesn't lock/work. This I believe has been ongoing since a couple weeks ago and appears related to her last PREA report.

I would like to suggest that if the door is not fixed or fixable, we should let her have a roommate who is classified as a PREA victim for extra safety precautions.

Thank you,

Daniel Fass Ph.D.  
Clinical Director

**DECLARATION OF GRACE ATCHISON**

I, Grace Atchison, declare as follows:

1. My name is Grace Atchison and I am competent in all respects to testify to the matters set forth herein. I have personal knowledge of the facts stated herein and know them to be true, and I give this declaration freely and for use as evidence in the case styled *Ashley Diamond v. Timothy Ward*, Case No. 5:20-cv-453 in the U.S. District Court for the Middle District of Georgia.

2. I am employed by the Georgia Department of Corrections (GDC) and serve as the Statewide Prison Rape Elimination Act (PREA) Coordinator under GDC Standard Operating Procedure 208.06, and as the Chairperson of the Statewide Classification Committee under GDC Standard Operating Procedure 220.09, each as described below.

**Classification and Placement**

3. **Attachment 1** hereto is a true and correct copy of GDC Standard Operating Procedure 220.09, entitled Classification and Management of Transgender and Intersex Offenders, a policy with an effective date of July 26, 2019.

4. SOP 220.09 by its terms provides guidance and direction for the classification and management of transgender offenders. It provides for a process for the initial intake and assessment of transgender offenders, including medical and mental health assessments, a classification interview the purpose of which is to collect information from the offender and also to explore the offender's concerns and preferred facility placement, and ultimately a determination by a Statewide Classification Committee on the proper placement for the offender. I am the designated Chairperson of the Statewide Classification Committee.



5. Offender Ashley Diamond began her current period of incarceration on October 29, 2019. In November 2019 I conducted a classification interview with offender Diamond at the Georgia Diagnostic and Classification Prison. The interview was recorded and the audio recording is submitted along with the remainder of the Classification Committee documentation which I understand will be filed with the Court under restricted access for Diamond's privacy and so are not attached directly to this declaration.

6. In the interview offender Diamond initially indicated a preference for a placement in a female facility. However, she later clarified that, in her prior period of incarceration, the problems that she had related to her classification and her placement in close security prisons. She stated in the interview that being housed with male offenders was not so much of a concern as the classification, and she indicated comfort with a housing placement in a medium security men's prison. She also stated in the interview that she had an earlier conversation to this effect with the GDCP Warden and GDC's Director of Facility Operations, Robert Toole.

7. After the interview, I collected the recommendations from the GDCP officials and I also wrote a summary of my findings. These documents also are being filed with the Court under restricted access for Diamond's privacy and so are not attached directly to this declaration. My housing recommendation as stated in the summary was neutral because Diamond expressed some interest in placement in a female facility, the GDCP official recommendation was to go with that preference, but also Diamond clarified in the interview that she was ok with a placement into a medium security men's prison.

8. After I completed the interview and summary I did not have further involvement with offender Diamond's placement. Generally offender placement is decided by Offender Administration, a GDC office, and for transgender offenders because of the process provided in SOP 220.09 the Director of Facility Operations, Mr. Toole, and also GDC's Assistant Commissioner for the Facilities Division,

Ahmed Holt, will review any recommendation and will consider the proper placement of a transgender offender given the unique security needs that such a placement involves.

### **PREA Reports and Investigations**

9. **Attachment 2** hereto is a true and correct copy of GDC Standard Operating Procedure 208.06, entitled Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, a policy with an effective date of March 2, 2018.

10. SOP 208.06 states that GDC has a “zero-tolerance policy toward all forms of sexual abuse, sexual harassment, and sexual activity among offenders.” The goal of the policy and its various provisions is to prevent occurrences of both offender to offender and staff to offender sexual abuse and sexual harassment. The policy also makes clear that retaliation is not permitted.

11. SOP 208.06 has definitions of sexual abuse by an offender, sexual abuse by a staff member, contractor, or volunteer, and sexual harassment. Sexual abuse in these definitions includes: contact between the penis and the vulva or the penis and the anus, including penetration, however slight; contact between the mouth and the penis, vulva, or anus; penetration of the anal or genital opening of another person, however slight, by a hand, finger, object, or other instrument; and any other touching, either directly or through the clothing, of the genitalia, anus, groin, breast, inner thigh, or the buttocks of another person, excluding contact incidental to a physical altercation. Additional categories of prohibited conduct are included within the definition of staff to offender sexual abuse, including contact between the mouth and any body part where there is intent to abuse, arouse, or gratify sexual desire; any display by a staff member of his or her uncovered genitalia, buttocks, or breast in the presence of an offender; and voyeurism by a staff member, meaning invasion of privacy for reasons unrelated to official duties.

12. Sexual harassment in the definitions includes repeated and unwelcome sexual advances, requests for sexual favors, verbal comments, gestures, or actions of a derogatory or offensive sexual nature by one offender toward another; and also repeated verbal comments or gestures of a sexual nature to an offender by a staff member, including demeaning references to gender, sexually suggestive or derogatory comments about body or clothing, or obscene language or gestures.

13. SOP 208.06 states that offenders who sexually abuse another offender will be disciplined and referred for criminal prosecution, and offenders who engage in sexual harassment, consensual sexual contact with another offender, attempt to engage in or solicit such contact, or help another engage in sexual contact with an offender will be disciplined.

14. SOP 208.06 expressly states that GDC prohibits all consensual sexual activity between offenders, and that offenders may be subject to disciplinary action for such activity. It further states that offenders shall be 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 sexual harassment or a criminal finding of guilt for offender-on-offender sexual abuse.

15. SOP 208.06 calls for the designation of a GDC department level PREA Coordinator to implement and oversee the efforts to comply with these PREA standards at all GDC facilities. As stated previously, I am the GDC Statewide PREA Coordinator. In that capacity, I am responsible for and oversee the PREA operations of 88 facilities statewide. This includes ensuring compliance with SOP 208.06; having general oversight of facility investigations, which can include on a case-by-case basis coordinating, overseeing, or providing direction for facility investigations; and reviewing facility investigations to make sure that they are handled correctly.

16. SOP 208.06 also calls for the Warden/Superintendent at each facility to ensure implementation of the policy and also requires that each facility must have an assigned PREA Compliance



Manager. At Coastal State Prison, Deputy Warden of Care and Treatment Carl Betterson is the PREA Compliance Manager.

17. SOP 208.06 has provisions for offender and staff training and education, and these provisions are implemented for offenders and staff at every facility. Therefore, offenders are made aware of PREA and their rights including the non-retaliation provisions of the policy, and likewise staff are made aware of PREA and their obligations including the non-retaliation provisions of the policy.

18. SOP 208.06 states that an offender may make a report of sexual abuse, sexual harassment, or retaliation either in writing or verbally, and either by internal (from within the facility) or external (from outside the facility) methods. Offenders are encouraged to report allegations immediately and directly to a staff member, so that the allegations can be promptly documented and investigated and so that any necessary protective or corrective measures can be taken.

19. When a report is made, it will be documented and investigated at the facility through the PREA Compliance Manager and what is known as the facility Sexual Abuse/Harassment Response Team or SART. Possible outcomes of an investigation include: substantiated, meaning the allegation was investigated and determined to have occurred; unsubstantiated, meaning the allegation was investigated and the investigation produced insufficient evidence to make a final determination as to whether it occurred; and unfounded, meaning the allegation was investigated and determined not to have occurred. There is a fourth possible outcome that can be entered upon review by the Statewide PREA Coordinator, and that outcome is “not PREA,” or essentially a determination that the allegation does not involve sexual abuse or sexual harassment as those terms are defined in the policy.

20. I am aware of offender Ashley Diamond’s assertions that she has been subjected repeatedly to sexual abuse, sexual harassment, or sexual assault at Coastal State Prison. I am aware of reports but no substantiated finding for any incident.

21. Specifically, as relates to PREA complaints, I am aware of 13 reports where offender Diamond is the alleged victim, and 1 report where Diamond is the alleged aggressor.

22. Of the 13 reports where offender Diamond is the alleged victim, the GDC PREA records for this period of incarceration, which I understand will be filed with the Court under restricted access for Diamond's privacy and so are not attached directly to this declaration, show the following:

- **March 12, 2020** – Diamond alleged that a nurse Lucas at Georgia Diagnostic and Classification Prison grabbed her breasts and asked if they were real; nurse Lucas admitted to touching Diamond on the shoulder but otherwise denied the allegation; the local SART deemed the allegation not PREA, however, I would deem the allegation PREA; nurse Lucas was moved to another work location; ultimately this allegation was unsubstantiated because after investigation it could not be proven or disproven; the PREA records show that there was an investigation (OPS Investigation # 2020-0912) into this allegation by GDC's Office of Professional Standards (OPS).
- **May 9 or 10, 2020** – Diamond alleged by letter from her legal counsel that, also at GDCP, correctional officer Arneika Smith locked Diamond in a room and subjected her to questioning related to her sexual orientation and touched Diamond's legs, thighs, and buttocks; the PREA records show that there was an investigation (OPS Investigation # 2020-1674) into this allegation by OPS; OPS conducted interviews and also asked the Georgia Bureau of Investigation to conduct a polygraph examination of CO Smith due to conflicting statements given by Diamond and another correctional officer (Ridley), on the one hand, and statements given by correctional officer Smith, on the other hand; the polygraph examination was completed and returned showing no deception by CO Smith; the local district attorney declined to pursue criminal charges; due to a lack of

evidence, the allegations of sexual abuse and sexual misconduct were determined to be unsubstantiated; it should be noted that whether or not there was a policy violation by CO Smith is a separate matter.

- **June 18, 2020** – Diamond alleged that, at Coastal State Prison, Unit Manager Jackson called her a man and made comments about her breasts and genitalia; she further alleged that upon moving to a dormitory other offenders told her that UM Jackson held a dormitory meeting where he warned that a “freak is about to enter the dorm”; local SART deemed the first part of the allegation not PREA on the basis of the definition of harassment requiring repeated instances; local SART also deemed the second part of the allegation not PREA; in review of this incident I communicated with DW Betterson to convey that UM Jackson should be counseled on professional and PREA behavior expectations; I learned that Coastal State Prison Warden Brooks Benton communicated with UM Jackson and that Jackson was assigned to work another post; also it is my understanding that UM Jackson no longer works at Coastal State Prison; this is Incident Report 311169 and PREA # 5060 in the records.
- **July 3, 2020** – Diamond alleged by letter from her legal counsel that, at Coastal State Prison, there was a sexual assault and attempted rape of her perpetrated by an offender who was not authorized to be in the dormitory but who was let into the dormitory by a correctional officer, and two offenders stopped the alleged attack; facility officials attempted to investigate this allegation when it was made; however, Diamond refused to discuss the allegation on two occasions, stating she wanted her attorneys present; she did finally give a statement to a mental health counselor that an offender she did not know “went into my room and tried to pull down my pants and stick his penis inside

me” and “my friends pulled him off me and he left”; because Diamond did not cooperate in the investigation the allegation could not be substantiated and the allegation was determined to be unfounded; this is Incident Report 314985 and PREA # 5251 in the records.

- **September 1, 2020** – Diamond reported “several PREA allegations”; the incident report states that Diamond alleged that DW Betterson called her a “cancer to the prison” and also addressed her “window coverings”; Diamond again refused to participate in PREA interviews; SART deemed the case to be unfounded, due to Diamond’s refusal to cooperate in the investigation; the allegations as described in the incident report do not specify a sexual abuse or sexual harassment incident as those terms are defined SOP 208.06; this is Incident Report 310677 and PREA # 5038 in the records.
- **September 1, 2020** – Diamond alleged that, at Coastal State Prison, Lieutenant Giddell (a male officer) stripped searched her, and also that he told her that no one could be in her dorm because of her lifestyle; SART determined the allegation to be not PREA, a correct finding; this is Incident Report 310716 and PREA # 5044 in the records.
- **September 18, 2020** – Diamond alleged by letter from her legal counsel that, at Coastal State Prison, she was sexually assaulted four times in one weekend; the allegations were as follows: Allegation # 1 (September 18) – an unnamed inmate lured Diamond to her room, where her “attacker” was waiting. He locked the door, ripped off her shirt, and proceeded to grab her breasts and sexually assault her. He then pushed her to the bed and attempted to forcibly rape her. Diamond was able to escape, due to the count beginning; Allegation #2 (September 19) – another “incarcerated inmate” entered her

room, physically grabbed her head, and forced her to give him oral sex on the bed; Allegation #3 (September 20) – the unnamed inmate that lured Diamond to her room on the September 18 incident raped her; Allegation #4 (September 20) – “another incarcerated person” attacked her by grabbing her breasts, groped her, and sexually assaulted her until she was able to escape the room; the facility SART was immediately notified of these allegations and directed to initiate an investigation; however, Diamond refused to cooperate in the interview process; SART deemed the allegations to be unfounded due to the lack of cooperation; this is Incident Report 311506 and PREA # 5087 in the records.

- **October 10, 2020** – Diamond alleged that, at Coastal State Prison, an offender (Thigpen) told her that another unknown offender (later identified as Christopher Graham) was touching Diamond’s buttocks while she was asleep; Diamond stated she was not aware of this because her medication did not allow her to wake up; the local SART deemed the allegation unfounded on the basis that offender Graham was not in Diamond’s dormitory; this is Incident Report 312555 and PREA # 5138 in the records.
- **October 29, 2020** – Diamond alleged that, at Coastal State Prison, offender Graham approached her stating that he was aware that she had made a PREA allegation against him; the content of the alleged statement would not meet the criteria for a PREA allegation; this is Incident Report 313860 and PREA # 5187 in the records.
- **October 30, 2020** – Diamond alleged that, at Coastal State Prison, offender Thigpen exposed himself to her and touched her inappropriately; a dorm mentor advised staff that Thigpen admitted to exposing himself to Diamond; the facility SART determined the abuse case to be unsubstantiated, however, the facility PREA Compliance Manager

stated it should be substantiated, as it likely occurred; on this case, although the evidence weighs that Thigpen did indeed expose himself to Diamond, it does not meet the definition of sexual abuse or sexual harassment, as it was not a recurring incident; the inappropriate touching allegation could not be proven, nor disproven; the final disposition of this allegation is unsubstantiated; this is Incident Report 313863 and PREA # 5188 in the records.

- **October 31, 2020** – Diamond reported that she was strip searched by two male officers; she stated that there was no physical contact but the upper portion of her body was visually inspected by a male security officer; this case is not PREA because the officers were following proper strip search procedures, specifically the allegations do not show a violation and instead show compliance with SOP 208.06 and SOP 220.09 as related to offender searches; this is Incident Report 313869 and PREA # 5190 in the records.
- **February 18, 2021** – Diamond stated via JPay email that she wanted to make an allegation against Sergeant Mitchell at Coastal State Prison; the facility SART investigated the allegation; Diamond’s allegation was that Sgt. Mitchell did not knock before opening her cell door; SART deemed the allegation unfounded because it was inconsistent with video showing that Sgt. Mitchell did knock and that a short time later Diamond came out of her cell fully clothed; this allegation did not meet the SOP 208.06 definition of voyeurism as Sgt. Mitchell was acting within the scope of his duties; this is Incident Report 319871 and PREA # 5488 in the records.
- **March 29, 2021** – Diamond alleged via JPay email that, at Coastal State Prison, while showering a fan was turned toward the shower causing the curtain to fly open leaving her exposed to the entire dorm; the facility SART has not made a final disposition of

this allegation so it is not known if there was offender misconduct; however, the use of a screen or curtain for privacy in the shower would be consistent with GDC SOP 220.09; this is Incident Report 322588 and PREA # 5627 in the records.

23. As stated, offender Diamond also is the subject of one PREA matter where she is the alleged aggressor. This is Incident Report 315578 and PREA # 5297 in the records. In this incident offender Diamond was caught by a dorm officer engaged in a sexual act with another offender. The other offender has given inconsistent statements in the PREA investigation process, and Diamond has denied the offense. Because in the investigation it could not be proved or disproved that the sexual conduct was consensual, the PREA case is unsubstantiated. However, because the sexual activity was witnessed by an officer, a disciplinary report was written and after hearing and appeal she received an adverse finding.

#### **PREA Risk Screening and PREA Victim/Aggressor Findings**

24. SOP 208.06 provides for regular screening of offenders for PREA risk, and SOP 220.09 further provides that transgender offenders' risk levels will be re-assessed within thirty days of an intake date, after new information is learned that bears upon sexual safety, and in any event not less than two times in every year of their incarceration.

25. In her current period of incarceration, Offender Diamond has had multiple PREA risk screenings. These risk screenings are shown in summary form on a Victim/Aggressor Classification sheet, and on individual date Offender PREA Classification Details, which I understand will be filed with the Court under restricted access for Diamond's privacy and so are not attached directly to this declaration.

26. These documents show that offender Diamond was classified as a PREA victim on the following dates: October 30, 2019, February 21, 2020, June 11, 2020, September 4, 2020, and September 8, 2020.

27. The documents further show that offender Diamond was classified on assessment as both a PREA victim and aggressor on November 10, 2020 and January 15, 2021. The reason for the aggressor classification was the disciplinary report mentioned in paragraph 23 above. As Statewide PREA Coordinator, I concur with the risk assessment of offender Diamond as both PREA victim and PREA aggressor based on that disciplinary report which as stated was premised on an officer witnessing Diamond engaged in sexual activity which is prohibited.

I declare under penalty of perjury that the foregoing is true and correct.

Dated: 05/03/2021

  
\_\_\_\_\_  
GRACE ATCHISON



**ATTACHMENT 1**

<b>GEORGIA DEPARTMENT OF CORRECTIONS</b> <b>Standard Operating Procedures</b>		
<b>Policy Name:</b> Classification and Management of Transgender and Intersex Offenders		
<b>Policy Number:</b> 220.09	<b>Effective Date:</b> 07/26/2019	<b>Page Number:</b> 1 of 20
<b>Authority:</b> Commissioner	<b>Originating Division:</b> Facilities Division	<b>Access Listing:</b> Level I: All Access

**I. Introduction and Summary:**

The purpose of this policy is to provide guidance and direction for the classification and management of offenders identified as transgender and intersex. Furthermore, this policy was established to ensure compliance with requirements of the Prison Rape Elimination Act (PREA).

**II. Authority:**

- A. O.C.G.A. § 16-6-5.1;
- B. 28 CFR Part 115, Prison Rape Elimination Act (PREA) Prisons and Jails Standards;
- C. Georgia Department of Corrections (GDC) Standard Operating Procedures (SOPs): 107.04 Risk and Needs Assessment, 206.01 Offender Personal Property, 208.06 Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention And Intervention Program, 209.01 Offender Discipline, 220.02 Security Classification, 220.03 Classification Committee, 220.05 Diagnostic Reception, Orientation, and Processing, 222.10 Security Procedures During Transport of Offenders, 226.01 Searches, Security Inspections, and Use of Permanent Logs, 226.02 Entry Security Procedures, 507.02.02 Confidentiality of Health Record and Release of Information 507.04.21 Health Assessment and Medical Diagnostics, 507.04.25 Health Screening Offender Transfers 507.04.58 Special Needs Treatment Planning, 507.04.68 Management and Treatment of Offenders Diagnosed with Gender Dysphoria, and 508.04.19 Receiving Screening, 508.14 Mental Health Reception Screen; and
- D. ACA Standards: 4-4181, 4-4278, 4-4403, and 4-4281.

**III. Definitions:**

- A. **Classification Committee** - A multi-disciplinary facility-based committee responsible for making bed, program, education, and work assignments considering the known information about each offender as described in SOPs 220.02 and 220.03.
- B. **Gender Dysphoria** - A mental health disorder characterized by clinically significant distress and impairment in social, occupational, or other important areas

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of functioning secondary to a marked incongruence between an individual's experienced/expressed gender and assigned gender. Not all transgender offenders have a diagnosis of gender dysphoria and a diagnosis of gender dysphoria is not required for an individual to be provided services.

- C. **Gender Identity** - Distinct from sexual orientation and refers to a person's internal sense of being male, female, or neither.
- D. **Intersex** - A person whose sexual or reproductive anatomy or chromosomal pattern does not seem to fit typical definitions of male or female. Intersex medical conditions are sometimes referred to as disorders of sex development.
- E. **Medical or Mental Health Practitioner** - A health professional who, by virtue of education, credentials, and experience, is permitted by law to evaluate and care for patients within the scope of his or her professional practice.
- F. **Prison Rape Elimination Act (PREA)** - A federal law to address sexual violence in prisons, jails, and other correctional facilities. Under PREA, the National Prison Rape Elimination Commission was created with the responsibility for establishing standards for the prevention, detection, response, and monitoring of sexual abuse and sexual harassment within correctional systems.
- G. **PREA Coordinator** - A GDC employee responsible for the statewide oversight of PREA standards, compliance with standards, training, data collection, and inspection.
- H. **PREA Compliance Manager** - A GDC employee designated at each GDC facility who is responsible to coordinate the facility's efforts to comply with the PREA policy and the federal PREA standards.
- I. **Sex** - One's anatomical make-up, including external genitalia, chromosomes, and reproductive system.
- J. **Statewide Classification Committee (SCC)** - A committee responsible for making case-by-case decisions about whether a transgender or intersex offender will be housed in a male or female facility. This committee is composed of

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statewide directors from Medical, Mental Health, Facilities Operations, PREA Coordinator's Office, Legal, and any other GDC staff designated by the Commissioner and deemed necessary to decide on offender placement.

- K. **Transgender/Intersex Offender List (TIOL):** A SCRIBE-based list that tracks all transgender and intersex offenders.
- L. **Transgender** - A person whose gender identity (i.e., internal sense of feeling male or female) is different from the person's assigned sex at birth.
- M. **Transgender Female** - A person born biologically male who identifies as, and sees herself as, a female.
- N. **Transgender Male** - A person born biologically female who identifies as, and sees himself as, a male.

#### IV. **Policy and Applicable Procedures:**

##### A. Diagnostics:

1. An offender will initially be assigned to a diagnostics and classification facility by Offender Administration, appropriate to the assigned gender indicated in the Georgia Crime Information Center (GCIC);
2. When any offender arrives to a diagnostic facility staff must do the following prior to strip searches and showering:
  - a. Staff shall make the following notification statement to all offenders in a group, or to an individual offender if only one is present, "You are about to be strip searched. Before we do this, let us know if you have anything on you or about you we need to know before the search. This can be possession of items you should not have or are not sure you should have, or it could be a physical disability or other physical issue. If you need to declare anything to us before you are strip searched, raise your hand;"
  - b. If an offender raises his or her hand, the staff shall pull that offender aside and privately ask the offender what the facility should know;

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- c. The intent of this practice is to give the offender the opportunity to privately talk to a staff member if they choose to disclose they are transgender or intersex;
  - d. If the offender indicates he or she is transgender or intersex, staff must ensure he or she is allowed to shower separately; and
  - e. Strip searches and pat searches must be completed in accordance with section J of this policy.
3. GDC will screen all offenders within twenty-four (24) hours by using the PREA Sexual Victim/Sexual Aggressor Classification Screening Instrument in SCRIBE;
  4. A Mental Health Reception Screen form will be completed by a mental health counselor or behavior specialist in accordance with SOP 508.14 Mental Health Reception Screen;
  5. This screen will assess for potential mental health problems and gender identity, including transgender or intersex;
  6. If the mental health counselor or behavior specialist notes gender identity issues, the offender will be referred for further evaluation in accordance with SOP 508.14;
  7. Transgender offenders shall be notified that if they want hygiene or undergarment items that are not stored in diagnostics that they will receive what all other offenders receive and may receive those gender-specific property needs upon being housed in their permanent facility;
  8. Diagnostics staff will assist in gaining information about safe housing for transgender and intersex offenders by doing the following:
    - a. Staff will conduct a classification interview for each offender to explore:
      - i. Medical and mental health issues;

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- ii. Public and institutional risk factors;
  - iii. Educational;
  - iv. Vocational;
  - v. Drug or alcohol involvement;
  - vi. Work history;
  - vi. The PREA Sexual Victim/Sexual Aggressor Classification Screening;
  - vii. Any other areas pertinent to the needs and facility placement of the offender; and
  - viii. This information shall be used to complete the Personal Data Sheet on all offenders.
- b. Each area will be discussed in depth to develop the Classification Profile;
- c. Specific recommendations will be made by the interviewer, relating to:
- i. The offender's needs;
  - ii. Possible program assignments; and
  - iii. Housing placement.
- d. If it is known that the offender is transgender or intersex on the sexual safety risk screening, then the diagnostics staff will complete the facility section of Attachment 1, Statewide Classification Committee (SCC) Referral Form and submit it to their Classification Committee for approval;
9. Once the Classification Committee is notified of the offender's status, the Chairperson must ensure the following is completed:

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- a. The Classification Chairperson will review and forward the approved Statewide Classification Committee Referral Form to the PREA Unit via [prea.report@gdc.ga.gov](mailto:prea.report@gdc.ga.gov);
  - b. The Chairperson must enter the appropriate profile on the Transgender and Intersex Offender List (TIOL) in SCRIBE, which will include all intersex and transgender offenders in GDC custody;
  - c. The Classification Committee will determine, on a case-by-case basis, the most appropriate classification assignments for each transgender offender;
  - d. Transgender offenders must never be placed in dedicated units or housed only with other transgender offenders; and
  - e. The offenders' own views with respect to their safety should be given serious consideration.
10. The GDC PREA Unit will:
- a. Ensure that the facility has entered the correct profile on the TIOL;
  - b. Arrange a private meeting with the offender in person, via video or telephone call within ten 10 business days of receiving the Statewide Classification Committee Referral Form; and
  - c. During the private meeting, the PREA Unit designee will complete the Transgender Questionnaire portion of the SCC Referral Form and make a recommendation to the remaining SCC Committee Members for review.
- B. Non-Diagnostic Offender Procedure:
1. When any offender arrives to a facility, intake staff must do the following prior to strip searches and showering:
    - a. Staff shall make the following notification statement to all offenders in a group, or to an individual offender if only one is present, "You are about to be strip searched. Before we do this, let us know if you have anything

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on you or about you we need to know before the search. This can be possession of items you should not have or are not sure you should have, or it could be a physical disability or other physical issue. If you need to declare anything to us before you are strip searched, raise your hand;”

- b. If an offender raises his or her hand, the staff shall pull that offender aside and privately ask the offender what information they need to declare;
  - c. The intent of this practice is to give the offender the opportunity to privately talk to a staff member if they choose to disclose they are transgender or intersex;
  - d. If an offender indicates he or she is transgender or intersex, staff must ensure he or she is allowed to shower separately; and
  - e. Strip searches and pat searches must be completed in accordance with section J of this policy.
2. If at any time the offender discloses that he or she is transgender or intersex, the Warden must be notified immediately;
  3. The Warden shall immediately advise the Regional Director or female services director;
  4. The Regional Director or Female Services Director shall notify:
    - a. The Director of Facilities;
    - b. The Statewide Medical Director;
    - c. Statewide Mental Health Director; and
    - d. The Statewide PREA Coordinator.
  5. GDC will screen all offenders within twenty-four (24) hours of arrival, by using the PREA Sexual Victim/Sexual Aggressor Classification Screening Instrument in SCRIBE;



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6. If it is known that the offender is transgender or intersex on the PREA Sexual Victim/Sexual Aggressor Classification Screening Instrument, then staff will check the TIOL to ensure that the offender is on the list in SCRIBE;
7. If the offender is not on the TIOL, staff must complete the facility section of Attachment 1, Statewide Classification Committee (SCC) Referral Form and submit it to their Classification Committee for approval;
8. Once the Classification Committee is notified of the offender's status, the Chairperson must ensure the following is completed:
  - a. The Classification Chairperson will review and forward the approved Statewide Classification Committee Referral Form, to the PREA Unit, via [prea.report@gdc.ga.gov](mailto:prea.report@gdc.ga.gov);
  - b. The Chairperson must enter the appropriate profile on the Transgender and Intersex Offender List (TIOL) profile in SCRIBE, which will include all intersex and transgender offenders in GDC custody;
  - c. The TIOL will assist the facility with ensuring that all necessary services, to include twice yearly safety reassessments, are conducted in accordance with Attachment 2, PREA Sexual Victim/Sexual Aggressor Screening Tool, from SOP 208.06;
  - d. Once placed on the TIOL, no offender may be removed without approval of the SCC Committee designee;
  - e. The Classification Committee will determine, on a case-by-case basis, the most appropriate classification assignments for each transgender offender;
  - f. Transgender offenders must never be placed in dedicated units or housed only with other transgender offenders; and
  - g. The offenders' own views with respect to their safety should be given serious consideration.

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9. Transgender offenders shall be notified that if they want gender-specific hygiene or undergarment items that they must either request the standard-issued items or receive approval to order from the offender commissary.

10. The GDC PREA Unit will:

- a. Ensure that the facility has entered the correct profile on the TIOL;
- b. Check to determine whether a previous SCC referral was completed;
- c. If a previous SCC referral was not completed, the PREA Unit will arrange a private meeting with the offender in person, via video or telephone call within 10 business days of receiving the Statewide Classification Committee Referral Form; and
- d. During the private meeting, the PREA Unit designee will complete the Interview portion of the SCC Referral Form and make a recommendation to the remaining SCC Committee Members for review.

C. SCC Committee:

1. In deciding whether to assign a transgender or intersex offender to a male or female facility, GDC shall consider on a case-by-case basis whether:
  - a. Placement would ensure the offender's health and safety; and
  - b. Whether the placement would present management or security problems.
2. Transgender offenders may not be assigned to gender-specific facilities based solely on their external genital anatomy.
3. The SCC will evaluate each referral to discuss the facility type and the safe placement of each transgender offender. They will consider the following:
  - a. Classification's housing decision;

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- b. The offender's documented choice of whether a male or female facility is safest for him or her (based on the SCC Referral Form);
  - c. The offender's prior institutional history (to include incidents and grievances);
  - d. The offender's prior violent or sexual crime history;
  - e. The offender's designation on the PREA Sexual Victim/Sexual Aggressor Classification Screening;
  - f. The offender's physical appearance, age, and physical build;
  - g. Any relevant information obtained about the offender from security staff or medical and mental health staff since arrival;
  - h. The ability of security staff to house and supervise the offender to ensure his or her safety in each environment;
  - i. Any management problems, including but not limited to disciplinary reports; and
  - j. Any other relevant information about the offender's ability to positively or negatively manage him or herself in each type of environment.
4. The decision about the type of facility (male or female) made by the committee will be documented on Attachment 1, SCC Referral Form and reviewed and approved by the Facilities Division Assistant Commissioner or designee;
  5. Transgender offenders shall be given a one-page informational sheet by the SCC at the SCC meeting that:
    - a. Advises them of their rights;
    - b. The opportunity to shower separately;
    - c. That they will be assessed at their assigned facility for safe housing;

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- d. Property information;
  - e. Other safety-related information; and
  - f. This information should be available in both English and Spanish, at minimum.
6. If the offender is recommended by the SCC to be housed according to his or her sex (and not gender identity), he or she will stay at their current facility and complete the normal classification process;
  7. If the offender is recommended by the SCC to be housed according to his or her gender identity, and this is approved by the Facilities Division Assistant Commissioner or designee, he or she will be scheduled for transfer to the recommended facility;
  8. The signed approval will be forwarded to and maintained by the Agency PREA Coordinator;
  9. If the SCC recommendation is denied by the Facilities Division Assistant Commissioner or designee, for any reason, that denial shall be documented in writing, forwarded to, and maintained by the Agency PREA Coordinator;
  10. The offender will be transferred to his or her assigned permanent facility after Diagnostics according to the decision of the SCC and will be housed via the standard classification and housing selection process of the facility's Classification Committee, with consideration given to the PREA Sexual Victim/Sexual Aggressor Classification information; and
  11. The facility-based Classification Committee will also consider:
    - a. Bed;
    - b. Program;
    - c. Education, and

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d. Work assignments of the offender.

D. Confidentiality:

1. Because transgender offenders are at particularly high risk for physical or sexual abuse or harassment, information learned about an offender shall be used only for the safety and security of the offender and facility;
2. No person shall share this information with others unless there is a legitimate and documented reason to do so;
3. Sexual safety risk screening information is required to be locked and secured with limited access; and
4. Staff are expected to keep an offender's sensitive personal information confidential.

E. Bed, Program, Work, and Education Assignments:

1. Once the offender is transferred to their assigned facility, the classification information from Diagnostics, combined with the sexual safety risk screening information, will be used by the classification committee to house the offender at that facility, to include a unit and bed assignment;
2. Placing an offender in involuntary segregated housing to protect him or her from victimization is not permitted unless an assessment of all available alternatives has been made and it is determined that there is no available alternative means of separation from likely abusers;
3. This can only be done subject to the requirements in SOP 209.06 Administrative Segregation and the requirements in PREA standard 115.43;
4. In addition to the initial PREA Sexual Victim/Sexual Aggressor Classification Screening, transgender offenders' risk levels for sexual victimization and abusiveness must also be re-assessed:
  - a. Within thirty (30) days of their intake date;

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- b. After any new information is learned that bears upon their sexual safety; and
  - c. At least twice each year of their incarceration.
5. At each point, the offenders' own views as to their safety must be given serious consideration.
  6. Transgender offenders shall be given the same treatment in determining access to programming and services as other offenders within the correctional facility;
  7. Work, education, and programming assignments can vary for transgender offenders if there is a documented reason to keep separate those offenders at high risk of being sexually victimized from those at high risk of being sexually abusive; and
  8. The facility-based Classification Committee will make individualized determinations about these offenders' assignments without discrimination.
- F. Showers:
1. Transgender offenders shall be given the opportunity to shower separately from other offenders;
  2. This does not mean they are required to shower separately, but that the opportunity is afforded to them if they wish to do so. Separate means the following:
    - a. Alone in a community shower at a separate time from other offenders; or
    - b. Alone in a shower with separate and private walls or curtains if in a group.
- G. Personal Property:
1. Transgender offenders will be issued the same property as other offenders in their assigned facility are issued.

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2. If an offender on the TIOL requests hygiene or undergarments items that are different from those typically supplied for their assigned gender, he or she shall be instructed to make a request with the designated staff member, and he or she will be issued the approved requested items if there is no documented, articulable, and verified security concern for not approving the request.
3. The designated staff shall assist the facility with determining sizes of garments needed;
4. Staff will order and make arrangements for the garments to be shipped to the facility;
5. If the offender is transferred to another facility, the history follows him or her, and the new facility can request replacement items;
6. Approved undergarments or hygiene items will be a substitute for, not in addition to, what is provided to the general population. These items include:
7. Providing women's hygiene or undergarments to a transgender female, or the opposite for transgender males, is in accordance with SOP 206.01 Offender Personal Property.

H. Transports:

1. Whenever possible, both a male and female staff should be on a transport that includes a transgender offender so search options are available to the offender depending on the circumstance, gender identity, and PREA requirements that prohibit cross-gender pat searches.

I. Respectful Communication:

1. Transgender and intersex offenders shall be treated with the same rules and respect as other offenders.
2. All GDC employees shall be required to attend training annually on PREA, which includes how to communicate effectively and professionally with offenders, including:

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- a. Lesbian;
  - b. Gay;
  - c. Bisexual;
  - d. Transgender;
  - e. Intersex; or
  - f. Gender non-conforming offenders.
3. In-service training shall include gender-specific reference and training to staff as it relates to the specific population supervise;
  4. Staff members transferring to a facility of different gender from a prior institution shall receive gender-appropriate training;
  5. Respectful communication with transgender offenders is vital to facility safety and security;
  6. All staff are responsible for behaving professionally and responsibly around all offenders, to include transgender offenders, to maintain order and composure on their shift;
  7. To address transgender and intersex offenders respectfully, staff may not engage in unwelcomed verbal comments, gestures, or actions of a derogatory or offensive nature;
  8. Staff shall not make demeaning references to the offender's gender or gender identity, or sexually suggestive or derogatory comments about the body or clothing of an offender;
  9. Staff are encouraged, but not mandated, to use the pronoun the offender prefers;



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10. If staff chooses to not use the preferred pronoun, they may refer to transgender offenders by their legal last name;
11. Staff will not attempt to change any offender's understanding of his or her gender identity or sexual orientation; and
12. Staff shall not permit, condone, or otherwise allow any offender to sexually harass other offenders, including transgender offenders.

J. Searches:

1. Department shall train security staff members on how to conduct searches of transgender and intersex offenders in a professional and respectful manner and in the least intrusive manner possible, consistent with security needs and consistent with the population gender of their assigned institution;
2. No security staff will conduct a body cavity search;
3. No same-gender or cross-gender body cavity searches are permitted except by medical staff;
4. Staff may not search or physically examine a transgender or intersex offender for the sole purpose of determining genital status;
5. If the offender's genital status is unknown, it may be determined through conversations with the offender, 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;
6. If a transgender offender is placed in a facility, he or she will be strip searched by the same gender staff as all other offenders;
7. Pat or frisk searches in male facilities may be conducted by either male or female staff;
8. Pat or frisk searches in female facilities may only be conducted by female staff absent exigent circumstances;

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9. Staff must search offenders' property in their cell or dorm area respectfully and professionally and may not discard or damage opposite gender hygiene items or undergarments that have been approved.

K. Physical and Mental Health Treatment:

1. All offenders, to include those who self-identify or screen on the PREA Sexual Victim/Sexual Aggressor Classification Screening form as transgender, will be referred to medical for a review of needs within five (5) days of arrival at Diagnostics and within five (5) days of arrival at their assigned facility;
2. Medical or mental health practitioners will document whether an offender has identified as transgender after an evaluation using the Mental Health Reception Screen;
3. Classification will update the TIOL list in SCRIBE to ensure the facility PREA compliance manager and agency PREA coordinator are aware and can ensure all necessary services are provided to them;
4. GDC will provide transgender offenders with individualized assessments and care, to include:
  - a. Necessary and appropriate mental health services; and
  - b. When warranted, hormone treatment throughout their incarceration;
5. GDC will ensure that all gender-related hormone treatment that may be provided while the offender is in custody occurs after an individualized assessment of the offender by a medical practitioner;
6. GDC medical practitioners will monitor each offender's care and treatment and adjust hormone levels and dosages as medically warranted;
7. Only medical practitioners will make decisions regarding gender-related hormone treatment needs; and

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8. GDC's Statewide Medical Director will make the final determination on whether gender-related hormone treatment for a transgender offender should be initiated or continued based on documented medical need.

L. Staff and Offender Discipline:

1. Staff or offenders who are found to have participated in the abuse or harassment of a transgender offender shall be subject to the rules of the offender disciplinary handbook and staff disciplinary guidelines;
2. GDC does not tolerate physical, emotional, or sexual abuse or harassment of any offender;
3. An offender who abuses another offender, or one who coerces such an offender into involuntary sexual activity, will be disciplined and referred for criminal prosecution if warranted;
4. Offenders who engage in consensual sexual contact with another offender, attempt to engage in or solicit such contact, or help another engage in sexual contact with an offender will be disciplined with each occurrence;
5. Offenders shall be subject to disciplinary sanctions pursuant to a formal disciplinary process following a substantiated finding;
6. These sanctions shall be imposed in accordance with SOP 209.01, Offender Discipline;
7. Staff members who are alleged to have engaged in the abuse of an offender will be investigated by the Office of Professional Standards (OPS) and if substantiated, will be subject to disciplinary action, up to and including termination;
8. Additionally, staff members who engage in sexual abuse of an offender will be subject to criminal prosecution;
9. Pursuant to O.C.G.A. § 16-6-5.1, it is a felony for correctional staff to have sexual contact with an offender;

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10. These rules apply regardless of the consent of the offender;
11. GDC shall ensure that all volunteers and contractors who have contact with offenders have been trained on this prohibition against abuse and harassment;
12. Any contractor or volunteer who engages in abuse or harassment shall be prohibited from contact with offenders and shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies; and
13. The facility shall take appropriate remedial measures and shall consider whether to prohibit further contact with offenders, in the case of any other violation of GDC policies by a contractor or volunteer.

M. Tracking and Quality Improvement:

1. To ensure compliance with this policy and to help ensure compliance with PREA audit requirements, GDC will ensure that the Transgender and Intersex Offender List is managed through the SCRIBE module;
2. The goal is to ensure reliable and accurate tracking of the following:
  - a. The number of transgender and intersex offenders;
  - b. Their intake date at both Diagnostics and their permanently assigned facility;
  - c. Their facility locations, bed assignment, and unit assignment;
  - d. Bed, unit, and facility change history and documented reasons for changes;
  - e. Restrictions, if any, in programming or work assignments;
  - f. Whether they are on the mental health caseload;
  - g. Whether they are receiving hormone treatment from medical;

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- h. Their twice-yearly required reassessment date and any other reassessment dates, to include subsequent changes because of the reassessment;
  - i. Incident history;
  - j. Grievance history; and
  - k. Property (undergarment and hygiene) requests and provisions.
3. The SCC shall have access to the information to assist with decision-making at subsequent gender committee meetings.

**V. Attachments:**

Attachment 1: SCC Referral Form  
 Attachment 2: Transgender Brochure

**VI. Record Retention of Forms Relevant to this Policy:**

Upon completion, Attachment 1 shall become a permanent part of the offenders institutional file. The brochure shall be utilized according to the SOP until revised or obsolete.

### Statewide Classification Committee (SCC) Referral Form

**FACILITY CLASSIFICATION COMMITTEE:**

Offender Name: \_\_\_\_\_ GDC# \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Height \_\_\_\_\_ Weight: \_\_\_\_\_

Intersex:  Yes  No If, yes what gender does the offender identify as?  Male  Female

Gender:  Transgender Female: Biologically male; identifies as female  
 Transgender Male: Biologically female; identifies as male

What pronoun does the offender prefer to be called?  Female Pronouns  Male Pronouns

What facility-type does the offender prefer? (Explain)  Female Facility  Male Facility \_\_\_\_\_

Medical Profiles: \_\_\_\_\_

Does the offender receive hormone treatments?  Yes  No

PREA Risk Screening Result:  Victim  Aggressor  BOTH, Victim AND Aggressor

Has the offender ever been convicted of a sex offense?  Yes (explain)  No \_\_\_\_\_

Does the offender have a disciplinary history of a sexual nature?  Yes (explain)  No \_\_\_\_\_

Has the offender ever been convicted of a violent offense?  YES (explain)  No \_\_\_\_\_

Does the offender have a disciplinary history of assaultive behavior?  Yes (explain)  No \_\_\_\_\_

Would you recommend this offender to be placed/remain in the offender's preferred facility type? (Explain)  Yes  No

\_\_\_\_\_  
Classification Chairperson (Print Name)

\_\_\_\_\_  
Chairperson's Signature

\_\_\_\_\_  
Date

Warden's Recommendation/Comments: \_\_\_\_\_

\_\_\_\_\_  
Warden's Signature

\_\_\_\_\_  
Date

**SCC INTERVIEW WITH OFFENDER:**

a. Are you transgender (is your gender identity, how you feel inside, different from your assigned sex at birth)?

- Yes  No  Declined to answer

b. Are you intersex? (have you been told by a doctor that you have an intersex medical condition?)

- Yes  No  Declined to answer

[NOTE: If the inmate in custody answers "YES" to Question a. or b., ask the following:]

1. What is your gender pronoun?  He/him/his  She/her/hers

2. What is your sexual orientation (Who are you sexually attracted to)?

- Males  Females  Both  Declined to answer

3. Would you feel safer being housed in a male or female facility? (Say: we cannot guarantee your choice will be available to you, but we use your choice as a factor in determining where you will be housed.)

- Male facility  Female facility  No preference

4. Do you prefer underwear and hygiene products for women or men? Do you need a bra?

- Male underwear/hygiene items  Female underwear/hygiene items  Needs bra

5. Do you have any concerns for your safety we should know before we decide where to house you?

- Yes: (explain)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- No

**Interviewer's Comments:**

\_\_\_\_\_  
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\_\_\_\_\_  
Staff Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Inmate Signature

\_\_\_\_\_  
Date

**SCC HOUSING RECOMMENDATIONS:**

PREA Coordinator:  Remain in Current Facility Type  Transfer to facility based on gender identity

Justification: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

PREA Designee Signature \_\_\_\_\_ Date \_\_\_\_\_

Medical Director:  Remain in Current Facility Type  Transfer to facility based on gender identity

Justification: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Medical Designee Signature \_\_\_\_\_ Date \_\_\_\_\_

Mental Health Director:  Remain in Current Facility Type  Transfer to facility based on gender identity

Justification: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Mental Health Designee Signature \_\_\_\_\_ Date \_\_\_\_\_

Facilities Director:  Remain in Current Facility Type  Transfer to facility based on gender identity

Justification: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Facilities Designee Signature \_\_\_\_\_ Date \_\_\_\_\_

Assistant Commissioner:  Remain in Current Facility Type  Transfer to facility based on gender identity

Justification: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Assistant Commissioner, Facilities Signature \_\_\_\_\_ Date \_\_\_\_\_

.....



**Things to Know About During Your Stay:**

- Placement and programming assignments for each transgender or intersex offender will be reassessed at least twice each year to review any threats to safety experienced by you. Around every six months, someone from the facility will meet with you to discuss any safety concerns prior to the facility completing a review of where you are housed and how you are programmed.
- A transgender or intersex offender's own views with respect to his or her own safety will be given serious consideration. This does not mean you will decide where you are housed, but it does mean we listen to you and what your concerns are and take them seriously.
- Transgender and intersex offenders will be given the opportunity to shower separately from other offenders. The PREA compliance manager at your facility will inform you how this process will work for you.
- Our staff are trained on how to conduct searches of transgender and intersex offenders in a professional and respectful manner. Like all offenders, you must cooperate with searches.
- A state-wide committee that includes staff from medical, mental health and security will meet and discuss your facility placement decision. Your opinion about your own safe placement will be considered. There are many factors that are considered when deciding where to house each offender.
- Your bed, unit, programming, education and details assignments will be reviewed at your facility by the classification committee. They are committed to your dignity and safety.
- You may request undergarments and hygiene items that are consistent with your gender identity. If approved, these will be issued to you after you arrive at your permanent facility.

**PREA STANDARDS and INFORMATION  
RELATED to  
TRANSGENDER/INTERSEX  
OFFENDERS**

**Policy and Safety:**

It is the policy of the GDC to provide safe, secure, and humane housing and treatment to all offenders, to include transgender and intersex offenders. During intake, all offenders are asked about LGBTI (Lesbian, Gay, Bi-Sexual, Transgender, Intersex) identity. Your gender and gender identity are important for us to know so we can best determine your housing and programming needs.

While you are incarcerated, no one has the right to pressure you to engage in sexual acts. Rape and sexual assault are violent and illegal acts. Regardless of your age, race, size, ethnicity, gender identity, or sexual orientation, you have the right and opportunity to serve your sentence with dignity. You do not have to tolerate sexual or physical pressure, harassment, manipulation, or assault and we do not tolerate it at the GDC.

Many of the GDC's policies on zero tolerance toward sexual abuse and sexual harassment come from the Prison Rape Elimination Act (PREA) of 2003, 28 C.F.R. Part 115. You can read more about PREA in the law library. The GDC follows the PREA standards.

**Definitions:**

Transgender - A person whose gender identity (i.e., internal sense of feeling male or female) is different from the person's assigned sex at birth.

Intersex - A person whose sexual or reproductive anatomy or chromosomal pattern does not seem to fit typical definitions of male or female. Intersex medical conditions are sometimes referred to as disorders of sex development.

**Tips and Awareness:**

Be aware of your surroundings at all times.

- Never put your safety in the hands of another offender. If you believe you are in danger, contact security staff and/or the facility PREA compliance manager immediately.
- Do not accept gifts from others. Gifts and favors usually have strings attached;
- All GDC staff are mandatory reporters of sexual abuse and harassment as well as for any imminent danger of abuse. Tell a staff if you are fearful of abuse or are being abused or harassed so they can help you;
- Be selective in your choice of friends or associates;
- Do not gamble, seek or use contraband items, or engage in many prohibited activities;
- Communicate respectfully with all offenders and all staff; and
- If you are feeling depressed or feel as if you may harm yourself, tell any staff and seek help from mental health. Harming yourself will not solve your problems. We are all here to help you.

If you feel you cannot tell a staff member about sexual abuse or sexual harassment, you may write to the GDC statewide PREA coordinator. The PREA coordinator's address is:

**GDC PREA Coordinator  
300 Patrol Road  
Forsyth, GA 31029**

**ATTACHMENT 2**

## Standard Operating Procedures

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Executive Division (Office of Professional Standards)

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### I. Introduction and Summary:

A. The Georgia Department of Corrections (GDC) has a zero-tolerance policy toward all forms of sexual abuse, Sexual Harassment and sexual activity among offenders. The purpose of this policy is to strengthen the Department's efforts to prevent occurrences of this nature by implementing key provisions from the U.S. Department of Justice's standards on the prevention, detection, and response to sexual abuse in confinement facilities, in accordance with the Prison Rape Elimination Act of 2003 (PREA). This policy and provides guidelines to address the following prohibited sexually abusive and/or harassing behavior(s):

1. Offender Perpetrator Against Offender Victim; and
2. Staff perpetrator against offender victim.

B. These guidelines are provided to assist staff in:

1. **Detecting** incidents and identifying perpetrators and victims of sexual abuse and/or harassment;
2. **Preventing** sexually abusive and/or harassing behavior;
3. **Protecting** vulnerable offenders from abuse and harassment from sexually aggressive offenders;
4. Educating staff on how to **intervene** properly and in a timely manner;
5. **Documenting, reporting, and investigating** reported incidents; and
6. **Disciplining** and/or **prosecuting** perpetrators.

### II. Authority:

A. O.C.G.A.: § 16-6-5.1;

B. Prison Rape Elimination Act National Standards: **28 CFR Part 115, et seq.;**

C. GDC Standard Operating Procedures (SOPs): 203.03 Incident Report, 209.01

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Offender Discipline, 227.02 Statewide Grievance Procedure, 209.06 Administrative Segregation, 103.10 Evidence Handling and Crime Scene Preservation, 103.06 Investigation of allegations of sexual contact, Sexual Abuse, and Sexual Harassment of Offenders, 508.22 Mental Health Management of Suspected Sexual Abuse, Contact or Harassment, 508.18) MH/MR Discipline Procedures 508.19 Receiving Screening, 507.04.19 Health Assessment and Medical Diagnostics, 507.04.21 Health Screening Offender Transfers, 507.04.69 Women's Health Services, 507.02.02 Confidentiality of Health Record and Release of Information, 507.04.84 Medical Management of Suspected Sexual Abuse, 507.04.85 Informed Consent, 507.04.91 Medical Management of Suspected Sexual Assault, Abuse, Harassment, 101.04 Records Management, and 104.09 Filling A Vacancy; and

D. ACA Standards: 2-CO-3C-01, 2-CO-4B-06, 4-4177, 4-4281-1, 4-4281-2, 4-4281-3, 4-4281-4, 4-4281-5, 4-4281-6, 4-4281-7, 4-4281-8, 4-4282, 4-4291-3, 4-4307, 4-4311, 4-4312-1, 4-4403, and 4-4406.

### III. Definitions:

- A. Community Confinement Facility** - A state operated facility, other than a State Prison, in which individuals reside as part of a term of imprisonment while participating in gainful employment, employment search efforts, community service, vocational training, treatment, educational programs, or similar facility-approved programs during nonresidential hours. ( e.g. Transitional Centers.)
- B. Direct Staff Supervision** - Security staff in the same room with, and within reasonable hearing distance of, the residents or offenders and disallows youthful offenders and adult offender communication of any kind.
- C. Exigent Circumstance** - Any set of temporary and unforeseen circumstances that require immediate action in order to combat a threat to the security or institutional order of a facility.
- D. Gender Nonconforming** - A person whose appearance or manner does not conform to traditional societal gender expectations.
- E. Intersex** - A person who's sexual or reproductive anatomy or chromosomal

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pattern does not seem to fit typical definitions of male or female. Intersex medical conditions are sometimes referred to as disorders of sex development.

- F. **Juvenile** - Any person under the age of 18, unless under adult court supervision and confined or detained in a prison or jail.
- G. **PREA Compliance Manager (PCM)** - An upper-level manager, designated by the Warden, and is responsible for compliance in all facility PREA-related operations.
- H. **Retaliation Monitor** - A staff member, designated by the Warden, who is responsible for the prevention, detection, and reporting of any retaliatory actions taken against staff or offenders that report PREA allegations.
- I. **Sexual Abuse Incident Review Team (SAIRT)** – A team that consists of upper-level management representatives. SAIRT members may be part of the SAIRT, however the SAIRT shall not be solely comprised of SAIRT members. Line supervisors and other staff members may be designated as SAIRT members at the discretion of the Warden/Superintendent of the facility.
- J. **Sexual Abuse/Harassment Response Team (SART)** – A team that consists of a locally composed multi-disciplinary team, with both security and non-security staff, who work together to fulfill the guidelines defined in section I of this policy. This team includes but is not limited to:
  1. SART Investigator;
  2. SART Medical;
  3. SART Mental Health;
  4. Facility/ Internal Victim Advocate; and
  5. Retaliation Monitor.
- K. **Sexual Abuse by Offender** - Sexual abuse of an offender, detainee, or resident by another offender, detainee, or resident includes any of the following acts if the

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victim does not consent, is coerced into such act by overt or implied threats of violence, or is unable to consent or refuse:

1. Contact between the penis and the vulva or the penis and the anus, including penetration, however slight;
2. Contact between the mouth and the penis, vulva, or anus;
3. Penetration of the anal or genital opening of another person, however slight, by a hand, finger, object, or other instrument; and
4. Any other intentional touching, either directly or through the clothing, of the genitalia, anus, groin, breast, inner thigh, or the buttocks of another person, excluding contact incidental to a physical altercation.

**L. Sexual Abuse by A Staff Member, Contractor, Or Volunteer** - Sexual abuse of an offender, detainee, or resident by a staff member, contractor, or volunteer includes any of the following acts, with or without consent of the offender, detainee, or resident:

1. Contact between the penis and the vulva or the penis and the anus, including penetration, however slight;
2. Contact between the mouth and the penis, vulva, or anus;
3. Contact between the mouth and any body part where the staff member, contractor, or volunteer has the intent to abuse, arouse, or gratify sexual desire;
4. Penetration of the anal or genital opening, however slight, by a hand, finger, object, or other instrument, that is unrelated to official duties or where the staff member, contractor, or volunteer has the intent to abuse, arouse, or gratify sexual desire;
5. Any other intentional contact, either directly or through the clothing, of or with the genitalia, anus, groin, breast, inner thigh, or the buttocks, that is unrelated to official duties or where the staff member, contractor, or volunteer

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has the intent to abuse, arouse, or gratify sexual desire;

6. Any attempt, threat, or request by a staff member, contractor, or volunteer to engage in the activities described in paragraphs (1) through (5) of this definition;
7. Any display by a staff member, contractor, or volunteer of his or her uncovered genitalia, buttocks, or breast in the presence of an offender, detainee, or resident;
8. Voyeurism by a staff member, contractor, or volunteer. Voyeurism by a staff member, contractor, or volunteer means an invasion of privacy of an offender, detainee, or resident by staff for reasons unrelated to official duties.

**M. Sexual Harassment** includes:

1. Repeated and unwelcome sexual advances, requests for sexual favors, or verbal comments, gestures, or actions of a derogatory or offensive sexual nature by one offender, detainee, or resident directed toward another; and
2. Repeated verbal comments or gestures of a sexual nature to an offender, detainee, or resident by a staff member, contractor, or volunteer, including demeaning references to gender, sexually suggestive or derogatory comments about body or clothing, or obscene language or gestures.

**N. Special Agent in Charge (SAC)** - An investigator who works for the Office of Professional Standards (OPS) who is responsible for any criminal investigation into a PREA allegation, should such investigation be deemed appropriate.

**O. Substantiated Allegation** - An allegation that was investigated and determined to have occurred.

**P. Transgender** - A person whose gender identity (i.e., internal sense of feeling male or female) is different from the person's assigned sex at birth.

**Q. Unfounded Allegation** - An allegation that was investigated and determined not to have occurred.

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- R. **Unsubstantiated Allegation** - An allegation that was investigated and the investigation produced insufficient evidence to make a final determination as to whether or not the event occurred.
- S. **Youthful Offender** - Any person under the age of 18 who is under adult court supervision and incarcerated or detained in a prison or jail.

**IV. Statement of Policy and Applicable Procedures:**

The Department hereby adopts, implements, and follows the standards outlined in the Prison Rape Elimination Act (PREA) Standards found at 28 CFR Part 115. Through the adoption of the PREA Standards, the Department seeks to eliminate sexual abuse and Sexual Harassment of offenders in custody. The Department tolerates no form of sexual abuse or Sexual Harassment of any offender.

Offenders who sexually abuse another offender will be disciplined and referred for criminal prosecution. Offenders who engage in Sexual Harassment, consensual sexual contact with another offender, attempt to engage in or solicit such contact, or help another engage in sexual contact with an offender will be disciplined.

Staff members who engage in sexual abuse or Sexual Harassment of an offender will be subject to disciplinary action, up to and including termination and banishment from all Georgia correctional institutions, whichever action is applicable. Additionally, staff members who engage in sexual abuse of an offender will be subject to criminal prosecution. Pursuant to O.C.G.A. § 16-6-5.1, it is a felony for correctional staff to have sexual contact with an offender.

**A. Prevention Planning:**

1. The Department shall employ or designate an upper-level, Department PREA Coordinator with sufficient time and authority to develop, implement, and oversee Department efforts to comply with the PREA standards in all facilities.

The Warden/Superintendent at each institution must ensure that all aspects of this policy are implemented. Each facility shall have an assigned PREA Compliance Manager, who has sufficient time and authority to coordinate the



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facility’s efforts to comply with PREA standards.

The Warden/Superintendent shall maintain a current written PREA Local Procedure Directive and Coordinated Response Plan (see Attachment 7 for template) to provide instruction for responses to sexual allegations. This Local Procedure Directive shall reflect that institution’s unique characteristics and specify how that institution will respond to sexual allegations and the notification procedures to be followed for reports of sexual allegations. At a minimum it will include:

- a. Specification of staff member(s) responsibilities from the first report of an allegation through the conclusion of an investigation.
  - b. Responding to the victim and ensuring evidence retention.
  - c. Monitoring the offender perpetrator to ensure safety of others and evidence retention.
  - d. Ensuring safe housing, medical and mental health care, forensic exam, victim services for the victim, and commencing an investigation.
2. The Department shall ensure that contracts for the confinement of its offenders with private agencies or other entities, including other government agencies, shall include in any new contract or contract renewal the entity’s obligation to adopt and comply with the PREA standards and that any new contract or contract renewal shall provide for Department contract monitoring to ensure that the contractor is complying with the PREA standards.
  3. The Warden/Superintendent at each facility shall develop a written Staffing Plan in accordance with this SOP using Attachment 11, Staffing Plan Template. To enhance the supervision and monitoring of offenders, each facility shall 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 offenders against sexual abuse. In circumstances where the staffing plan is not complied with, the facility shall document and justify all deviations on the daily Post Roster. Facility management staff will review these deviations on a regular basis, no

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less than annually, to identify the most common reasons for deviations. This information shall be used to make adjustments, as necessary, to the facility staffing plan. Completed plans will be forwarded to the PREA Coordinator for review and approval.

4. No less than annually, each facility shall assess, determine, and document whether adjustments are needed to the established staffing plan. Revised plans shall be forwarded to the PREA Coordinator for review and approval.
5. All new or existing facility designs, modifications, and technology upgrades will include consideration of how they could enhance the Department's ability to protect offenders against sexual abuse.
6. Unannounced rounds by supervisory staff, with the intent of identifying and deterring sexual abuse and Sexual Harassment, are required to be conducted every week, including all shifts and all areas. These rounds will be documented in the area log books. In addition, the institutional Duty Officer is required to conduct and document unannounced rounds at least once per week in **all** areas. These rounds will be documented in the local Duty Officer Log book.
7. Youthful Offenders:
  - a. A Youthful Offender shall not be placed in a housing unit in which the Youthful Offender will have sight, sound, or physical contact with any adult offender through use of a shared dayroom or other common space, shower area, or sleeping quarters.
  - b. In areas outside of housing units, staff must either:
    - i. Maintain sight and sound separation between Youthful Offenders and adult offenders, or
    - ii. Provide direct staff member supervision when Youthful Offenders and adult offenders have sight, sound, or physical contact.
  - c. Efforts shall be made by the assigned institution to avoid placing

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Youthful Offenders in isolation to comply with this provision. Absent Exigent Circumstances, Youthful Offenders shall not be denied daily large-muscle exercise and any legally required special education services to comply with this provision. Youthful Offenders shall also have access to other programs and work opportunities to the extent possible.

#### 8. Limits to Cross-Gender Viewing and Searches:

- a. The facility shall not conduct cross-gender strip searches or cross-gender visual body cavity searches (meaning a search of the anal or genital opening) except in Exigent Circumstances or when performed by medical practitioners.
- b. The facility shall not conduct cross-gender pat searches of female offenders, absent Exigent Circumstances. This requirement shall not restrict female offender's access to regularly available programming or other out-of-cell opportunities in order to comply with this provision.
- c. The facility shall document all cross-gender strip searches and cross-gender visual body cavity searches, and shall document all cross-gender pat-down searches of female offenders via an incident report.
- d. The facility shall implement procedures that enable offenders to shower, perform bodily functions, and change clothing without nonmedical staff members of the opposite gender viewing their breasts, buttocks, or genitalia, except in Exigent Circumstances or when such viewing is incidental to routine cell checks. Offenders should only shower, perform bodily functions, and change clothing in designated areas (e.g. cells, shower rooms, and bathrooms).
- e. Staff members of the opposite gender shall announce their presence when entering an offender housing unit; this includes the officer assigned to the housing unit. It is understood that staff members might not make announcements when responding to circumstances that require immediate action in order to combat a threat to security.

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Offenders will be notified of the presence of opposite-gender staff members in several ways:

- i. Offenders are advised of the requirement to remain clothed, and the presence of cross-gender staff members generally, during the intake screening process and the admission and orientation process;
  - ii. The following notice will be posted **“NOTICE TO OFFENDERS: Male and female staff members routinely work in and visit housing areas.”**
  - iii. For staff members with offices in the housing units, the most recent schedule is posted in the unit so offenders are aware of when opposite-gender staff may be present;
  - iv. An announcement shall be made each time an opposite-gender staff member comes into a housing unit area and;
  - v. Nothing in this section should preclude opposite-gender staff members from viewing live or recorded video, or participating in an offender suicide watch.
- f. The facility shall not search or physically examine a Transgender or Intersex offender for the sole purpose of determining the offender’s genital status. If the offender’s genital status is unknown, it may be determined during conversations with the offender, 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 provision does not limit searches of offenders to ensure the safe and orderly running of the institution.
- g. The Department shall train security staff members on how to conduct cross-gender pat searches and searches of Transgender and Intersex offenders in a professional and respectful manner and in the least intrusive manner possible, consistent with security needs and consistent with the population gender of their assigned institution.

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- 9. Offenders with Disabilities, Who Are Limited English Proficient (LEP), or Have Limited Reading Skills:
  - a. The local PREA Compliance Manager shall ensure the appropriate resources are available to offenders with disabilities and those who are LEP so they may understand the facility policies around reporting, preventing, detecting, and responding to sexual abuse and Sexual Harassment.
  - b. The facility shall not rely on offender interpreters, offender readers, or other types of offender assistants except in Exigent Circumstances where an extended delay in obtaining an effective interpreter could compromise the offender’s safety, the performance of first response duties under 28 CFR § 115.64, or the investigation of the offender’s allegations.

10. Hiring and Promotion Decisions:

- a. Employees:
  - i. The Department shall not hire or promote anyone who may have contact with offenders, who:
    - 1) 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); 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; or
    - 2) Has been civilly or administratively adjudicated to have engaged in the activity described in paragraph a.i.1., of this section.
  - ii. The Department shall consider any incidents of Sexual Harassment in determining whether to hire or promote anyone who may have contact with offenders.

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- iii. Before hiring new employees who may have contact with offenders, the Department shall:
    - 1) Ask all applicants and employees who may have contact with offenders directly about previous misconduct described in SOP 104.09, Filling a Vacancy, in written applications or interviews for hiring and promotions and any written interview or written self-evaluations conducted as part of reviews of current employees. Every employee has a continuing affirmative duty to disclose any such misconduct.
    - 2) Perform a Criminal History Record checks on all employees and volunteers prior to start date and again within at least every five years. A tracking system shall be implemented at each local facility to ensure the criminal history checks are conducted within the appropriate time frames, according to policy, for each person with access to that facility.
  - iv. Unless prohibited by law, the Department shall 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.
  - v. Material omissions regarding misconduct or the provision of materially false information shall be grounds for termination.
- b. Contractors:
- i. The Department shall not enlist the services of any contractor, who may have contact with offenders, who:
    - 1) 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); Has been convicted of engaging or

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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; or

- 2) Has been civilly or administratively adjudicated to have engaged in the activity described in paragraph b.i.1., of this section.
- ii. The Department shall consider any incidents of Sexual Harassment in determining whether to enlist the services of any contractor, who may have contact with offenders.
- iii. Before hiring new employees who may have contact with offenders, the Department shall:
  - 1) Perform a Criminal History Record check before enlisting the services of any contractor who may have contact with offenders and at least every five years thereafter.
- iv. Unless prohibited by law, the Department shall 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.
- v. Material omissions regarding misconduct or the provision of materially false information shall be grounds for termination.

#### B. Responsive Planning:

1. Evidence protocol and forensic medical examinations.
  - a. Each facility shall follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions. Reference SOP 103.10, Evidence

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Handling and Crime Scene Processing and SOP 103.06, Investigations of Allegations of Sexual Contact, Sexual Abuse, Sexual Harassment of Offenders.

- b. The Department's response to sexual assault follows the guidelines in the U.S. 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.
- c. When there is a report of an incident of sexual abuse that was alleged to have occurred within the previous 72 hours, or there is a strong suspicion that an assault may have been sexual in nature, a physical examination of the alleged victim shall be conducted to determine if immediate medical attention is necessary and if the SANE protocol should be initiated, (Attachment 5, Procedure for SANE Evaluation/Forensic Collection). The SANE examination shall be provided at no cost to the offender. Physical evidence from the suspected perpetrator(s) will be collected and may also include an examination. Offender consent must be obtained prior to initiating the SANE protocol, in accordance with 507.04.85 Informed Consent.
- d. The Department stands *in loco parentis* for Youthful Offenders in its custody and can authorize a physical examination of such Youthful Offender without consulting his or her parent(s) so long as the Youthful Offender consents to the examination. For those offenders that are unable to consent or are incapacitated, the Department may authorize the collection of forensic evidence based on the Department's standing in loco parentis or as a guardian of the offender, whichever may be applicable. Physical evidence collection may also include an examination of and collection of physical evidence from the suspected perpetrator(s). Offender consent must be obtained prior to initiating the SANE protocol, in accordance with 507.04.85 Informed Consent.

**NOTE:** All PREA information is confidential in nature and shall only be released on a need-to-know basis. Staff members who fail to comply with the reporting provisions of this policy may be banned from correctional



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facilities, or will be subject to disciplinary action, up to and including termination, whichever is applicable.

- e. The Institution PREA Compliance Manager, under the direction of the Warden/Superintendent, shall attempt to enter into agreement, or Memorandum of Understanding (MOU), with a rape crisis center to make available a victim advocate to offenders alleging sexual abuse/Sexual Harassment upon request. If the facility cannot do so, efforts must be documented and local staff shall be identified and specially trained to provide this service. Documentation of training must be maintained by the employee's manager and made available to the local PREA Compliance Manager upon request.

**Note: Any agreement must be approved through the Legal Office prior to implementation.**

- f. Victim advocates from the community used by the facility shall be pre-approved through the appropriate screening process and subject to the same requirements as contractors and volunteers who have contact with offenders. The victim advocate serves as emotional and general support, navigating the offender through the treatment, evidence collection, and investigation process. The victim advocate has access to the offender similar to that of medical staff at the facility. Victim Advocates are not authorized to make decisions regarding offender care, or interfere with escort, security, or investigation procedures that are deemed necessary by the facility/investigator.
- g. If an external agency is responsible for investigating the allegations of sexual abuse the Department shall request that the investigating agency follow the requirements of (a) through (e) of this section.
- h. An administrative and/or criminal investigation shall be completed for all allegations of sexual abuse and Sexual Harassment. Allegations that involve potentially criminal behavior will be referred for investigation to OPS. This referral does not alleviate the facility from its responsibility of reaching a disposition on the administrative SART investigation.

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- i. In the event the investigation is referred to an outside entity that entity shall have in place a policy governing the conduct of such investigations.

**C. Training and Education:** Participation in training must be documented through employee signature or electronic verification. Participation documentation will note that employees understood the training they have received by signing Attachment 1, Sexual Abuse/Sexual Harassment Prison Rape Elimination Act (PREA) Education Acknowledgement Statement. This form shall be retained in the employee's local personnel file. At the conclusion of the training, employees are asked to seek additional supervisory direction, if necessary, to ensure understanding of the training.

1. Employee Training:

- a. All Departmental employees shall be required to attend training annually on:
  - i. The Department's zero-tolerance policy for Sexual Abuse and Sexual Harassment;
  - ii. How to fulfill their responsibilities under the Department's Sexual Abuse and Sexual Harassment prevention, detection, reporting, and response policies and procedures;
  - iii. Offenders' right to be free from Sexual Abuse and Sexual Harassment;
  - iv. The right of offenders and employees to be free from retaliation for reporting Sexual Abuse and Sexual Harassment;
  - v. The dynamics of Sexual Abuse and Sexual Harassment in confinement;
  - vi. The common reactions of Sexual Abuse and Sexual Harassment victims;

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- vii. How to detect and respond to signs of threatened and actual Sexual Abuse;
  - viii. How to avoid inappropriate relationships with offenders;
  - ix. How to communicate effectively and professionally with offenders, including lesbian, gay, bisexual, Transgender, Intersex, or Gender Nonconforming offenders; and
  - x. How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities.
- b. In-service training shall include gender specific reference and training to staff as it relates to the specific population supervised. Staff members transferring into a facility of different gender from prior institution shall receive gender-appropriate training.
  - c. New employees shall receive PREA training during Pre-Service Orientation.
  - d. Specialized training shall be required for members of the Sexual Abuse Response Team (SART) and any other staff members who are likely to be involved in the management and treatment of sexually abused victims and the perpetrators.
2. Volunteer and Contractor Training:
- a. The Department shall ensure that all volunteers and contractors who have contact with offenders are provided with a copy of this policy and have been trained on their responsibilities under the Department’s PREA policies and procedures.
  - b. 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 offenders, but all volunteers and contractors who have contact with offenders shall be notified of the Department’s zero-tolerance policy

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regarding sexual abuse and Sexual Harassment and informed on how to report such incidents.

- c. Participation must be documented through volunteer and contractor signature or electronic verification, and will indicate that the volunteer and contractor understood the training they have received by signing Attachment 1, Sexual Abuse/Sexual Harassment Prison Rape Elimination Act (PREA) Education Acknowledgement Statement. At the conclusion of the training, volunteers and contractors are asked to seek additional direction from Department staff members, if necessary, to ensure understanding of the training.
3. Offender Education: Notification of the GDC's zero-tolerance policy for sexual abuse and harassment and information on how to report an allegation at the receiving facility shall be provided to every offender upon arrival to the facility. In addition to verbal notification, offenders will be provided a GDC PREA pamphlet. Within 15 days of arrival, formal PREA education will be conducted by assigned staff members to all offenders which will include a gender appropriate video on sexual abuse. Both the initial notification and the formal education will be documented in writing by signature of offender and placed in the offender's institutional file.

In the case of Exigent Circumstances, such training may be delayed, but no more than 30 days. If the Exigent Circumstance extends beyond 30 days, justification and documentation must be placed in the offender's institutional file. Once the Exigent Circumstance no longer applies, such training must be provided immediately. This education is documented in the same manner as for offenders who participated during the regularly scheduled orientation.

- a. The PREA education will be provided by designated staff members and the presentation must include:
  - i. The Department's zero tolerance of sexual abuse and Sexual Harassment;
  - ii. Definitions of sexually abusive behavior and Sexual Harassment;

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- iii. Prevention strategies the offender can take to minimize his/her risk of sexual victimization while in Department custody;
  - iv. Methods of reporting an incident of sexual abuse/Sexual Harassment against oneself, and for reporting allegations of sexual abuse involving other offenders;
  - v. Treatment options and programs available to offender victims of sexual abuse and Sexual Harassment;
  - vi. How an investigation begins and the general steps to an investigation;
  - vii. Monitoring, discipline, and prosecution of sexual perpetrators;
  - viii. The prohibition against retaliation for reporting, and;
  - ix. Notice that male and female staff routinely work and visit housing areas;
- b. The facility shall maintain documentation of offender participation in these education sessions in the offender’s institutional file.
  - c. A poster reflecting the Department’s zero tolerance for sexual abuse and Sexual Harassment, contact information and methods of offender reporting shall be posted in each housing unit and common area throughout the facility.

**4. Specialized Training (Investigations):**

- a. All staff investigating sexual abuse/Sexual Harassment allegations must be specially trained in conducting sexual abuse/Sexual Harassment investigations in confinement settings.
- b. Specialized training shall include 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

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required to substantiate a case for administrative action or prosecution referral.

c. The Department shall maintain documentation that agents and investigators, whether internal or external, have completed the required specialized training in conducting sexual abuse investigations.

5. **Specialized Training (Medical and Mental Health Care):** GDC medical and mental health staff members and Georgia Correctional HealthCare (GCHC) staff members who have contact with offenders will be trained using the National Institute of Corrections (NIC) Specialized Training PREA Medical and MH Standards curriculum. Certificate of completion will be printed and maintained in the employee training file. In addition to the specialized training, these same employees are required to attend GDC’s annual PREA in-service training.

**D. Screening for Risk of Sexual Victimization and Sexual Abusiveness:**

1. All offenders shall be assessed during an intake screening and upon transfer to another facility for their risk of being sexually abused by other offenders or sexually abusive toward other offenders.
2. Counseling staff members will conduct a screening for risk of victimization and abusiveness, in SCRIBE, through use of Attachment 2, PREA Sexual Victim/Sexual Aggressor Classification Screening Instrument. This screening will be conducted within 24 hours of arrival at the facility. Information from this assessment will be used to determine classification decisions with the goal of keeping separate those offenders at high risk of being sexually victimized from those at high risk of being sexually abusive. NOTE: The risk assessment should not hinder classification opportunities.
3. Offenders should be encouraged to disclose as much information as possible for the Department to provide the most protection possible under this policy. If an offender chooses not to respond to questions relating to his or her level of risk, he or she may not be disciplined.

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4. Offenders whose risk screening indicates a risk for victimization or abusiveness shall be reassessed whenever warranted due to an incident, disclosure or allegation of sexual abuse or harassment and also for all offenders, within 30 days of arrival at the institution. A case note shall be entered in SCRIBE to indicate this review has been conducted. This case note is for the sole purpose of documenting the screening occurred and shall not include any confidential or clinical information.

**NOTE:** 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, security, management, and classification decisions.

5. The Warden/Superintendent shall designate a safe dorm(s) or safe beds for those offenders identified as highly vulnerable to sexual abuse. Location(s) shall be identified in Attachment 7, PREA Local Procedure Directive and Coordinated Response Plan and in the Staffing Plan.
6. In deciding whether to assign a Transgender or Intersex offender to a male or female facility and in making other housing and programming assignments, the Department shall 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.
7. Placement and programming assignments for each Transgender or Intersex offender shall be reassessed no less than every six months to review any threats to sexual safety of the offender.
8. Offenders whose screenings indicate they have experienced prior sexual victimization or have a history of sexually assaultive behavior must be offered a follow-up meeting with medical and mental health counseling within 14 days of the screening.
9. Offenders at high risk for sexual victimization or aggression shall not be placed in involuntary segregation based solely on that determination unless a determination has been made that there is no available alternative means of separation from likely abusers. This placement, including the concern for the

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offender's safety must be noted in SCRIBE case notes with documentation of why no alternative means of separation can be arranged.

- a. Offenders placed in segregation will receive services in accordance with SOP 209.06, Administrative Segregation.
- b. The facility shall assign such offenders to involuntary segregated housing only until an alternative means of separation from likely abusers can be arranged, and such an assignment shall not ordinarily exceed a period of 30 days.
- c. If offenders placed in segregated housing for this purpose have restricted access to programs, privileges, education, or work opportunities, then the facility shall document: 1) the opportunities that have been limited; 2) the duration of the limitation; and 3) the reasons for such limitations.
- d. Every 30 days, the facility shall afford each such offender a review to determine whether there is a continuing need for separation from the general population.

#### E. Reporting:

##### 1. Offender Reporting:

- a. Offenders may make a report of sexual abuse, Sexual Harassment, or retaliation by any of the following methods: in writing, or verbally, through internal or external methods available. Offenders shall be encouraged to report allegations immediately and directly to a staff member. All reports will be promptly documented and investigated. Offenders may choose to report these allegations anonymously.
- b. The Department may choose to maintain a sexual abuse hotline, currently known as the "PREA" hotline. Hotline calls will not require the use of the offender's PIN number. Should a sexual abuse hotline be maintained, monitoring of this line will be the responsibility of the OPS, with immediate oversight by the Department's PREA Coordinator, or designee.



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### 2. **Third Party Reporting:**

- a. Third party reports may be made to:
  - i. The Ombudsman's Office at P.O. Box 1329 Forsyth, Ga 21029 478-992-5358
  - ii. By email to the PREA Coordinator at: [PREA.report@gdc.ga.gov](mailto:PREA.report@gdc.ga.gov); and
  - iii. State Board of Pardons and Paroles, Office of Victim Services, 2 Martin Luther King, Jr. Drive, S.E., Balcony Level, East Tower, Atlanta, Georgia 30334.
- b. Staff members shall accept reports made verbally, in writing, and from third parties and shall promptly document any verbal reports.
- c. Staff members shall forward all reports or suspicions of sexual abuse or Sexual Harassment to their immediate supervisor or the designated SART member promptly.

3. **Offender Grievances:** Allegations of Sexual abuse and Sexual Harassment are not grievable issues. They should be reported in accordance with methods outlined in this policy.

### F. **Official Response Following an Offender Report:**

1. Staff, First Responder, and Department reporting duties:
  - a. Response protocols shall follow the guidelines outlined in Attachment 7, Local Procedure Directive and Coordinated Response Plan.
  - b. The PREA Unit will be notified, via [PREA.report@gdc.ga.gov](mailto:PREA.report@gdc.ga.gov), of all allegations via Attachment 10, PREA Initial Notification Form.
2. Reporting to Other Confinement Facilities:

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- a. In cases where there is an allegation that sexual abuse occurred at another Department facility, the Warden/Superintendent (or his/her designee) of the victim's current facility will provide notification to the Warden/Superintendent of the institution where the allegation allegedly occurred and the Department's PREA Coordinator. In cases alleging sexual abuse by staff at another institution, the Warden/Superintendent of the offender's current facility refers the matter directly to the Regional SAC and the Department's PREA Coordinator. For non-Department facilities, the Warden/Superintendent will notify the appropriate office of the facility where the abuse allegedly occurred and the Department's PREA Coordinator.
  - b. Such notification shall be provided as soon as possible, but no later than 72 hours after receiving the allegation.
  - c. The facility shall document that it has provided such notification.
  - d. The facility head or Department office that receives such notification shall ensure that the allegation is investigated in accordance with these standards.
3. Coordinated Response: Each facility shall 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. This plan will be kept current and include names and telephone numbers of coordinating parties and be a part of Attachment 7, PREA Local Procedure Directive and Coordinated Response Plan.
  4. Protection Against Retaliation:
    - a. Anyone who retaliates against a staff member or an offender who has reported an allegation of sexual abuse or Sexual Harassment or who has participated in a subsequent investigation shall be subject to disciplinary action.
    - b. The Department shall protect offenders and staff members who report sexual abuse, or Sexual Harassment from retaliation. **The**

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**Warden/Superintendent shall designate a staff member to serve as the facility Retaliation Monitor and identify them as such in the PREA Local Procedure Directive and Coordinated Response Plan (Attachment 7).** Multiple protection measures include offender housing changes or transfers, removal of alleged staff members or offender abusers from contact with victims, and emotional support services for offenders or staff members who fear retaliation for reporting or for cooperating with investigations.

- c. The designated Retaliation Monitor shall, for at least 90 days following a report of abuse, monitor the conduct and treatment of offenders or staff members who reported the sexual abuse or who participated in an investigation, to see if there are any changes that may suggest possible retaliation, and will act promptly to remedy any such retaliation.
  - i. This monitoring will include review of any offender disciplinary reports, housing or program changes, or negative performance reviews or reassignments of staff members. Periodic in-person status checks shall be made by the monitor as well. Attachment 8, Retaliation Monitoring Checklist, shall be completed for each offender monitored. The original shall be kept in a master file by the monitor and a copy placed with the SART incident report upon completion.
  - ii. This monitoring will include negative performance reviews or reassignments of staff members. Attachment 8, Retaliation Monitoring Checklist, shall be completed for each employee monitored. The original shall be kept in a master file by the monitor.
  - iii. Such monitoring shall continue beyond 90 days if the initial monitoring indicates a continuing need. The obligation for monitoring will terminate if the allegation is unfounded.

**G. Investigations:**

- 1. All reports of sexual abuse or Sexual Harassment will be considered

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allegations and will be investigated.

2. The local SART is responsible for the administrative investigation of all allegations of sexual abuse or Sexual Harassment. Attachment 4, Sexual Allegation Response Checklist will be completed for all PREA allegations. In cases where allegations are made against staff members and the SART inquiry deems the allegation is unfounded or unsubstantiated by evidence, the case can be closed at the facility level. If the allegation is criminal in nature, an interview shall not be conducted, nor will a statement be collected from the accused perpetrator without first consulting the Regional SAC.
3. Appointing authorities or their designees shall report all allegations of sexual assault with penetration and those with immediate and clear evidence of physical contact, to their Regional Director, Regional SAC and the Department's PREA Coordinator immediately upon receipt of the allegation.
  - a. Where sexual abuse is alleged and cannot be cleared at the local level (as indicated in G.2. of this section), the Regional SAC shall determine the appropriate response upon notification. If this appropriate response is to open a criminal investigation, the Regional SAC shall assign an agent or investigator who has received special training in sexual abuse investigations.
  - b. Agents and investigators shall gather and preserve direct and circumstantial evidence including any available electronic monitoring data; shall interview alleged victims, suspected perpetrators, and witnesses; and shall review prior complaints and reports of sexual abuse involving the suspected perpetrator.
  - c. The credibility of the victim, suspect, or witness shall be assessed on an individual basis and will not be determined by the person's status as offender or staff member. An offender who alleges sexual abuse shall not be required to submit to a polygraph examination or other truth-telling device as a condition for proceeding with the investigation of such an allegation.
  - d. Upon conclusion of the criminal investigation, OPS must notify the Warden/Superintendent of the disposition of the case. The Warden must

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ensure that Attachment 3, PREA Disposition Offender Notification Form is completed and a copy is both given to the offender and placed in the case file. On completion of this procedure, the PREA Coordinator's Office will be notified via [PREA.report@gdc.ga.gov](mailto:PREA.report@gdc.ga.gov) of the disposition and the date in which the offender was notified.

4. At the conclusion of each SART investigation, Attachment 6, PREA Investigative Summary shall be submitted to the PREA Unit for administrative review.
5. For investigations of allegations of sexual abuse, the Department shall follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecution in accordance with SOP 103.06, Investigations of Allegations of Sexual Contact, Sexual Abuse, and Sexual Harassment of Offenders.
6. All sexual abuse and Sexual Harassment investigations shall be prompt, thorough, and objective.
7. Administrative and criminal investigations shall include an effort to determine whether staff member actions or failures to act contributed to the abuse. This shall be documented in written reports that include a description of the physical and testimonial evidence, the reasoning behind the credibility assessments, and investigative facts and findings.
8. Substantiated Allegations of conduct that is deemed criminal shall be referred for prosecution.
9. OPS shall maintain all such written reports for as long as the alleged abuser is incarcerated or employed by the Department, plus five years.
10. The departure of the alleged abuser or victim from the employment or control of the Department shall not provide a basis for terminating the investigation.
11. Any State entity or Department of Justice component that conducts such investigations shall do so pursuant to the above requirements.

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12. When outside agencies investigate sexual abuse, the Department shall cooperate with the outside investigators and shall endeavor to remain informed about the progress of the investigations.
13. There shall be no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or Sexual Harassment are substantiated.
14. Following the close of an investigation into an offender's allegation that he or she suffered sexual abuse in a Department facility, the facility shall inform the offender as to whether the allegation has been determined to be substantiated, unsubstantiated, unfounded, unsubstantiated-forwarded to OPS or substantiated-forwarded to OPS. This will be completed by a member of the local SART unless appointing authority delegates to another designee. In the event an allegation is forwarded to OPS for investigation, the facility shall notify the offender of the outcome of the OPS investigation upon completion. Such notifications or attempted notifications shall be documented on Attachment 3, PREA Disposition Offender Notification Form. The Department's obligation to report under this standard shall terminate if the offender is released from the Department's custody.

#### H. Discipline:

##### 1. Disciplinary Sanctions for Staff Members:

- a. Staff members who engage in sexual abuse with an offender shall be banned from correctional institutions and subject to disciplinary action, with termination being the presumptive discipline, and may also be referred for criminal prosecution when appropriate.
- b. Disciplinary sanctions for violations of Department policy related to Sexual Harassment 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 members with similar histories.
- c. All terminations for violations of the Department sexual abuse or Sexual

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Harassment policies, or resignations by staff members that would have been terminated if not for their resignation shall be reported to law enforcement agencies, unless the activity was clearly not criminal. These shall also be reported, as required, to the Georgia Peace Officers Standards and Training Council (POST).

- d. OPS shall refer all substantiated cases of Offender to Offender Sexual Abuse and Staff on Offender Sexual Abuse for criminal prosecution.
2. Contractors and Volunteers: Any contractor or volunteer who engages in sexual abuse shall be prohibited from contact with offenders and shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies. The facility shall take appropriate remedial measures, and shall consider whether to prohibit further contact with offenders, in the case of any other violation of Department sexual abuse or Sexual Harassment policies by a contractor or volunteer.
  3. Disciplinary Sanctions for Offenders:
    - a. The Department prohibits all consensual sexual activity between offenders, and offenders may be subject to disciplinary action for such activity. Consensual (non-coerced) sexual activity between offenders does not constitute sexual abuse, but is considered a disciplinary issue. Note: All instances of sexual contact between offenders will be treated as non-consensual unless proven otherwise during the course of an investigation.
    - b. Offenders shall be 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. These sanctions shall be imposed in accordance with SOP 209.01, Offender Discipline.
    - c. Offenders shall be subject to disciplinary sanctions pursuant to a formal disciplinary process following an administrative finding that the offender engaged in offender-on-offender Sexual Harassment. These sanctions shall be imposed in accordance with SOP 209.01, Offender Discipline.

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- d. Sanctions shall be commensurate with the nature and circumstances of the abuse committed, the offender's disciplinary history, and the sanctions imposed for comparable offenses by other offenders with similar histories.
- e. The disciplinary process shall consider whether the offender's mental disabilities or mental illness contributed to behavior when determining what type of sanction, if any, will be imposed. See SOP 508.18 MH/MR Discipline Procedures.
- f. If the facility offers therapy, counseling or other interventions to address and correct underlying reasons or motivations for the abuse, the facility shall consider whether to offer or require the perpetrator to participate in such interactions as a condition of access to programming or other benefits.
- g. 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.

**NOTE:** Offender to Staff Sexual Abuse is not covered under PREA.

- h. For the purposes of a disciplinary action, a report of sexual abuse made in good faith upon a reasonable belief that the alleged conduct occurred shall not constitute falsely reporting an incident or lying, even if an investigation does not establish sufficient evidence to substantiate the allegation.
- i. Following an administrative finding of malicious intent on behalf of the offender making a false report, regardless of method used, the offender shall be subject to disciplinary sanctions pursuant to a formal disciplinary process in accordance with SOP 209.01 Offender Discipline.
  - i. Any person who willfully and knowingly gives or causes a false report of a crime to be given to any law enforcement officer or agency of this state is prosecutable under O.C.G.A. § 16-10-26 False report of a crime. Any individual proven to make a false allegation (defined in 3.i. of this section) will receive a disciplinary



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report and may be subject to prosecution under this statute.

- ii. Any person who willfully and knowingly gives or causes a false report of Sexual Harassment will be subject to disciplinary action in accordance with SOP 209.01 Offender Discipline.

**I. Medical and Mental Health Care:** The Department shall provide prompt and appropriate medical and mental health services in compliance with 28 CFR § 115 and in accordance with the Department SOPs regarding medical and mental health care.

**J. Data Collection and Review:**

1. Monthly Sexual Abuse Program Review. The facility SAIRT shall conduct a sexual abuse incident review at the conclusion of every substantiated and unsubstantiated sexual abuse investigation to review and assess the facility's PREA prevention, detection, and response efforts as stipulated in Attachment 9, Sexual Abuse Incident Review Checklist. Reviews are not necessary for incidents with a disposition of unfounded.

2. The review team shall:

- a. Each facility shall submit a report to the Department's PREA Analyst each month using the electronic spreadsheet provided from the PREA Coordinator's office. This form shall be submitted by e-mail no later than the fifth calendar day of the month following the reporting month. All allegations investigated within the month shall be included on this report along with the appropriate disposition. The monthly report shall be completed in accordance with the Facility PREA Log User Guide.
- b. The Department shall review data collected and aggregated of all sexual abuse allegations in order to improve staff performance, identify problem areas, and improve facility operations and offender sexual safety. The Department shall publish the data in an annual report, comparing each years' data, and provide an assessment of progress in addressing offender sexual abuse. It shall make this publicly available on its website.

**I. Audits:** The Department shall conduct audits pursuant to 28 C.F.R. §115.401-405.

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Each facility operated by the Department shall be audited every three (3) years on a schedule determined by the Department's PREA Coordinator. Federal Auditors determine compliance with federal standards and shall not dictate facility management, or procedural decisions. All auditor suggestions and findings shall be referred to the agency PREA Coordinator for review.

County facilities and Private facilities 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 auditors shall be certified by the Department of Justice. Each facility shall bear the burden of demonstrating compliance with the federal standards. A copy of the final report shall be submitted to the Department's PREA Coordinator upon completion of the audit and must be conducted every three years.

### V. Attachments:

- Attachment 1: 208.06 Att.1, Sexual Abuse/Sexual Harassment Prison Rape Elimination Act (PREA) Education Acknowledgement Statement;
- Attachment 2: 208.06 Att. 2, PREA Sexual Victim/Sexual Aggressor Classification Screening Instrument;
- Attachment 3: 208.06 Att. 3, PREA Disposition Offender Notification Form;
- Attachment 4: 208.06 Att. 4, Sexual Allegation Response Checklist;
- Attachment 5: 208.06 Att. 5, Procedure for SANE Evaluation/Forensic Collection;
- Attachment 6: 208.06 Att. 6, PREA Investigative Summary;
- Attachment 7: 208.06 Att. 7, PREA Local Procedure Directive and Coordinated Response Plan;
- Attachment 8: 208.06 Att. 8, Retaliation Monitoring Checklist;
- Attachment 9: 208.06 Att. 9, Sexual Abuse Incident Review Checklist;
- Attachment 10: 208.06 Att. 10, PREA Initial Notification Form; and
- Attachment 11: 208.06 Att. 11 Staffing Plan Template.

### VI. Record Retention of Forms Relevant to this Policy:

Retention of PREA related documents and investigations shall be securely retained and made in accordance with the following schedule:

- A. Sexual abuse data, files, and related documentation - at least 10 years from the date of the initial report.

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- B. Criminal investigation data, files, and related documentation - for as long as the alleged abuser is incarcerated or employed by the agency, plus five (5) years; or 10 years from the date of the initial report, whichever is greater.
- C. Administrative investigation data, files, and related documentation - for as long as the alleged abuser is incarcerated or employed by the agency, plus five (5) years; or 10 years from the date of the initial report, whichever is greater.

**GEORGIA DEPARTMENT OF CORRECTIONS  
SEXUAL ABUSE/SEXUAL HARASSMENT  
PRISON RAPE ELIMINATION ACT (PREA) EDUCATION  
ACKNOWLEDGEMENT STATEMENT**

**Employee Type (Check one):**

**Employee**

**Contractor/Volunteer**

I have received the appropriate training for my employee status in accordance with SOP 208.06, *Sexually Abusive Behavior Prevention and Intervention Program*. I understand the Department’s zero-tolerance for sexual abuse of offenders. I understand that I am not to engage in any behavior of a sexual nature with an offender and to report to a nearby supervisor if I witness such conduct or if someone reports such conduct to me. I further understand that my authorization to enter, visit, or work at a correctional institution where there are offenders is based on my agreement to comply with the Department’s policy on sexual abuse, and sexual harassment. I also understand that any violation of the policy will result in disciplinary action, including termination, or that I will be banned from entering any correctional institution. Finally, I understand that that engaging in sexual contact with an offender is a felony offense punishable by imprisonment of not less than one, nor more than 25 years, and a fine of \$100,000, or both (O.C.G.A. §16-6-5.1.) I further understand that under O.C.G.A. §16-6-5.1, an offender cannot consent to sexual activity with staff, contractors, or volunteers.

This is to acknowledge I understand the Department’s policy on Zero Tolerance of Sexual Abuse and Sexual Harassment of offenders. As a condition of employment I will abide by the terms and conditions of this policy.

\_\_\_\_\_  
Agency/ Company Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Typed or printed name

GEORGIA DEPARTMENT OF CORRECTIONS

**PREA SEXUAL VICTIM/SEXUAL AGGRESSOR CLASSIFICATION SCREENING INSTRUMENT**

\_\_\_\_\_  
Institution

\_\_\_\_\_  
Offender Name

\_\_\_\_\_  
GD

\_\_\_\_\_  
C #

**Sexual Victim Factors**

- |   | <u>Yes</u>               | <u>No</u>                |
|---|--------------------------|--------------------------|
| 1. Is the offender a former victim of institutional (prison or jail) rape or sexual assault?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Is the offender 25 years old or younger or 60 years or older?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Is the offender small in physical stature?<br>(BMI<18.5) NOTE: ensure inmate height and weight are correct so SCRIBE can calculate the BMI accurately. | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Does the offender have a developmental disability/mental illness/physical disability?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Is this the offender's first incarceration ever (prison or jail)?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Is or is perceived to be gay/lesbian/bi-sexual/transgender/intersex or gender non-conforming?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Does the offender have a history of prior sexual victimization (sexual abuse)?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Is the offender's own perception that of being vulnerable?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Does the offender have a criminal history (convictions) that is exclusively non-violent?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Does the offender have a conviction(s) for sex offenses against an adult or child?  | <input type="checkbox"/> | <input type="checkbox"/> |

Total Number of Checks: Items 2 – 10 \_\_\_\_\_

**Sexual Aggressor Factors**

- |  |                          |                          |
|--|--------------------------|--------------------------|
| 1. Does the offender have a past history of institutional (prison or jail) sexually aggressive behavior? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Does the offender have a history of sexual abuse/sexual assault towards others (adult and/or child)?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Is the offender's current offense sexual abuse/sexual assault toward others (adult and/or child)?     | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Does the offender have a prior conviction(s) for violent offenses?                                    | <input type="checkbox"/> | <input type="checkbox"/> |

Total Number of Checks: Items 2-4 \_\_\_\_\_

Additional Comments/Observations:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Retention Schedule: This form shall be maintained for 10 years from the date of the initial report.

### Victim/Aggressor Classification Ratings

#### Sexual Victim Factor Rating:

*Male Inmates:* 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.

*Female Inmates:* If five (5) 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.

#### Sexual Aggressor Factor Rating:

If question # 1 is answered yes, the offender will be classified as a **KNOWN 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.

In situations where the instrument classifies the offender as **Victim and Aggressor**, you must thoroughly review the offender's history to determine which rating will drive the offender's housing, programming, etc. This must be documented in the offender SCRIBE case notes, with an alert note indicating which the controlling rating is.

Retention Schedule: This form shall be maintained for 10 years from the date of the initial report.

**GEORGIA DEPARTMENT OF CORRECTIONS**  
**PREA Disposition Offender Notification Form**

Offender Name: \_\_\_\_\_ GDC #: \_\_\_\_\_ Allegation Date: \_\_\_\_\_

**Allegation Type:**  
 (Select only one)

S/I Abuse	<input type="checkbox"/>
S/I Harassment	<input type="checkbox"/>
I/I Abuse	<input type="checkbox"/>
I/I Harassment	<input type="checkbox"/>

**Disposition:**  
 (Select all that apply)

Your PREA allegation was investigated by the Sexual Assault Response Team (SART) and was determined to be:

Unfounded	<input type="checkbox"/>	If the disposition is determined to be both substantiated and Forwarded to OPS, check both boxes
Unsubstantiated	<input type="checkbox"/>	
Referred to OPS	<input type="checkbox"/>	If the disposition is determined to be both unsubstantiated and Forwarded to OPS, check both boxes.
Substantiated*	<input type="checkbox"/>	

\*If Substantiated, see action taken section.

**Action Taken:**  
 (Select all that apply)

<input type="checkbox"/>	The staff member is no longer posted within the offender's unit.
<input type="checkbox"/>	The staff member is no longer employed at the facility.
<input type="checkbox"/>	The staff member has been indicted on a charge related to sexual abuse with the facility.
<input type="checkbox"/>	The staff member has been convicted on a charge related to sexual abuse within the facility.
<input type="checkbox"/>	The staff member has been convicted on a charge related to sexual abuse within the facility.
<input type="checkbox"/>	The alleged abuser (offender) has been indicted on a charge related to sexual abuse within the facility.
<input type="checkbox"/>	Other: (MUST INCLUDE EXPLANATION IF OTHER IS CHECKED)

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Definitions:**

Unfounded: Based on factual evidence SART proved the allegation did not occur.  
 Unsubstantiated: SART could neither prove nor disprove the allegation occurred.  
 Referred to OPS: SART determined additional review is warranted. Case forwarded to Internal Investigations.  
 Substantiated: SART determined that the allegation did occur.

Offender Signature	Date
Witness	Date
SART Member/ Warden's Designee Signature	Date

Retention Schedule: Upon completion, this form shall be placed in the PREA investigative case file and maintained for the length of the offender's incarceration plus five (5) years, or 10 years from the initial report, whichever is greater.

**GEORGIA DEPARTMENT OF CORRECTIONS  
SEXUAL ALLEGATION RESPONSE CHECKLIST**

Incident Date \_\_\_\_\_ Incident Time \_\_\_\_\_ Incident Report # \_\_\_\_\_  
 Victim Name\* \_\_\_\_\_ GDC ID#\* \_\_\_\_\_  
 Location of Incident: \_\_\_\_\_ Date/Time Received: \_\_\_\_\_

\*If more than one victim, separate with a semi-colon

(Some actions may be performed out of sequence or simultaneously)

Activity/Actions	Yes	No	Date	Time	Comments
Medical examination of the alleged victim conducted per 208.06 Attachment 5?					
If within 72 Hrs. was SANE contacted? (Or sent to hospital for forensic exam if SANE cannot arrive prior to 72 Hr. expiration.)					
Separated alleged victim(s) from alleged aggressor(s) in accordance with SOP 208.06?					
When was the local Sexual Abuse Response Team (SART) notified?					
Recover, download, and document any video monitoring recording. The disk will be identified using the corresponding incident report number, and stored securely.					
Was evidence collected that needed to be forwarded to OPS? (To whom in comment)					
Date Chain of custody form started?					
Date incident demographic information form completed?					
Send PREA Initial notification					
Mental Health evaluation of the alleged victim completed within 24 Hrs. of receipt of the allegation in accordance with 508.22					
Have all related documents been scanned/entered into SCRIBE?					
Enter investigative summary with all necessary supporting documentation. (Enter date completed)					
Disciplinary actions taken					
Case file reviewed by PREA Compliance Manager					

\_\_\_\_\_  
SART Investigator Name      Scribe ID      PREA Compliance Manager Name      SCRIBE ID

Allegation is: \_\_\_ Unfounded \_\_\_ Substantiated \_\_\_ Unsubstantiated \_\_\_ Forwarded to OPS \_\_\_ Not PREA

Retention Schedule: Upon completion, this form shall be maintained as long as the alleged abuser is incarcerated or employed by the agency, plus five (5) years; or 10 years from the date of the initial report, whichever is greater.



## Procedure for SANE Evaluation/Forensic Collection

- A. Initial Report of Sexual Abuse or Assault
- a. Initial notification or reporting of sexual abuse or assault will be handled in accordance with GDC SOPs 507.04.84, 208.06 and 508.22.
    - i. Medical staff shall conduct an initial assessment of the offender to determine if there is evidence of any physical trauma requiring immediate medical intervention in accordance with good clinical judgment.
    - ii. Medical staff shall immediately initiate all necessary urgent/emergent treatment for bleeding, wounds and other traumas.
  - b. Nursing staff shall complete the Nursing Protocol Assessment form for alleged Sexual Assault. This shall be filed in the nurse's notes section of the medical record.
  - c. Facility clinicians (MD/NP/PA) shall document the physical examination in the progress notes.
  - d. When medically indicated, medical staff shall initiate arrangements to transfer the offender accompanied by a qualified staff member to the designated emergency facility for continued treatment and collection of forensic evidence. The Urgent/Emergent and Medical PREA Log will be completed.
  - e. Upon return from hospital SOP 507.04.84 and 508.22 shall be followed.
- B. Collection of evidence by SANE Nurse on-site:
- a. The following facilities have SANE Nurses assigned:
    - i. Small facilities shall use their assigned medical catchment State Prison for SANE Nurse services.
  - b. Notification of SANE Nurse
    - i. Offenders must consent to a SANE examination, prior to contacting SANE (Attachment #10 Consent for Operation or Invasive Procedure).
    - ii. If the alleged assault occurred within 72 hours of the reported incident, and the offender does not require transport to the ER, the designated facility SANE Nurse shall be immediately notified and an appointment scheduled for the collection of forensic evidence. This will occur only if there has been penetration reported by the patient. For females and males this also includes oral penetration. Otherwise, no rape kit will be collected.

**NOTE: The 72 hours begins at the time the alleged assault occurred.**

- iii. If the sexual assault occurred more than 72 hours previously, the decision on whether the evaluation is done by a local hospital, by the SANE Nurse, or facility staff will be made on a case-by-case basis. The decision shall be made by the Health Authority in consultation with the Facility Investigator/in accordance with GDC PREA Policy.
  - iv. For sites without a designated or available SANE Nurse, a designated catchment facility, or the SANE is not available within a reasonable time frame, the Appointing Authority, in consultation with the Regional SAC, shall coordinate with the Office of Health Services (OHS) to arrange for the offender to be transported to a hospital for collection of the forensic evidence.
  - c. A list of the SANE Nurse call schedule shall be posted in the medical unit along with the physician on-call schedule and for sites without 24-hour nursing, designated security locations. The SANE Nurse Call Roster shall include the SANE Nurses approved to enter the facility.
  - d. Once the SANE Nurse is notified, the Warden or designee shall be notified of the date and time for the scheduled forensic assessment and collection. Date and time of SANE Nurse notification shall be placed on the log.
  - e. The offender will remain in a designated area until the forensic exam is completed. The Consent for Treatment Form will be completed consenting to the exam by the SANE Nurse prior to scheduling the visit. \*See Refusal of Treatment. During this time the process should be explained to the offender with confirmation they understand what to expect.
- C. SANE Assessment/Forensic Collection:
- a. Patient Preparation:
    - i. An exam room must be ready at the time the SANE exam is scheduled and the SANE Nurse arrives.
    - ii. The patient is allowed to eat and drink if no oral penetration has occurred.
    - iii. If oral penetration occurred, the patient should be nil per os NPO, if possible, until the exam is completed. If the exam does not occur within 8 hours, the patient can eat or drink as necessary. However, if the patient cannot tolerate the NPO status, limited food and drink can be consumed after 4 hours. This will not preclude the exam from being done. Patients with medical conditions will be assessed for nutritional and fluid needs on a case-by-case basis, i.e. diabetics.
    - iv. The patient should not change clothes, underwear and should not shower or brush teeth until the exam is done. The patient should be counseled as to the reason due to the importance of not destroying evidence.

- v. If at all possible clothes should not be removed until the SANE Nurse is present. If clothes are removed they should be removed with victim standing on exam paper and all clothes must be placed in **PAPER** bags. Each article of clothing must be placed in separate **PAPER** bags. The bags must be sealed. The bag must also be labeled with the inmate's name, date and time.
  - vi. If no signs or symptoms of bleeding or severe trauma are present or witnessed by medical staff, which would have required immediate first aid intervention, no medical exam should occur until the SANE Nurse completes the forensic exam.
  - vii. Medical staff should wear exam gloves at all times when interfacing/assisting/assessing the patient until the SANE exam has been completed.
- b. Equipment:
- i. The SANE Nurse shall arrive with an approved SANE Kit which will include the following:
    - a) Camera;
    - b) Forensic Ruler;
    - c) Toluidine Swabs;
    - d) 10% Acetic Acid or KY Jelly;
    - e) Red Top Tube (Lab);
    - f) Pipette;
    - g) Sterile Water Syringes (2);
    - h) SANE Forms; and
    - i) Goggles.

*NOTE: This is subject to change*
  - ii. The exam room must have the following available and ready at the scheduled time of the SANE exam:
    - a) All routine exam supplies, i.e. gloves, gauze pads, etc.;
    - b) Woods Lamp/Ultraviolet light;
    - c) Sterile Water;
    - d) Rape Kit (make sure it is not expired);
    - e) Index Cards;
    - f) Blood Tube, or similar product will be available and a rack to hold blood tubes and for drying the swabs After the evidence is collected;
    - g) Table Exam Paper;
    - h) Paper Bags (small and large [grocery size]); and
    - i) Supplies for collection of required labs.
- c. Procedures:
- i. Lab - The following labs will be drawn:

- a) Perpetrator:
  - i. Confirm HIV status
  - ii. Hepatitis profile
  - iii. Rapid Plasma Reagin (RPR)
- b) Victim:
  - i. HIV
  - ii. Hepatitis profile
  - iii. RPR

*NOTE: All changes in HIV status will be entered into SCRIBE.*

- ii. Treatment: When a SANE exam is completed on site, the facility provider or designee (i.e. On-Call provider) shall be responsible for ordering prophylactic treatment for STIs, as well as pregnancy prophylactics if applicable. This includes follow-up of all labs collected.
  - a) All necessary clinical treatment must be initiated by a clinical practitioner; Recommendations include:
    - i. Female Patients  
NOTE: Patients should have a pregnancy test with results before administering medication.
    - ii. Coverage for GC, BV, Chlamydia and Trichomonas  
*Recommended Regimens*  
Ceftriaxone 250 mg IM in a single dose  
PLUS  
Metronidazole 2 g orally in a single dose  
PLUS  
Azithromycin 1 g orally in a single dose  
OR  
Doxycycline 100 mg orally twice a day for 7 days
    - iii. Patients Penicillin Allergic  
Azithromycin 2 g PO  
PLUS  
Metronidazole 2 gms orally in a single dose
    - iv. MALE PATIENTS  
*Recommended Regimens*  
Ceftriaxone 250 mg IM in a single dose  
PLUS  
Metronidazole 2 g orally in a single dose  
PLUS  
Azithromycin 1 g orally in a single dose
  - iii. There shall be a follow-up visit by a clinician 3 working days following exam.

d. Documentation Forms:



- b. The Health Services Administrator (HSA) or Director of Nursing (DON) shall forward the log electronically in a confidential manner to the Administrative Assistant to the Director of Patient Care Services, by the 5<sup>th</sup> calendar day of the month for the previous month. The log shall be reviewed for completeness before sending.
- c. The HSA shall review all invoices for the forensic exam upon receipt. Once verified, invoices will be forwarded to Georgia Correctional HealthCare (GCHC) for processing in accordance with current budgetary practices.



## (Facility Name) PREA Local Procedure Directive and Coordinated Response Plan

The purpose of this directive is to provide 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.

### STAFF CONTACT INFORMATION

#### FACILITY NAME

Facility Name			
Position	Name	Phone Number	Email Address
Warden			
PREA Compliance Manager			
SART Retaliation Monitor			
PREA Compliance Manager			
SART Security			
SART Mental Health			
SART Medical			
Staff Training			
Inmate Education			

### REPORTING DUTIES

*Upon immediate notification of a sexual abuse, these actions should be taken in the order noted below.*

#### **FIRST STEPS**

- Notify your Shift OIC and ensure the victim is separated from the aggressor.
- Instruct the alleged victim to refrain from changing clothes, drinking, eating, brushing teeth, or any other activity that could destroy any physical evidence.
- If known, instruct the alleged perpetrator to refrain from changing clothes, drinking, eating, brushing teeth, or any other activity that could destroy any physical evidence.
- Secure the crime scene if applicable to restrict access to the area and to prevent handling of evidence until an internal investigator arrives.
- Ensure the victim receives immediate medical attention (in accordance with SOP 507.04.84, Medical Management of Suspected Sexual Abuse and SOP 507.04.91, Medical Management of Suspected Sexual Assault, Abuse or Harassment), followed by a mental health evaluation within 24 hours, (in accordance with SOP 508.22, Mental Health Management of Suspected Sexual Abuse, Contact or Harassment).
- If applicable, ensure SANE protocol is enacted in accordance with 208.06 Attachment 5 and the Department's PREA Coordinator is notified.
- Implement Local PREA Notification Procedures to ensure all required personnel are notified that an incident has occurred.
- Ensure the incident report and supporting documentation has been completed before leaving the institution for the day.
- Ensure the victim receives a SART evaluation promptly within 24 hours.
- Ensure the alleged victim is housed separately from the alleged perpetrator; inmate shall be placed in involuntary protective custody only after other alternatives have been exhausted to ensure the safety of the victim.
- If applicable, ensure the alleged perpetrator has been placed in administrative segregation.
- If the alleged perpetrator is a staff member, separate the staff member from the alleged victim pending further instructions from Warden/Superintendent.



- If applicable, consult with the SART the Regional Director, and 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 inmate's file with specific reasons for returning the offenders to the general population or keeping the offenders segregated.
- If the alleged victim is under the age of 18, the Regional Director in conjunction with the Director of Investigations, or designee, shall report the allegation to the Department of Family and Children Services, Child Protective Services Section, reference O.C.G.A §19-7-5.
- If the alleged victim is considered a vulnerable adult under O.C.G.A. §30-5-4, then the Director of Investigations, or designee, will make notification to the appropriate outside law enforcement agency.

#### Safe Housing

*Identify the location of this facility's safe dorm(s) and or safe beds in this section.*

#### Identifying "at risk" Inmates at this facility

*Describe the process in place at this facility to identify inmates that have a serious sexual predation history or who are "at risk" of engaging in sexually abusive behavior and or inmates who are "at risk" of sexual victimization while in GDC custody. Also explain the process used to identify these inmates to the appropriate staff. Keep it brief and to the point.*

*Upon immediate notification of a sexual harassment or report of retaliation these actions should be taken in the order noted below.*

- **Notify your immediate supervisor who should immediately and directly forward this information to: (insert the appropriate information for your facility: the SART Leader, Compliance Manager, Retaliation Monitor.**

**GEORGIA DEPARTMENT OF CORRECTIONS  
RETALIATION MONITORING CHECKLIST**

Select one: Employee  Offender  **Incident Report #:** \_\_\_\_\_

Name: \_\_\_\_\_ **GDC/EMP ID #:** \_\_\_\_\_

**Location of Incident:** \_\_\_\_\_ **Date of Incident:** \_\_\_\_\_

OFFENDER	30 Day	60 Day	90 Day
Offender Disciplinary Report (s) History Review			
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			
EMPLOYEE	30 Day	60 Day	90 Day
Review Employee Post Rotation (Security Only)			
Review of Employee Job Duties			
Review of Employee Work Schedule History			
Review of Employee Work Location			
Review of Employee Personnel File (letters of concern, reprimands, and/or adverse actions.)			
Review of Employee Performance Management Documents			

Check One: 90 Day Review Completed No Follow Up   
 90 Day Review Completed , extended 90 More Days

Findings (Required)

30 Day Review: \_\_\_\_\_ Signature/Title  
 30 Day Review: \_\_\_\_\_

60 Day Review: \_\_\_\_\_ Signature/Title  
 60 Day Review: \_\_\_\_\_

90 Day Review: \_\_\_\_\_ Signature/Title  
 90 Day Review: \_\_\_\_\_

Random Review: \_\_\_\_\_ Signature/Title  
 Random Review: \_\_\_\_\_

\_\_\_\_\_  
 Warden/Superintendent Signature (Only after 90 day review) \_\_\_\_\_  
 Date

Comments: \_\_\_\_\_  
 \_\_\_\_\_

Retention Schedule: Upon Completion, this form shall be maintained for as long as the alleged abuser is incarcerated or employed by the agency, plus five (5) years; or 10 years from the date of the initial report, whichever is greater.

\*\* This form shall be scanned and emailed to the PREA Coordinator.

Facility Name: \_\_\_\_\_

## Sexual Abuse Incident Review Checklist

Incident Report #: \_\_\_\_\_

**The facility shall conduct a sexual abuse incident review at the conclusion of every substantiated and unsubstantiated sexual abuse investigation. The review shall be conducted during the monthly designated PREA meeting but no more than within 30 days of the conclusion of the investigation.**

**I. Offender Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**II. Checklist:**

1. Was the incident report entered into SCRIBE in accordance with SOP 203.03 Incident Report? Yes \_\_\_ No \_\_\_
2. Did the allegation or investigation indicate a need to change policy or practice to prevent, detect, or respond to sexual abuse? Yes \_\_\_ No \_\_\_
3. Did the allegation or investigation indicate a motivation by race, ethnicity, gender identity, lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; or gang affiliation; or was motivated or otherwise caused by other group dynamics at the facility? Yes \_\_\_ No \_\_\_
4. Was an examination of the area in the facility where the incident allegedly occurred conducted to determine whether physical barriers of the area may enable abuse?  
List findings (if any) Yes \_\_\_ No \_\_\_
5. In the area where the incident allegedly occurred were there adequate staffing levels in that area during different shifts? Yes \_\_\_ No \_\_\_
6. In the area where the incident allegedly occurred should monitoring technology be deployed or augmented to supplement supervision by staff? Yes \_\_\_ No \_\_\_

If yes is checked on any of the above, state the reason why: \_\_\_\_\_

Name and title of all staff involved in the review:

Name	Title	Name	Title
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**III. Improvements:**

The facility shall implement recommendations for improvement, or shall document the reason for not doing so. Were recommendations put in place? Yes \_\_\_ No \_\_\_  
If no, List why: \_\_\_\_\_

**IV. Warden/Superintendent review:**

1. Date Received: \_\_\_\_\_
2. Comments: \_\_\_\_\_
3. Signature of Warden/Superintendent or Designee: \_\_\_\_\_

**V. PREA Compliance Manager notification:**

Date sent to PREA Compliance Manager: \_\_\_\_\_

# PREA Initial Notification Form

Facility: \_\_\_\_\_ Date of Incident: \_\_\_\_\_  
 Location: \_\_\_\_\_ Time of Incident: \_\_\_\_\_  
 Incident Report #: \_\_\_\_\_

Type of Allegation (Select one):

- \_\_\_\_\_ S/I Abuse
- \_\_\_\_\_ S/I Harassment
- \_\_\_\_\_ I/I Abuse
- \_\_\_\_\_ I/I Harassment

Alleged Victim(s)

Alleged Aggressor(s)

Name	ID#	Name	ID#

Summary of Incident:

How were you notified of this incident? (Grievance, Hotline, Staff, Ombudsman, 3<sup>rd</sup> party, etc.)

\_\_\_\_\_ Y/  
N

SART notified? \_\_\_\_\_ Name \_\_\_\_\_  
 By whom \_\_\_\_\_  
 Date/Time \_\_\_\_\_

\_\_\_\_\_ Y/  
N

SANE notified? \_\_\_\_\_ If yes, name \_\_\_\_\_  
 By whom \_\_\_\_\_  
 Date/Time \_\_\_\_\_

\_\_\_\_\_ Y/  
N

Criminal Investigations notified? \_\_\_\_\_ If yes, name \_\_\_\_\_  
 By whom \_\_\_\_\_  
 Date/Time \_\_\_\_\_

\_\_\_\_\_ Y/  
N

Internal Affairs notified? \_\_\_\_\_ If yes, name \_\_\_\_\_  
 By whom \_\_\_\_\_  
 Date/Time \_\_\_\_\_

\_\_\_\_\_ Y/  
N

PREA Coordinator notified? \_\_\_\_\_ If yes, name \_\_\_\_\_  
 By whom \_\_\_\_\_  
 Date/Time \_\_\_\_\_

\_\_\_\_\_  
Name/ Title of person submitting report

\_\_\_\_\_  
Signature/ Title

Retention Schedule: Upon completion, this form shall be placed in the PREA investigative case file and maintained for the length of the offender's incarceration plus five (5) years, or 10 years from the initial report, whichever is greater.

Retention Schedule: Upon completion, this form shall be placed in the PREA investigative case file and maintained for the length of the offender's incarceration plus five (5) years, or 10 years from the initial report, whichever is greater.

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