



Office of the State Inspector General

Statewide Sexual Harassment Prevention Policy

Compliance Review

“The State of Georgia is committed to providing a harassment-free workplace and environment for its employees and all citizens who interact with state government.”

-Governor Brian Kemp

What is sexual harassment?

The SSHPP defines sexual harassment as physical, verbal, or non-verbal/visual conduct that is either (i) directed toward an individual or (ii) reasonably offensive to an individual because of his or her sex. This definition includes physical, verbal, or non-verbal/visual conduct constituting:

- Unwanted sexual attention,
- Sexual advances,
- Requests for sexual favors,
- Sexually explicit comments,
- Other conduct of an expressed or obviously implied sexual nature, by an individual who knows, or reasonably should know, that such conduct is unwanted and offensive; and
- Conduct that is hostile, threatening, derogatory, demeaning, or abusive or intended to insult, embarrass, belittle, or humiliate an individual *because of his or her sex* – regardless of whether the underlying reason for the conduct is apparent.

Purpose of this Report

This report summarizes the first year of the Statewide Sexual Harassment Prevention Policy (SSHPP) from March 1, 2019, through June 30, 2020, and details the compliance of 12 selected executive branch agencies. Specifically, the compliance review resolved to determine:

1. Have executive branch employees received appropriate and timely sexual harassment prevention training?
2. Have executive branch agencies sufficiently followed the detailed procedures for investigating and reporting sexual harassment complaints as outlined in the policy?

Summary of Significant Findings

The compliance review revealed that in calendar year 2019, the 12 agencies selected for review trained nearly 89% of the total employees under review. Additionally, agencies appropriately requested impartial investigators in 92% of the reviewed complaints. In 100% of the reviewed complaints, agencies properly notified the Office of the State Inspector General (OIG) of criminal conduct.

The review also uncovered several areas of concern. First, although agencies successfully trained existing employees, many struggled to train newly hired or transferred employees and newly hired or promoted supervisors. Generally, agencies demonstrated a lower compliance rate for supervisor training. Agencies explained that this lower compliance rate was the result of the supervisor training program being entirely managed by an outside agency

(Department of Administrative Services' Learning Management System), complicating each agency's ability to independently verify completion of the training. Second, agencies that used a combination of training programs, such as in-person, online, and learning management systems, did not consistently generate accurate records reflecting the date of each employee's training date. Third, it was difficult for certain agencies that already require extensive training and recertification as part of their employees' primary job responsibilities to incorporate the additional sexual harassment prevention training into their current programs.

Finally, at the outset of the SSHPP's implementation, many agencies unsuccessfully adhered to the detailed investigative and reporting requirements. Investigators commonly failed to document certain procedural milestones in the final Report of Investigation (ROI). For example, the SSHPP instructs investigators to provide copies of the ROI to both the complainant and respondent for review. However, agencies were hesitant to share copies of the ROI due to concerns of retaliation, collegiality, and confidentiality. In addition, agencies with satellite locations or decentralized human resources departments frequently missed the deadline to report complaints of sexual harassment within two business days. Notably, this review documented a general increase in compliance with the prescribed investigation and reporting procedures in the latter half of the review period.

Programmatic Recommendations

[It is recommended that legislative efforts be made to exempt certain details of sexual harassment complaints and ROIs from public disclosure.](#)

Throughout SSHPP's implementation, agency human resources administrators and investigators expressed uneasiness about providing copies of the ROI to both the complainant and respondent before the ROI's finalization. Further, the investigative file is considered a public record under the Open Records Act, O.C.G.A. § 50-18-70, *et seq.* The resulting lack of confidentiality is widely considered a deterrent to the reporting of complaints and the cooperation of witnesses.

[It is recommended that funding be allocated for all executive branch agencies to adopt a uniform learning management system for consistent delivery of training and record keeping. If a uniform learning management system is not implemented, it is recommended that the SSHPP be updated to require consistent record keeping.](#)

There is no standardized method among the agencies to train employees and records relating to training are not kept in a uniform format. The differences in training create tremendous difficulties in reviewing compliance with the SSHPP. Because supervisor sexual harassment prevention training is administered by the Department of Administrative Services, and employee sexual harassment prevention training is administered at the agency level, sexual harassment prevention training records are not housed in one central location. The lack of standardization increases the likelihood that employees and supervisors will not receive proper and timely training.

It is recommended that the SSHPP be amended to require that annual training occur on a fiscal year basis.

Currently, the SSHPP provides that supervisors and employees receive training on “an annual basis.” The policy does not specify whether this training is based on a calendar year or a fiscal year. Requiring annual sexual harassment prevention training to occur on a fiscal year basis will ensure that all agencies are reporting the training numbers for the same time period.

It is recommended that the SSHPP be amended to explicitly require that investigators document procedural milestones in each ROI.

Although the importance of documenting all procedural milestones is discussed during the investigator training, the SSHPP does not explicitly require an investigator to document these milestones in the ROI. Agency investigators can ensure compliance with each procedural milestone by using the OIG ROI template, which contains clear sections for documenting this information.

It is recommended that the SSHPP be amended to state that the evidentiary standard used in sexual harassment investigations is a preponderance of the evidence.

Because designated sexual harassment investigators come from a variety of backgrounds and may not be familiar with the common standard for administrative investigations, the evidentiary standard should be explicitly outlined in the policy.

It is recommended that a PeopleSoft Human Capital Resources (HCM) query be created that includes a listing of all agency employees and a designation identifying those classified as supervisors under the SSHPP.

Currently, a query does not exist within the statewide human resources management database, PeopleSoft HCM, to indicate whether an employee is a supervisor required to receive supervisor sexual harassment prevention training. As a result, it is difficult to review whether a certain employee should have received supervisor training, as job titles and current PeopleSoft codes do not accurately detail the responsibilities of a particular employee. Creating a query that would highlight this designation would allow interested parties to easily generate a list of employees required to receive supervisor sexual harassment prevention training.

Going Forward

Unless directed otherwise, OIG does not intend to publish a summary report or conduct a similar compliance review for fiscal year (FY) 2021. Instead, beginning July 1, 2021, OIG will review, at a minimum, every fifth reported complaint for procedural and administrative compliance. Additionally, OIG will provide refresher training for designated sexual harassment investigators and human resource contacts at least three times in FY 2022.

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Background

On January 14, 2019, Governor Brian Kemp issued Executive Order 01.14.19.02 (the “Executive Order”) on his first day in office. Titled “Preventing Sexual Harassment in the Executive Branch of Government,” the Executive Order mandated the creation of a statewide sexual harassment policy applicable to all executive branch agencies, imposed training requirements for state employees, and established a uniform standard of investigation for sexual harassment complaints. The exact parameters of the new sexual harassment policy and investigative procedures were later promulgated by the Department of Administrative Services (DOAS), as required by the Executive Order, in the Statewide Sexual Harassment Prevention Policy (SSHPP) issued March 1, 2019.

The SSHPP details the policy’s applicability, training requirements for employees, supervisors, and investigators, a definition of prohibited conduct, and the procedures for reporting and investigating complaints of sexual harassment. The SSHPP does not apply to the Board of Regents of the University System of Georgia, the Legislative Branch, or the Judicial Branch.

Why We Did This Review

As a result of the Executive Order and the SSHPP, and for the first time in Georgia’s history, the Office of the State Inspector General (OIG) began tracking all sexual harassment complaints that occurred in the executive branch, provided an independent investigation whenever an intra-agency conflict occurred, and organized the training of designated sexual harassment investigators. In addition, the Executive Order granted OIG the authority to audit agency compliance with the SSHPP. Pursuant to that authority, and to further the Executive Order’s vision for a state government free from sexual harassment, OIG embarked on an inaugural review and examined agency compliance with the SSHPP from its implementation through the end of FY 20 (March 1, 2019, to June 30, 2020).

Overview of the First Year

From March 1, 2019, to June 30, 2020, OIG received 185 complaints of sexual harassment. OIG reviewed each complaint to determine whether an impartiality concern existed. In 11 instances, OIG concluded that an impartial investigator should be appointed to investigate the complaint. OIG served as an impartial investigator for two of these complaints, while the remaining nine complaints were investigated by designated investigators from other agencies. These impartial investigators were employees of the Department of Behavioral Health & Developmental Disabilities, Department of Corrections, State Road & Tollway Authority, Department of Early Care & Learning, Georgia Government Transparency & Campaign Finance Commission, the Technical College System of Georgia, Georgia Technology Authority, and the Jekyll Island Authority.

Total Complaints

188

Total Allegations

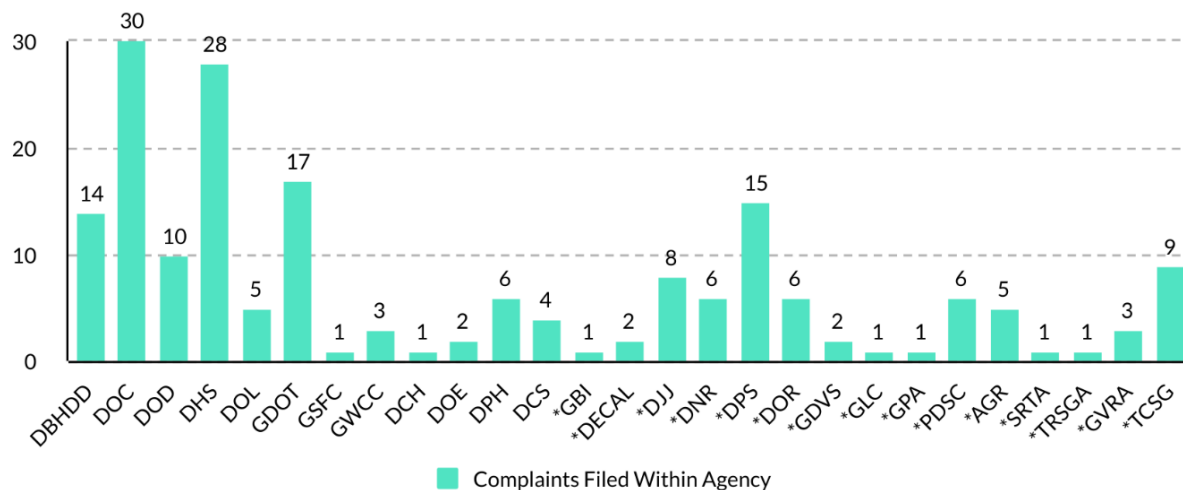
245

Sustained Allegations

44%

After receiving documents in response to the compliance review, it was discovered that three sexual harassment complaints were never reported to OIG; therefore, the total number of sexual harassment complaints filed was 188. The 188 complaints came from 27 different executive branch agencies. Many of the complaints contained multiple allegations of SSHPP violations. In total, 245 allegations of sexual harassment were reported to OIG. Investigators sustained 109 allegations of sexual harassment, and 86 complaints had at least one sustained allegation.

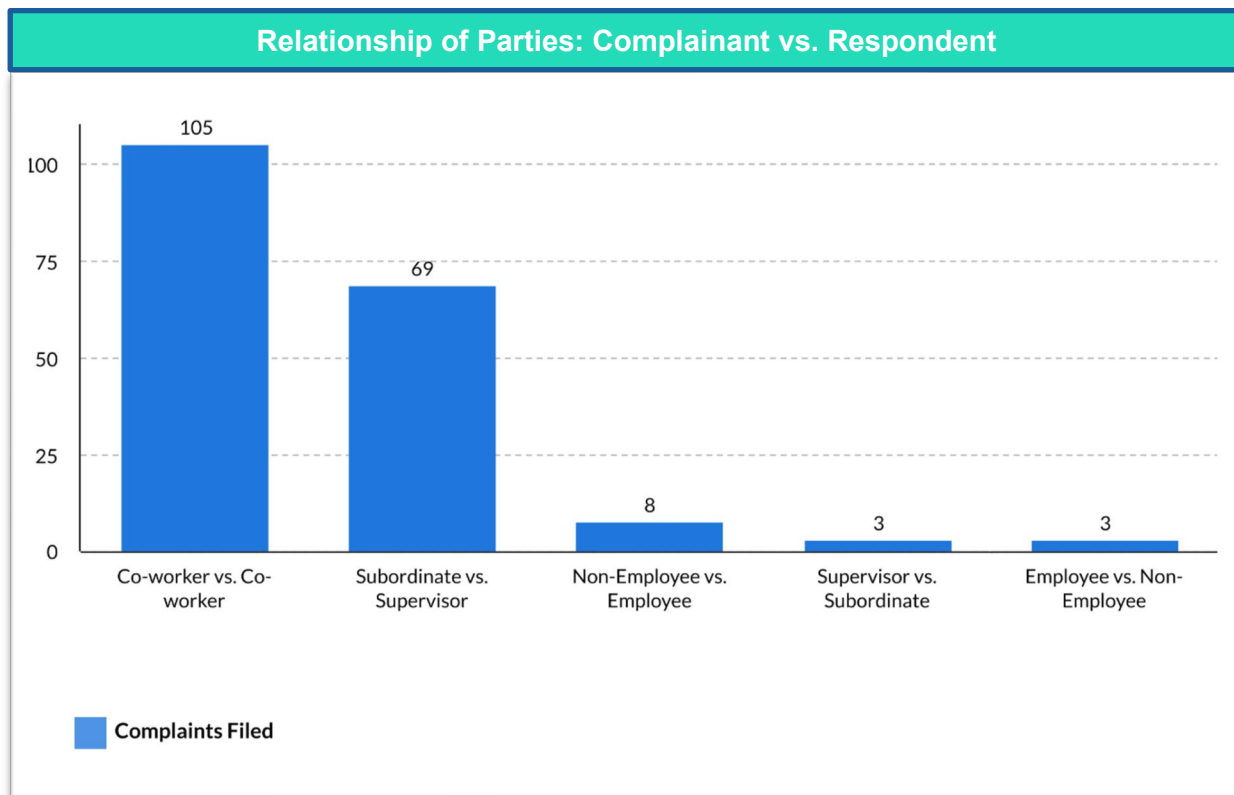
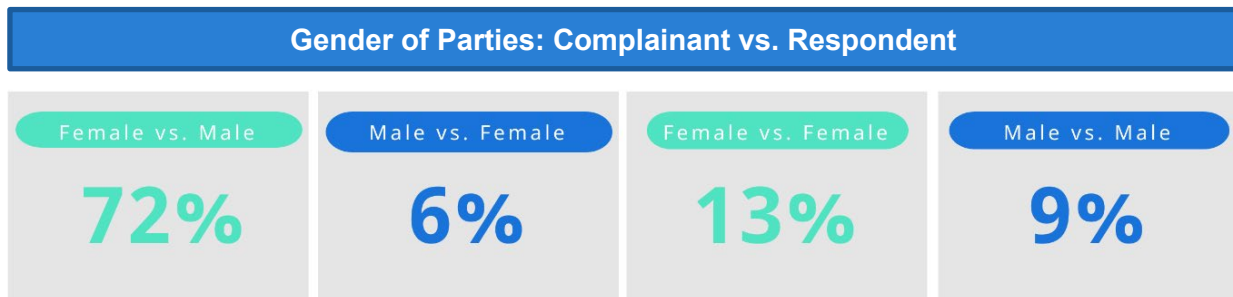
Total Sexual Harassment Complaints by Agency



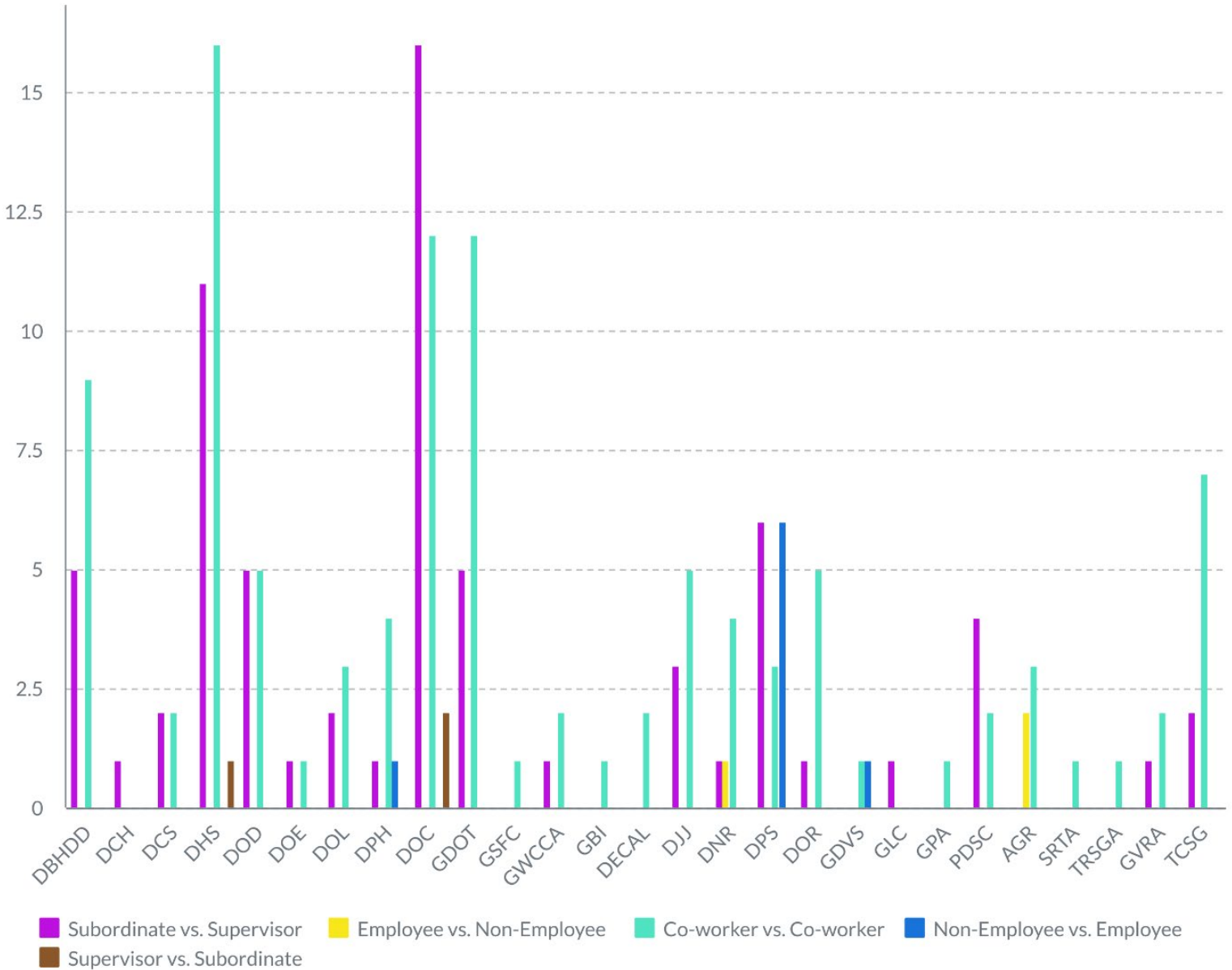
*Agencies Not Included in Compliance Review

Number of Complaints (3/1/19 - 6/30/20)

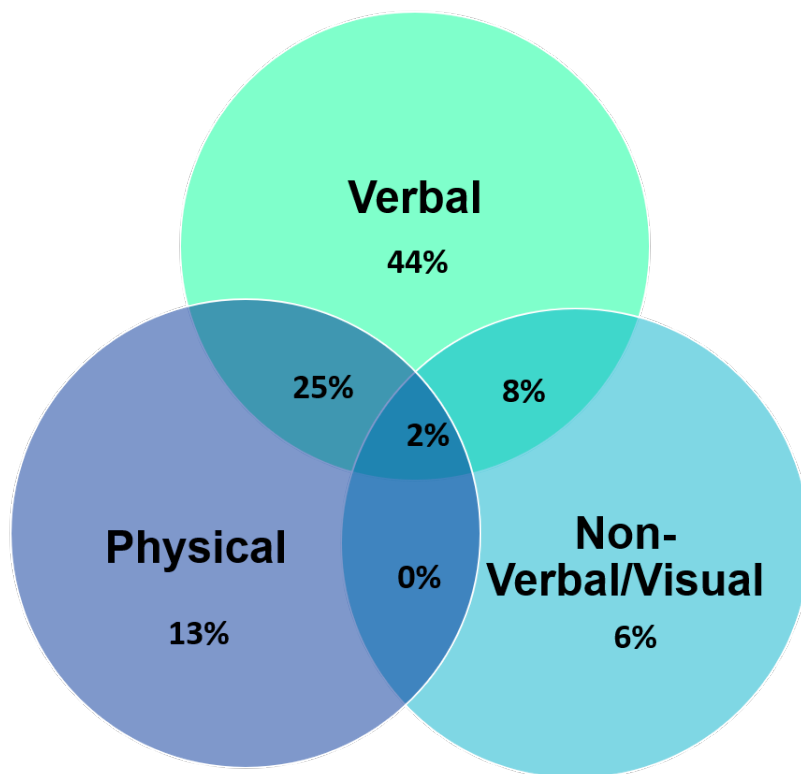
The majority of all complaints were filed by females against male employees. More than half of the complaints were filed by co-workers against fellow co-workers. The second largest number of complaints were filed by subordinate employees alleging sexual harassment by a supervisor. Notably, the Georgia Department of Corrections and the Department of Public Safety had more complaints filed by subordinates vs. supervisors than coworkers vs. coworkers. OIG believes this result may stem from both agencies' clearly defined hierarchy and emphasis on the chain of command. Likely for similar reasons, the Department of Community Supervision and Department of Defense had an equal amount of subordinate vs. supervisor and co-worker vs. co-worker complaints.



Relationship of Parties by Agency Complainant vs. Respondent



Types of Sexual Harassment in Reviewed Complaints with Sustained Allegations



*One complaint (2%) with a sustained allegation of retaliation is not included in the chart above.

How We Conducted the Review

After the SSHPP became effective, OIG began formulating the guidelines for a compliance review. As such a review had never been conducted before, OIG developed a process independently and from the ground up.

A review of every executive branch agency was impractical and unfeasible. Thus, OIG created a risk assessment tool to impartially identify and select those agencies at higher risk of generating sexual harassment complaints. The risk assessment considered historical data, survey responses from agencies, and the number of closed complaints each agency reported from March 1, 2019, to June 30, 2020. The risk assessment factors included:

1. Whether the agency has an agency specific Sexual Harassment Policy
2. Whether agency employees reported past episodes of harassment and retaliation
3. The number of agency managers and supervisors
4. The agency's turnover rate
5. The agency's promotion rate by gender
6. Whether the agency utilizes a learning management system
7. Number of contractors hired by agency
8. Number of lawsuits filed against the agency
9. Sexual harassment complaints with multiple allegations
10. Number of investigations completed before reporting to OIG
11. Number of investigations not closed within seven days of completion

After compiling this information, OIG scored each agency and selected for review the ten highest scoring agencies with reported complaints and the two highest scoring agencies without any reported complaints.¹

On July 1, 2020, OIG notified the twelve agencies that they had been selected for review. The agencies selected for review were:

- Georgia Department of Behavioral Health & Developmental Disabilities (DBHDD)
- Georgia Department of Community Health (DCH)
- Georgia Department of Community Supervision (DCS)
- Georgia Department of Human Services (DHS)
- Georgia Department of Defense (DOD)
- Georgia Department of Education (DOE)
- Georgia Department of Public Health (DPH)
- Georgia Department of Corrections (GDC)

¹ After GSFC and DCH were selected for review as the two agencies without reported complaints, both agencies reported the receipt of one complaint. Had these agencies reported complaints previously, they would not have been selected for review.

- Georgia Department of Labor (GDOL)
- Georgia Department of Transportation (GDOT)
- Georgia Student Finance Commission (GSFC)
- Georgia World Congress Center Authority (GWCCA)

OIG tested agency compliance with the SSHPP from March 1, 2019, to June 30, 2020, in two primary subject areas: Policy Awareness & Training and Investigative & Reporting Procedures. For Policy Awareness & Training, OIG examined whether the agencies properly and timely designated human resource contacts and investigators, and whether employees received SSHPP Employee Training, SSHPP Supervisor Training, or SSHPP Investigator Training within the time periods prescribed by the SSHPP. In the area of Investigative & Reporting Procedures, OIG reviewed each sexual harassment investigation conducted by the agency for compliance with the SSHPP. Sixty-four percent (64%) of the total complaints filed during the review period were reviewed for compliance.

After an initial compliance review was completed, OIG notified each agency of the results and provided them with an opportunity to respond. Many agencies provided supplemental information and OIG updated the reports when warranted. If an agency submitted supplemental information after the deadline, the information was not considered. In April and May 2021, OIG provided the agencies with a final compliance review report and solicited agency responses, which have been included in Appendix D.

I. Policy Awareness & Training

Objectives

1. To ensure that roles and responsibilities for sexual harassment prevention have been clearly and appropriately defined.
2. To ensure that all employees are trained and advised on the on the SSHPP.

Scope & Methodology

1. Review Agency Designee Master List in the OIG shared file and locate name of Human Resource (HR) contact(s) and investigators. Note the gender of agency investigators.
2. Request and review agency response to OIG for verification of current HR and investigator designees for each agency subject to an audit.
3. Compare date of receipt of agency designee information in Agency Designee Master List via OIG portal with email verifications received to determine timely reporting of designee appointees to OIG.
4. Obtain a listing of new/transferred employees for the period of March 1, 2019, through June 30, 2020, for each agency selected for audit. Compare dates employees joined the agency with the date of completion of sexual harassment prevention training. Determine whether employees received sexual harassment prevention training within 30 calendar days of hire or transfer.
5. Obtain a listing of all employees for each agency selected for audit. Review dates of completion of sexual harassment prevention training from March 1, 2019, to June 30, 2020.

Determine whether all employees received annual sexual harassment prevention training per policy.

6. Obtain a listing of all newly hired and promoted managers/supervisors for each agency selected for audit. Compare dates managers/supervisors assumed their positions with the agency with the date of completion of sexual harassment prevention training for managers/supervisors. Determine whether sexual harassment prevention training was received within 30 calendar days of employment or promotion to their position.
7. Review a listing of all managers/supervisors for each agency selected for audit. Compare with training records for March 1, 2019, to June 30, 2020, to determine whether all managers/supervisors received annual supervisor sexual harassment prevention training.
8. Review ROIs to determine whether investigators received Investigator Sexual Harassment Prevention Training prior to investigating allegations of harassment.

II. Investigative & Reporting Procedures

Objectives

1. To ensure all investigatory steps were conducted in accordance with the SSHP.
2. To ensure that agencies are in compliance with the SSHPP requirement for complaint resolution, distribution of the ROI and complaint closure.

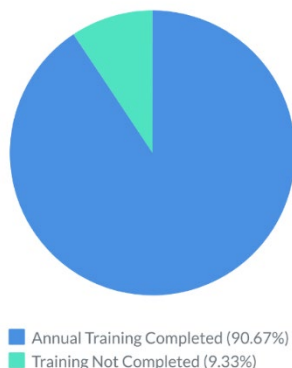
Scope & Methodology

1. Review initial complaints filed with OIG and relevant OIG comments to verify compliance with SSHPP for the following:
 - a. An impartial investigator was requested.
 - b. Criminal conduct, if applicable, was reported to law enforcement.
 - c. Interim protective measures were considered/implemented.
2. Review ROIs submitted to verify compliance with SSHPP for the following:
 - a. The investigator provided all parties a copy of the SSHPP.
 - b. The Investigator discussed the non-retaliation provision with all parties.
 - c. That evidence was properly secured and/or obtained during the investigation.
 - d. That proper conclusions based on investigator findings were reached for each allegation in all complaints.
 - e. That all investigations were properly completed.
 - f. That all complaints were properly closed.
 - g. That all investigations were completed within 45 calendar days of receipt of the complaint by the agency.
 - h. That corrective, disciplinary and/or remedial actions were taken within 21 calendar days of agency receipt of ROI from the investigator.
 - i. That the investigator distributed the ROI to the Complainant and Respondent prior to ROI finalization.
 - j. That the Complainant and Respondent were given at least three business days to respond to the ROI.
 - k. That the investigation was closed only after the parties were given the opportunity to respond to the ROI.

Findings

Annual Employee Sexual Harassment Prevention Training

Annual Training Compliance for Agencies Reviewed

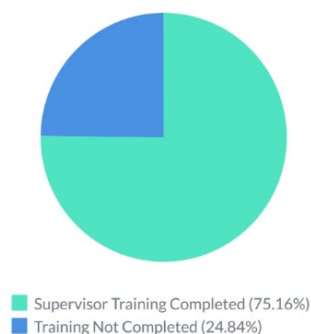


According to the SSHPP, a “covered employee” is a person hired to provide services to an agency on a regular basis in exchange for compensation and who does not provide these services as part of an independent business. All covered employees, including part-time, temporary, seasonal employees, and independent contractors who are regularly on agency premises, are required to complete sexual harassment training on an annual basis. Of the total population reviewed, 90.6% (21,756) of covered employees completed annual sexual harassment training from March 1, 2019, to June 30, 2020.

Annual Supervisor Sexual Harassment Prevention Training

The SSHPP defines a supervisor or manager as a covered employee who has the authority to oversee, hire, fire, demote, or to effectively recommend hiring, firing, demotion, or to make or effectively recommend other material changes to the working conditions of at least one employee. Supervisors and managers are required by the SSHPP to complete sexual harassment training on an annual basis. Only 75% of the supervisors reviewed completed annual supervisor sexual harassment prevention training.

Annual Supervisor Training Compliance for Agencies Reviewed



Newly Hired or Transferred Employee Sexual Harassment Prevention Training



All newly hired or transferred covered employees must complete employee sexual harassment prevention training within 30 calendar days of hire. Seventy-one percent (71%) of the population reviewed completed training within 30 days of hire. One hundred (100) newly hired or transferred covered employees completed training outside the required 30-day training window.

Newly Promoted or Hired Supervisor Sexual Harassment Prevention Training

Newly promoted or hired supervisors or managers must complete supervisor sexual harassment prevention training within 30 calendar days of employment or promotion to a supervisory or managerial position. Only 5% of newly promoted or hired supervisors completed training within 30 days of promotion or hire. One hundred thirteen (113) supervisors or managers completed training outside the 30-day training window.



Investigative Reporting & Procedures

Once an agency receives a sexual harassment complaint, the SSHPP requires the agency to follow specific reporting and investigative procedures. This ensures consistent, impartial, and transparent investigations. OIG reviewed 108 complaint submissions and ROIs to determine if the selected agencies followed these procedures.

When testing reporting procedures, we reviewed five procedural milestones. Agencies had difficulty reporting the receipt of a complaint within two business days to OIG. Only 17% of the complaints reviewed were timely reported. Some agencies had trouble meeting this standard because their operations are spread across the state. Other agencies failed to meet the standard because of communication breakdown between the employees who receive the complaints and the employees who investigate the complaints. Inexplicably, several complaints were reported to OIG after an investigation had been completed. Although agencies had trouble reporting complaints timely, agencies largely complied with other reporting requirements, such as submitting a closing form, reporting criminal conduct, and requesting an impartial investigator.

For investigative procedures, agency ROIs were reviewed for compliance with ten procedural milestones. OIG tested agency compliance by determining whether the investigator documented procedural milestones in the ROI or the investigative file. If the investigator did not document the

procedural milestone, then an agency was deemed noncompliant for that procedure. For all but three procedural milestones, overall agency compliance was less than 50%.

Procedural Milestone Compliance

Reporting Procedures

- ✓ Reported Complaint to OIG within 2 Business Days (17%)
- ✓ Requested an Impartial Investigator when Appropriate (92%)
- ✓ Reported Criminal Conduct to OIG (100%)
- ✓ Submitted a Closing Form After Concluding the Investigation (92%)
- ✓ Closed Complaint After Parties Responded (25%)

Investigative Procedures

- ✓ Considered and Implemented Interim Protective Measures (58%)
- ✓ Provided Copies of Statewide Sexual Harassment Policy to All Parties (33%)
- ✓ Discussed Non-Retaliation with All Parties (25%)
- ✓ Documented Steps Taken to Properly Secure or Obtain Evidence (75%)
- ✓ Reached a Conclusion for Each Allegation (75%)
- ✓ Completed the Investigation Within 45 Days (17%)
- ✓ Sought an Extension when the Investigation Exceeded 45 Days (8%)
- ✓ Implemented Corrective, Disciplinary, or Remedial Action Within 21 Days (42%)
- ✓ Documented Distribution of ROI to All Parties (33%)
- ✓ Gave Parties 3 Business Days to Respond to ROI (25%)

Agency-Specific Recommendations

1. To ensure that all employees and supervisors receive the appropriate sexual harassment prevention training, agencies should consider establishing a monthly or quarterly online training schedule to conduct annual employee sexual harassment prevention training based on the month or quarter of the employee hire or transfer date. It is recommended that agencies purchase or develop a system where employees are automatically enrolled and instructed via email to complete their annual sexual harassment prevention training during the month or quarter corresponding to their anniversary date of hire or transfer.
2. To ensure that all newly hired or transferred employees receive appropriate and timely sexual harassment prevention training, agencies should include employee sexual harassment prevention training as part of the agency's employee orientation program. It is recommended that agencies set a goal of completing agency employee orientation within five business days of the employee's start date.
3. For newly hired managers, agencies should include supervisor sexual harassment prevention training as part of the agency's employee orientation program. As recommended for employees, ensure supervisors complete agency orientation within five business days of hire, transfer, or promotion.
4. It is recommended that agencies develop or improve department sexual harassment reporting procedures that ensure HR receives sexual harassment complaints on the same day the complainant files with an agency representative. Alternatively, agencies should decentralize reporting procedures that delegate reporting of sexual harassment allegations to OIG to district offices and assign HR contact designees for each district office.
5. It is recommended that agencies adopt the OIG ROI template or consider the implementation of an investigator checklist that would include each required procedural milestone.
6. It is recommended that agencies document in the ROI the date the parties were given the ROI and the date until which they had to respond. If a party responded, agencies should attach the response to the ROI.

Appendix A: Executive Order 01.14.19.02



THE STATE OF GEORGIA

EXECUTIVE ORDER

BY THE GOVERNOR:

PREVENTING SEXUAL HARASSMENT IN THE EXECUTIVE BRANCH OF GOVERNMENT

- WHEREAS:** The State of Georgia does not tolerate sexual harassment in the workplace, and the State of Georgia is committed to providing a harassment free-workplace and environment for its employees and all citizens who interact with state government; and
- WHEREAS:** The prevention of sexual harassment in the agencies of state government is an important responsibility of the state; and
- WHEREAS:** Every state employee should be trained regarding the avoidance and prevention of sexual harassment and enforcement of policies and procedures to prohibit sexual harassment; and
- WHEREAS:** Effective prevention of sexual harassment depends upon on the impartiality, consistency, and transparency of the investigations; and
- WHEREAS:** Implementation of uniform sexual harassment reporting and investigation practices will assist in the objective to eliminate sexual harassment in the state; and
- WHEREAS:** The Office of Inspector General was established to prevent and investigate certain types of employee misconduct in the Executive Branch of state government.

NOW, THEREFORE, BY VIRTUE OF THE POWER VESTED IN ME AS THE GOVERNOR OF THE STATE OF GEORGIA, IT IS HEREBY

ORDERED: Sexual Harassment Policy. In consultation with the Executive Counsel, the Georgia Department of Administrative Services Human Resources Administration Division shall promulgate a uniform sexual harassment prevention policy that shall apply to all Executive Branch agencies. Such policy shall also specifically prohibit retaliation against any person who has reported or participated in the investigation of possible sexual harassment. Each Executive Branch agency shall make this policy available to all employees and retain documentation of each employee's acknowledgement of the policy.

IT IS FURTHER

ORDERED: Mandatory Training of State Employees. In consultation with the Executive Counsel, the Department of Administrative Services Human Resources Administration Division shall develop sexual harassment prevention training for all Executive Branch employees. Each agency shall provide this training to all new employees within thirty (30) days of hire and require all employees, including part-time and seasonal employees, to take the sexual harassment training at least once a year.

In consultation with the Executive Counsel, the Department of Administrative Services Human Resources Administration Division shall develop sexual harassment prevention training specifically applicable to employees holding supervisory and managerial positions. Each agency shall provide this training to new managers and supervisors within thirty (30) days of employment or promotion to a managerial or supervisory position.

Evidence of receipt of training shall be documented and retained by each Executive Branch agency.

IT IS FURTHER

ORDERED: Sexual Harassment Investigations. Each Executive Branch agency shall designate at least two persons, not of the same gender, to investigate complaints of sexual harassment. Each agency shall promptly review all complaints of sexual harassment and immediately report any complaint made directly to the agency to the Office of Inspector General.

Each Executive Branch agency shall ensure employees that are directly supervised by a designed investigator have the ability to report complaints of sexual harassment to a person other than their direct supervisor.

The Office of Inspector General shall independently review each sexual harassment complaint notification and provide oversight on whether the complaint can be fairly and impartially handled internally at the agency from which it originated. The Office of Inspector General shall determine an impartial investigator to handle any investigations determined to be unable to be fairly or impartially handled at the agency from which it originated.

The Executive Counsel and the Office of Inspector General, in consultation with the Department of Administrative Services Human Resources Administration Division, shall develop procedures regarding investigation and resolution of sexual harassment complaints, which shall be binding on Executive Branch agencies.

IT IS FURTHER

ORDERED: Sexual Harassment Investigation Training. The Office of the Inspector General in conjunction with the Department of Administrative Services Human Resources Administration Division shall develop standardized investigative training for state employees who are designated by their agency head to investigate complaints of sexual harassment. All agencies shall require the employees designated to conduct sexual harassment investigations to take the investigator training to ensure consistency among all sexual harassment investigations across the state.

IT IS FURTHER

ORDERED: Office of Inspector General Audit Authority. The Office of Inspector General shall have authority to review a sexual harassment investigation at any time. The Office of Inspector General may request any information related to a sexual harassment complaint or investigation from any agency at any time.

Executive Branch agencies shall provide full cooperation to the Office of Inspector General and produce any information requested pursuant to this Order as soon as it is available.

IT IS FURTHER

ORDERED: **Applicability.** This Executive Order applies to every Executive Branch agency. “Agency” means any Executive Branch agency, board, bureau, commission, council, department, entity, or instrumentality of any kind, and others as may be designated by the Governor, to the extent that such designation does not conflict with state law. All Executive Branch agencies are required to comply with this Order in addition to all federal and state laws governing sexual harassment. Nothing in this Order has the effect of supplanting or superseding any federal or state law.

This the 14th day of January 2019.


GOVERNOR

Appendix B: Statewide Sexual Harassment Prevention Policy

POLICY



MEMORANDUM

SUBJECT: Statewide Sexual Harassment Prevention Policy	EFFECTIVE: March 1, 2019
ISSUED BY: DEPARTMENT OF ADMINISTRATIVE SERVICES OFFICE OF THE STATE INSPECTOR GENERAL	

I. Introduction

While there are multiple types of workplace harassment, as Executive Order 01.14.19.02 recognizes, incidents of sexual harassment present unique challenges which warrant special emphasis and the implementation of a particularized approach to the prevention, detection and elimination of sexual harassment from the State workplace.

II. Purpose

The State of Georgia promotes respect and dignity and does not tolerate sexual harassment in the workplace. The State is committed to providing a workplace and environment free from sexual harassment for its employees and for all persons who interact with state government. All State of Georgia employees are expected and required to interact with all persons including other employees, contractors, and customers in a professional manner that contributes to a respectful work environment free from sexual harassment.

This Policy is intended to set standards for Executive Branch agencies and employees in furtherance of this commitment and to protect individuals from sexual harassment and retaliation.

III. Authority

Executive Order 01.14.19.02 directs the Georgia Department of Administrative Services Human Resources Administration Division (HRA), in consultation with the Executive Counsel to the Governor, to promulgate a uniform sexual harassment prevention policy that shall apply to all Executive Branch agencies.

In addition, pursuant to O.C.G.A § 45-20-4, the Georgia Department of Administrative Services is responsible for ensuring compliance with all applicable federal and state statutes and regulations concerning personnel administration and related matters. This includes, but is not limited to, the Equal Protection Clause of the Fourteenth Amendment of the United States Constitution, U.S. Const. amend. XIV., the Equal Protection Clause of the Georgia Constitution, Ga. Const. Art. 1, Sec. I, Para. II., Title VII of the Civil Rights Act of 1964, 42 U.S.C. §§ 2000e, et seq., and the Fair

Employment Practices Act of 1978, O.C.G.A §§ 45-19-20, et seq., which prohibit employment discrimination and harassment on the basis of sex.

IV. Applicability

The provisions of this Policy apply to all Executive Branch agencies. This Policy does not apply to the Board of Regents of the University System of Georgia, the Legislative Branch, or the Judicial Branch.

V. Definitions

For purposes of this Policy, the following definitions apply:

- (a) “Agency” or “Agencies” means any Executive Branch agency, authority, board, bureau, commission, council, department, office, unit, entity, or instrumentality of any kind, and others as may be designated by the Governor, or to the extent that such designation does not conflict with state law.
- (b) “Employee” is a person who is hired to provide services to the State on a regular basis in exchange for compensation and who does not provide these services as part of an independent business. “Covered Employee” is a person who is hired to provide services to an Agency on a regular basis in exchange for compensation and who does not provide these services as part of an independent business.
- (c) “Investigator” is a person designated by his or her Agency head to conduct investigations related to sexual harassment complaints or reports.
- (d) “Retaliation” is an act or omission intended to, or having the reasonably foreseeable effect of, punishing or otherwise negatively impacting an individual for submitting (or assisting with submitting) a complaint of or reporting sexual harassment, for participating in a sexual harassment investigation or proceeding, or for otherwise opposing sexual harassment.
- (e) “Sexual harassment” is physical, verbal, or non-verbal/visual conduct that is either (i) directed toward an individual or (ii) reasonably offensive to an individual because of his or her sex. Therefore, for purpose of this Policy, “Sexual harassment” includes physical, verbal, or non-verbal/visual conduct constituting:
 - 1. Unwanted sexual attention, sexual advances, requests for sexual favors, sexually explicit comments, and other conduct of an expressed or obviously implied sexual nature, by an individual who knows, or reasonably should know, that such conduct is unwanted and offensive; and

2. Conduct that is hostile, threatening, derogatory, demeaning, or abusive or intended to insult, embarrass, belittle, or humiliate an individual *because of his or her sex* – regardless of whether the underlying reason for the conduct is apparent.

This Policy purposefully prohibits all sexual harassment and is not limited to conduct that would rise to the level of unlawful conduct under state or federal anti-harassment laws.

- (f) “Supervisor” or “Manager” is a Covered Employee who has the authority to oversee, hire, fire, demote, or to effectively recommend hiring, firing, or demotion, or to make or effectively recommend other material changes to the working conditions of at least one employee.

VI. Prohibited Conduct

- (a) All Covered Employees are strictly prohibited from engaging in sexual harassment as defined herein. This prohibition applies to conduct occurring in or otherwise affecting the workplace. As such, it includes conduct occurring both on and off the work premises and during or outside of work hours. While sexual harassment encompasses a wide range of conduct, some examples of conduct specifically prohibited by this Policy include, but are not limited to:
 1. Denying (directly or indirectly) an employment benefit or employment-related opportunity to an employee for refusing to comply with a sexually-oriented request;
 2. Threatening (directly or indirectly) to deny an employment benefit or an employment-related opportunity to an employee for refusing to comply with a sexually-oriented request;
 3. Providing or promising (directly or indirectly) to provide an employment benefit or employment-related opportunity to an employee in exchange for complying with a sexually-oriented request;
 4. Engaging in sexually-explicit or suggestive physical contact, including touching another employee in a way that is unwelcome or restricting an employee’s movement;
 5. Displaying or transmitting pornographic or sexually-oriented materials (such as photographs, posters, cartoons, drawings, or other images) or storing or accessing such materials on State-owned equipment for personal use or consumption;
 6. Engaging in indecent exposure;
 7. Making obscene gestures (i.e., hand or bodily gestures);
 8. Making romantic advances and persisting despite rejection of the advances;
 9. Using sexually-oriented language or making sexually-related propositions, jokes, or remarks, including graphic verbal commentary about an individual’s body or clothing; and,

10. Sending sexually suggestive or obscene messages by mail, in person, by telephone, or by electronic communication.
- (b) Agencies and Covered Employees are further prohibited from engaging in retaliation against an employee for submitting (or assisting with submitting) a complaint of or reporting sexual harassment, for participating in a sexual harassment investigation or proceeding, or for otherwise opposing sexual harassment.
 - (c) A Covered Employee found to have engaged in sexual harassment and/or retaliation in violation of this Policy will be subject to corrective and/or disciplinary action, up to and including termination of employment.
 - (d) A third party found to have engaged in sexual harassment and/or retaliation may be subject to appropriate corrective action. Such action may include, but is not limited to, termination of contract, removal from Agency premises, restricted access to Agency premises and/or personnel, or notification to the third party's employer.
 - (e) Agencies shall immediately refer any reported criminal conduct the appropriate law enforcement agency. Such referral shall not prohibit an Agency from pursuing its own investigation of the complaint or report. If criminal activity is suspected the Agency shall confer with the Office of the State Inspector General (OIG) regarding how to proceed with the Agency investigation.

VII. Training

- (a) Agencies shall require all Covered Employees, including part-time, temporary, seasonal employees, and independent contractors who are regularly on Agency premises and/or regularly interact with Agency personnel to complete employee sexual harassment prevention training on an annual basis. An independent contractor may waive state-mandated training upon acknowledgement of this Policy and documentation that he/she has completed sexual harassment prevention training offered by his/her employer within the last year.
- (b) Agencies shall provide sexual harassment prevention training to all new or transferred Covered Employees within thirty (30) calendar days of hire.
- (c) Agencies shall require sexual harassment prevention training for supervisors and managers on an annual basis. New supervisors and managers must complete this training within thirty (30) calendar days of employment or promotion to a supervisory or managerial position.
- (d) Agencies shall utilize the standardized training provided by HRA to fulfill the obligations under this Policy for employee and manager training.

- (e) Agencies shall track and maintain records pursuant to the statewide record retention schedule documenting attendance of employee and manager training. Such records are subject to audit by the OIG.
- (f) Agencies shall require designated investigators (see Section IX. Investigations) to complete statewide investigator training provided by the OIG to ensure consistency in sexual harassment investigations across the State. Agencies shall require designated investigators to complete the statewide training within thirty (30) calendar days of the effective date of this Policy. Designated investigators appointed subsequent to the effective date of this Policy shall complete such training as soon as practicable.

VIII. Complaint Procedure

- (a) Covered Employees who believe they have been subjected to sexual harassment or retaliation in violation of this Policy are strongly encouraged to promptly submit a complaint regarding the incident(s) to one of the following officials:
 - 1. The Covered Employee's supervisor or manager;
 - 2. The Covered Employee's division director;
 - 3. The Agency's Human Resources Director; or,
 - 4. Other Agency designee.
- (b) Covered Employees who have witnessed or otherwise have reason to believe that another employee is being or has been subjected to sexual harassment or retaliation shall promptly report the same to one of the Agency officials listed above.
- (c) To the extent that any of the above officials are the alleged harasser or retaliator, or if a Covered Employee has a reasonable fear of retaliation by one of the above officials, a Covered Employee may submit a complaint or report of sexual harassment or retaliation directly to the OIG.
- (d) While written complaints and reports of sexual harassment or retaliation are preferred, Agencies shall accept all complaints and reports, whether written, verbal, or anonymous, and will ensure that each complaint or report is promptly and appropriately investigated and resolved.
- (e) Agencies shall review all complaints and reports of sexual harassment and retaliation they receive and shall notify the OIG of the same within two (2) business days of receipt.

IX. Investigations

- (a) Each Agency shall designate at least two of its employees, not of the same gender, to conduct investigations under this Policy. Agencies must ensure that employees directly supervised by designated investigators have the ability to submit complaints or reports of sexual harassment to an individual other than their direct supervisor or manager.
- (b) Agencies shall report to the OIG the names and contact information for the designated investigators and a HR contact via the OIG's online portal within seven (7) business days of the effective date of this Policy. Should a vacancy in an investigator or HR contact role occur, a replacement shall be designated and reported to the OIG within seven (7) business days of the vacancy via the OIG online portal.
- (c) Agencies shall cooperate with any determination by the OIG that a complaint or report cannot be handled internally at the Agency from which it originated. Agencies shall cooperate fully with the impartial investigator assigned by the OIG to handle the complaint or report.
- (d) The assigned investigator shall complete the investigation and issue a report of findings as promptly as possible but at least within forty-five (45) calendar days of assignment. An Agency Head may consider an extension of time due to extenuating circumstances.

X. Resolution

- (a) Agencies shall make a final determination, and if necessary, implement appropriate corrective or disciplinary action and remedial measures depending upon the nature of the policy violation, as soon as possible but in no event more than twenty-one (21) calendar days of receipt of the investigative report.
- (b) Agencies shall consult with and provide updates to the OIG as requested and promptly produce any information related to a sexual harassment or retaliation complaint or report or the investigation upon the OIG's request.
- (c) Agencies shall, to the extent consistent with thorough investigation and with procedures outlined in this Policy, maintain confidentiality of information reported to the Agency. Complaints and reports of sexual harassment or retaliation, investigative reports, final determinations, and other related documents will be subject to disclosure under the Open Records Act upon completion of the investigation.

XI. Acknowledgement and Recordkeeping

- (a) Agencies shall make this Policy available to all Covered Employees and retain documentation of each Covered Employee's acknowledgment of receipt of the Policy in his or her personnel file.

- (b) All complaints and reports, investigative documents, policy acknowledgements, and records of training attendance shall be retained pursuant to the statewide record retention schedule and as otherwise required by law pursuant to specific requests for preservation.

Effective Date

This Policy becomes effective March 1, 2019 and may be revised as necessary.

Revision History

Version	Date
1.0	March 1, 2019

STATEWIDE SEXUAL HARASSMENT PREVENTION POLICY

APPENDIX – INVESTIGATION PROCEDURES

These procedures are promulgated in accordance with Executive Order 01.14.19.02, which directs the Governor's Executive Counsel and the Office of the State Inspector General (OIG), in consultation with the Georgia Department of Administrative Services Human Resources Administration, to develop procedures regarding investigation and resolution of complaints and reports of sexual harassment.

To ensure impartial, consistent and transparent investigations, agencies should follow these guidelines to the extent practicable.

Selection of Investigator(s)

Upon receipt of a complaint or report of sexual harassment, an Agency must notify the OIG of the complaint or report and assign at least one of the Agency's designated investigators to investigate the matter.

When selecting the investigator, an Agency shall consider any actual or perceived conflict, the investigator's workload, and any other factor that could affect the investigator's actual or perceived ability to conduct a prompt, thorough, and impartial investigation. Two investigators may be designated to investigate a complaint where deemed appropriate.

If the OIG determines that no designated investigator within an Agency should investigate a given complaint or report of sexual harassment submitted by an employee of that Agency, the OIG will appoint a designated investigator from another agency.

Interim Protective Measures

Upon receipt of a complaint or report of sexual harassment (or retaliation), an Agency must consider whether interim protective measures are warranted. Interim protective measures are non-disciplinary administrative actions or steps taken to ensure: (a) that the alleged conduct underlying the complaint or report does not continue and/or (b) that the employee submitting the complaint or report is protected from actual or perceived retaliation. Interim protective measures are taken prior to or during the investigation and, therefore, are not premised on any determination that the allegations of the complaint or report are true. If interim protective measures are not taken prior to commencement of the investigation, investigators should consult with Agency management/human resources if at any point during their investigation they determine that such measures are warranted.

Interim protective measures should be no broader than reasonably necessary to accomplish their purpose. Whenever possible, any such measures taken by an Agency should be designed to avoid undue hardship and minimize the burden on both the alleged victim (or employee submitting the report) and the respondent. Interim protective measures may include but are not limited to:

- Issuance of a "no contact" directive.
- Changes in employment arrangements, schedules or supervision.

- Temporary insertion of another employee into the workplace to serve as a passive monitor.
- Non-disciplinary suspension with pay; provided, however, that the alleged victim or employee reporting sexual harassment (or retaliation) should not be placed on non-disciplinary suspension with pay without his/her consent.
- Other reasonable measures designed to ensure that the alleged conduct underlying the complaint or report does not continue and/or to prevent actual or perceived retaliation.

Initiation of Investigation

Upon review of the complaint or report of sexual harassment (or retaliation), the investigator shall:

- Determine the scope of the investigation (identify issues to be investigated).
- Provide copies of the Statewide Sexual Harassment Prevention Policy (“the Policy”) to the employee submitting the complaint or report and to the alleged victim (in the case of a report).
- Notify the respondent of the complaint or report and provide a copy of the Policy to him/her.
- Inform all parties of the Policy’s non-retaliation provision.

Secure Potential Evidence

The investigator should take reasonable steps to secure and/or obtain any evidence potentially relevant to the complaint or report, including such items as emails, text messages or other correspondence, electronic files, voice mail and other audio recordings, surveillance video, previous complaints, etc.

Prepare for and Conduct Interviews

The investigator should identify witnesses to be interviewed, in addition to the complainant and respondent. Witnesses may include:

- Those identified by either party.
- Employees or former employees, including supervisors/managers or subordinates of the complainant and respondent.
- Vendors or non-employees.

If a complainant requests to be interviewed by an investigator of a particular gender, that request shall be accommodated whenever possible.

When conducting interviews, the designated investigator should:

- Explain the purpose of the interview to each witness and that he/she is not an advocate or representative for either the complainant or the respondent.
- Explain zero tolerance for retaliation against witnesses and encourage witnesses to report any alleged retaliation he/she experiences as a result of participating in investigation.
- If witness is a current employee, explain that he/she is required to cooperate with the investigation.

- Explain the importance of preserving the integrity of the investigation by not discussing interview with others.

If one or more of the acts underlying the sexual harassment (or retaliation) complaint or report is the subject of a criminal investigation, or the act or acts alleged in the complaint or report could potentially expose the respondent to criminal liability, the Agency shall confer with the Office of the State Inspector General (OIG) regarding how to proceed with the Agency investigation.

Investigative Report

The designated investigator shall complete the investigation and issue a written report of factual findings and conclusions as promptly as possible, but at least within forty-five (45) calendar days of assignment. If unable to complete an investigation and/or the report within forty-five (45) days, the investigator shall notify Agency leadership, as well as the complainant and respondent, and provide a progress update(s) as appropriate.

Each investigation should conclude with one or an appropriate combination of the following determinations:

- **Without Merit.** The investigation revealed that the act(s) complained of either did not occur or was not committed by the respondent.
- **Exonerated.** The investigation revealed that the act(s) complained of did occur, but that it does not constitute a violation(s) of the Statewide Sexual Harassment Prevention Policy.
- **Not Sustained.** The investigation failed to reveal evidence sufficient to support a conclusion whether the act(s) complained of occurred or did not occur or whether the act(s) was committed by the respondent.
- **Sustained.** The investigation revealed sufficient evidence to support the conclusion that the act(s) complained of occurred, that it was committed by the respondent, and that it constitutes a violation(s) of the Statewide Sexual Harassment Prevention Policy.

The investigative report shall be shared with the complainant and the respondent. The parties should be given at least three (3) business days to submit a written response to the investigative report. The investigator will review and consider any response(s) received and determine whether any additional information provided therein warrants continuing the investigation or making any modifications to the investigative report; otherwise, the investigator shall finalize the investigative report and submit it to Agency leadership without further action. If an external investigator is designated by the OIG, the investigator shall coordinate with the OIG regarding delivery of the investigative report.

Upon closing an investigation, the Agency shall report to the OIG the closing date and the conclusion of the investigation.

Resolution of Complaint or Report

Agencies shall consult with and provide updates to the OIG as requested and promptly produce any information or documentation related to a sexual harassment (or retaliation) complaint or report or the

investigation into same, including the investigative report, any evidence collected or identified by the investigator, and any written responses to the report submitted by the parties, upon the OIG's request.

Revision History

Version	Date
1.0	March 1, 2019

Appendix C: Agency Specific Compliance Charts

i. Department of Behavioral Health and Developmental Disabilities

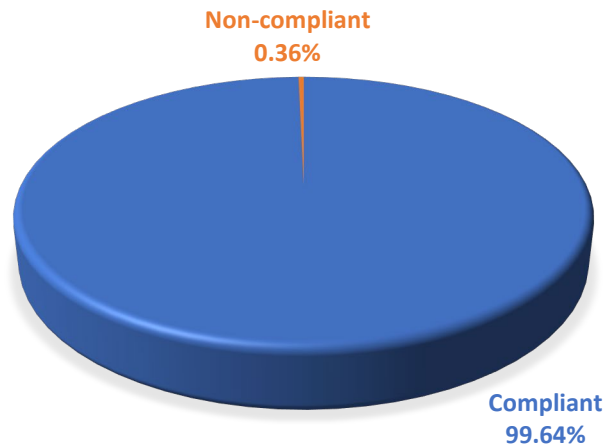
PART A – POLICY AWARENESS & TRAINING

Roles & Responsibilities	Yes	No
Reported the Current Names and Contact Information of HR Contact	X	
Reported the Current Names and Contact Information of Investigators	X	
Reported Names and Contact Information of Replacement Designees within 7 Business Days of Date of Appointment	X	

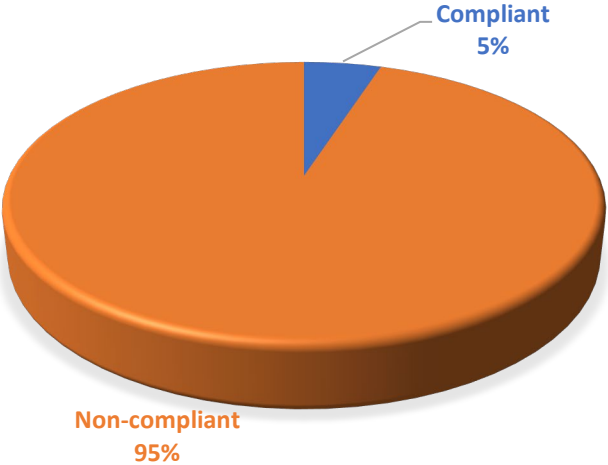
DBHDD NEW EMPLOYEE SH TRAINING COMPLIANCE



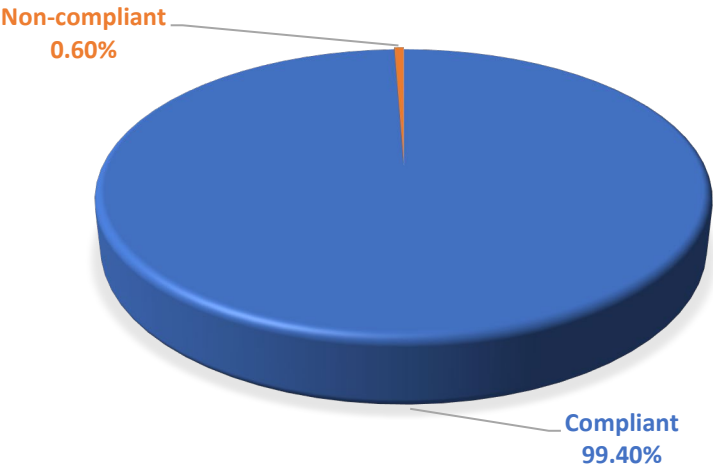
DBHDD ANNUAL EMPLOYEE SH TRAINING COMPLIANCE



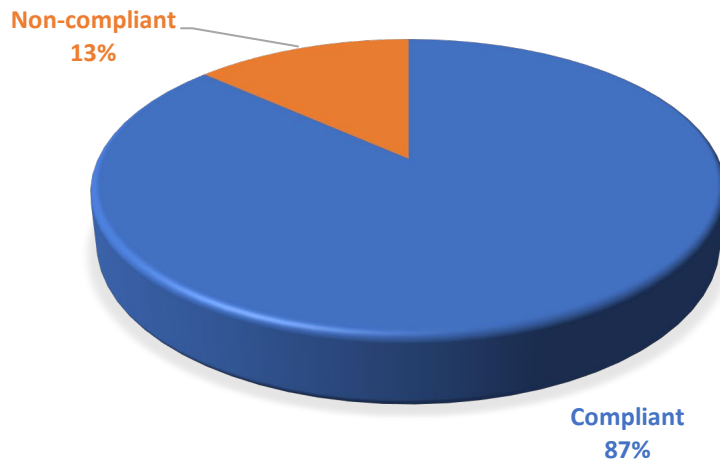
DBHDD NEW MANAGER/SUPERVISOR SH TRAINING COMPLIANCE



DBHDD ANNUAL MGR/SUPR SH TRAINING COMPLIANCE



DBHDD INVESTIGATIONS BY TRAINED INVESTIGATORS



PART B - INVESTIGATIVE & REPORTING PROCEDURES

Investigatory Steps	Yes	No	% Compliance
Reported Complaint to OIG within 2 Business Days		X	63%
Requested an Impartial Investigator when Appropriate	X		100%
Reported Criminal Conducted to OIG	X		100%
Considered and Implemented Interim Protective Measures	X		100%
Provided Copies of SSHPP to Parties	X		100%
Discussed Non-Retaliation with all Parties	X		100%
Documented Steps Taken to Properly Secure or Obtain Evidence		X	88%
Reached a Conclusion for each Allegation	X		100%
Submitted a Closing Form After Concluding the Investigation	X		100%
Completed the Investigation within 45 Days		X	38%
Sought an Extension when the Investigation Exceeded 45 Days		X	0%

PART C - COMPLAINT RESOLUTION PROCEDURES

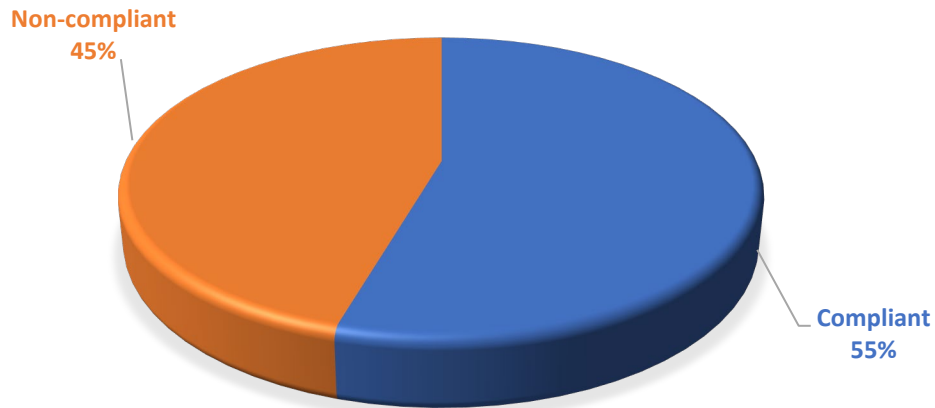
Complaint Resolution and Closure	Yes	No	% Compliance
Implemented Corrective, Disciplinary, or Remedial Action within 21 Days	X		100%
Distributed ROI to Parties	X		100%
Gave Parties 3 Business Days to Respond to ROI	X		100%
Closed Complaint After Parties Responded	X		100%

ii. Department of Community Health

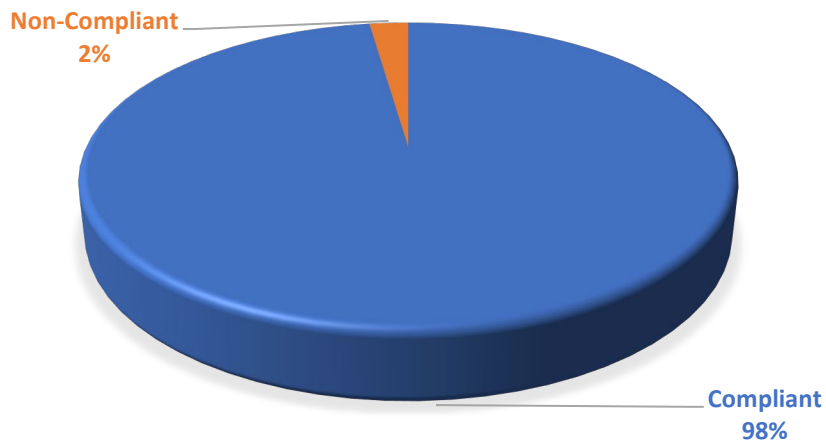
PART A – POLICY AWARENESS & TRAINING

Roles & Responsibilities	Yes	No
Reported the Current Names and Contact Information of HR Contact	X	
Reported the Current Names and Contact Information of Investigators	X	
Reported Names and Contact Information of Replacement Designees within 7 Business Days of Date of Appointment	X	

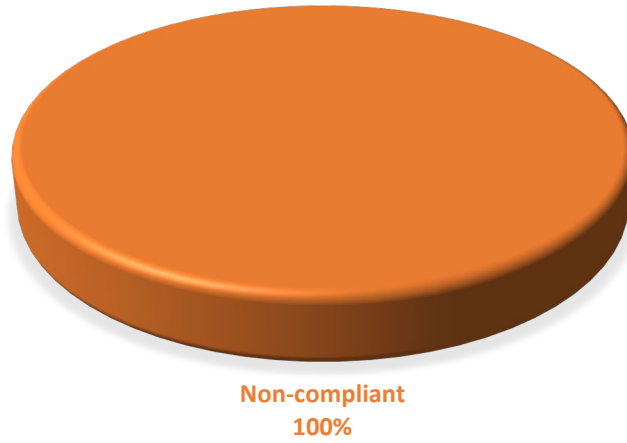
DCH NEW EMPLOYEE SH TRAINING COMPLIANCE



DCH ANNUAL EMPLOYEE SH TRAINING COMPLIANCE



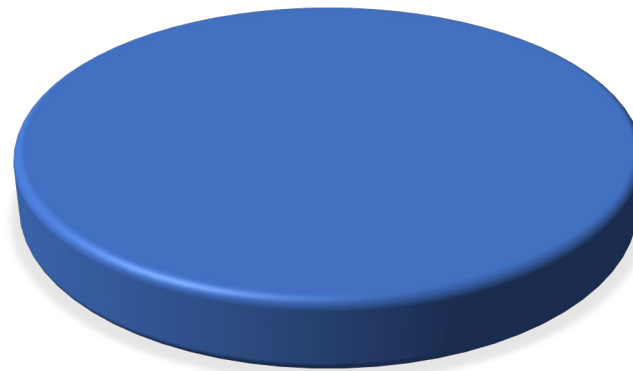
DCH NEW MGR/SUPR SH TRAINING COMPLIANCE



DCH ANNUAL MGR/SUPR SH TRAINING COMPLIANCE



DCH INVESTIGATIONS BY TRAINED INVESTIGATORS



Compliant
100%

PART B - INVESTIGATIVE & REPORTING PROCEDURES

Investigatory Steps	Yes	No	% Compliance
Reported Complaint to OIG within 2 Business Days	X		100%
Requested an Impartial Investigator when Appropriate	X		100%
Reported Criminal Conduct to OIG	X		100%
Considered and Implemented Interim Protective Measures	X		100%
Provided Copies of SSHPP to Parties		X	0%
Discussed Non-Retaliation with all Parties		X	0%
Documented Steps Taken to Properly Secure or Obtain Evidence	X		100%
Reached a Conclusion for each Allegation		X	0%
Submitted a Closing Form After Concluding the Investigation	X		100%
Completed the Investigation within 45 Days	X		100%
Sought an Extension when the Investigation Exceeded 45 Days	X		100%

PART C - COMPLAINT RESOLUTION PROCEDURES

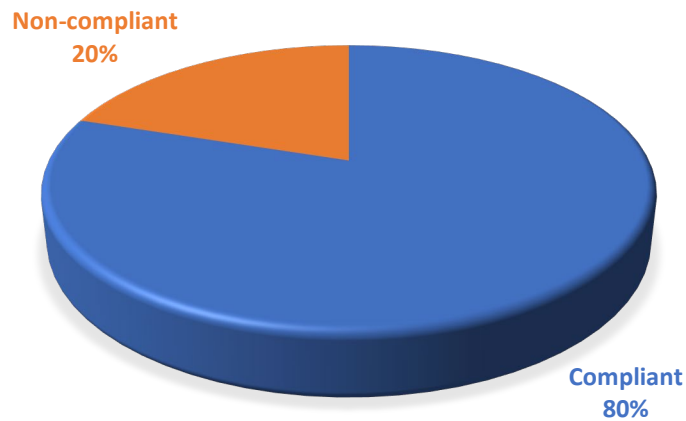
Complaint Resolution and Closure	Yes	No	% Compliance
Implemented Corrective, Disciplinary, or Remedial Action within 21 Days	X		100%
Distributed ROI to Parties	X		100%
Gave Parties 3 Business Days to Respond to ROI	X		100%
Closed Complaint After Parties Responded	X		100%

iii. Department of Community Supervision

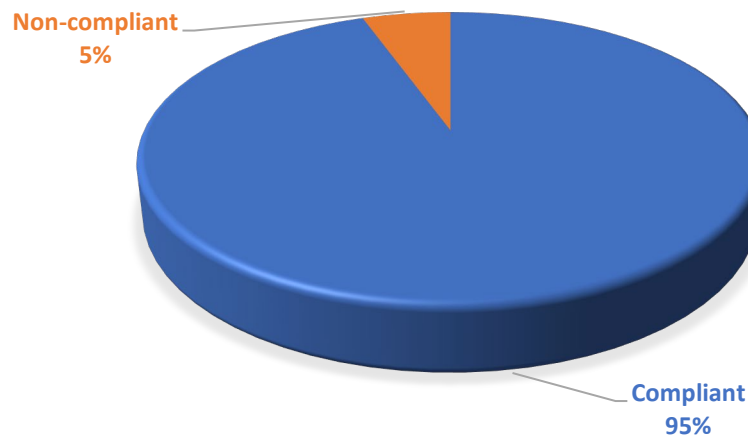
PART A – POLICY AWARENESS & TRAINING

Roles & Responsibilities	Yes	No
Reported the Current Names and Contact Information of HR Contact	X	
Reported the Current Names and Contact Information of Investigators	X	
Reported Names and Contact Information of Replacement Designees within 7 Business Days of Date of Appointment	X	

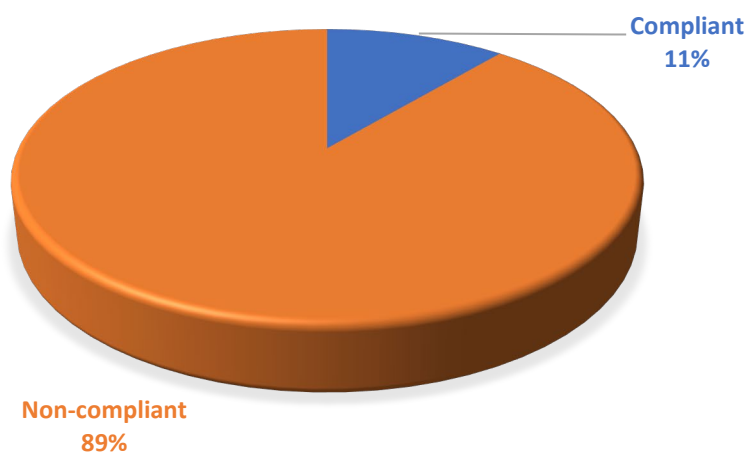
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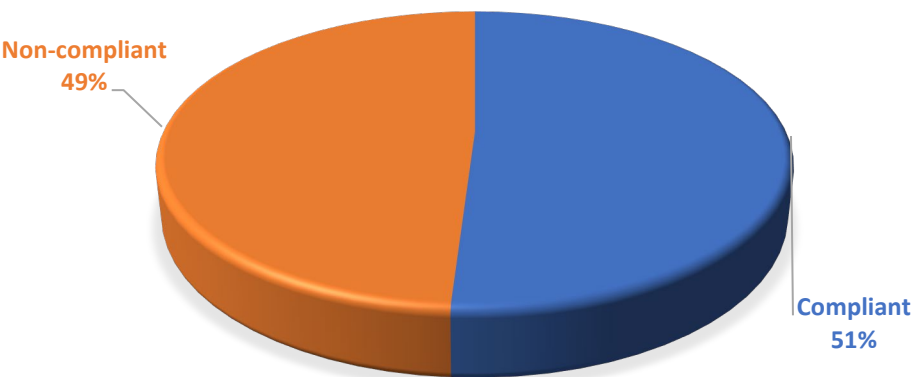
DCS ANNUAL EMPLOYEE SH TRAINING COMPLIANCE



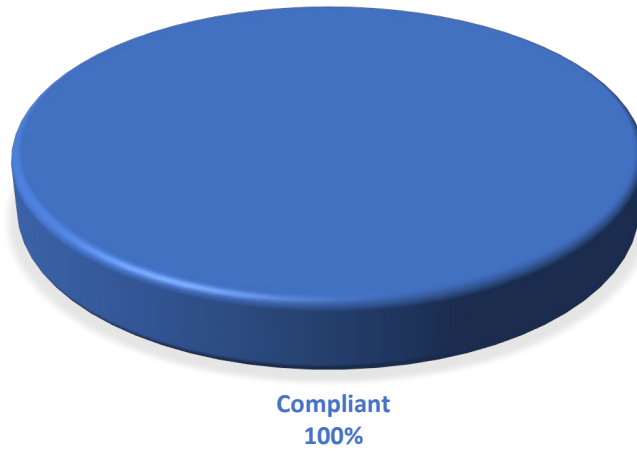
DCS NEW MGR/SUPR SH TRAINING COMPLIANCE



DCS ANNUAL MGR/SUPR SH TRAINING COMPLIANCE



DCS INVESTIGATIONS BY TRAINED INVESTIGATORS



PART B - INVESTIGATIVE & REPORTING PROCEDURES

Investigatory Steps	Yes	No	% Compliance
Reported Complaint to OIG within 2 Business Days		X	91%
Requested an Impartial Investigator when Appropriate	X		100%
Reported Criminal Conducted to OIG	X		100%
Considered and Implemented Interim Protective Measures	X		100%
Provided Copies of SSHPP to Parties	X		100%
Discussed Non-Retaliation with all Parties		X	25%
Documented Steps Taken to Properly Secure or Obtain Evidence	X		100%
Reached a Conclusion for each Allegation	X		100%
Submitted a Closing Form After Concluding the Investigation	X		100%
Completed the Investigation within 45 Days		X	50%
Sought an Extension when the Investigation Exceeded 45 Days		X	0%

PART C - COMPLAINT RESOLUTION PROCEDURES

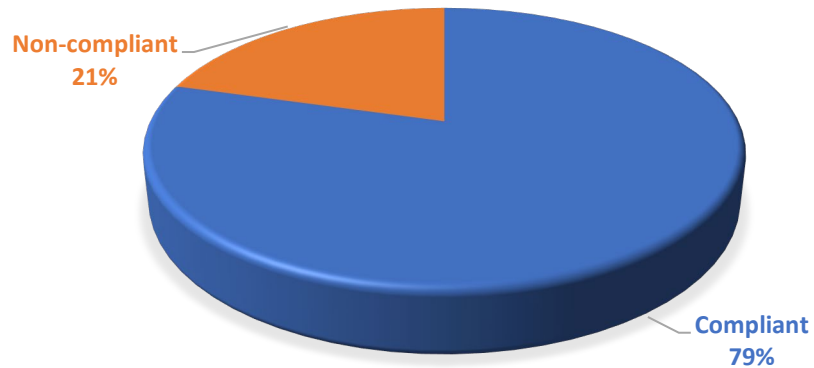
Complaint Resolution and Closure	Yes	No	% Compliance
Implemented Corrective, Disciplinary, or Remedial Action within 21 Days		X	75%
Distributed ROI to Parties	X		100%
Gave Parties 3 Business Days to Respond to ROI		X	25%
Closed Complaint After Parties Responded		X	0%

iv. Department of Human Services

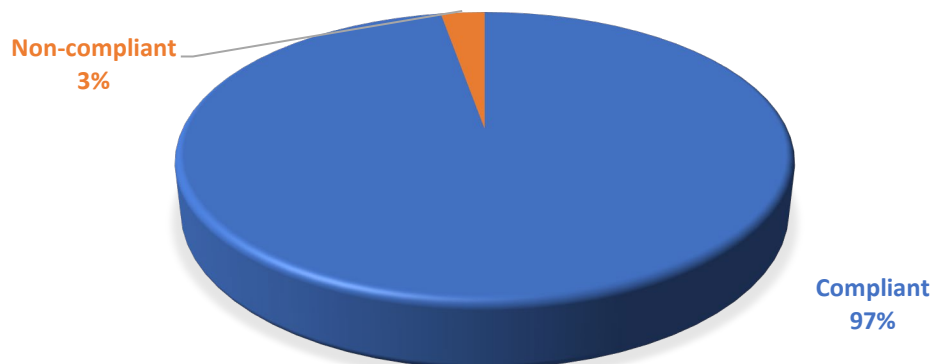
PART A – POLICY AWARENESS & TRAINING

Roles & Responsibilities	Yes	No
Reported the Current Names and Contact Information of HR Contact	X	
Reported the Current Names and Contact Information of Investigators	X	
Reported Names and Contact Information of Replacement Designees within 7 Business Days of Date of Appointment		X

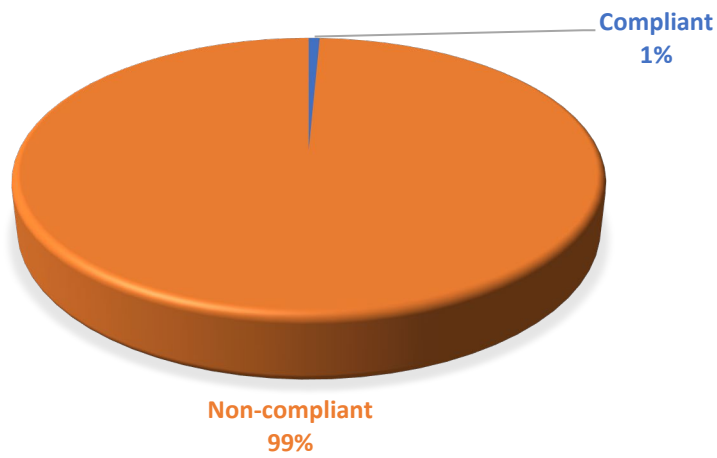
DHS NEW EMPLOYEE SH TRAINING COMPLIANCE



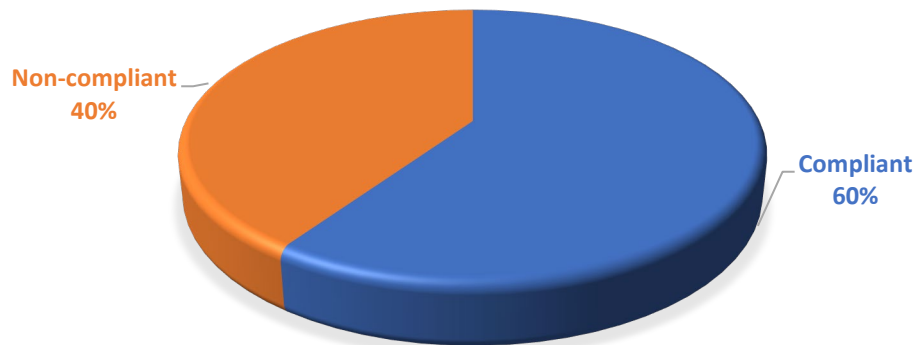
DHS ANNUAL EMPLOYEE SH TRAINING COMPLIANCE



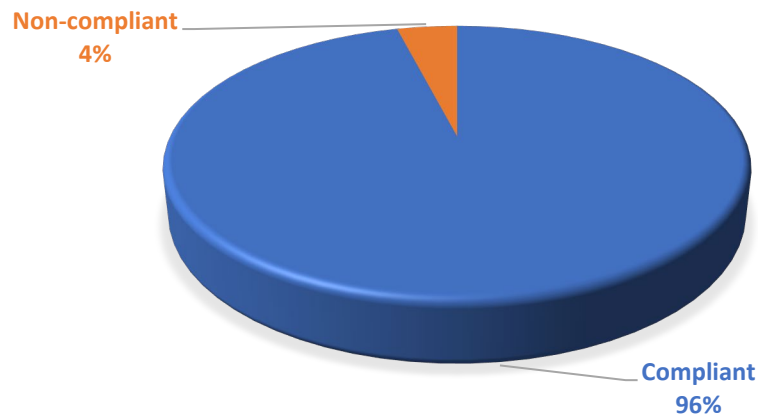
DHS NEW MGR/SUPR SH TRAINING COMPLIANCE



DHS ANNUAL MGR/SUPR SH TRAINING COMPLIANCE



DHS INVESTIGATIONS BY TRAINED INVESTIGATORS



PART B - INVESTIGATIVE & REPORTING PROCEDURES

Investigatory Steps	Yes	No	% Compliance
Reported Complaint to OIG within 2 Business Days		X	59%
Requested an Impartial Investigator when Appropriate	X		100%
Reported Criminal Conduct to OIG	X		100%
Considered and Implemented Interim Protective Measures		X	88%
Provided Copies of SSHPP to Parties		X	12%
Discussed Non-Retaliation with all Parties		X	12%
Documented Steps Taken to Properly Secure or Obtain Evidence	X		100%
Reached a Conclusion for each Allegation	X		100%
Submitted a Closing Form After Concluding the Investigation	X		100%
Completed the Investigation within 45 Days		X	46%
Sought an Extension when the Investigation Exceeded 45 Days		X	93%

PART C - COMPLAINT RESOLUTION PROCEDURES

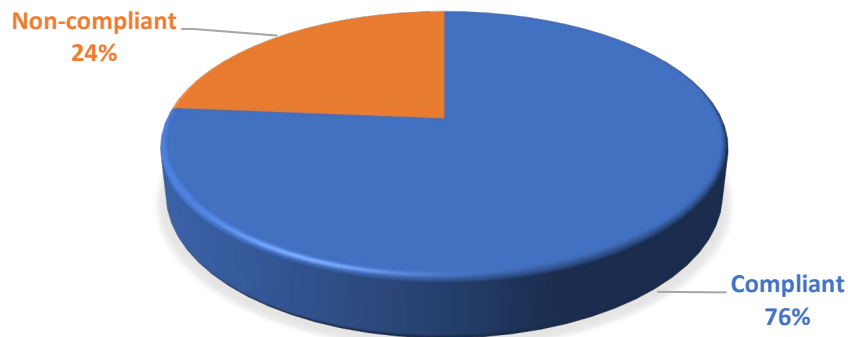
Complaint Resolution and Closure	Yes	No	% Compliance
Implemented Corrective, Disciplinary, or Remedial Action within 21 Days		X	88%
Distributed ROI to Parties		X	0%
Gave Parties 3 Business Days to Respond to ROI		X	0%
Closed Complaint After Parties Responded		X	0%

V. Department of Defense

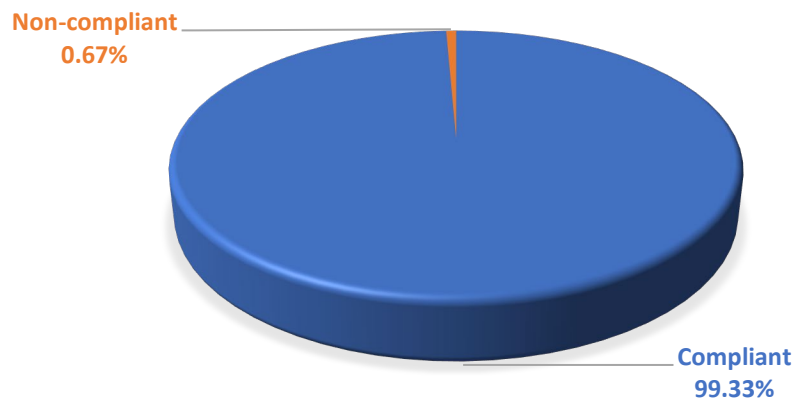
PART A – POLICY AWARENESS & TRAINING

Roles & Responsibilities	Yes	No
Reported the Current Names and Contact Information of HR Contact	X	
Reported the Current Names and Contact Information of Investigators	X	
Reported Names and Contact Information of Replacement Designees within 7 Business Days of Date of Appointment	X	

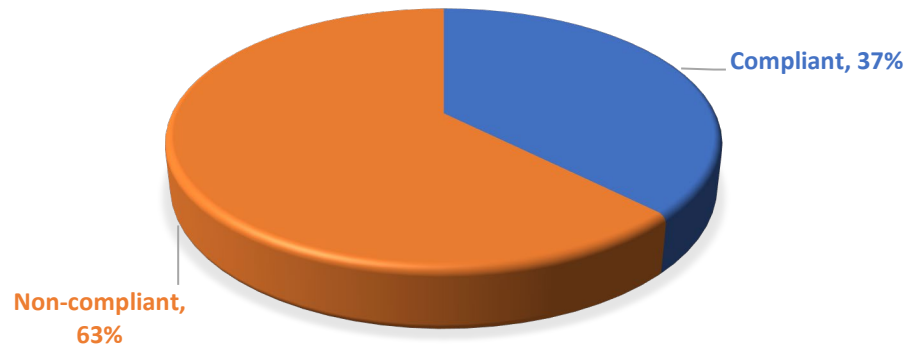
DOD NEW EMPLOYEE SH TRAINING COMPLIANCE



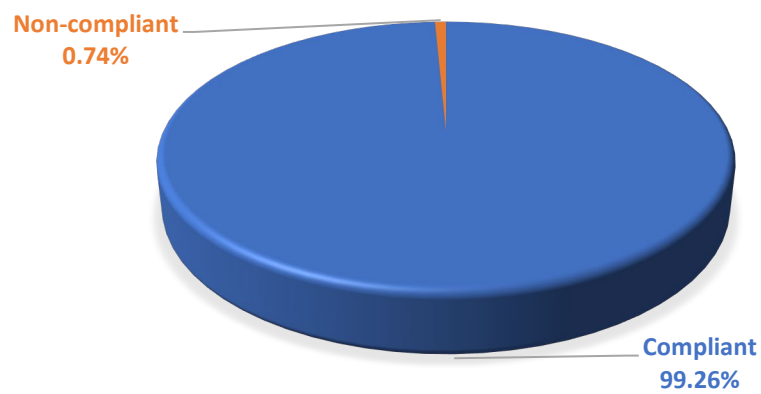
DOD ANNUAL EMPLOYEE SH TRAINING COMPLIANCE



DOD NEW MGR/SUPR SH TRAINING COMPLIANCE



DOD ANNUAL MGR/SUPR SH TRAINING COMPLIANCE



DOD INVESTIGATIONS BY TRAINED INVESTIGATORS



PART B - INVESTIGATIVE & REPORTING PROCEDURES

Investigatory Steps	Yes	No	% Compliance
Reported Complaint to OIG within 2 Business Days		X	38%
Requested an Impartial Investigator when Appropriate	X		100%
Reported Criminal Conducted to OIG	X		100%
Considered and Implemented Interim Protective Measures		X	50%
Provided Copies of SSHPP to Parties		X	13%
Discussed Non-Retaliation with all Parties		X	0%
Documented Steps Taken to Properly Secure or Obtain Evidence		X	88%
Reached a Conclusion for each Allegation	X		100%
Submitted a Closing Form After Concluding the Investigation	X		100%
Completed the Investigation within 45 Days		X	38%
Sought an Extension when the Investigation Exceeded 45 Days		X	0%

PART C - COMPLAINT RESOLUTION PROCEDURES

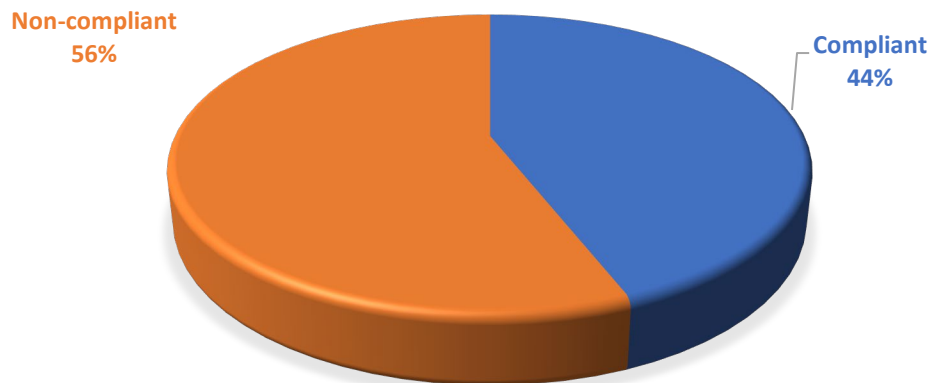
Complaint Resolution and Closure	Yes	No	% Compliance
Implemented Corrective, Disciplinary, or Remedial Action within 21 Days	X		100%
Distributed ROI to Parties	X		100%
Gave Parties 3 Business Days to Respond to ROI		X	75%
Closed Complaint After Parties Responded		X	88%

vi. Department of Education

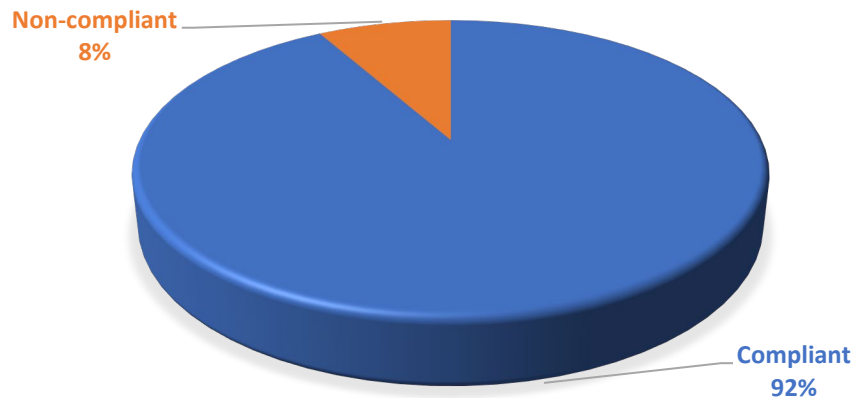
PART A – POLICY AWARENESS & TRAINING

Roles & Responsibilities	Yes	No
Reported the Current Names and Contact Information of HR Contact		X
Reported the Current Names and Contact Information of Investigators		X
Reported Names and Contact Information of Replacement Designees within 7 Business Days of Date of Appointment	X	

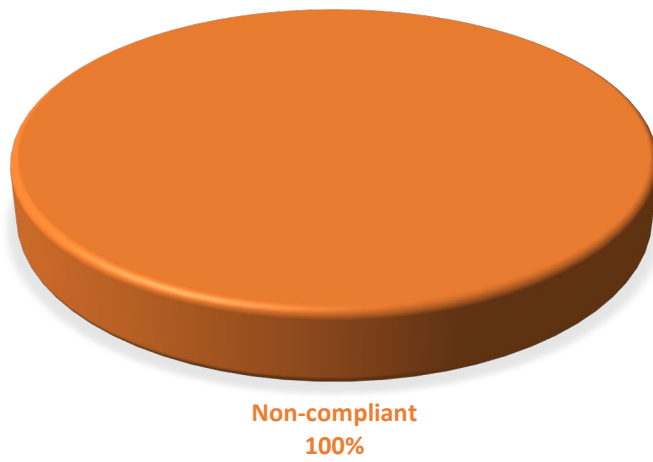
DOE NEW EMPLOYEE SH TRAINING COMPLIANCE



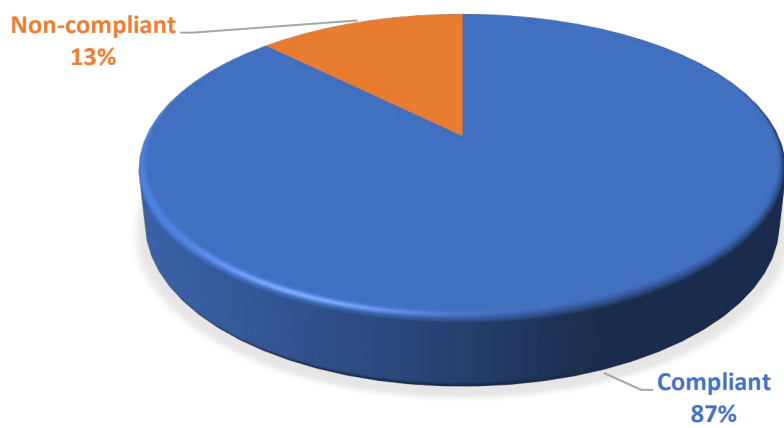
DOE ANNUAL EMPLOYEE SH TRAINING COMPLIANCE



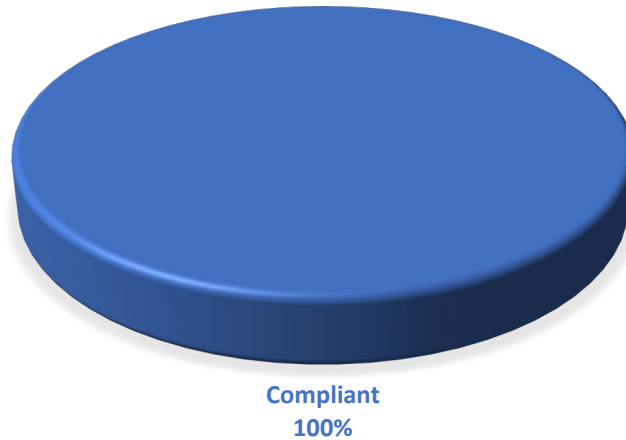
DOE NEW MGR/SUPR SH TRAINING COMPLIANCE



DOE ANNUAL MGR/SUPR SH TRAINING COMPLIANCE



DOE INVESTIGATIONS BY TRAINED INVESTIGATORS



PART B - INVESTIGATIVE & REPORTING PROCEDURES

Investigatory Steps	Yes	No	% Compliance
Reported Complaint to OIG within 2 Business Days		X	50%
Requested an Impartial Investigator when Appropriate		X	50%
Reported Criminal Conduct to OIG	X		100%
Considered and Implemented Interim Protective Measures	X		100%
Provided Copies of SSHPP to Parties		X	50%
Discussed Non-Retaliation with all Parties		X	0%
Documented Steps Taken to Properly Secure or Obtain Evidence	X		100%
Reached a Conclusion for each Allegation	X		100%
Submitted a Closing Form After Concluding the Investigation		X	50%
Completed the Investigation within 45 Days		X	0%
Sought an Extension when the Investigation Exceeded 45 Days		X	0%

PART C - COMPLAINT RESOLUTION PROCEDURES

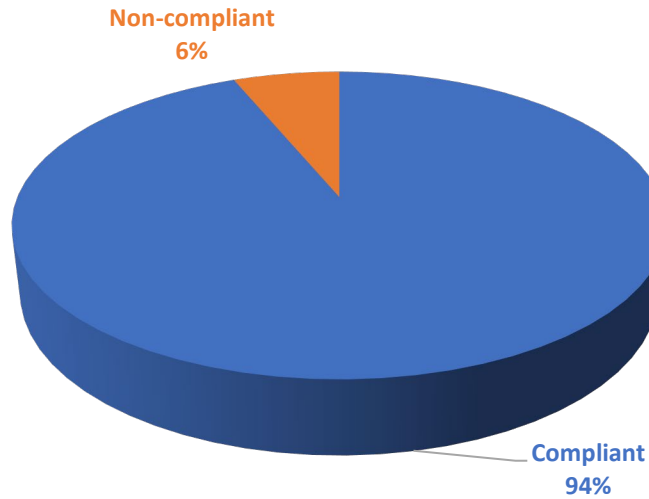
Complaint Resolution and Closure	Yes	No	% Compliance
Implemented Corrective, Disciplinary, or Remedial Action within 21 Days	X		100%
Distributed ROI to Parties		X	0%
Gave Parties 3 Business Days to Respond to ROI		X	0%
Closed Complaint After Parties Responded		X	0%

vii. Department of Public Health

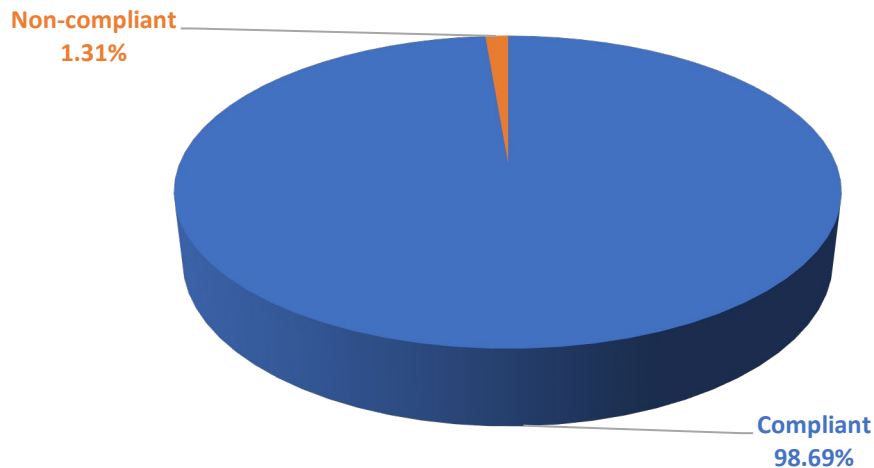
PART A – POLICY AWARENESS & TRAINING

Roles & Responsibilities	Yes	No
Reported the Current Names and Contact Information of HR Contact	X	
Reported the Current Names and Contact Information of Investigators	X	
Reported Names and Contact Information of Replacement Designees within 7 Business Days of Date of Appointment	X	

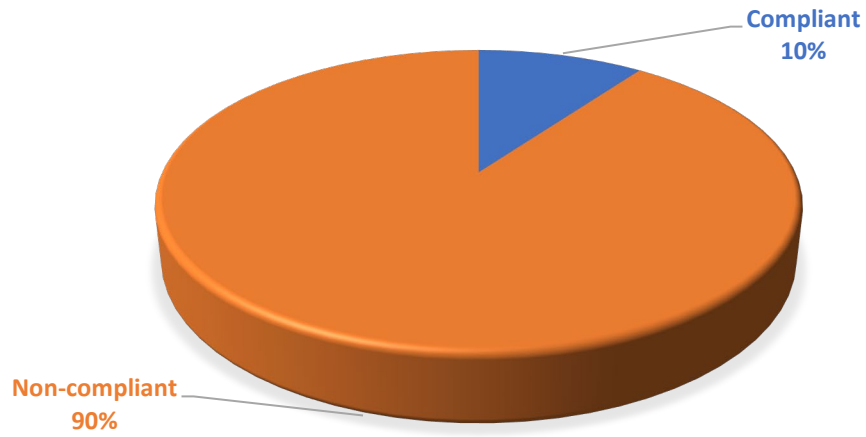
DPH NEW EMPLOYEE SH TRAINING COMPLIANCE



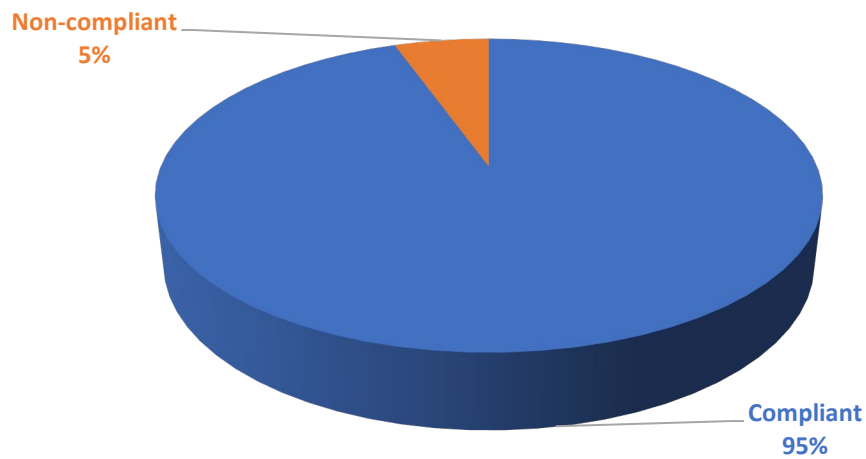
DPH ANNUAL EMPLOYEE SH TRAINING COMPLIANCE



DPH NEW MGR/SUPR SH TRAINING COMPLIANCE



DPH ANNUAL MGR/SUPR SH TRAINING COMPLIANCE



DPH INVESTIGATIONS BY TRAINED INVESTIGATORS



PART B - INVESTIGATIVE & REPORTING PROCEDURES

Investigatory Steps	Yes	No	% Compliance
Reported Complaint to OIG within 2 Business Days		X	0%
Requested an Impartial Investigator when Appropriate	X		100%
Reported Criminal Conduct to OIG	X		100%
Considered and Implemented Interim Protective Measures		X	40%
Provided Copies of SSHPP to Parties		X	0%
Discussed Non-Retaliation with all Parties		X	0%
Documented Steps Taken to Properly Secure or Obtain Evidence	X		100%
Reached a Conclusion for each Allegation	X		100%
Submitted a Closing Form After Concluding the Investigation	X		100%
Completed the Investigation within 45 Days		X	60%
Sought an Extension when the Investigation Exceeded 45 Days		X	0%

PART C - COMPLAINT RESOLUTION PROCEDURES

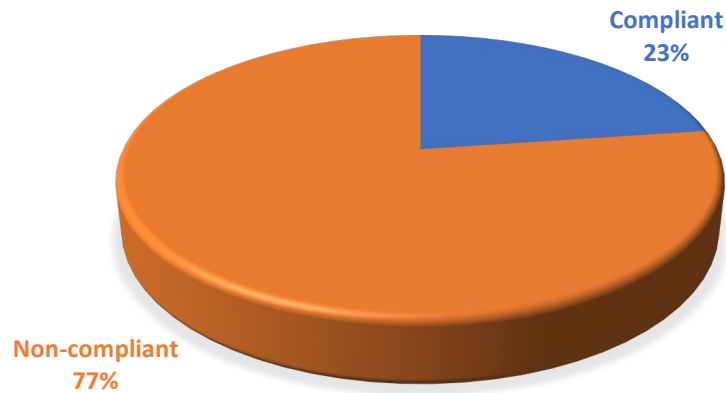
Complaint Resolution and Closure	Yes	No	% Compliance
Implemented Corrective, Disciplinary, or Remedial Action within 21 Days	X		100%
Distributed ROI to Parties		X	0%
Gave Parties 3 Business Days to Respond to ROI		X	0%
Closed Complaint After Parties Responded		X	0%

viii. Georgia Department of Corrections

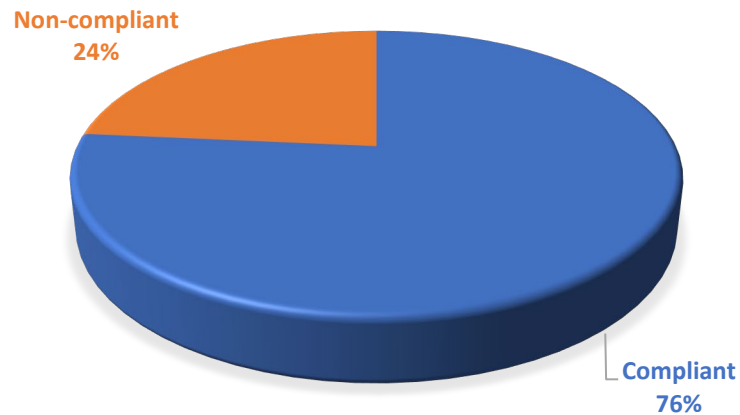
PART A – POLICY AWARENESS & TRAINING

Roles & Responsibilities	Yes	No
Reported the Current Names and Contact Information of HR Contact	X	
Reported the Current Names and Contact Information of Investigators	X	
Reported Names and Contact Information of Replacement Designees within 7 Business Days of Date of Appointment	X	

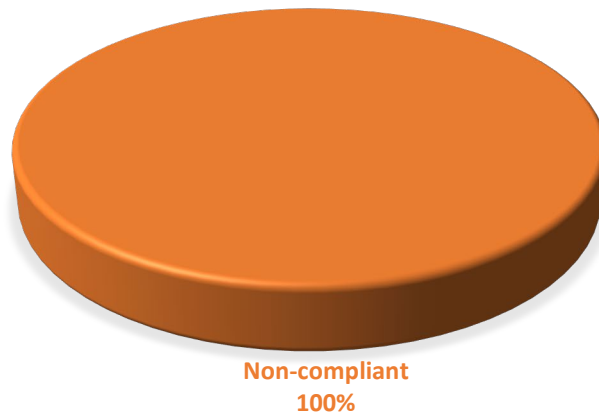
GDC NEW EMPLOYEE SH TRAINING COMPLIANCE



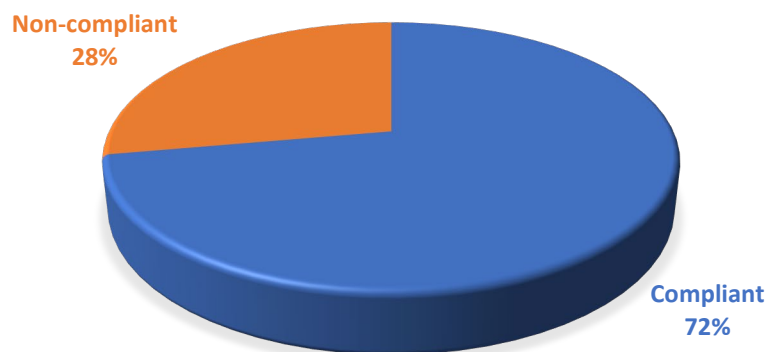
GDC ANNUAL EMPLOYEE SH TRAINING COMPLIANCE



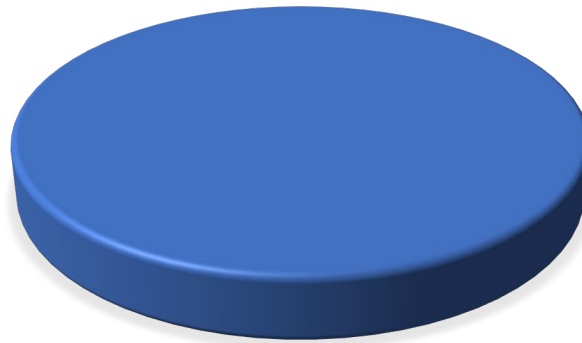
GDC NEW MGR/SUPR SH TRAINING COMPLIANCE



GDC ANNUAL MGR/SUPR SH TRAINING COMPLIANCE



GDC INVESTIGATIONS BY TRAINED INVESTIGATORS



Compliant
100%

Investigatory Steps	Yes	No	% Compliance
Reported Complaint to OIG within 2 Business Days		X	75%
Requested an Impartial Investigator when Appropriate	X		100%
Reported Criminal Conduct to OIG	X		100%
Considered and Implemented Interim Protective Measures	X		100%
Provided Copies of SSHPP to Parties	X		100%
Discussed Non-Retaliation with all Parties	X		100%
Documented Steps Taken to Properly Secure or Obtain Evidence	X		100%
Reached a Conclusion for each Allegation	X		100%
Submitted a Closing Form After Concluding the Investigation	X		100%
Completed the Investigation within 45 Days		X	71%
Sought an Extension when the Investigation Exceeded 45 Days		X	25%

PART C - COMPLAINT RESOLUTION PROCEDURES

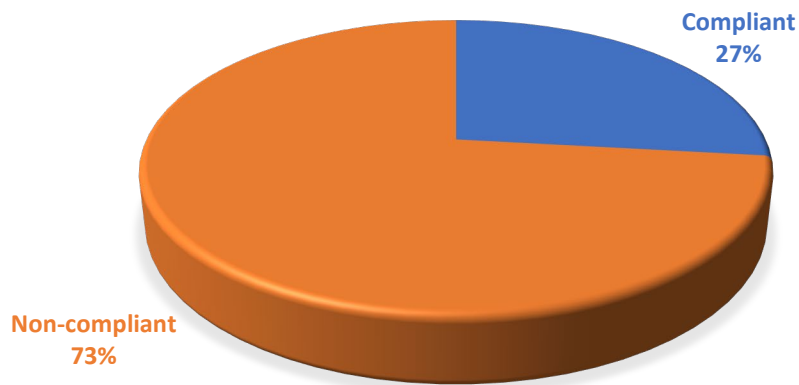
Complaint Resolution and Closure	Yes	No	% Compliance
Implemented Corrective, Disciplinary, or Remedial Action within 21 Days		X	93%
Distributed ROI to Parties		X	18%
Gave Parties 3 Business Days to Respond to ROI		X	18%
Closed Complaint After Parties Responded		X	18%

ix. Georgia Department of Labor

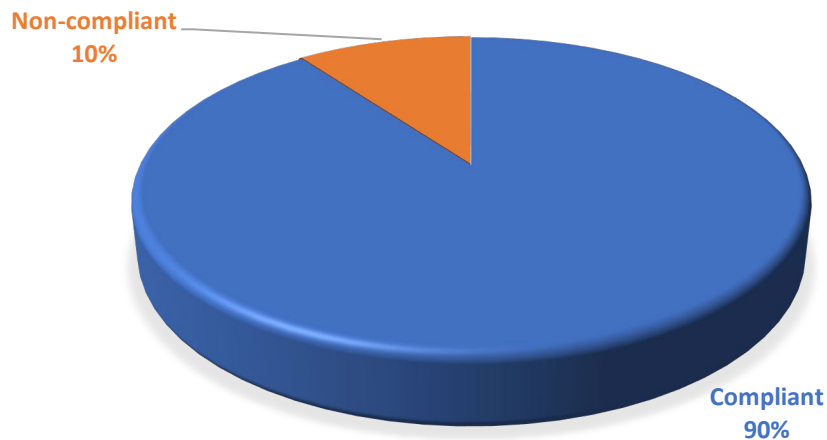
PART A – POLICY AWARENESS & TRAINING

Roles & Responsibilities	Yes	No
Reported the Current Names and Contact Information of HR Contact	X	
Reported the Current Names and Contact Information of Investigators	X	
Reported Names and Contact Information of Replacement Designees within 7 Business Days of Date of Appointment	X	

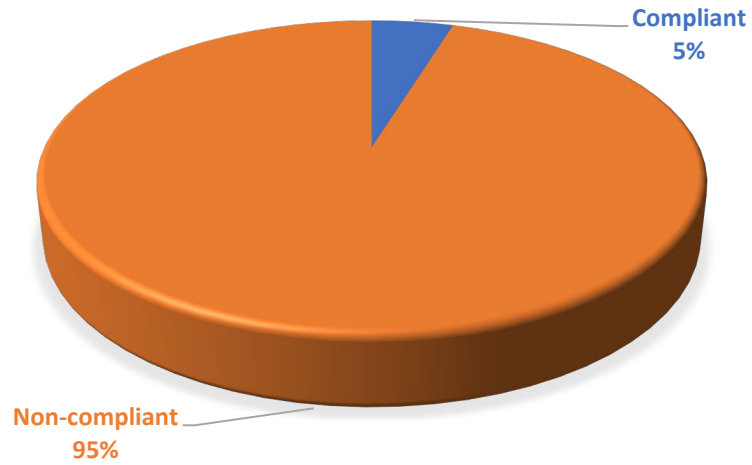
DOL NEW EMPLOYEE SH TRAINING COMPLIANCE



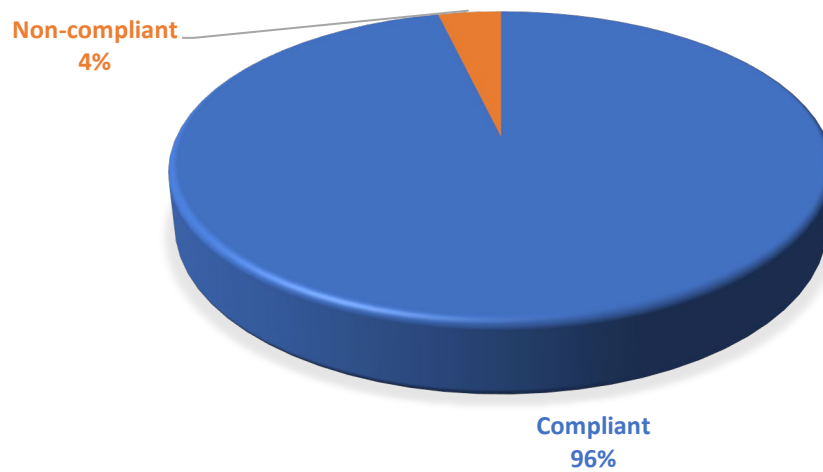
DOL ANNUAL EMPLOYEE SH TRAINING COMPLIANCE



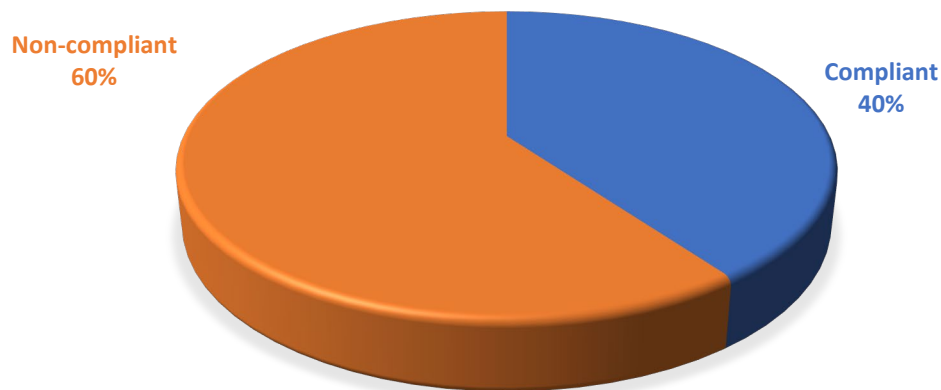
DOL NEW MGR/SUPR SH TRAINING COMPLIANCE



DOL ANNUAL MGR/SUPR SH TRAINING COMPLIANCE



DOL INVESTIGATIONS BY TRAINED INVESTIGATORS



PART B - INVESTIGATIVE & REPORTING PROCEDURES

Investigatory Steps	Yes	No	% Compliance
Reported Complaint to OIG within 2 Business Days		X	83%
Requested an Impartial Investigator when Appropriate	X		100%
Reported Criminal Conduct to OIG	X		100%
Considered and Implemented Interim Protective Measures	X		100%
Provided Copies of SSHPP to Parties	X		100%
Discussed Non-Retaliation with all Parties	X		100%
Documented Steps Taken to Properly Secure or Obtain Evidence	X		100%
Reached a Conclusion for each Allegation	X		100%
Submitted a Closing Form After Concluding the Investigation	X		100%
Completed the Investigation within 45 Days		X	0%
Sought an Extension when the Investigation Exceeded 45 Days		X	0%

PART C - COMPLAINT RESOLUTION PROCEDURES

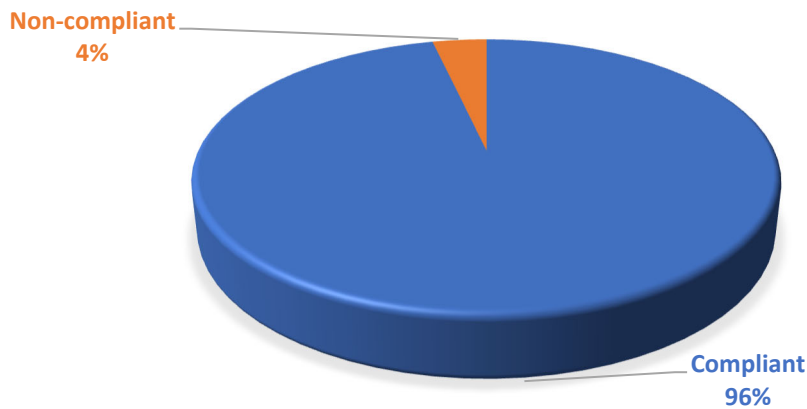
Complaint Resolution and Closure	Yes	No	% Compliance
Implemented Corrective, Disciplinary, or Remedial Action within 21 Days		X	40%
Distributed ROI to Parties		X	20%
Gave Parties 3 Business Days to Respond to ROI		X	40%
Closed Complaint After Parties Responded		X	40%

X. Georgia Department of Transportation

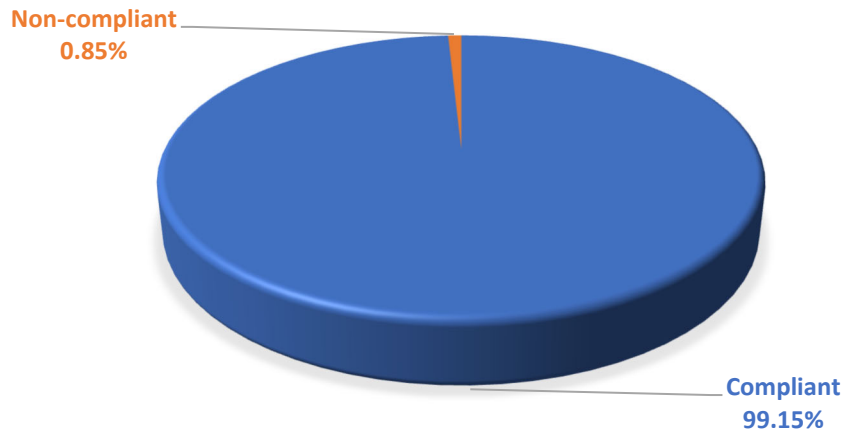
PART A – POLICY AWARENESS & TRAINING

Roles & Responsibilities	Yes	No
Reported the Current Names and Contact Information of HR Contact	X	
Reported the Current Names and Contact Information of Investigators	X	
Reported Names and Contact Information of Replacement Designees within 7 Business Days of Date of Appointment	X	

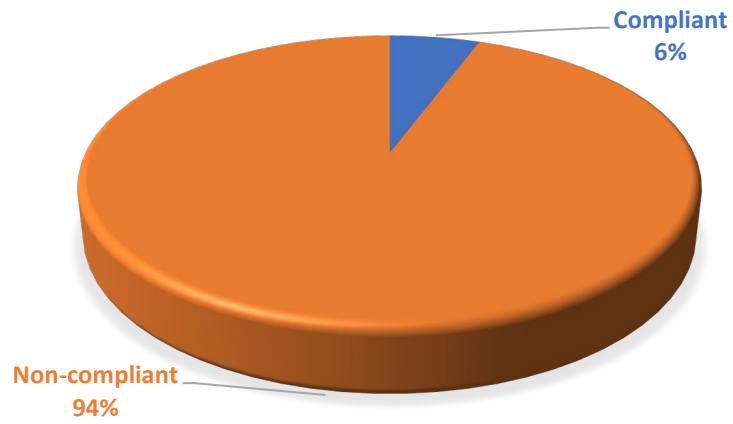
GDOT NEW EMPLOYEE SH TRAINING COMPLIANCE



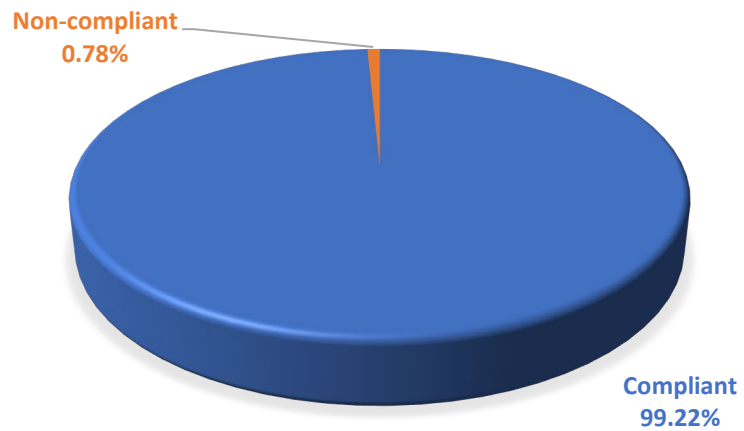
GDOT ANNUAL EMPLOYEE SH TRAINING COMPLIANCE



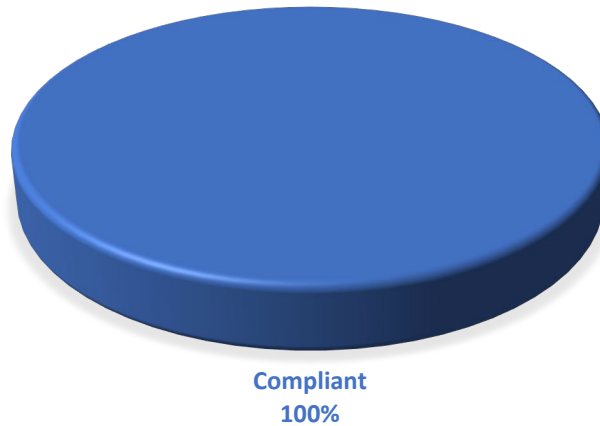
GDOT NEW MGR/SUPR SH TRAINING COMPLIANCE



GDOT ANNUAL MGR/SUPR SH TRAINING COMPLIANCE



GDOT INVESTIGATIONS BY TRAINED INVESTIGATORS



PART B - INVESTIGATIVE & REPORTING PROCEDURES

Investigatory Steps	Yes	No	% Compliance
Reported Complaint to OIG within 2 Business Days		X	35%
Requested an Impartial Investigator when Appropriate	X		100%
Reported Criminal Conduct to OIG	X		100%
Considered and Implemented Interim Protective Measures		X	82%
Provided Copies of SSHPP to Parties		X	18%
Discussed Non-Retaliation with all Parties		X	6%
Documented Steps Taken to Properly Secure or Obtain Evidence		X	71%
Reached a Conclusion for each Allegation		X	94%
Submitted a Closing Form After Concluding the Investigation	X		100%
Completed the Investigation within 45 Days		X	53%
Sought an Extension when the Investigation Exceeded 45 Days		X	0%

PART C - COMPLAINT RESOLUTION PROCEDURES

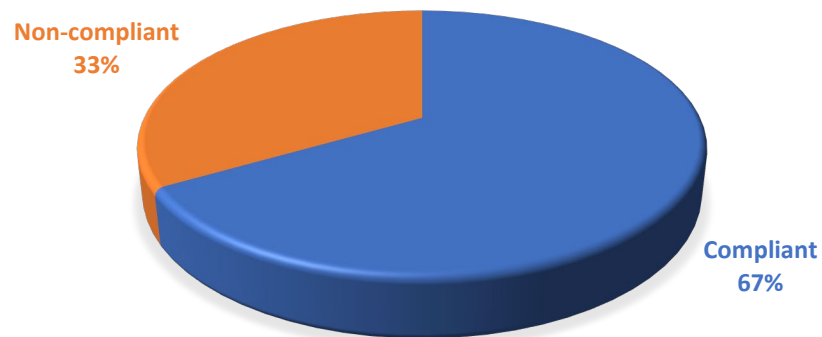
Complaint Resolution and Closure	Yes	No	% Compliance
Implemented Corrective, Disciplinary, or Remedial Action within 21 Days		X	53%
Distributed ROI to Parties		X	18%
Gave Parties 3 Business Days to Respond to ROI		X	0%
Closed Complaint After Parties Responded		X	18%

xi. Georgia Student Finance Commission

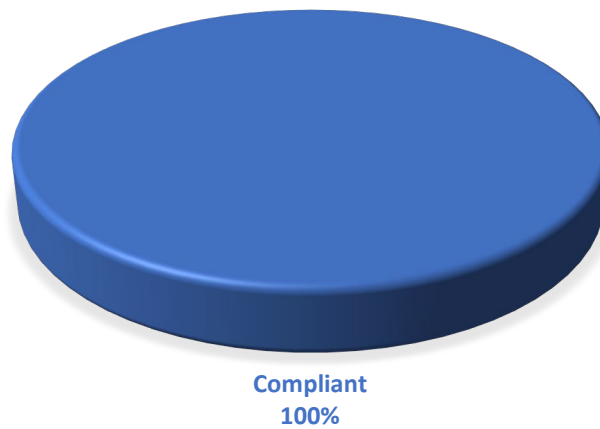
PART A - POLICY AWARENESS & TRAINING

Roles & Responsibilities	Yes	No
Reported the Current Names and Contact Information of HR Contact	X	
Reported the Current Names and Contact Information of Investigators	X	
Reported Names and Contact Information of Replacement Designees within 7 Business Days of Date of Appointment	X	

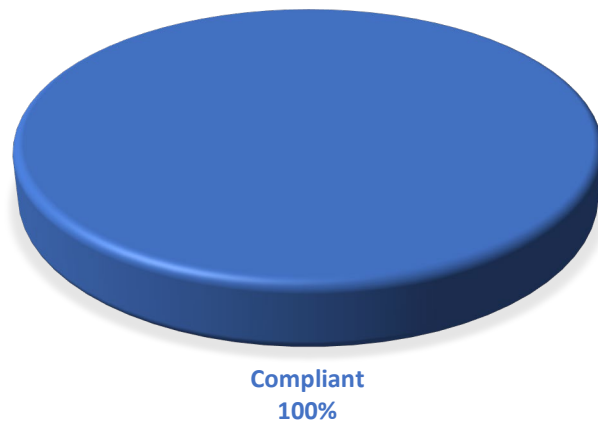
GSFC NEW EMPLOYEE SH TRAINING COMPLIANCE



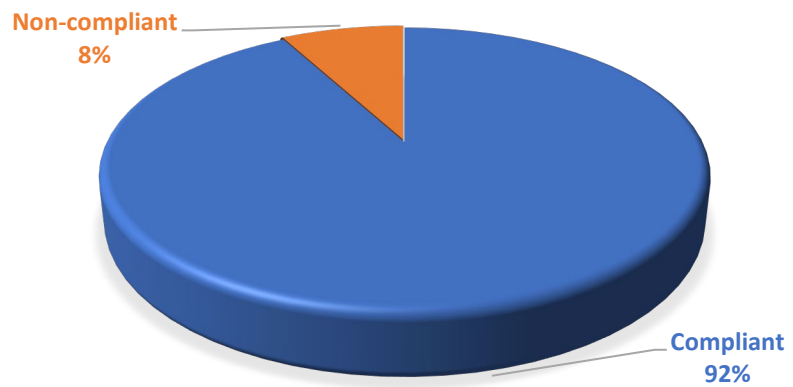
GSFC ANNUAL EMPLOYEE SH TRAINING COMPLIANCE



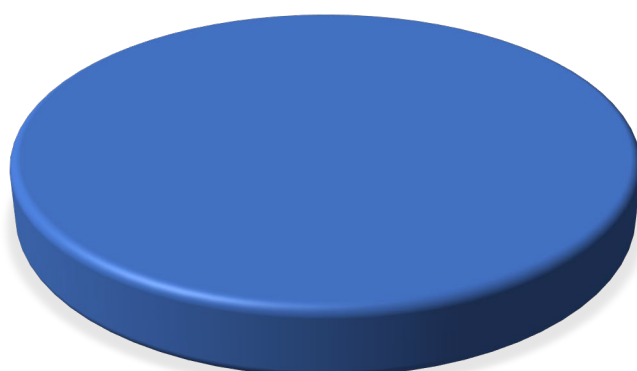
GSFC NEW MGR/SUPR SH TRAINING COMPLIANCE



GSFC ANNUAL MGR/SUPR SH TRAINING COMPLIANCE



GSFC INVESTIGATIONS BY TRAINED INVESTIGATOR



Compliant
100%

PART B - INVESTIGATIVE & REPORTING PROCEDURES

Investigatory Steps	Yes	No	% Compliance
Reported Complaint to OIG within 2 Business Days	X		100%
Requested an Impartial Investigator when Appropriate	X		100%
Reported Criminal Conducted to OIG	X		100%
Considered and Implemented Interim Protective Measures	X		100%
Provided Copies of SSHPP to Parties		X	0%
Discussed Non-Retaliation with all Parties		X	0%
Documented Steps Taken to Properly Secure or Obtain Evidence	X		100%
Reached a Conclusion for each Allegation	X		100%
Submitted a Closing Form After Concluding the Investigation	X		100%
Completed the Investigation within 45 Days	X		100%
Sought an Extension when the Investigation Exceeded 45 Days	X		100%

PART C - COMPLAINT RESOLUTION PROCEDURES

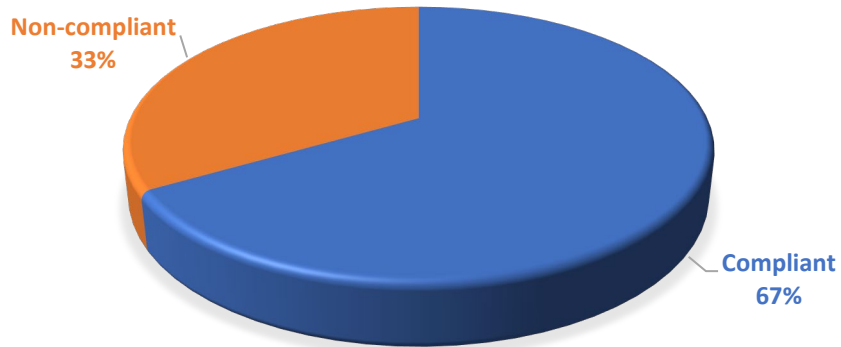
Complaint Resolution and Closure	Yes	No	% Compliance
Implemented Corrective, Disciplinary, or Remedial Action within 21 Days	X		100%
Distributed ROI to Parties	X		100%
Gave Parties 3 Business Days to Respond to ROI	X		100%
Closed Complaint After Parties Responded	X		100%

xii. Georgia World Congress Center Authority

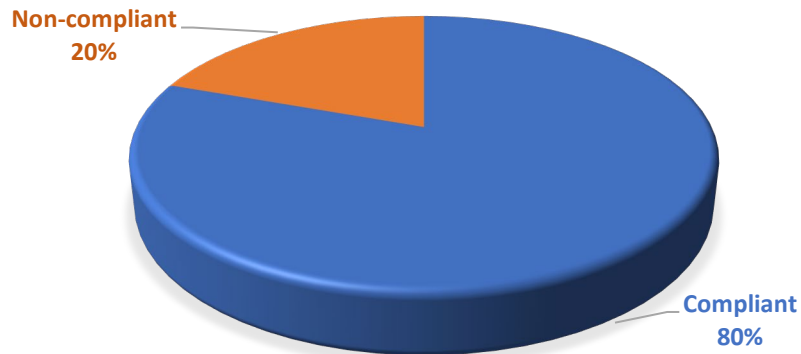
PART A - POLICY AWARENESS & TRAINING

Roles & Responsibilities	Yes	No
Reported the Current Names and Contact Information of HR Contact	X	
Reported the Current Names and Contact Information of Investigators	X	
Reported Names and Contact Information of Replacement Designees within 7 Business Days of Date of Appointment	X	

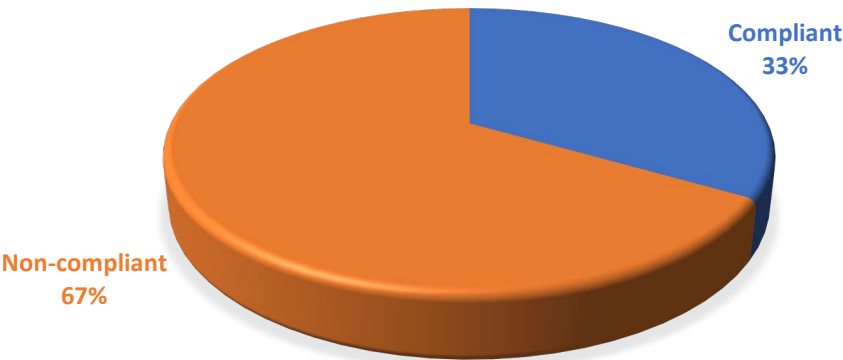
GWCCA NEW EMPLOYEE SH TRAINING COMPLIANCE



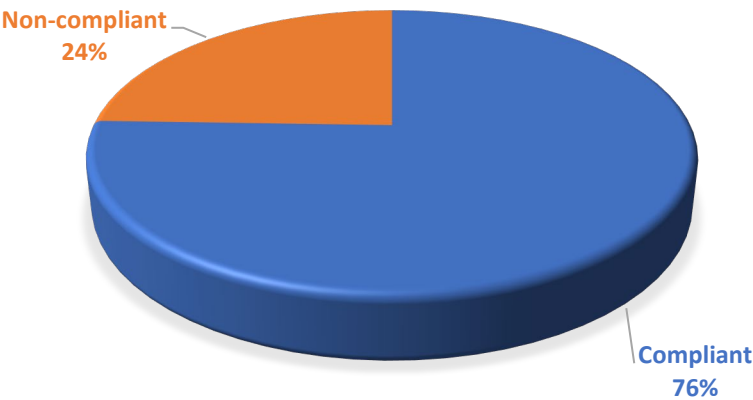
GWCCA ANNUAL EMPLOYEE SH TRAINING COMPLIANCE



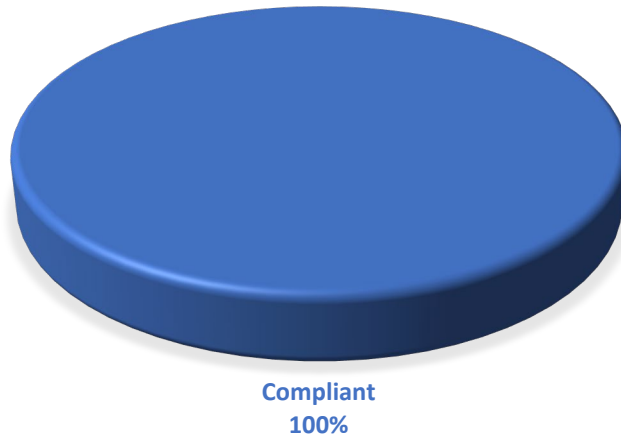
GWCCA NEW MGR/SUPR SH TRAINING COMPLIANCE



GWCCA ANNUAL MGR/SUPR SH TRAINING COMPLIANCE



GWCCA INVESTIGATIONS BY TRAINED INVESTIGATOR



PART B - INVESTIGATIVE & REPORTING PROCEDURES

Investigatory Steps	Yes	No	% Compliance
Reported Complaint to OIG within 2 Business Days		X	33%
Requested an Impartial Investigator when Appropriate		X	67%
Reported Criminal Conducted to OIG	X		100%
Considered and Implemented Interim Protective Measures		X	0%
Provided Copies of SSHPP to Parties		X	33%
Discussed Non-Retaliation with all Parties		X	33%
Documented Steps Taken to Properly Secure or Obtain Evidence		X	0%
Reached a Conclusion for each Allegation		X	0%
Submitted a Closing Form After Concluding the Investigation	X		100%
Completed the Investigation within 45 Days		X	33%
Sought an Extension when the Investigation Exceeded 45 Days		X	0%

PART C - COMPLAINT RESOLUTION PROCEDURES

Complaint Resolution and Closure	Yes	No	% Compliance
Implemented Corrective, Disciplinary, or Remedial Action within 21 Days		X	0%
Distributed ROI to Parties		X	0%
Gave Parties 3 Business Days to Respond to ROI		X	0%
Closed Complaint After Parties Responded		X	0%

Appendix D: Agency Compliance Review Reports & Report Responses

Georgia Department of Behavioral Health & Developmental Disabilities
SSHPP COMPLIANCE REVIEW

A POLICY AWARENESS & TRAINING			
Section	Subsection	Description	Conclusion
A	1.0	Roles & Responsibilities Objective: To ensure that roles and responsibilities for sexual harassment prevention have been clearly and appropriately defined.	COMPLIANT
A	1.1	Agency reported to the Office of the State Inspector General (OIG) via the OIG online portal, the name and contact information of the current Human Resources (HR) contact.	COMPLIANT
A	1.2	Agency reported to OIG via the OIG online portal, the current names and contact information of at least two employees, not of the same gender, to conduct sexual harassment investigations.	COMPLIANT
A	1.3	Names and contact information of replacement designees (HR contact and investigators) were reported to the OIG within seven (7) business days of the date of appointment via the OIG online portal.	COMPLIANT
Section	Subsection	Description	Conclusion
A	2.0	Awareness & Training Objective: To ensure all employees are trained and advised on the Statewide Sexual Harassment Prevention Policy (SSHPP).	NOT COMPLIANT
A	2.1	ALL employees newly hired or transferred after June 30, 2019 received employee sexual harassment prevention training within 30 calendar days of hire or transfer. <i>Finding: Of 288 newly hired or transferred employees, 17 (6%) did not receive employee sexual harassment prevention training within 30 calendar days of hire or transfer.</i> <i>Recommendation: Include employee sexual harassment prevention training as part of the agency's employee orientation program. Set an agency goal of completing agency employee orientation within 5 business days of the employee's start date.</i>	NOT COMPLIANT

Georgia Department of Behavioral Health & Developmental Disabilities

SSHPP COMPLIANCE REVIEW

Section	Subsection	Description	Conclusion
A	2.2	<p>ALL employees completed annual employee sexual harassment prevention training in CY 2019.</p> <p>Finding: Of 4,499 employees, 16 (less than 1%) did not complete annual employee sexual harassment prevention training in CY 2019.</p> <p>Recommendation: Establish a monthly or quarterly online training schedule to conduct annual employee sexual harassment prevention training based on the month or quarter of the employee hire or transfer date. Develop a system where employees are automatically enrolled and instructed via email to complete their annual sexual harassment prevention training during the month or quarter corresponding to their anniversary date of hire or transfer.</p>	COMPLIANT
A	2.3	<p>ALL newly hired or promoted managers/supervisors received supervisor sexual harassment prevention training within 30 calendar days of employment or promotion to their position.</p> <p>Finding: Of 40 newly hired or promoted managers/supervisors, 38 (95%) did not receive supervisor sexual harassment prevention training within 30 days of hire or promotion.</p> <p>Recommendation: Include supervisor sexual harassment prevention training as part of the agency's employee orientation program. As recommended for employees, ensure supervisors/managers complete agency orientation within 5 business days of hire, transfer, or promotion.</p>	NOT COMPLIANT
A	2.4	<p>ALL managers/supervisors received annual supervisor sexual harassment prevention training in CY 2019.</p> <p>Finding: Of 503 managers/supervisors, 3 (< 1%) did not receive annual supervisor sexual harassment prevention training in CY 2019.</p> <p>Recommendation: Establish a monthly or quarterly online training schedule to conduct annual supervisor sexual harassment prevention policy training based on the month or quarter of the employee hire or transfer date. Develop a system where supervisors are automatically enrolled and instructed via email to complete their online annual supervisor sexual harassment prevention training during the month or quarter corresponding to their anniversary date of hire, transfer, or promotion.</p>	COMPLIANT
A	2.5	<p>ALL investigations were conducted by investigators who received investigator sexual harassment prevention training.</p> <p>Finding: Of 15 investigators, 1 (7%) investigator did not receive sexual harassment investigator training prior to participating in 2 investigations. However, a trained investigator was assigned, in addition to the untrained investigator, in the 2 investigations.</p> <p>Recommendation: Use the statewide sexual harassment investigator training course to train investigator designees. Only allow trained sexual harassment investigators to conduct or participate in investigations.</p>	NOT COMPLIANT

Georgia Department of Behavioral Health & Developmental Disabilities
SSHPP COMPLIANCE REVIEW

B INVESTIGATIVE & REPORTING PROCEDURES			
Section	Subsection	Description	Conclusion
B	1.0	Investigatory Steps Objective: To ensure all investigatory steps were conducted in accordance with the Statewide Sexual Harassment Prevention Policy Procedures.	NOT COMPLIANT
B	1.1	<p>All complaints were reported to the OIG within 2 business days of receipt by the agency.</p> <p>Finding: Of 8 complaints, 3 (38%) were not reported to OIG within 2 business days of receipt.</p> <p>Recommendation: Develop or improve department sexual harassment reporting procedures that ensure Human Resources (HR) receives sexual harassment complaints on the same day complainant files with an agency representative.</p>	NOT COMPLIANT
B	1.2	The agency requested an impartial investigator in accordance with the state sexual harassment prevention policy, if applicable.	COMPLIANT
B	1.3	The agency notified the OIG that criminal conduct was reported to a law enforcement agency, if applicable.	COMPLIANT
B	1.4	The agency documented the consideration and/or implementation of interim protective measures.	COMPLIANT
B	1.5	The investigator documented that a copy of the Statewide Sexual Harassment Prevention Policy was provided to both the complainant and respondent.	COMPLIANT
B	1.6	The investigator documented discussion of the Policy's non-retaliation provision with all parties.	COMPLIANT

Georgia Department of Behavioral Health & Developmental Disabilities

SSHPP COMPLIANCE REVIEW

Section	Subsection	Description	Conclusion
B	1.7	<p>The investigator documented the steps taken to properly secure and/or obtain evidence potentially relevant to the complaint.</p> <p><i>Note: In one investigation, investigators described steps taken to secure evidence as “none.” In future investigations, as a best practice, investigators should provide an explanation as to why no steps were taken.</i></p>	COMPLIANT
B	1.8	<p>Conclusions for each allegation were reached.</p>	COMPLIANT
B	1.9	<p>The agency submitted a closing form to the OIG after the completion of the investigation.</p>	COMPLIANT
B	1.10	<p>The investigator completed the investigation and issued findings within 45 calendar days of receipt of the complaint.</p> <p><i>Finding: Findings were not issued within 45 calendar days in 5 out of 8 (63%) investigations.</i></p> <p><i>Recommendation: As soon as it becomes apparent, Investigator must notify HR in writing of the necessity to extend the investigation beyond 45 calendar days.</i></p>	NOT COMPLIANT
B	1.11	<p>The agency granted an extension if the investigation was not completed within 45 calendar days of receipt of the complaint.</p> <p><i>Finding: No documentation (0%) was provided by DBHDD that demonstrated that extensions were granted for the 5 investigations that exceeded 45 calendar days.</i></p> <p><i>Recommendation: HR should monitor progress of investigation and inquire of Investigator whether an extension is necessary once investigation due date comes within 5 calendar days.</i></p>	NOT COMPLIANT

Georgia Department of Behavioral Health & Developmental Disabilities
SSHPP COMPLIANCE REVIEW

C COMPLAINT RESOLUTION PROCEDURES			
Section	Subsection	Description	Conclusion
C	1.0	Complaint Resolution and Closure Objective: To ensure that agencies are compliant with the Statewide Sexual Harassment Prevention Policy requirement for complaint resolution, distribution of the Report of Investigation (ROI) and complaint closure.	COMPLIANT
C	1.1	The agency documented implementation of corrective, disciplinary and/or remedial actions taken within 21 calendar days of receipt of the ROI.	COMPLIANT
C	1.2	The investigator documented distribution of the ROI to the Complainant and the Respondent prior to ROI finalization.	COMPLIANT
C	1.3	ALL parties were given at least 3 business days to submit a response to the ROI. <i>Finding: Based on the documentation provided by DBHDD, it can be confirmed that parties were given at least 3 business days to submit a response in all investigations.</i> <i>Recommendation: Ensure that a copy of response is included as attachment with ROI showing record that both parties received a copy of the ROI prior to closing date of investigation and given at least (3) businesses days to respond.</i>	COMPLIANT
C	1.4	The complaint was closed after the parties were given an opportunity to respond to the ROI.	COMPLIANT

Agency Response - Department of Behavioral Health and Developmental Disabilities

The following is in response to the Compliance Review conducted by the Office of the State Inspector General (OIG):

We wanted to again thank you for the opportunity to refine reporting on the SHP data, as well as comment and follow-up on specific report metrics, results and recommendations.

Rather than repeat our related issues, concerns and feedback dating back to the initial report findings, I'll limit our final focus to the following:

- Regarding Section A 2.0 Awareness and Training and Non-Compliant Conclusion, we concur that we failed to achieve 100% training compliance for 2.1 (being at 94%) and Section 2.3 where we had obvious shortfalls in effective registration of new managers. On the latter, we again believe allowing DBHDD to register and host the managers' training on our Learning Management System would have prevented this compliance issue, and do so in the future as well. Unfortunately it doesn't appear that recommendation will be implemented by the planning committee for 2021/22.
- We continue to feel strongly that DBHDD should not be cited for non-compliance in Section A 2.5 due to having a "non-trained" participant (Sr. Employee Relations Specialist) sitting in as a witness with our OIG trained SHP investigator (HR Manager and direct manager of the ER Specialist). This and our rationale have been shared in each response cycle and we want to reiterate our position.
- On Section B 1.0, we were viewed as compliant in 8 of 11 categories but noted as Not Compliant in the overall section. As referenced below ("all or nothing metrics") we feel this is an inappropriate representation of results achieved. DBHDD also continues to disagree with the basis for being viewed as non-compliant in Section B 1.1, 1.10 and 1.11. This is articulated/documented in our prior report feedback.

Overall, we want to again emphasize our belief the "all or nothing" metrics driving sectional non-compliance conclusions does not recognize the efforts and magnitude of results achieved by OIG and DBHDD in supporting the Governor's Executive Order and its goals and objectives toward eliminating harassment in state government and our workplace.

Thank you and your team in advance for your thoughtful consideration of our feedback.

Mark

Mark Green
Director, Office of Human Resources and Learning
Department of Behavioral Health and Developmental Disabilities

**Georgia Department of Community Health
SSHPP COMPLIANCE REVIEW**

A POLICY AWARENESS & TRAINING			
Section	Subsection	Description	Conclusion
A	1.0	Roles & Responsibilities Objective: To ensure that roles and responsibilities for sexual harassment prevention have been clearly and appropriately defined.	COMPLIANT
A	1.1	Agency reported to the Office of the State Inspector General (OIG) via the OIG online portal, the name and contact information of the current Human Resources (HR) contact.	COMPLIANT
A	1.2	Agency reported to OIG via the OIG online portal, the current names and contact information of at least two employees, not of the same gender, to conduct sexual harassment investigations.	COMPLIANT
A	1.3	Names and contact information of replacement designees (HR contact and investigators) were reported to the OIG within seven (7) business days of the date of appointment via the OIG online portal. <i>Note: Though compliant, the Department of Community Health (DCH) included a designee that was removed as a designee on 05/28/2020 when DCH provided responsive documents.</i> <i>Recommendation: Update internal processes to ensure former designees are not utilized for investigations.</i>	COMPLIANT
Section	Subsection	Description	Conclusion
A	2.0	Awareness & Training Objective: To ensure all employees are trained and advised on the Statewide Sexual Harassment Prevention Policy (SSHPP).	NOT COMPLIANT
A	2.1	ALL employees newly hired or transferred after June 30, 2019 received employee sexual harassment prevention training within 30 calendar days of hire or transfer. <i>Finding: Of 33 employees identified as newly hired or transferred to DCH 15 (45%) did not receive employee sexual harassment training within 30 calendar days of hire. Of the non-compliant: 1 received no training; 2 hired during the period of review received training beyond 30 days of hire, rehire, or transfer; 12 hired during the review period received training beyond the review period of 07/01/2019 - 06/30/2020.</i> <i>Recommendation: Include employee sexual harassment prevention training as part of the agency's employee orientation program. Set an agency goal of completing agency employee orientation within 5 business days of the employee's start date.</i>	NOT COMPLIANT

Georgia Department of Community Health SSHPP COMPLIANCE REVIEW

Section	Subsection	Description	Conclusion
A	2.2	<p>ALL employees completed annual employee sexual harassment prevention training in calendar year (CY) 2019.</p> <p>Finding: Out of 654 DCH employees, 15 (2%) did not receive annual employee sexual harassment prevention training in CY 2019. Twelve of the non-compliant received training beyond the review period of 07/01/2019 – 06/30/2020.</p> <p>Recommendation: Establish a monthly or quarterly online training schedule to conduct annual employee sexual harassment prevention training based on the month or quarter of the employee hire or transfer date. Develop a system where employees are automatically enrolled and instructed via email to complete their annual sexual harassment prevention training during the month or quarter corresponding to their anniversary date of hire or transfer.</p>	NOT COMPLIANT
A	2.3	<p>ALL newly hired or promoted managers/supervisors received supervisor sexual harassment prevention training within 30 calendar days of employment or promotion to their position.</p> <p>Finding: Out of 1 newly hired, transferred, or promoted supervisors, 1 (100%) did not receive supervisor sexual harassment training within 30 days of employment or promotion.</p> <p>Recommendation: Include supervisor sexual harassment prevention training as part of the agency's employee orientation program. As recommended for employees, ensure supervisors/managers complete agency orientation within 5 business days of hire, transfer, or promotion.</p>	NOT COMPLIANT
A	2.4	ALL managers/supervisors received annual supervisor sexual harassment prevention training.	COMPLIANT
A	2.5	ALL investigations were conducted by investigators who received investigator sexual harassment prevention training.	COMPLIANT

**Georgia Department of Community Health
SSHPP COMPLIANCE REVIEW**

B INVESTIGATIVE & REPORTING PROCEDURES			
Section	Subsection	Description	Conclusion
B	1.0	Investigatory Steps Objective: To ensure all investigatory steps were conducted in accordance with the Statewide Sexual Harassment Prevention Policy Procedures.	NOT COMPLIANT
B	1.1	All complaints were reported to the OIG within 2 business days of receipt by the agency.	COMPLIANT
B	1.2	The agency requested an impartial investigator in accordance with the state sexual harassment prevention policy, if applicable.	COMPLIANT
B	1.3	The agency notified the OIG that criminal conduct was reported to a law enforcement agency, if applicable.	COMPLIANT
B	1.4	The agency documented the consideration and/or implementation of interim protective measures.	COMPLIANT
B	1.5	<p>The investigator documented that a copy of the Statewide Sexual Harassment Prevention Policy (SSHPP) was provided to both the complainant and respondent.</p> <p>Finding: Although the investigator documented in the Report of Investigation (ROI) that DCH management reviewed DCH's Standards of Conduct with the respondent, the investigator did not document in the ROI that the respondent or the complainant were provided with a copy of the SSHPP.</p> <p>Recommendation: Adopt and review contents of OIG ROI template. Consider the implementation of an investigator checklist that would include the required step of providing each party a copy of the policy and date received. Investigator must document in the ROI that all parties received a copy of the policy and date received if this requirement was met.</p>	NOT COMPLIANT
B	1.6	<p>The investigator documented discussion of the Policy's non-retaliation provision with all parties.</p> <p>Finding: The investigator did not document in the ROI that the non-retaliation provision was discussed with either party.</p> <p>Recommendation: Adopt the OIG ROI template. Consider the implementation of an investigator checklist that would include the required step of discussing the policy's non-retaliation provision with both parties.</p>	NOT COMPLIANT

Georgia Department of Community Health SSHPP COMPLIANCE REVIEW

Section	Subsection	Description	Conclusion
B	1.7	The investigator documented the steps taken to properly secure and/or obtain evidence potentially relevant to the complaint.	COMPLIANT
B	1.8	<p>Conclusions for each allegation were reached.</p> <p>Finding: For the single investigation conducted by DCH, the conclusion for the only allegation reported to OIG was determined as "Not Sustained." However, the ROI appeared to have at least two allegations relating to SSHPP violations. The second allegation resulted in a conclusion of "Not Substantiated."</p> <p>Recommendation: Report to OIG a conclusion for each allegation included in the ROI.</p>	NOT COMPLIANT
B	1.9	The agency submitted a closing form to the OIG after the completion of the investigation.	COMPLIANT
B	1.10	The investigator completed the investigation and issued findings within 45 calendar days of receipt of the complaint.	COMPLIANT
B	1.11	The agency granted an extension if the investigation was not completed within 45 calendar days of receipt of the complaint.	COMPLIANT

**Georgia Department of Community Health
SSHPP COMPLIANCE REVIEW**

C COMPLAINT RESOLUTION PROCEDURES			
Section	Subsection	Description	Conclusion
C	1.0	Complaint Resolution and Closure <u>Objective:</u> To ensure that agencies are compliant with the Statewide Sexual Harassment Prevention Policy requirement for complaint resolution, distribution of the Report of Investigation (ROI) and complaint closure.	COMPLIANT
C	1.1	The agency documented implementation of corrective, disciplinary and/or remedial actions taken within 21 calendar days of receipt of the ROI.	COMPLIANT
C	1.2	The investigator documented distribution of the ROI to the Complainant and the Respondent prior to ROI finalization.	COMPLIANT
C	1.3	ALL parties were given at least 3 business days to submit a response to the ROI.	COMPLIANT
C	1.4	The complaint was closed after the parties were given an opportunity to respond to the ROI.	COMPLIANT



Agency Response - Georgia Department of Community Health

GEORGIA DEPARTMENT
OF COMMUNITY HEALTH

Brian P. Kemp, Governor

Frank W. Berry, Commissioner

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To: Bethany Whetzel, General Counsel
Office of the State Inspector General

From: Sonja A. Smith, Inspector General *SAS*

CC: Frank Berry, Commissioner
Marial Ellis, Chief of Staff
Kelly Washington-Johnson, Human Resources Director
Nigel Lange, Deputy Inspector General

RE: Corrective Action Plan: SSHPP Compliance Review

Date: May 12, 2021

The Office of Human Resources (OHR) and Office of Inspector General's (OIG) Special Investigations Unit (SIU) have a shared responsibility for handling sexual harassment complaints/issues within DCH. This memo provides the non-compliant findings and recommendations from the State Inspector General's Statewide Sexual Harassment Prevention Policy Compliance Review (dated 2/5/2021/updated 3/31/2021) **and** comments and corrective actions from the DCH's OHR and OIG.

A-2: Awareness & Training

Objective: *To ensure all employees are trained and advised on the Statewide Sexual Harassment Prevention Policy (SSHPP).*

A-2.1: ALL employees newly hired or transferred after June 30, 2019 received employee sexual harassment prevention training within 30 calendar days of hire or transfer.

Finding: *Of 33 employees identified as newly hired or transferred to DCH 15 (45%) did not receive employee sexual harassment training within 30 calendar days of hire. Of the non-compliant: 1 received no training; 2 hired during the period of review received training beyond 30 days of hire, rehire, or transfer; 12 hired during the review period received training beyond the review period of 07/01/2019 - 06/30/2020.*

Recommendation: *Include employee sexual harassment prevention training as part of the agency's employee orientation program. Set an agency goal of completing agency employee orientation within 5 business days of the employee's start date.*



OHR Comment: *DCH does not agree with this finding.* OHR has reviewed the data and provided completion dates for all employees that were identified as not having completed the training. This now shows that 100% of all newly hired or transferred employees have completed the training. OHR has also notated which names on the WP 2.1 are board members and not subject to the training requirement. Please review the attached spreadsheet for additional details.

OHR includes sexual harassment training in new hire training requirements. All employees are required to complete within nine (9) days of their hire date. OHR will review compliance reports monthly to ensure compliance.

A-2.2: ALL employees completed annual employee sexual harassment prevention training in calendar year (CY) 2019.

Finding: *Out of 654 DCH employees, 15 (2%) did not receive annual employee sexual harassment prevention training in CY 2019. Twelve of the non-compliant received training beyond the review period of 07/01/2019 – 06/30/2020.*

Recommendation: *Establish a monthly or quarterly online training schedule to conduct annual employee sexual harassment prevention training based on the month or quarter of the employee hire or transfer date. Develop a system where employees are automatically enrolled and instructed via email to complete their annual sexual harassment prevention training during the month or quarter corresponding to their anniversary date of hire or transfer.*

OHR Comment: *DCH does not agree with this finding.* Only one (1) employee did not complete the training. OHR has provided completion dates for three (3) employees and the other names provided on WP 2.2 are Board members who are not subject to this training requirement. Please review the attached spreadsheet for additional details.

A-2.3: ALL newly hired or promoted managers/supervisors received supervisor sexual harassment prevention training within 30 calendar days of employment or promotion to their position.

Finding: *Out of 1 newly hired, transferred, or promoted supervisors, 1 (100%) did not receive supervisor sexual harassment training within 30 days of employment or promotion.*



Recommendation: *Include supervisor sexual harassment prevention training as part of the agency's employee orientation program. As recommended for employees, ensure supervisors/managers complete agency orientation within 5 business days of hire, transfer, or promotion.*

OHR Corrective Action Plan: *DCH agrees with this finding. All newly hired, transferred or promoted supervisors are required to complete training within nine (9) days of their start date. OHR reviews compliance reports monthly to ensure completion.*

B-1: Investigatory Steps

Objective: *To ensure all investigatory steps were conducted in accordance with the Statewide Sexual Harassment Prevention Policy Procedures.*

B-1.5: The investigator documented that a copy of the Statewide Sexual Harassment Prevention Policy (SSHPP) was provided to both the complainant and respondent.

Finding: *Although the investigator documented in the Report of Investigation (ROI) that DCH management reviewed DCH's Standards of Conduct with the respondent, the investigator did not document in the ROI that the respondent or the complainant were provided with a copy of the SSHPP.*

Recommendation: *Adopt and review contents of OIG ROI template. Consider the implementation of an investigator checklist that would include the required step of providing each party a copy of the policy and date received. Investigator must document in the ROI that all parties received a copy of the policy and date received **if** this requirement was met.*

OIG Corrective Action Plan: *DCH agrees with this finding. The Investigator provided a copy of the SSHPP and documented this in the supporting working papers but not in the ROI. The DCH OIG ROI template has been updated to ensure that the Investigator documents that **both** the DCH's Standards of Conduct policy **and** SSHPP policy have been provided and reviewed with all parties and the date this action was completed. Additionally, SIU's sexual harassment **process flowchart**¹ has been updated to include a step for the Investigator to provide a copy of both the DCH's Standard of Conduct policy **and** SSHPP to all parties on the day of the interview and to document these actions in the ROI.*



B-1.6 The investigator documented discussion of the Policy's non-retaliation provision with all parties.

Finding: *The investigator did not document in the ROI that the non-retaliation provision was discussed with either party.*

Recommendation: *Adopt the OIG ROI template. Consider the implementation of an investigator checklist that would include the required step of discussing the policy's non-retaliation provision with both parties.*

OIG Corrective Action Plan: *DCH agrees with this finding.* The Investigator documented the non-retaliation provision discussion in the supporting working papers but not in the ROI. The DCH OIG ROI template has been updated to ensure that the Investigator documents that the non-retaliation provision is discussed with all parties. Additionally, SIU's sexual harassment **process flowchart**¹ has been updated to include a step for the Investigator to discuss the non-retaliation provision and document these actions in the ROI.

B-1.8 Conclusions for each allegation were reached.

Finding: *For the single investigation conducted by DCH, the conclusion for the only allegation reported to OIG was determined as "Not Sustained." However, the ROI appeared to have at least two allegations relating to SSHPP violations. The second allegation resulted in a conclusion of "Not Substantiated."*

Recommendation: *Report to OIG a conclusion for each allegation included in the ROI.*

OIG Corrective Action Plan: *DCH agrees with this finding.* OIG reached a conclusion for each allegation but reported the allegations at a summary level to the State Office of Inspector General since **all** allegations were not substantiated. The DCH OIG ROI template has been updated to ensure that the conclusions reached for **each** allegation are document in the ROI. Additionally, SIU's sexual harassment **process flowchart**¹ has been updated to include a step for the Investigator to document the conclusion for each allegation in the ROI.

We are available to discuss these comments/corrective actions or provide additional information, if needed. We can be reached at sonja.allen-smith@dch.ga.gov or kelly.washington-johnson@dch.ga.gov.



¹DCH OIG SIU has created a sexual harassment process flowchart that mirrors the SSHPP. It is intended to ensure that all steps are followed when investigating a sexual harassment complaint (comparable to the recommended Investigator Checklist).

**Georgia Department of Community Supervision
SSHPP COMPLIANCE REVIEW**

A POLICY AWARENESS & TRAINING			
Section	Subsection	Description	Conclusion
A	1.0	Roles & Responsibilities Objective: To ensure that roles and responsibilities for sexual harassment prevention have been clearly and appropriately defined.	COMPLIANT
A	1.1	Agency reported to the Office of the State Inspector General (OIG) via the OIG online portal, the name and contact information of the current Human Resources (HR) contact.	COMPLIANT
A	1.2	Agency reported to OIG via the OIG online portal, the current names and contact information of at least two employees, not of the same gender, to conduct sexual harassment investigations.	COMPLIANT
A	1.3	Names and contact information of replacement designees (HR contact and investigators) were reported to the OIG within seven (7) business days of the date of appointment via the OIG online portal.	COMPLIANT
Section	Subsection	Description	Conclusion
A	2.0	Awareness & Training Objective: To ensure all employees are trained and advised on the Statewide Sexual Harassment Prevention Policy (SSHPP).	NOT COMPLIANT
A	2.1	ALL employees newly hired or transferred after June 30, 2019 received employee sexual harassment prevention training within 30 calendar days of hire or transfer. <i>Finding: Of 55 newly hired or transferred employees, 11 (20%) did not receive training within 30 days of hire. Of the 11 employees, 3 received training more than 30 days after hire and 8 received no training.</i> <i>Recommendation: Include employee sexual harassment prevention training as part of the agency's employee orientation program. Set an agency goal of completing agency employee orientation within 5 business days of the employee's start date.</i>	NOT COMPLIANT

Georgia Department of Community Supervision SSHPP COMPLIANCE REVIEW

Section	Subsection	Description	Conclusion
A	2.2	<p>ALL employees completed annual employee sexual harassment prevention training in calendar year (CY) 2019.</p> <p>Finding: Of 1,928 employees reviewed, 106 (5%) employees did not receive annual employee sexual harassment prevention training.</p> <p>Recommendation: Establish a monthly or quarterly online training schedule to conduct annual employee sexual harassment prevention training based on the month or quarter of the employee hire or transfer date. Develop a system where employees are automatically enrolled and instructed via email to complete their annual sexual harassment prevention training during the month or quarter corresponding to their anniversary date of hire or transfer.</p>	NOT COMPLIANT
A	2.3	<p>ALL newly hired or promoted managers/supervisors received supervisor sexual harassment prevention training within 30 calendar days of employment or promotion to their position.</p> <p>Finding: Of 18 newly promoted or hired supervisors, only 2 (11%) completed training within 30 days of promotion or hire.</p> <p>Recommendation: Include supervisor sexual harassment prevention training as part of the agency's employee orientation program. As recommended for employees, ensure supervisors/managers complete agency orientation within 5 business days of hire, transfer, or promotion.</p>	NOT COMPLIANT
A	2.4	<p>ALL managers/supervisors received annual supervisor sexual harassment prevention training.</p> <p>Finding: Of 686 managers/supervisors, 336 (49%) did not receive annual supervisor sexual harassment prevention training.</p> <p>Recommendation: Establish a monthly or quarterly online training schedule to conduct annual supervisor sexual harassment prevention policy training based on the month or quarter of the employee hire or transfer date. As recommended for employees, develop a system where supervisors are automatically enrolled and instructed via email to complete their online annual supervisor sexual harassment prevention training during the month or quarter corresponding to their supervisor anniversary date of hire, transfer, or promotion.</p>	NOT COMPLIANT
A	2.5	<p>ALL investigations were conducted by investigators who received investigator sexual harassment prevention training.</p>	COMPLIANT

**Georgia Department of Community Supervision
SSHPP COMPLIANCE REVIEW**

B INVESTIGATIVE & REPORTING PROCEDURES			
Section	Subsection	Description	Conclusion
B	1.0	Investigatory Steps Objective: To ensure all investigatory steps were conducted in accordance with the Statewide Sexual Harassment Prevention Policy Procedures.	NOT COMPLIANT
B	1.1	All complaints were reported to the OIG within 2 business days of receipt by the agency. Finding: Of 4 complaints, 1 (25%) was not reported to OIG within 2 business days of receipt. Recommendation: Improve sexual harassment reporting procedures that ensure Human Resources (HR) receives sexual harassment complaints on the same day Complainant files with an agency representative.	NOT COMPLIANT
B	1.2	The agency requested an impartial investigator in accordance with the state sexual harassment prevention policy, if applicable.	COMPLIANT
B	1.3	The agency notified the OIG that criminal conduct was reported to a law enforcement agency, if applicable.	COMPLIANT
B	1.4	The agency documented the consideration and/or implementation of interim protective measures.	COMPLIANT
B	1.5	The investigator documented that a copy of the Statewide Sexual Harassment Prevention Policy was provided to both the complainant and respondent.	COMPLIANT
B	1.6	The investigator documented discussion of the Policy's non-retaliation provision with all parties. Finding: Investigators failed to document discussion of the non-retaliation provision in 3 (75%) out of 4 investigations. Recommendation: Review contents of the OIG ROI template. Consider implementing an investigator checklist that includes the required step of discussing the policy's non-retaliation provision with each party. Investigator must document in the ROI that the provision was discussed with all parties if this requirement was met.	NOT COMPLIANT

Georgia Department of Community Supervision SSHPP COMPLIANCE REVIEW

Section	Subsection	Description	Conclusion
B	1.7	The investigator documented the steps taken to properly secure and/or obtain evidence potentially relevant to the complaint.	COMPLIANT
B	1.8	Conclusions for each allegation were reached.	COMPLIANT
B	1.9	The agency submitted a closing form to the OIG after the completion of the investigation.	COMPLIANT
B	1.10	<p>The investigator completed the investigation and issued findings within 45 calendar days of receipt of the complaint.</p> <p>Finding: <i>In 2 out of 4 (50%) cases, findings were not issued within 45 calendar days.</i></p> <p>Recommendation: <i>As soon as it becomes apparent, the investigator must notify HR in writing of the necessity to extend the investigation beyond 45 calendar days.</i></p>	NOT COMPLIANT
B	1.11	<p>The agency granted an extension if the investigation was not completed within 45 calendar days of receipt of the complaint.</p> <p>Finding: <i>No documentation or evidence was provided by DCS that shows the agency granted extensions for the 2 investigations that exceeded 45 calendar days.</i></p> <p>Recommendation: <i>HR should monitor progress of investigation and inquire of Investigator whether an extension is necessary once investigation due date comes within 5 calendar days.</i></p>	NOT COMPLIANT

**Georgia Department of Community Supervision
SSHPP COMPLIANCE REVIEW**

C COMPLAINT RESOLUTION PROCEDURES			
Section	Subsection	Description	Conclusion
C	1.0	Complaint Resolution and Closure Objective: To ensure that agencies are compliant with the Statewide Sexual Harassment Prevention Policy requirement for complaint resolution, distribution of the Report of Investigation (ROI) and complaint closure.	NOT COMPLIANT
C	1.1	The agency documented implementation of corrective, disciplinary and/or remedial actions taken within 21 calendar days of receipt of the ROI.	COMPLIANT
C	1.2	The investigator documented distribution of the ROI to the Complainant and the Respondent prior to ROI finalization.	COMPLIANT
C	1.3	ALL parties were given at least 3 business days to submit a response to the ROI. Finding: Because dates were not documented in the ROIs for each case, it could not be determined whether both parties were given at least 3 business days to respond to the findings of the ROI in 3 (75%) out of the 4 investigations. Recommendation: Document in the ROI the date the parties were given the ROI and the date until which they had to respond. If a party responded, attach the response to the ROI.	NOT COMPLIANT
C	1.4	The complaint was closed after the parties were given an opportunity to respond to the ROI. Finding: Evidence was provided in 3 (75%) of 4 cases to demonstrate that both parties were afforded the opportunity to respond to the investigation. Recommendation: Document the date of response of all parties in the ROI and close the complaint only after all parties have responded to the ROI.	NOT COMPLIANT

Agency Response - Department of Community Supervision

The following is in response to the Compliance Review conducted by OIG:

Non-Compliant	Corrective Action	Points of Consideration
A 2.1 Newly hired/transferred after 6/30/19 receive SH prevention training w/in 30 calendar days of hire/transfer	<u>HR recommendation:</u> New and transferred employees will receive SH training during their HR onboarding (New Employee Orientation - Day 3.)	
A 2.2 All employees complete annual emp SH prevention training	<u>HR recommendation:</u> Continue to track, monitor and communicate completions during designated period.	The data reported on this review was not consistent with what was submitted, creating omissions. FMLA, Workers Comp, and Military Leave employees were included.
A 2.3 All newly hired/promoted managers/supervisors receive SH prevention training w/in 30 days of promotion/hire	<u>HR recommendation:</u> SH training will occur at time of selection and announcement. At completion, Personnel Action will be processed.	Managers and Supervisors reporting and completion had a time frame that was different from Non-managers/supervisors.
B 1.1 All SH complaints reported to OIG w/in 2 days of receipt of agency.	<u>OPS recommendation:</u> Field to immediately forward any written complaint involving SH to HR&OPS. If unsure if meets SH definition, still immediately forward complaint to HR&OPS for review for determination.	Agree notification ASAP, but allowing up to five business days to report to OIG may be more realistic. Would be beneficial to agency if OIG submit button gives a copy of completed form for proof of submission, rather than just an acknowledgement of submission
B 1.6 Inv. documented discussion of the policy's non-retaliation provision of all parties	<u>OPS Recommendation:</u> SH policy to be reviewed with all parties and Inv to document both the review of SH policy as well as review of retaliation in report. Use the compliance review form as a template to complete all future investigations.	
B 1.10	<u>OPS Recommendation:</u>	

Agency Response - Department of Community Supervision

Inv. completed the investigation and issued findings w/in 45 calendar days of receipt of the complainant	When nearing 40 days, reach out for an extension.	
B 1.11 Agency granted an extension if investigation not completed in 45 days of complaint	<u>OPS Recommendation:</u> When nearing 40 days, reach out for an extension.	
C 1.3 ALL parties given at least 3 business days to submit a response to the report	<u>OPS Recommendation:</u> Inv to document date report shared and whether or not responses were received along with the dates. OPS and HR to review <u>all</u> reports before finalized.	<u>Point to consider -</u> By sharing the report with the complainant and the respondent, an even more volatile or inflamiltory work environment may inadvertently be created
C 1.4 Complaint was closed after the parties were given an opportunity to respond to the report	<u>OPS Recommendation:</u> Inv to document date report sent and whether or not responses were received along with the dates. OPS and HR to review <u>all</u> reports before finalized.	<u>Point to consider-</u> By sharing the report with the complainant and the respondent, an even more volatile or inflamiltory work environment may inadvertently be created

**Georgia Department of Human Services
SSHPP COMPLIANCE REVIEW**

A POLICY AWARENESS & TRAINING			
Section	Subsection	Description	Conclusion
A	1.0	Roles & Responsibilities Objective: To ensure that roles and responsibilities for sexual harassment prevention have been clearly and appropriately defined.	NOT COMPLIANT
A	1.1	Agency reported to Office of the State Inspector General (OIG) via the OIG online portal, the name and contact information of the current Human Resources (HR) contact.	COMPLIANT
A	1.2	Agency reported to OIG via the OIG online portal, the current names and contact information of at least two employees, not of the same gender, to conduct sexual harassment investigations.	COMPLIANT
A	1.3	Names and contact information of replacement designees (HR contact and investigators) were reported to the OIG within seven (7) business days of the date of appointment via the OIG online portal. <i>Finding: OIG verification of DHS designees revealed that an individual designated as an investigator was no longer serving in that capacity. Recommendation: Implement procedures to remind agency personnel to remove sexual harassment designees once they have been reassigned to other duties.</i>	NOT COMPLIANT
Section	Subsection	Description	Conclusion
A	2.0	Awareness & Training Objective: To ensure that all employees are trained and advised on the Statewide Sexual Harassment Prevention Policy.	NOT COMPLIANT
A	2.1	ALL employees newly hired or transferred after June 30, 2019 received employee sexual harassment prevention training within 30 calendar days of hire or transfer. <i>Finding: Of 131 newly hired or transferred employees, 27 (21%) did not receive employee sexual harassment prevention training within 30 calendar days of hire or transfer. 23 of 27 received training after 30 days of hire. Recommendation: Include employee sexual harassment prevention training as part of the agency's employee orientation program. Set an agency goal of completing agency employee orientation within 5 business days of the employee's start date.</i>	NOT COMPLIANT

**Georgia Department of Human Services
SSHPP COMPLIANCE REVIEW**

Section	Subsection	Description	Conclusion
A	2.2	<p>ALL employees completed annual employee sexual harassment prevention training in calendar year (CY) 2019.</p> <p>Finding: Of 2,527 employees, 70 employees (3%) did not receive annual employee sexual harassment prevention training during CY 2019.</p> <p>Recommendation: Establish a monthly or quarterly online training schedule to conduct annual employee sexual harassment prevention training based on the month or quarter of the employee hire or transfer date. Develop a system where employees are automatically enrolled and instructed via email to complete their annual sexual harassment prevention training during the month or quarter corresponding to their anniversary date of hire or transfer.</p>	NOT COMPLIANT
A	2.3	<p>ALL newly hired or promoted managers/supervisors received supervisor sexual harassment prevention training within 30 calendar days of employment or promotion to their position.</p> <p>Finding: Of 138 supervisors identified as newly hired or promoted 1 (less than 1%) received supervisor sexual harassment prevention training within 30 days of hire or promotion.</p> <p>Recommendation: Include supervisor sexual harassment prevention training as part of the agency's employee orientation program. As recommended for employees, ensure supervisors/managers complete agency orientation within 5 business days of hire, transfer, or promotion.</p>	NOT COMPLIANT
A	2.4	<p>ALL managers/supervisors received annual supervisor sexual harassment prevention training.</p> <p>Finding: Of 1,931 supervisors, 780 (40%) did not complete annual supervisor sexual harassment prevention training.</p> <p>Recommendation: Establish a monthly or quarterly online training schedule to conduct annual Supervisor Sexual Harassment Prevention Policy training based on the month or quarter of the employee hire or transfer date. As recommended for employees, develop a system where managers/supervisors are automatically enrolled and instructed via email to complete their online annual supervisor sexual harassment prevention training during the month or quarter corresponding to their manager/supervisor anniversary date of hire or promotion.</p>	NOT COMPLIANT

**Georgia Department of Human Services
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Section	Subsection	Description	Conclusion
A	2.5	<p>ALL investigations were conducted by investigators who received investigator sexual harassment prevention training.</p> <p><i>Finding:</i> In only one instance, OIG found an investigator that had not received investigator training. Based on review of LMS training records, the investigator assigned to investigate a DHS complaint enrolled for the investigator training on 12/04/2019 but did not complete the training. Noted was the fact that the investigator attended an investigator webinar on 12/09/2019. However, the webinar does not satisfy the investigator sexual harassment training requirement.</p> <p><i>Recommendation:</i> Ensure all investigators investigating a complaint have completed the appropriate investigator training.</p>	NOT COMPLIANT

**Georgia Department of Human Services
SSHPP COMPLIANCE REVIEW**

B INVESTIGATIVE & REPORTING PROCEDURES			
Section	Subsection	Description	Conclusion
B	1.0	Investigatory Steps Objective: To ensure all investigatory steps were conducted in accordance with the Statewide Sexual Harassment Prevention Policy Procedures.	NOT COMPLIANT
B	1.1	All complaints were reported to the OIG within 2 business days of receipt by the agency. <i>Finding: Of 26 complaints, 9 were reported to OIG more than 2 business days after receipt.</i> <i>Recommendation: Streamline reporting process within the agency to prevent delay.</i>	NOT COMPLIANT
B	1.2	The agency requested an impartial investigator in accordance with the state sexual harassment prevention policy, if applicable.	COMPLIANT
B	1.3	The agency notified the OIG that criminal conduct was reported to a law enforcement agency, if applicable.	COMPLIANT
B	1.4	The agency documented the consideration and/or implementation of interim protective measures. <i>Finding: In 3 investigations, investigators failed to document consideration of interim protective measures.</i> <i>Recommendation: Per state policy, consider interim protective measures for each complaint. Consider any relevant facts that could impact each party's ability to perform in the workplace. Reassign employee duties or change workplace locations based on facts discovered. Investigator must document how interim protective measures were considered or implemented in the ROI.</i>	NOT COMPLIANT
B	1.5	The investigator documented that a copy of the Statewide Sexual Harassment Prevention Policy (SSHPP) was provided to both the complainant and respondent. <i>Finding: Investigators failed to document whether a copy of the SHPP was provided to the complainant and respondent in 23 of the investigations conducted.</i> <i>Recommendation: Review contents of OIG ROI template. Consider the implementation of an investigator checklist that would include the necessary step of providing each party a copy of the policy and date received. Investigator must document in the ROI that all parties received a copy of the policy and date received if this requirement was met.</i>	NOT COMPLIANT

Georgia Department of Human Services SSHPP COMPLIANCE REVIEW

Section	Subsection	Description	Conclusion
B	1.6	<p>The investigator documented discussion of the Policy's non-retaliation provision with all parties.</p> <p>Finding: <i>Investigators failed to document discussion of the non-retaliation provision in 23 of the 26 investigations conducted.</i></p> <p>Recommendation: <i>Review contents of OIG ROI template. Consider implementing an investigator checklist that includes the required step of discussing the policy's non-retaliation provision with each party. Investigator must document in the ROI that the provision was discussed with all parties if this requirement was met.</i></p>	NOT COMPLIANT
B	1.7	The investigator documented the steps taken to properly secure and/or obtain evidence potentially relevant to the complaint.	COMPLIANT
B	1.8	Conclusions for each allegation were reached.	COMPLIANT
B	1.9	The agency submitted a closing form to the OIG after the completion of the investigation.	COMPLIANT
B	1.10	<p>The investigator completed the investigation and issued findings within 45 calendar days of receipt of the complaint.</p> <p>Finding: <i>12 investigations exceeded 45 calendar days. 11 of the investigations were granted extensions.</i></p> <p>Recommendation: <i>As soon as it becomes apparent, Investigator must notify Human Resources (HR) of the necessity to extend the investigation beyond 45 days.</i></p>	NOT COMPLIANT
B	1.11	<p>The agency granted an extension if the investigation was not completed within 45 calendar days of receipt of the complaint.</p> <p>Finding: <i>OIG could not locate an approval of extension for one investigation.</i></p> <p>Recommendation: <i>HR should monitor progress of investigation and inquire of Investigator whether an extension is necessary.</i></p>	NOT COMPLIANT

**Georgia Department of Human Services
SSHPP COMPLIANCE REVIEW**

C COMPLAINT RESOLUTION PROCEDURES			
Section	Subsection	Description	Conclusion
C	2.0	Complaint Resolution and Closure Objective: To ensure that agencies are compliant with the Statewide Sexual Harassment Prevention Policy requirement for complaint resolution, distribution of the Report of Investigation (ROI) and complaint closure.	NOT COMPLIANT
C	2.1	The agency documented implementation of corrective, disciplinary and/or remedial actions taken within 21 calendar days of receipt of the ROI. Finding: DHS took longer than 21 days to take personnel actions in 4 cases. Recommendation: Implement procedures to ensure that personnel actions are taken within 21 calendar days.	NOT COMPLIANT
C	2.2	The investigator documented distribution of the ROI to the Complainant and the Respondent prior to ROI finalization. Finding: Investigators did not document distribution of the ROI to both parties in any ROI. Recommendation: Review contents of OIG ROI template. Consider implementing an investigator checklist that includes the required step of distributing the ROI to all parties and document that action in the ROI. Documentation must include date ROI was distributed to each party.	NOT COMPLIANT
C	2.3	ALL parties were given at least 3 business days to submit a response to the ROI. Finding: ROIs provided by DHS do not indicate whether parties were given at least 3 business days to respond to the ROI. Recommendation: Document in the ROI the date the parties were given the ROI and the response due date provided to the parties. If there any responses, attach each party's response to the ROI.	NOT COMPLIANT
C	2.4	The complaint was closed after the parties were given an opportunity to respond to the ROI. Finding: ROIs provided by DHS do not indicate whether parties were given an opportunity to respond to the ROI. Recommendation: Follow guidelines established by the SSHPP and include in DHS policy.	NOT COMPLIANT

Agency Response - Georgia Department of Human Services

I would like to take a moment to thank the OIG team for taking the time to provide a review of how our agency is doing concerning compliance with the State Sexual Harassment Policy. We have gone over the areas cited in the review and reviewed those areas against the current policy and appendix dated March 1, 2019. So that we can ensure full compliance, we need clarification for a couple of areas we were “non-compliant” in, regarding the investigative report?

Section “B” Investigative & Reporting Procedures

B 1.4 – Consideration of Interim Measures- In each of our investigations, these measures are considered, and where they are necessary, we document those actions in the narrative of the report. I read this area in the policy, but I cannot find in the State Policy or Appendix where it states these considerations must be documented in the report whether necessary or not.

B 1.5- Statewide Sexual Harassment and Protection Policy provided to the complainant and respondent. This is another situation where it is not clear that it has to be documented in the report. I can only find a reference in policy that it must be provided to all employees and acknowledgment kept in the personnel file.

B 1.6- Discussion of non-retaliation provision with all parties- In reviewing the policy and the appendix, I can find no reference to this being a documentation requirement in the report.

Section “C” Complaint Resolution Procedures:

C 2.2- 2.5 Distribution of the report to the respondent and complainant before finalizing the report- Like the above areas, I can find no reference in the policy or appendix that it must be documented in the report these actions were taken.

I read in the recommendations that we should follow the OIG Template. If that is the basis for these findings, I cannot find a requirement to use that template or its full contents for the writing of the report in the policy or appendix. We need clarification on this as well.

Our agency desires to be 100% compliant, and clarification of these questions will help us get and remain compliant in these areas.

Additionally, I am not sure the agencies are clear that they need to respond to the review. If that is the case, then the agency heads need to be notified with a date to have such a response completed and returned.

Thank you again for your review and clarification of these areas of concern.

Best Regards,

David W. LeNoir, MBA, CIG, CPM
Inspector General
Office of Inspector General
Georgia Department of Human Services

Georgia Department of Defense SSHPP COMPLIANCE REVIEW

A POLICY AWARENESS & TRAINING			
Section	Subsection	Description	Conclusion
A	1.0	Roles & Responsibilities Objective: To ensure that roles and responsibilities for sexual harassment prevention have been clearly and appropriately defined.	COMPLIANT
A	1.1	Agency reported to the Office of the State Inspector General (OIG) via the OIG online portal, the name and contact information of the current Human Resources (HR) contact.	COMPLIANT
A	1.2	Agency reported to OIG via the OIG online portal, the current names and contact information of at least two employees, not of the same gender, to conduct sexual harassment investigations.	COMPLIANT
A	1.3	Names and contact information of replacement designees (HR contact and investigators) were reported to the OIG within seven (7) business days of the date of appointment via the OIG online portal.	COMPLIANT
Section	Subsection	Description	Conclusion
A	2.0	Awareness & Training Objective: To ensure all employees are trained and advised on the Statewide Sexual Harassment Prevention Policy (SSHPP).	NOT COMPLIANT
A	2.1	ALL employees newly hired or transferred after June 30, 2019 received employee sexual harassment prevention training within 30 calendar days of hire or transfer. Finding: 9 of 38 newly hired or transferred employees (24%) did not receive training per policy. One employee received no training, while 8 received training beyond 30 days of hire or transfer. Recommendation: Include employee sexual harassment prevention training as part of the agency's employee orientation program. Set an agency goal of completing agency employee orientation within 5 business days of the employee's start date.	NOT COMPLIANT

Georgia Department of Defense SSHPP COMPLIANCE REVIEW

Section	Subsection	Description	Conclusion
A	2.2	<p>ALL employees completed annual employee sexual harassment prevention training in calendar year (CY) 2019.</p> <p><i>Of 593 employees reviewed, only 4 (less than 1%) did not receive annual employee sexual harassment prevention training in CY 2019.</i></p>	COMPLIANT
A	2.3	<p>ALL newly hired or promoted managers/supervisors received supervisor sexual harassment prevention training within 30 calendar days of employment or promotion to their position.</p> <p><i>Finding:</i> Of 8 newly hired or promoted supervisors reviewed, 5 (63%) did not receive supervisor sexual harassment prevention training per policy. Four received no training, while 1 received training beyond 30 days from date of hire, promotion, or transfer.</p> <p><i>Recommendation:</i> Include supervisor sexual harassment prevention training as part of the agency's employee orientation program. As recommended for employees, ensure supervisors/managers complete agency orientation within 5 business days of hire, transfer, or promotion.</p>	NOT COMPLIANT
A	2.4	<p>ALL managers/supervisors received annual supervisor sexual harassment prevention training.</p> <p><i>Of 135 supervisors reviewed, only 1 (less than 1%) did not receive annual supervisor sexual harassment prevention training.</i></p>	COMPLIANT
A	2.5	<p>ALL investigations were conducted by investigators who received investigator sexual harassment prevention training.</p>	COMPLIANT

Georgia Department of Defense SSHPP COMPLIANCE REVIEW

B INVESTIGATIVE & REPORTING PROCEDURES			
Section	Subsection	Description	Conclusion
B	1.0	Investigatory Steps Objective: To ensure all investigatory steps were conducted in accordance with the Statewide Sexual Harassment Prevention Policy Procedures.	NOT COMPLIANT
B	1.1	All complaints were reported to the OIG within 2 business days of receipt by the agency. <i>Finding: Based on the documentation provided by DOD, OIG could only confirm that 3 out of 8 complaints (38%) were reported to OIG within 2 business days of receipt.</i> <i>Recommendation: Develop or improve department sexual harassment reporting procedures that ensure Human Resources receives sexual harassment complaints on the same day complainant files with an agency representative.</i>	NOT COMPLIANT
B	1.2	The agency requested an impartial investigator in accordance with the state sexual harassment prevention policy, if applicable.	COMPLIANT
B	1.3	The agency notified the OIG that criminal conduct was reported to a law enforcement agency, if applicable.	COMPLIANT
B	1.4	The agency documented the consideration and/or implementation of interim protective measures. <i>Finding: Investigators failed to document the consideration or implementation of interim protective measures in 4 out of 8 (50%) complaints investigated.</i> <i>Recommendation: Adopt OIG Report of Investigation (ROI) template and review its contents. Consider any relevant facts that could impact each party's ability to perform in the workplace. Reassign employee duties or change workplace locations based on facts discovered. Investigator must document how interim protective measures were considered or implemented in the ROI.</i>	NOT COMPLIANT
B	1.5	The investigator documented that a copy of the Statewide Sexual Harassment Prevention Policy was provided to both the complainant and respondent. <i>Finding: Investigators failed to document whether a copy of the SHPP was provided to the complainant and respondent in 7 out of the 8 (88%) investigations conducted.</i> <i>Recommendation: Review contents of OIG ROI template. Consider the implementation of an investigator checklist that would include the required step of providing each party a copy of the policy and date received. Investigator must document in the ROI that all parties received a copy of the policy and date received if that requirement was met.</i>	NOT COMPLIANT

Georgia Department of Defense SSHPP COMPLIANCE REVIEW

Section	Subsection	Description	Conclusion
B	1.6	<p>The investigator documented discussion of the Policy's non-retaliation provision with all parties.</p> <p>Finding: Investigators failed to document discussion of the non-retaliation provision in any of the investigations conducted (0%).</p> <p>Recommendation: Review contents of OIG ROI template. Consider implementing an investigator checklist that includes the required step of discussing the policy's non-retaliation provision with each party. Investigator must document in the ROI that the provision was discussed with all parties if this requirement was met.</p>	NOT COMPLIANT
B	1.7	<p>The investigator documented the steps taken to properly secure and/or obtain evidence potentially relevant to the complaint.</p> <p>Finding: The investigators did not document steps taken to properly secure or obtain evidence in 1 out of 8 investigations (13%).</p> <p>Recommendation: Pursue all evidence that could impact the outcome of the complaint. Document in the ROI specific evidence that was reviewed and whether it applied to the outcome of the investigation.</p>	NOT COMPLIANT
B	1.8	Conclusions for each allegation were reached.	COMPLIANT
B	1.9	The agency submitted a closing form to the OIG after the completion of the investigation.	COMPLIANT
B	1.10	<p>The investigator completed the investigation and issue findings within 45 calendar days of receipt of the complaint.</p> <p>Finding: 5 out of 8 investigations (63%) were not completed within 45 calendar days of receipt of complaint.</p> <p>Recommendation: As soon as it becomes apparent, Investigator must notify Human Resources (HR) in writing of the necessity to extend the investigation beyond 45 calendar days.</p>	NOT COMPLIANT
B	1.11	<p>The agency granted an extension if the investigation was not completed within 45 calendar days of receipt of the complaint.</p> <p>Finding: There was no documentation provided that indicated that extensions were granted in the 5 investigations that exceeded 45 days.</p> <p>Recommendation: HR should monitor progress of investigation and inquire of Investigator whether an extension is necessary once investigation due date comes within 5 calendar days.</p>	NOT COMPLIANT

**Georgia Department of Defense
SSHPP COMPLIANCE REVIEW**

C COMPLAINT RESOLUTION PROCEDURES			
Section	Subsection	Description	Conclusion
C	1.0	Complaint Resolution and Closure Objective: To ensure that agencies are compliant with the Statewide Sexual Harassment Prevention Policy requirement for complaint resolution, distribution of the Report of Investigation (ROI) and complaint closure.	NOT COMPLIANT
C	1.1	The agency documented implementation of corrective, disciplinary and/or remedial actions taken within 21 calendar days of receipt of the ROI.	COMPLIANT
C	1.2	The investigator documented distribution of the ROI to the Complainant and the Respondent prior to ROI finalization. <i>In all of the 8 cases reviewed, complainants were provided a copy or communicated the ROI to the Complainant and Respondent before the ROI was finalized.</i>	COMPLIANT
C	1.3	ALL parties were given at least 3 business days to submit a response to the ROI. <i>Of 8 investigations reviewed, there was no documentation provided in 2 investigations (25%) that indicated that each party was given 3 business days to respond to the ROI.</i> Recommendation: Document in the ROI the date the parties were given the ROI and the date until which they had to respond. If a party responded, attach the response to the ROI.	NOT COMPLIANT
C	1.4	The complaint was closed after the parties were given an opportunity to respond to the ROI. Finding: Of 8 investigations reviewed, there was no documentation provided in 1 investigation (13%) that indicated that the respondent was given a copy of the report to respond before the complaint was closed. Recommendation: Close the complaint only after all parties have been given an opportunity to respond to the ROI.	NOT COMPLIANT



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NGGA-TAG

11 February 2021

MEMORANDUM FOR State Inspector General, Office of the State Inspector
General, 2 Martin Luther King, Jr. Drive, SW, 1102 West Tower, Atlanta, GA
30334

SUBJECT: Corrective Action Plan, Georgia Department of Defense

1. On 1 July 2020, the Georgia Department of Defense (DOD) received a FY20 Sexual Harassment Compliance Review. A Report of Inspection was received on 5 February 2021. A thorough review has been conducted and addressed with key staff members within the GA DOD. Attached you will find a detailed response and Corrective Action Plan (CAP).

2. There are no areas of non-compliance that the Department has not or cannot resolve.

Encls

1. SSHPP CAP
2. Appendices

A handwritten signature in black ink, appearing to read "T. Carden", is positioned above the typed name.

THOMAS M. CARDEN, JR.
Major General, GANG
The Adjutant General

Corrective Action Plan

Statewide Sexual Harassment Prevention Policy Compliance Review

1. a. FINDING: Item A 1.3: The Department of Defense (DOD) listed three investigators, one of which is serving as the HR contact. However, more investigators from DOD worked on the sexual harassment cases than the original 3 investigators listed. This shows that an update was not provided.

b. ROOT CAUSE: DOD State Personnel Director emailed Deputy Inspector General Jenna Wiese on 17 September 2019 that one of the identified investigators was no longer assigned and we needed to submit her replacement. DOIG responded with directions to submit the newly designated investigator via their website. The new investigator was submitted and is on the current list. The investigator that is not on the OIG list is the one that was replaced after conducting one investigation.

c. CORRECTIVE ACTIONS: The DOD is currently in compliance with the OIG's requirement for one male and one female investigator being identified and trained.

(1) Update internal processes to ensure new designees are recorded as Investigators.

i. Create a DOD State Sexual Harassment Prevention Policy (SSHPP) monthly compliance report for State Personnel Office (SPO) to report to the Adjutant General (TAG) during the first Friday of every month (see appendix A).

ii. Save and compile screenshots of any new investigators entered through the OIGs website as verification of documentation.

d. TIMELINE: A DOD SSHPP monthly compliance report has been prepared and will begin being briefed on a monthly basis to the TAG on 5 March 2021.

2. a. FINDING: Item A, 2.1: 10 out of 18 newly hired or transferred employees either did not receive training or took over 30 days from their start date to complete training.

b. ROOT CAUSE: All 10 employees were trained. 5 of them were trained within the 30-day window and are documented in Appendix J. The remaining 5 employees were trained, but were not trained within the 30-day window. Their training dates are also documented in Appendix J. With regard to those 5 employees, the compliance review revealed that training of new employees was not executed consistently across the various state employee locations.

c. CORRECTIVE ACTIONS: SPO has developed comprehensive procedures to improve sexual harassment prevention training reporting and quality controls.

(1) Since May 2020, employee sexual harassment prevention training has been part of the agency's employee orientation program.

Agency Response - Georgia Department of Defense

i. Deputy Adjutant General directed the Assistant Adjutants General of Army and Air and the Director of the Joint Staff to identify new federal supervisors to SPO immediately upon placement in a supervisory position over a state employee. In June 2020, SPO created and implemented a Federal Supervisor Request for Employee ID Number form, which includes a checkpoint for Sexual Harassment Training. (See Appendix B.)

ii. In May 2020, SPO added an enhanced New Hire Checklist- Sexual Harassment Prevention Training and Attestation Form to the SPO Position Hiring Checklist. (See Appendix C.)

iii. New hires and transfers will be included in the DOD SSHPP monthly compliance report for SPO to report to the TAG during the first Friday of every month. (See appendix A.)

iv. Agency-wide New Hire Training – SPO is creating standardized onboarding training for all state employees. This project will be completed by July 2021. This will improve employee knowledge and understanding of agency policies, standards, and culture including sexual harassment prevention.

3. a. FINDING: Item A, 2.2: 69 out of 493 employees did not receive annual employee sexual harassment prevention training in CY2019.

b. ROOT CAUSE: The numbers reported on the compliance review are incorrect. Out of 493 employees, only 3 employees did not receive the annual employee sexual harassment prevention training. Please see comments on spreadsheet included in APPENDIX J - Response to DOD Training Non-Compliance Report. Our tracking mechanisms and quality control check process has been improved, so that even those 3 training misses will not occur in the future.

c. CORRECTIVE ACTIONS: DOD has implemented annual sexual harassment prevention training beginning in August 2020.

(1) Annual employee training

i. Increased training availability- Beginning in August 2020, both in-person and virtual sexual harassment prevention training (SHPT) options were offered over multiple weeks to employees and locations around the state. This was the first time that virtual training was utilized by the SPO office.

ii. Tracking Spreadsheet- SPO created a spreadsheet to assist with tracking SHPT in August 2020. Modifications will be made in CY 2021 to mirror the OIG's tracking sheet.

iii. Makeup Training Opportunities – Currently, if employees were absent when training was offered, individual SPO HR representatives conduct training when their assigned employee returns to work. SPO has also conducted virtual trainings as needed. Once SPO launches the standardized onboarding training for all state employees in July 2021, training opportunities will be offered semi-monthly. Employees who miss the standard annual training window, will be required to join the next available session after returning to work following absences due to FMLA, military deployments, etc.

4. a. FINDING: Item A, 2.3: 7 out of 9 newly hired or promoted supervisors either

Agency Response - Georgia Department of Defense

took over 30 days from date of hire or promotion to receive training or did not receive training at all.

b. ROOT CAUSE: Only one supervisor missed the training window in CY19. 6 of the 7 supervisors identified in the compliance review as not receiving training had no direct reports; therefore, they were not required or registered for the Sexual Harassment Training for Supervisors/Managers. We made an internal policy decision in CY20 and registered these employees for the Supervisor training due to the nature of their positions in spite of the fact that they did not directly supervise employees. Following our policy decision, these employees were trained during CY20. The remaining supervisor did complete the training, but was trained outside of the 30 day window. Our tracking mechanisms and quality control check process has been improved, so that even that 1 training miss will not occur in the future.

c. CORRECTIVE ACTIONS: The Deputy Adjutant General has directed the Assistant Adjutants General (Army and Air) and the Director of the Joint Staff to inform SPO of newly assigned federal supervisors who supervise state employees. When an individual is promoted and the personnel action notification is emailed, a specifically designated SPO member registers the new supervisor for training through DOAS-HRA and sends an email with login instructions to the new supervisor.

(1) Improve Tracking of New Supervisor Training

i. Newly hired or promoted managers/supervisors will be included in the DOD SSHPP monthly compliance report for SPO to report to the TAG during the first Friday of every month. (See appendix A.)

ii. A request for DOAS to grant access to a secondary SPO member will expand access to the DOAS supervisor training report for tracking.

iii. SPO created a tracking spreadsheet to assist with tracking SHPT in August 2020. Modifications will be made in CY 2021 to mirror the OIG's tracking sheet.

5. a. FINDING: Item A, 2.4: 8 out of 77 supervisors did not complete annual supervisor sexual harassment prevention training.

b. ROOT CAUSE: None of the 8 supervisors identified as missing training in the Compliance Report were actually supervisors during the annual training period and were not required to take the annual supervisor training. (See appendix J.) However, we have included this category of employees in our improved training tracking system to ensure that all supervisors are trained.

c. CORRECTIVE ACTIONS: The State Personnel Director (SPD), along with a designated SPO member, have improved review and visibility of annual supervisor training through DOAS-HRA.

(1) Improve Tracking of Annual Supervisor Training

i. Annual SHPT status update will be included in the DOD SSHPP monthly compliance report for SPO to report to the TAG during the first Friday of every month.

(See appendix A).

ii. A request for DOAS to grant access to a secondary SPO member will expand access to the DOAS supervisor training report for tracking.

iii. In August 2020, SPO created a tracking spreadsheet to track SHPT. Modifications will be made in CY 2021 to mirror the OIG's tracking sheet.

6. a. FINDING: Item B 1.1: Based on the documentation provided by DOD, OIG could only confirm that 3 out of 8 complaints were reported to OIG within 2 business days of receipt.

b. ROOT CAUSE: With a majority of cases, the SPD reported to the OIG within 2 business days of receipt from the DOD work site. However, one report was reported, but had to be resubmitted due to technical/operator errors with the reporting website. This resubmission was outside of the two days. One report was submitted within 2 days of receipt, but was not noted in the report. The third case was submitted as the result of information developed in an unrelated investigation that was not reported to SPD until the results of the unrelated investigation were briefed. The allegation should have been reported prior to the end of the unrelated investigation.

c. CORRECTIVE ACTIONS: The National Guard and SPO are improving dissemination of additional Statewide Sexual Harassment Prevention Policy (SSHPP) information to all state employees and federal supervisors.

(1) Provide Policy Resources to all state employees and federal supervisors.

i. Email an electronic copy of the SSHPP and reporting instructions (See appendix D) to all state employees and federal supervisors by 10 February 2021 and again during the annual training period.

ii. Instruct site HR representatives to include a copy of SSHPP and reporting instructions on site bulletin boards.

iii. Instruct site HR representatives to print hard copies of the SSHPP and reporting instructions distribute to each employee during annual training period.

iv. Include failure to report within designated time constraints to updated DOD progressive discipline policy by July 2021.

v. Include SSHPP reporting instructions into newly developed SPO supervisor training during February 2021. In addition,

vi. SPO will incorporate the SSHPP and reporting instructions into the standardized onboarding training for all state employees. Projected completion will be July 2021.

7. a. FINDING: Item B, 1.4: Investigators failed to document the consideration or implementation of interim protective measures in 4 out of 8 complaints investigated.

b. ROOT CAUSE: In 4 out of the 8 complaints, the investigator determined that no interim protective measures were needed and that section was not included in the written report.

c. CORRECTIVE ACTIONS: SPO is strengthening the DOD's Report of Investigation (ROI) template to mirror the requirements of the SSHPP investigative and reporting procedures.

(1) Provide additional guidance and tools to investigators.

i. The DOD created a new position for a State Attorney within the agency. This position's job duties and responsibilities include providing guidance and conducting an internal review to help ensure SSHPP investigative and reporting procedures are followed. This position was filled in December 2020.

ii. Enhanced reporting template to include mandatory checkboxes to indicate whether or not interim protective measures are recommended. A written justification will also be required. (See appendix E.)

iii. Implement the use of the newly created Sexual Harassment Investigation Checklist as of 10 February 2021. (See appendix F.)

iv. Email a copy of FY20 Sexual Harassment Compliance Review Results and the agency's corrective action plan (CAP) to the state attorney, investigators, SPO staff member assigned to assist sexual harassment training on 11 February 2021.

8. a. FINDING: Item B, 1.5: Investigators failed to document whether a copy of the SHPP was provided to the complainant and respondent in 7 out of the 8 investigations conducted.

b. ROOT CAUSE: The investigator verbally reported to the SPD that a copy of the SHPP was provided to the complainant, respondent, and to each person interviewed. However, this information was not notated in the Report of Investigation (ROI).

c. CORRECTIVE ACTIONS: The Department is strengthening the DOD's Report of Investigation (ROI) template and creating a Sexual Harassment Investigation Acknowledgement Form (see Appendix G) to mirror the requirements of the SSHPP investigative and reporting procedures.

(1) Provide additional guidance and tools to investigators.

i. SPO created a Sexual Harassment Investigation Acknowledgement Form for investigators to issue to the complainant, respondent, and to each person interviewed for completion and filed with the ROI. (See appendix G.)

ii. Enhanced reporting template include mandatory checkboxes to indicate whether they gave a copy of the SHPP to the complainant and respondent. (See appendix E.)

iii. Implement the use of the newly created Sexual Harassment Investigation Checklist. The form will require the investigator to specifically note in the ROI that a SHPP was provided to the complainant, respondent, and to each person interviewed. (See appendix F.)

iv. Email a copy of FY20 Sexual Harassment Compliance Review Results and the agency's CAP to the state attorney, two investigators, SPO staff member assigned to assist with sexual harassment training.

9. a. FINDING: Item B, 1.6: Investigators failed to document discussion of the non-retaliation provision in any of the investigations conducted.

b. ROOT CAUSE: The investigator verbally reported to the SPD that the non-retaliation provision of the SHPP was discussed with all parties interviewed. However, this information was not notated in the ROI.

c. CORRECTIVE ACTIONS: The Department is strengthening the DOD's Report of Investigation (ROI) template and creating a Sexual Harassment Investigation Acknowledgement Form (see Appendix G) to mirror the requirements of the SSHPP investigative and reporting procedures.

- (1) Provide additional guidance and tools to investigators.
 - i. SPO created a Sexual Harassment Investigation Acknowledgement Form for investigators to issue to the complainant, respondent, and to each person interviewed for completion and filed with the ROI. (See appendix G.)
 - ii. Enhanced reporting template include mandatory checkboxes to indicate that they were briefed on the policy against retaliation. (See appendix E.)
 - iii. Implement the use of the newly created Sexual Harassment Investigation Checklist. The form will require the investigator to specifically notate in the ROI that a SHPP, which includes the non-retaliation policy, was provided to the complainant, respondent, and to each person interviewed. (See appendix F.)
 - iv. Email a copy of FY20 Sexual Harassment Compliance Review Results and the agency's CAP to the state attorney, two investigators, SPO staff member assigned to assist with sexual harassment training.

10. a. FINDING: Item B, 1.7: The investigators did not document steps taken to properly secure or obtain evidence in 1 out of 8 investigations.

b. ROOT CAUSE: The investigator incorrectly stated in the ROI that the collection of evidence was "not applicable". There was evidence collected in the form of multiple witness statements, which were attached to the ROI and should have been listed in this section of the ROI.

c. CORRECTIVE ACTIONS: The Department is strengthening the DOD's Report of Investigation (ROI) template and creating a Sexual Harassment Investigation Acknowledgement Form (see Appendix G) to mirror the requirements of the SSHPP investigative and reporting procedures.

- (1) Provide additional guidance and tools to investigators.
 - i. Enhanced reporting template include a mandatory listing of pieces of evidence that was secured and reviewed by the investigator. (See appendix E.)
 - ii. Implement the use of the newly created Sexual Harassment Investigation Checklist. The form will require the investigator to specifically note in the ROI the specific actions taken by the investigator to gather, secure, and review evidence or if such gathering and securing was inapplicable in the particular case. (See appendix F.)
 - iii. Email a copy of FY20 Sexual Harassment Compliance Review Results and the agency's CAP to the state attorney, two investigators, SPO staff member assigned to assist with sexual harassment training.
 - iv. The new State Attorney will perform a legal review of investigations to ensure that they comport with all policy requirements.

11. a. FINDING: Item B, 1.10: 5 out of 8 investigations were not completed within 45 calendar days of receipt of the complaint.

b. ROOT CAUSE: Due dates were not established when sexual harassment investigations were initiated, which allowed the other job duties of assigned investigators get in the way of the completion of investigations. After clarifying with OIG, of the 5 investigations, 2 of them would have been closed on-time, but SPO mistakenly closed the investigation after the report was finished with the personnel actions notated, not when the investigation portion was completed.

CORRECTIVE ACTIONS: The Department will ensure that sexual harassment investigations are a top priority of the DOD and its supervisors.

- (1) Provide additional guidance and tools to investigators.
 - i. SPO Director will initiate the newly created DOD Sexual Harassment Complaint Summary form. This form requires that the ROI due date be clearly established at the time that the report is initiated. A copy will also be provided to the investigator. (See Appendix H.)
 - ii. Enhanced reporting template includes a ROI deadline. (See appendix E.)
 - iii. Implement the use of the newly created Sexual Harassment Investigation Checklist. The form will require the investigator to specifically notate in the ROI the investigation deadline. (See appendix F.)
 - iv. Ongoing ROI status updates will be included in the DOD SSHPP monthly compliance report for SPO to report to the TAG during the first Friday of every month. This will include the official ROI deadline. (See appendix A.)
 - v. Email a copy of FY20 Sexual Harassment Compliance Review Results and the agency's CAP to the state attorney, two investigators, SPO staff member assigned to assist with sexual harassment training.
 - vi. SPO send a memorandum signed by the Adjutant General to location supervisors when a sexual harassment investigation is initiated to communicate that making employees available to the investigator is mandatory. (See appendix I.)
 - vii. The assigned investigator will be directed lay all other business aside until the timely completion of the assigned investigation.

12. a. FINDING: Item B, 1.11: There was no documentation provided that indicated that extensions were granted in the 5 investigations that exceeded 45 days.

b. ROOT CAUSE: Due dates were not clearly established when the complaint was received, which hindered tracking of deadlines. Generally, the progress on sexual harassment investigations were verbally discussed between the SPD and departmental leadership. Case updates and extension authorizations were not obtained in writing.

c. CORRECTIVE ACTIONS: In July 2020, SPD began requesting extensions of ROI deadlines from the Adjutant General via email so that authorization is now

received in writing. The Department is taking the following additional steps to improve documentation and tracking of ROI extensions:

- (1) Enhance quality control and case deadline tracking tools
 - i. SPO Director will initiate the newly created DOD Sexual Harassment Complaint Summary form. This form requires that ROI extensions be requested in writing and that the extended deadline be clearly established. (See Appendix H.)
 - ii. Ongoing ROI status updates will be included in the DOD SSHPP monthly compliance report for SPO to report to the TAG during the first Friday of every month. This will include whether or not an extension was authorized in writing and the extended deadline. (See appendix A).
 - ii. Enhanced reporting template includes documentation as to any requirement for an extension for the completion of the ROI. (See appendix E.)
 - iii. Implement the use of the newly created Sexual Harassment Investigation Checklist. The form will require the investigator to specifically note in the ROI if the investigation deadline was extended. (See appendix F.)

13. a. FINDING: Item C, 1.1: Out of the 8 cases reviewed, personnel actions were not taken within 21 days of receipt of the ROI in 3 cases.

b. ROOT CAUSE: In one case, the employee was terminated for reasons unrelated to the sexual harassment complaint. This information was not included on the ROI. In a second investigation, after the ROI was provided to the complainant and respondents, the complainant requested additional video footage to be reviewed. This required additional time to attempt to secure additional evidence. As the ROI was not final, it was premature for personnel actions to be considered. The third case did not substantiate any wrongdoing and no personnel actions taken, however, this information was not included in the report.

c. CORRECTIVE ACTIONS: The SPD and SPO will work closely with the State Attorney to ensure that personnel actions are properly recorded and completed by the deadline.

- (1) Create and improve reporting of personnel actions and deadlines.
 - i. SPO Director will initiate the newly created DOD Sexual Harassment Complaint Summary form. This form requires that the personnel action due date be clearly established by the SPD at the time that the ROI is received. (See Appendix H.)
 - ii. Implement the use of the newly created Sexual Harassment Investigation Checklist. The form will require documentation of corrective, disciplinary, and/or remedial actions taken within 21 calendar days of receipt of the ROI. (See appendix F.)
 - iii. Ongoing ROI status updates will be included in the DOD SSHPP monthly compliance report for SPO to report to the TAG during the first Friday of every month. This will include the corrective, disciplinary, and/or remedial actions deadline. (See appendix A.)

13. a. FINDING: Item C, 1.2: Investigators did not document the distribution of ROIs to either party in 2 of the 8 investigations conducted.

b. ROOT CAUSE: In one case, the former SPD provided a verbal summary to all parties however this was completed via phone call. The ROI was distributed to all parties in one investigation; however, the date of that distribution was not noted in the ROI.

CORRECTIVE ACTIONS: The SPD and State Attorney will utilize newly created tools to ensure that the distribution of ROIs to the Complainant and the respondent prior to the ROI finalization is properly documented.

(1) Provide additional tracking and reporting tools.

i. SPO Director will initiate the newly created DOD Sexual Harassment Complaint Summary form. This form requires that the SPD note the date that the ROI is provided to the claimant and to the respondent. (See Appendix H.)

ii. Enhanced reporting template includes a place for notation of the specific date that a copy of the ROI was provided to both the complainant and respondent. (See appendix E).

iii. Implement the use of the newly created Sexual Harassment Investigation Checklist. The form will require the SPD to specifically note in the ROI the specific date that a copy of the ROI was provided to both the complainant and respondent (See appendix F).

14. a. FINDING: Item C, 1.3: Of 8 investigations reviewed, there was no documentation provided in 2 investigations that indicated that each party was given 3 business days to respond to the ROI.

b. ROOT CAUSE: The 3-business day deadline to respond to the ROI was verbally provided to the complainant and respondent, however, it was not documented within the ROI.

CORRECTIVE ACTIONS: The SPD and State Attorney will utilize newly created tools to ensure that the distribution of ROIs to the Complainant and the respondent prior to the ROI finalization is properly documented.

(1) Provide additional tracking and reporting tools.

i. SPO Director will initiate the newly created DOD Sexual Harassment Complaint Summary form. This form requires that the SPD note the deadline for the complainant and respondent to respond within at least 3 business days. (See Appendix H.)

ii. Enhanced reporting template includes a place for notation of the specific deadline date for the complainant and respondent to respond within at least 3 business days. (See appendix E).

iii. Implement the use of the newly created Sexual Harassment Investigation Checklist. The form will require the SPD to specifically note in the ROI the deadline for the complainant and respondent to respond within at least 3 business days. (See appendix F.)

b. 15. a. FINDING: Item C, 1.4: Of 8 investigations reviewed, there was no documentation provided in 1 investigation that indicated that the respondent was given a copy of the report to respond before the complaint was closed.

c. ROOT CAUSE: This was likely the result of confusion between the external investigating agency and SPO. The external investigator stated that they would not send a copy of the ROI to the respondent since he had retired. It is believed that the external investigator thought SPO was going to reach out to the respondent, while SPO thought that the external investigator would contact the respondent. The external investigator did send a preliminary copy to the claimant for response, which was notated in the ROI.

CORRECTIVE ACTIONS: The SPO will work to ensure that a copy of the ROI is provided to the employee even after they leave state employment and included in the ROI.

(1) Provide additional tracking and reporting tools.

i. SPO Director will initiate the newly created DOD Sexual Harassment Complaint Summary form. This form requires that the SPD note the date that the ROI is provided to the claimant and to the respondent. The claim will be closed after the response deadline has passed for both parties. (See Appendix H.)

ii. Enhanced reporting template includes places for the notation of the specific date that a copy of the ROI was provided to both the complainant and respondent. The claim will be closed after the response deadline has passed for both parties. (See appendix E.)

iii. Implement the use of the newly created Sexual Harassment Investigation Checklist. The form will require the SPD to specifically note in the ROI the specific date that a copy of the ROI was provided to both the complainant and respondent (See appendix F.)

Georgia Department of Education

SSHPP COMPLIANCE REVIEW

A POLICY AWARENESS & TRAINING			
Section	Subsection	Description	Conclusion
A	1.0	Roles & Responsibilities Objective: To ensure that roles and responsibilities for sexual harassment prevention have been clearly and appropriately defined.	NOT COMPLIANT
A	1.1	Agency reported to the Office of the State Inspector General (OIG) via the OIG online portal, the name and contact information of the current Human Resources (HR) contact. Finding: Agency still listed 1 employee as an HR contact who was no longer serving as an HR contact. Note: Once an HR contact becomes inactive as a contact, promptly notify OIG that the designee no longer serves in that role.	NOT COMPLIANT
A	1.2	Agency reported to OIG via the OIG online portal, the current names and contact information of at least two employees, not of the same gender, to conduct sexual harassment investigations. Finding: DOE listing of designees submitted to OIG shows one female investigator only. DOE HR contact acknowledged DOE's need to appoint a male investigator per policy. To date, DOE has not designated a male investigator. Recommendation: Follow guidelines mandating the appointment of at least one male and one female investigator designee.	NOT COMPLIANT
A	1.3	Names and contact information of replacement designees (HR contact and investigators) were reported to the OIG within seven (7) business days of the date of appointment via the OIG online portal.	COMPLIANT
Section	Subsection	Description	Conclusion
A	2.0	Awareness & Training Objective: To ensure all employees are trained and advised on the Statewide Sexual Harassment Prevention Policy (SSHPP).	NOT COMPLIANT
A	2.1	ALL employees newly hired or transferred after June 30, 2019 received employee sexual harassment prevention training within 30 calendar days of hire or transfer. Finding: Of 25 newly hired or transferred employees, 14 (56%) did not receive training within 30 calendar days. Thirteen received no employee sexual harassment training and 1 received training after 30 days of hire or transfer. Recommendation: Include employee sexual harassment prevention training as part of the agency's employee orientation program. Set an agency goal of completing agency employee orientation within 5 business days of the employee's start date.	NOT COMPLIANT

Georgia Department of Education SSHPP COMPLIANCE REVIEW

Section	Subsection	Description	Conclusion
A	2.2	<p>ALL employees completed annual employee sexual harassment prevention training in calendar year (CY) 2019.</p> <p>Finding: Of 1,173 employees, 96 (8%) did not complete annual training in CY 2019.</p> <p>Recommendation: Establish a monthly or quarterly online training schedule to conduct annual employee sexual harassment prevention training based on the month or quarter of the employee hire or transfer date. Develop a system where employees are automatically enrolled and instructed via email to complete their annual sexual harassment prevention training during the month or quarter corresponding to their anniversary date of hire or transfer.</p>	NOT COMPLIANT
A	2.3	<p>ALL newly hired or promoted managers/supervisors received supervisor sexual harassment prevention training within 30 calendar days of employment or promotion to their position.</p> <p>Finding: Of 11 managers/supervisors reviewed, none (100%) completed supervisor training as required by policy. Nine of the 11 managers/supervisors completed training through September 2020, after the review period of 07/01/2019-06/30/2020.</p> <p>Recommendation: Include supervisor sexual harassment prevention training as part of the agency's employee orientation program. As recommended for employees, ensure supervisors/managers complete agency orientation within 5 business days of hire, transfer, or promotion.</p>	NOT COMPLIANT
A	2.4	<p>ALL managers/supervisors received annual supervisor sexual harassment prevention training.</p> <p>Finding: Of 128 supervisors, 16 (13%) did not receive annual supervisor sexual harassment prevention training, while the remainder received training outside of the review period of 07/01/2019 through 06/30/2020.</p> <p>Recommendation: Establish a monthly or quarterly online training schedule to conduct annual supervisor sexual harassment prevention training based on the month or quarter of the employee hire or transfer date. As recommended for employees, develop a system where supervisors are automatically enrolled and instructed via email to complete their online annual supervisor sexual harassment prevention training during the month or quarter corresponding to their supervisor anniversary date of hire, transfer, or promotion.</p>	NOT COMPLIANT
A	2.5	<p>ALL investigations were conducted by investigators who received investigator sexual harassment prevention training.</p>	COMPLIANT

Georgia Department of Education SSHPP COMPLIANCE REVIEW

B INVESTIGATIVE & REPORTING PROCEDURES			
Section	Subsection	Description	Conclusion
B	1.0	Investigatory Steps Objective: To ensure all investigatory steps were conducted in accordance with the Statewide Sexual Harassment Prevention Policy Procedures.	NOT COMPLIANT
B	1.1	All complaints were reported to the OIG within 2 business days of receipt by the agency. <i>Finding: Of the 2 sexual harassment investigations conducted, 1 was not reported to OIG. It was not until documents were requested for this review, that OIG became aware of this investigation.</i> <i>Recommendation: Develop or improve sexual harassment reporting procedures.</i>	NOT COMPLIANT
B	1.2	The agency requested an impartial investigator in accordance with the state sexual harassment prevention policy, if applicable. <i>Finding: For one non-reported complaint, OIG was not afforded the opportunity to conduct an impartiality review prior to the investigation.</i> <i>Recommendation: Ensure all complaints are reported to OIG in a timely manner.</i>	NOT COMPLIANT
B	1.3	The agency notified the OIG that criminal conduct was reported to a law enforcement agency, if applicable.	COMPLIANT
B	1.4	The agency documented the consideration and/or implementation of interim protective measures.	COMPLIANT
B	1.5	The investigator documented that a copy of the Statewide Sexual Harassment Prevention Policy was provided to both the complainant and respondent. <i>Finding: Investigator failed to document whether a copy of the policy was distributed to all parties in 1 of the 2 investigations conducted.</i> <i>Recommendation: Review contents of OIG ROI template. Consider the implementation of an investigator checklist that would include the required step of providing each party a copy of the policy and date received. Investigator must document in the ROI that all parties received a copy of the policy and date received if this requirement was met.</i>	NOT COMPLIANT
B	1.6	The investigator documented discussion of the Policy's non-retaliation provision with all parties. <i>Finding: Of 2 investigations conducted, the only evidence of discussion of the non-retaliation provision could only be found with a respondent in 1 investigation.</i> <i>Recommendation: Review contents of the OIG ROI template. Consider implementing an investigator checklist that includes the required step of discussing the policy's non-retaliation provision with each party. Investigator must document in the ROI that the provision was discussed with all parties if this requirement was met.</i>	NOT COMPLIANT

Georgia Department of Education SSHPP COMPLIANCE REVIEW

Section	Subsection	Description	Conclusion
B	1.7	The investigator documented the steps taken to properly secure and/or obtain evidence potentially relevant to the complaint.	COMPLIANT
B	1.8	Conclusions for each allegation were reached.	COMPLIANT
B	1.9	<p>The agency submitted a closing form to the OIG after the completion of the investigation.</p> <p>Finding: <i>The agency failed to report a complaint via the OIG portal to officially open the investigation, therefore no closing form was submitted to OIG.</i></p> <p>Recommendation: <i>Follow SSHPP requirements regarding complaint reporting. Include in the investigator checklist a question that asks the investigator whether the complaint was reported to OIG. Also include instructions to complete the investigation before submitting a closing form to OIG.</i></p>	NOT COMPLIANT
B	1.10	<p>The investigator completed the investigation and issued findings within 45 calendar days of receipt of the complaint.</p> <p>Finding: <i>Both investigations exceeded 45 calendar days. DOE provided no documentation indicating a request for extension had been made.</i></p> <p>Recommendation: <i>As soon as it becomes apparent, Investigator must notify leadership in writing of the necessity to extend the investigation beyond 45 calendar days.</i></p>	NOT COMPLIANT
B	1.11	<p>The agency granted an extension if the investigation was not completed within 45 calendar days of receipt of the complaint.</p> <p>Finding: <i>DOE did not provide any documentation evidencing that extensions had been granted in either investigation.</i></p> <p>Recommendation: <i>HR should monitor progress of investigation and inquire of Investigator whether an extension is necessary once investigation due date comes within 5 calendar days.</i></p>	NOT COMPLIANT

**Georgia Department of Education
SSHPP COMPLIANCE REVIEW**

C COMPLAINT RESOLUTION PROCEDURES			
Section	Subsection	Description	Conclusion
C	1.0	Complaint Resolution and Closure Objective: To ensure that agencies are compliant with the Statewide Sexual Harassment Prevention Policy requirement for complaint resolution, distribution of the Report of Investigation (ROI) and complaint closure.	NOT COMPLIANT
C	1.1	The agency documented implementation of corrective, disciplinary and/or remedial actions taken within 21 calendar days of receipt of the ROI.	COMPLIANT
C	1.2	The investigator documented distribution of the ROI to the Complainant and the Respondent prior to ROI finalization. Finding: In two investigations conducted, a letter was sent to complainant in lieu of the ROI. Recommendation: Consider implementing an investigator checklist with a step that reminds the investigator to distribute the ROI to all parties and document that action in the ROI. Documentation must include date ROI was distributed to each party.	NOT COMPLIANT
C	1.3	ALL parties were given at least 3 business days to submit a response to the ROI. Finding: Per documents provided for two complaints investigated, the Complainant was given the opportunity to respond, but only after the ROI had already been finalized. Conversely, the Respondent was not afforded the opportunity to respond. Recommendation: Follow guidelines established by the SSHPP. Document in the ROI the date the parties responded and attach each party's response to the ROI.	NOT COMPLIANT
C	1.4	The complaint was closed after the parties were given an opportunity to respond to the ROI. Finding: In two complaints investigated, the investigation was closed prior to giving both parties the opportunity to review the ROI. Recommendation: Close the complaint only after all parties have been given a chance to respond to the ROI.	NOT COMPLIANT

Agency Response - Department of Education

The following is in response to the Compliance Review conducted by the Office of the State Inspector General (OIG):

No response submitted by the Georgia Department of Education.

**Georgia Department of Public Health
SSHPP COMPLIANCE REVIEW**

A POLICY AWARENESS & TRAINING			
Section	Subsection	Description	Conclusion
A	1.0	Roles & Responsibilities Objective: To ensure that roles and responsibilities for sexual harassment prevention have been clearly and appropriately defined.	COMPLIANT
A	1.1	Agency reported to the Office of the State Inspector General (OIG) via the OIG online portal, the name and contact information of the current Human Resources (HR) contact.	COMPLIANT
A	1.2	Agency reported to OIG via the OIG online portal, the current names and contact information of at least two employees, not of the same gender, to conduct sexual harassment investigations.	COMPLIANT
A	1.3	Names and contact information of replacement designees (HR contact and investigators) were reported to the OIG within seven (7) business days of the date of appointment via the OIG online portal.	COMPLIANT
Section	Subsection	Description	Conclusion
A	2.0	Awareness & Training Objective: To ensure all employees are trained and advised on the Statewide Sexual Harassment Prevention Policy (SSHPP).	NOT COMPLIANT
A	2.1	ALL employees newly hired or transferred after June 30, 2019 received employee sexual harassment prevention training within 30 calendar days of hire or transfer. <i>Finding: Of 271 newly hired or transferred employees, 17 (6%) did not receive training per policy. Five received no training and 12 received training beyond 30 days of hire or transfer.</i> <i>Recommendation: Include employee sexual harassment prevention training as part of the agency's employee orientation program. Set an agency goal of completing agency employee orientation within 5 business days of the employee's start date.</i>	NOT COMPLIANT
A	2.2	ALL employees completed annual employee sexual harassment prevention training in calendar year (CY) 2019. <i>Finding: Of 1,523 employees, 20 (1%) did not complete annual employee sexual harassment prevention training.</i> <i>Recommendation: Establish a monthly or quarterly online training schedule to conduct annual employee sexual harassment prevention training based on the month or quarter of the employee hire or transfer date. Develop a system where employees are automatically enrolled and instructed via email to complete their annual sexual harassment prevention training during the month or quarter corresponding to their anniversary date of hire or transfer.</i>	NOT COMPLIANT

Georgia Department of Public Health

SSHPP COMPLIANCE REVIEW

Section	Subsection	Description	Conclusion
A	2.3	<p>ALL newly hired or promoted managers/supervisors received supervisor sexual harassment prevention training within 30 calendar days of employment or promotion to their position.</p> <p>Finding: <i>Of the 10 newly hired, promoted, or transferred supervisors, 1 (10%) completed supervisor sexual harassment prevention training within 30 calendar days of employment or promotion.</i></p> <p>Recommendation: <i>Include supervisor sexual harassment prevention training as part of the agency's employee orientation program. As recommended for employees, ensure supervisors/managers complete agency orientation within 5 business days of hire, transfer, or promotion.</i></p>	NOT COMPLIANT
A	2.4	<p>ALL managers/supervisors received annual supervisor sexual harassment prevention training.</p> <p>Finding: <i>Of 219 supervisors, 12 (5%) did not complete annual supervisor sexual harassment prevention training.</i></p> <p>Recommendation: <i>Establish a monthly or quarterly online training schedule to conduct annual supervisor sexual harassment prevention policy training based on the month or quarter of the employee hire or transfer date. As recommended for employees, develop a system where supervisors are automatically enrolled and instructed via email to complete their online annual supervisor sexual harassment prevention training during the month or quarter corresponding to their supervisor anniversary date of hire, transfer, or promotion.</i></p>	NOT COMPLIANT
A	2.5	<p>ALL investigations were conducted by investigators who received investigator sexual harassment prevention training.</p>	COMPLIANT

**Georgia Department of Public Health
SSHPP COMPLIANCE REVIEW**

B INVESTIGATIVE & REPORTING PROCEDURES			
Section	Subsection	Description	Conclusion
B	1.0	Investigatory Steps Objective: To ensure all investigatory steps were conducted in accordance with the Statewide Sexual Harassment Prevention Policy Procedures.	NOT COMPLIANT
B	1.1	All complaints were reported to the OIG within 2 business days of receipt by the agency. <i>Finding: All 5 complaints received by DPH were reported to OIG more than 2 business days after receipt. The average amount of time it took DPH to report sexual harassment complaints to OIG was 24 business days.</i> <i>Recommendation: Develop or improve sexual harassment reporting procedures that ensure DPH Human Resources receives sexual harassment complaints on the same day Complainant files with an agency representative. Alternatively, decentralize reporting procedures that delegate reporting of sexual harassment allegations to OIG to district offices. Assign HR contact designees for each district office and report those names to OIG via OIG online portal.</i>	NOT COMPLIANT
B	1.2	The agency requested an impartial investigator in accordance with the state sexual harassment prevention policy, if applicable.	COMPLIANT
B	1.3	The agency notified the OIG that criminal conduct was reported to a law enforcement agency, if applicable.	COMPLIANT
B	1.4	The agency documented the consideration and/or implementation of interim protective measures. <i>Finding: Investigators failed to document the consideration or implementation of interim protective measures in 3 out of 5 complaints investigated.</i> <i>Recommendation: Adopt OIG Report of Investigation (ROI) template and review its contents. Consider any relevant facts that could impact each party's ability to perform in the workplace. Reassign employee duties or change workplace locations based on facts discovered. Investigator must document how interim protective measures were considered or implemented in the ROI.</i>	NOT COMPLIANT
B	1.5	The investigator documented that a copy of the Statewide Sexual Harassment Prevention Policy was provided to both the complainant and respondent. <i>Finding: Investigators failed to document whether a copy of the SHPP was provided to the complainant and respondent in any of the 5 investigations conducted.</i> <i>Recommendation: Review contents of the OIG ROI template. Consider the implementation of an investigator checklist that would include the necessary step of providing each party a copy of the policy and date received. Investigator must document in the ROI that all parties received a copy of the policy and date received.</i>	NOT COMPLIANT

Georgia Department of Public Health SSHPP COMPLIANCE REVIEW

Section	Subsection	Description	Conclusion
B	1.6	<p>The investigator documented discussion of the Policy's non-retaliation provision with all parties.</p> <p>Finding: Investigators failed to document discussion of the non-retaliation provision in any of the 5 investigations conducted.</p> <p>Recommendation: Review contents of OIG ROI template. Consider implementing an investigator checklist that includes the required step of discussing the policy's non-retaliation provision with each party. Investigator must document in the ROI that the provision was discussed with all parties if the requirement was met.</p>	NOT COMPLIANT
B	1.7	The investigator documented the steps taken to properly secure and/or obtain evidence potentially relevant to the complaint.	COMPLIANT
B	1.8	Conclusions for each allegation were reached.	COMPLIANT
B	1.9	The agency submitted a closing form to the OIG after the completion of the investigation.	COMPLIANT
B	1.10	<p>The investigator completed the investigation and issued findings within 45 calendar days of receipt of the complaint.</p> <p>Finding: Of 5 investigations conducted, investigators failed to complete 2 investigations within 45 calendar days of receipt. Furthermore, investigators did not request an extension. The investigation period for each non-compliant investigation was 46 days.</p> <p>Recommendation: As soon as it becomes apparent, Investigator must notify Human Resources (HR) in writing of the necessity to extend the investigation beyond 45 calendar days.</p>	NOT COMPLIANT
B	1.11	<p>The agency granted an extension if the investigation was not completed within 45 calendar days of receipt of the complaint.</p> <p>Finding: Extensions were not granted for the 2 investigations that exceeded 45 calendar days.</p> <p>Recommendation: HR should monitor progress of investigation and inquire of Investigator whether an extension is necessary once investigation due date comes within 5 calendar days.</p>	NOT COMPLIANT

**Georgia Department of Public Health
SSHPP COMPLIANCE REVIEW**

C COMPLAINT RESOLUTION PROCEDURES			
Section	Subsection	Description	Conclusion
C	1.0	Complaint Resolution and Closure Objective: To ensure that agencies are compliant with the Statewide Sexual Harassment Prevention Policy requirement for complaint resolution, distribution of the Report of Investigation (ROI) and complaint closure.	NOT COMPLIANT
C	1.1	The agency documented implementation of corrective, disciplinary and/or remedial actions taken within 21 calendar days of receipt of the ROI.	COMPLIANT
C	1.2	The investigator documented distribution of the ROI to the Complainant and the Respondent prior to ROI finalization. <i>Finding: Investigators did not document the distribution of ROIs to either party in any of the 5 investigations conducted.</i> <i>Recommendation: Consider implementing an investigator checklist that includes a step to remind an investigator to distribute the ROI to all parties and document that action in the ROI. Documentation must include date ROI was distributed to each party.</i>	NOT COMPLIANT
C	1.3	ALL parties were given at least 3 business days to submit a response to the ROI. <i>Finding: Nothing in any of the documents provided by DPH indicates that both parties were provided a copy of the ROI and given at least 3 business days to respond in any investigation.</i> <i>Recommendation: Document in the ROI the date the parties were given the ROI and the date until which they had to respond. If a party responded, attach the response to the ROI.</i>	NOT COMPLIANT
C	1.4	The complaint was closed after the parties were given an opportunity to respond to the ROI. <i>Finding: Investigators did not document giving both parties an opportunity to respond to the ROI in any of the investigations.</i> <i>Recommendation: Close the complaint only after all parties have been given an opportunity to respond to the ROI.</i>	NOT COMPLIANT

Agency Response - Georgia Department of Public Health

The following is in response to the Compliance Review conducted by the Office of the State Inspector General (OIG):

Per your request, please find attached the final reconciled reports as referenced and described in the email below from Alicia Owen, DPH Workforce Learning Manager. Through this reconciliation, I believe we had approximately 30 employees who are non-compliant and they have been contacted to complete the training ASAP. Although this amount is not bad considering we increased our workforce by 150%, from a little than 1000 employees, to over 2500 employees in less than 6 months during fiscal/calendar year 2020 due to the COVID-19 pandemic, we will ensure that the remaining 30 or so are finalized.

We are fine-tuning our procedures to ensure training is completed within 30 days of hire/transfer. Additionally, relating to Sexual Harassment complaints/investigations, most are in the district offices which fall under Company 128, and logistically have been a challenge for our two state (Company 405) investigators; in particular, during the pandemic. Since these investigations take place over the entire state, we are working with those districts to identify the two (2) trained investigators for each, so they can report their findings directly to your office; thus removing Company 405 from being penalized.

Please let me know if this update is satisfactory or if additional information is required.

Best regards,

FLT

Forrest L. Tennant

Director, Workforce Management
Georgia Department of Public Health
Division of Workforce Management
Office of Human Resources

**Georgia Department of Corrections
SSHPP COMPLIANCE REVIEW**

A POLICY AWARENESS & TRAINING			
Section	Subsection	Description	Conclusion
A	1.0	Roles & Responsibilities Objective: To ensure that roles and responsibilities for sexual harassment prevention have been clearly and appropriately defined.	COMPLIANT
A	1.1	Agency reported to the Office of the State Inspector General (OIG) via the OIG online portal, the name and contact information of the current Human Resources (HR) contact.	COMPLIANT
A	1.2	Agency reported to OIG via the OIG online portal, the current names and contact information of at least two employees, not of the same gender, to conduct sexual harassment investigations.	COMPLIANT
A	1.3	Names and contact information of replacement designees (HR contact and investigators) were reported to the OIG within seven (7) business days of the date of appointment via the OIG online portal.	COMPLIANT
Section	Subsection	Description	Conclusion
A	2.0	Awareness & Training Objective: To ensure all employees are trained and advised on the Statewide Sexual Harassment Prevention Policy (SSHPP).	NOT COMPLIANT
A	2.1	ALL employees newly hired or transferred after June 30, 2019 received employee sexual harassment prevention training within 30 calendar days of hire or transfer. Finding: Of 237 newly hired or transferred employees, 183 employees (77%) did not complete training within 30 calendar days. Of 183 non-compliant employees, 169 employees received no training, while 14 employees received sexual harassment prevention training beyond 30 calendar days. Recommendation: Include employee sexual harassment prevention training as part of the agency's employee orientation program. Set an agency goal of completing agency employee orientation within 5 business days of the employee's start date.	NOT COMPLIANT

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Section	Subsection	Description	Conclusion
A	2.2	<p>ALL employees completed annual employee sexual harassment prevention training in calendar year (CY) 2019.</p> <p>Finding: Of 8,234 employees, 1,939 (24%) did not complete annual employee sexual harassment prevention training in CY 2019.</p> <p>Recommendation: Establish a monthly or quarterly online training schedule to conduct annual employee sexual harassment prevention training based on the month or quarter of the employee hire or transfer date. Develop a system where employees are automatically enrolled and instructed via email to complete their annual sexual harassment prevention training during the month or quarter corresponding to their anniversary date of hire or transfer.</p>	NOT COMPLIANT
A	2.3	<p>ALL newly hired or promoted managers/supervisors received supervisor sexual harassment prevention training within 30 calendar days of employment or promotion to their position.</p> <p>Finding: Of 79 employees identified as newly hired, promoted, or transferred supervisors, 0 received supervisor sexual harassment prevention training within 30 calendar days.</p> <p>Recommendation: Include supervisor sexual harassment prevention training as part of the agency's employee orientation program. As recommended for employees, ensure supervisors/managers complete agency orientation within 5 business days of hire, transfer, or promotion.</p>	NOT COMPLIANT
A	2.4	<p>ALL managers/supervisors received annual supervisor sexual harassment prevention training.</p> <p>Finding: Of 1,657 employees identified as supervisors, 460 (28%) did not complete annual supervisor sexual harassment prevention training.</p> <p>Recommendation: Establish a monthly or quarterly online training schedule to conduct annual supervisor sexual harassment prevention policy training based on the month or quarter of the employee hire or transfer date. As recommended for employees, develop a system where supervisors are automatically enrolled and instructed via email to complete their online annual supervisor sexual harassment prevention training during the month or quarter corresponding to their supervisor anniversary date of hire, transfer, or promotion.</p>	NOT COMPLIANT
A	2.5	<p>ALL investigations were conducted by investigators who received investigator sexual harassment prevention training.</p>	COMPLIANT

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SSHPP COMPLIANCE REVIEW**

B INVESTIGATIVE & REPORTING PROCEDURES			
Section	Subsection	Description	Conclusion
B	1.0	Investigatory Steps Objective: To ensure all investigatory steps were conducted in accordance with the Statewide Sexual Harassment Prevention Policy Procedures.	NOT COMPLIANT
B	1.1	All complaints were reported to the OIG within 2 business days of receipt by the agency. <i>Finding: Of 28 complaints reviewed, 7 were not reported to OIG within 2 business days of receipt.</i> <i>Recommendation: Develop or improve sexual harassment reporting procedures that ensure GDC Human Resources receives sexual harassment complaints on the same day complainant files with an agency representative. Alternatively, decentralize reporting procedures that delegate reporting of sexual harassment allegations to OIG to local area offices, such as prisons. Assign HR contact designees for each prison and report those names to OIG via the OIG online portal.</i>	NOT COMPLIANT
B	1.2	The agency requested an impartial investigator in accordance with the state sexual harassment prevention policy, if applicable. <i>Finding: GDC generally complied with the requirement to address impartiality concerns and considered potential conflicts of interest in all complaints OIG had the opportunity to review. There was one complaint however, where impartiality concerns were not addressed due to GDC failure to notify OIG of the complaint's initial filing. OIG only became aware of the complaint after GDC reported that it had been closed. Consequently, OIG was not afforded the opportunity to consider any potential conflicts of interest for that particular complaint.</i> <i>Recommendation: Ensure OIG is afforded the opportunity to review GDC's ability to conduct an impartial investigation before its initiation. This can only be ensured by timely reporting of all sexual harassment complaints to OIG per state policy.</i>	COMPLIANT
B	1.3	The agency notified the OIG that criminal conduct was reported to a law enforcement agency, if applicable.	COMPLIANT
B	1.4	The agency documented the consideration and/or implementation of interim protective measures.	COMPLIANT
B	1.5	The investigator documented that a copy of the Statewide Sexual Harassment Prevention Policy was provided to both the complainant and respondent.	COMPLIANT

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Section	Subsection	Description	Conclusion
B	1.6	The investigator documented discussion of the Policy's non-retaliation provision with all parties.	COMPLIANT
B	1.7	The investigator documented the steps taken to properly secure and/or obtain evidence potentially relevant to the complaint.	COMPLIANT
B	1.8	<p>Conclusions for each allegation were reached.</p> <p>Finding: <i>In one complaint, while OIG recognizes GDC reached a conclusion, a discrepancy was noted, where GDC reported a finding via the OIG portal as Without Merit, while recording a finding of Exonerated in the ROI for the same sexual harassment allegation.</i></p> <p>Recommendation: <i>Compare ROI conclusions and closing form conclusions before submitting the closing form to OIG.</i></p>	COMPLIANT
B	1.9	The agency submitted a closing form to the OIG after the completion of the investigation.	COMPLIANT
B	1.10	<p>The investigator completed the investigation and issued findings within 45 calendar days of receipt of the complaint.</p> <p>Finding: <i>8 investigations exceeded 45 calendar days. GDC Investigators submitted requests for extension of investigation in 6 of the investigations.</i></p> <p>Recommendation: <i>As soon as it becomes apparent, Investigator must notify Human Resources (HR) in writing of the necessity to extend the investigation beyond 45 calendar days.</i></p>	NOT COMPLIANT
B	1.11	<p>The agency granted an extension if the investigation was not completed within 45 calendar days of receipt of the complaint.</p> <p>Finding: <i>Of the 8 investigations that exceeded 45 calendar days, 2 were granted extensions and 6 were not.</i></p> <p>Recommendation: <i>HR should monitor progress of investigations and inquire of Investigator whether an extension is necessary once investigation due date comes within 5 calendar days.</i></p>	NOT COMPLIANT

**Georgia Department of Corrections
SSHPP COMPLIANCE REVIEW**

C COMPLAINT RESOLUTION PROCEDURES			
Section	Subsection	Description	Conclusion
C	1.0	Complaint Resolution and Closure Objective: To ensure that agencies are compliant with the Statewide Sexual Harassment Prevention Policy (SSHPP) requirement for complaint resolution, distribution of the Report of Investigation (ROI) and complaint closure.	NOT COMPLIANT
C	1.1	<p>The agency documented implementation of corrective, disciplinary and/or remedial actions taken within 21 calendar days of receipt of the ROI.</p> <p>Finding: Out of 28 complaints, GDC failed to take personnel action within 21 calendar days of receipt of the ROI in 2 instances.</p> <p>Recommendation: Develop procedures to ensure that personnel actions are implemented within 21 calendar days.</p>	NOT COMPLIANT
C	1.2	<p>The investigator documented distribution of the ROI to the Complainant and the Respondent prior to ROI finalization.</p> <p>Finding: Investigators did not document the distribution of ROIs to either party in 23 of the 28 investigations conducted.</p> <p>Recommendation: Consider implementing an investigator checklist that includes a step to remind an investigator to distribute the ROI to all parties and document that action in the ROI. Documentation must include date ROI was distributed to each party.</p>	NOT COMPLIANT
C	1.3	<p>ALL parties were given at least 3 business days to submit a response to the ROI.</p> <p>Finding: Nothing in any of the documents provided by GDC indicates that both parties were provided a copy of the ROI and given at least 3 business days to respond in 23 of the 28 investigations.</p> <p>Recommendation: Document in the ROI the date the parties were given the ROI and the date until which they had to respond. If a party responded, attach the response to the ROI.</p>	NOT COMPLIANT
C	1.4	<p>The complaint was closed after the parties were given an opportunity to respond to the ROI.</p> <p>Finding: Investigators did not document giving both parties an opportunity to respond to the ROI in 23 of the 28 investigations.</p> <p>Recommendation: Close the complaint only after all parties have been given an opportunity to respond to the ROI.</p>	NOT COMPLIANT



GEORGIA DEPARTMENT OF CORRECTIONS

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Brian Kemp
Governor

Timothy C. Ward
Commissioner

April 22, 2021

TO: Scott McAfee
State Inspector General

FROM: Timothy C. Ward, Commissioner
Georgia Department of Corrections

RE: Statewide Sexual Harassment Prevention Policy

The Georgia Department of Corrections is the largest Law Enforcement Agency in the State with over 10,000 employees. We understand the importance of the Statewide Sexual Harassment Prevention Policy and have included training in our orientation process as well as during our yearly in-service training for our employees.

In our review, we found a number of the employees on the report were out on approved leave, whether it was Family Leave, Military Leave or Authorized Leave with or without pay. However, we do recognize that there were some that we do not have explanations for.

To ensure that we follow the policy, we have put processes in place to so that all employees receive the training that is associated with this policy. We have investigative processes in place to ensure that we are within the guidelines for investigating and closing out all cases within the desired time frames. Thank you for this comprehensive review of our agency.

Sincerely,



Timothy C. Ward, Commissioner
Georgia Department of Corrections

/bdt

Agency Response - Georgia Department of Corrections

The following is in response to the Compliance Review conducted by the Office of the State Inspector General (OIG):

Section A

Subsection 2.5 OIG Rating-Not Compliant

Standard: ALL investigations were conducted by investigators who received investigator sexual harassment training.

Finding: GDC was 96.4 % compliant. 1 investigator did not complete investigator sexual harassment prevention training prior to the investigation.

Response: The OIG erroneously identified the investigator responsible for conducting a criminal investigation into the matter as conducting the sexual harassment investigation. The criminal investigation was incorporated into the administrative sexual harassment case. GDC is **COMPLIANT** with this standard.

Section B

Subsection 1.1 OIG Rating-Not Compliant

Standard: All complaints were reported to the OIG within 2 business days of receipt by the agency.

Finding: Of 28 complaints reviewed, OIG could only confirm that 5 were reported to OIG within 2 business days of receipt. In 16 of the 23 complaints found non-complaint, OIG was unable to determine from the ROI the date the complainant filed the complaint.

Response: Based off the information provided by the OIG, 3 cases should not have been part of the rating period. A review of GDC data indicates that only 4 of 25 were non-compliant, with the last of the 4 non-compliant cases being in May 2019. Once GDC became aware of the issue, GDC achieved compliance with the standard during the evaluation period.

Subsection 1.4 OIG Rating-Not Compliant

Standard: The agency documented the consideration and/or implementation of interim protective measures.

Finding: Investigators failed to document the consideration or implementation of interim protective measures in 22 out of 28 complaints investigated.

Response: Based off the information provided by the OIG, 3 cases should not have been part of the rating period. The GDC did not document this consideration in the requested Report of Investigation; however, the

Agency Response - Georgia Department of Corrections

documentation is contained within the GDC investigative case file. Based off the criteria listed in the standard, GDC is **COMPLIANT** with this standard.

Subsection 1.5 OIG Rating-Not Compliant

Standard: The investigator documented that a copy of the Statewide Sexual Harassment Prevention Policy was provided to both the complainant and respondent

Finding: Investigators failed to document whether a copy of the SHPP was provided to the complainant and respondent in 25 of the 28 investigations conducted

Response: Based off the information provided by the OIG, 3 cases should not have been part of the rating period. The GDC did not document this consideration in the requested Report of Investigation; however, the documentation is contained within the GDC investigative case file. Based off the criteria listed in the standard, GDC is **COMPLIANT** with this standard. NOTE: In OIG case number 19-0101-C GDC did not provide the complainant a copy of the documentation, due to the fact the complainant was not a GDC or State employee.

Subsection 1.6 OIG Rating-Not Compliant

Standard: The investigator documented discussion of the Policy's non-retaliation provision with all parties.

Finding: Investigators failed to document discussion of the non-retaliation provision in 25 of the 28 investigations conducted.

Response: Based off the information provided by the OIG, 3 cases should not have been part of the rating period. The GDC did not document this consideration in the requested Report of Investigation; however, the documentation is contained within the GDC investigative case file. Based off the criteria listed in the standard, GDC is **COMPLIANT** with this standard. NOTE: In OIG case number 19-0101-C GDC did not discuss retaliation with the complainant, due to the fact the complainant was not a GDC or State employee.

Subsection 1.8: OIG Rating-Not Compliant

Standard: Conclusions for each allegation were reached.

Finding: In one complaint, OIG noted a discrepancy where GDC reported a finding via the OIG portal as Without Merit, while recording a finding of Exonerated in the ROI for the same sexual harassment allegation.

Response: GDC reached a valid conclusion in every case as stated in the standard. The standard makes no mention of findings in the report matching what is entered into the portal. The GDC recognizes the findings should match; however, there is no current method for agencies to conduct any self-audit of OIG portal entries to account for any data entry errors, which is likely the case in this situation. GDC is **COMPLIANT** with this standard.

Subsection 1.10: OIG Rating-Not Compliant

Standard: The investigator completed the investigation and issued findings within 45 calendar days of receipt of the complaint.

Agency Response - Georgia Department of Corrections

Finding: 8 investigations exceeded 45 calendar days. GDC Investigators submitted requests for extension of investigation in 6 of the investigations.

Response: All investigative acts were completed on every case within 45 days. There were two cases that exceeded the 45-day window in order for case investigator to make minor corrections found during the GDC internal review process. Extensions were not requested on these cases due to the investigative process not exceeding 45 days. Regarding the cases for which, GDC requested extensions, the OIG agrees that GDC addressed these particular requests appropriately. GDC is **COMPLIANT** with this standard.

Subsection 1.11: OIG Rating-Not Compliant

Standard: The agency granted an extension if the investigation was not completed within 45 calendar days of receipt of the complaint.

Finding: Of the 8 investigations that exceeded 45 calendar days, evidence showing an extension could not be located among responsive documents for 2 complaints.

Response: All investigative acts were completed on every case within 45 days. There were two cases that exceeded the 45-day window in order for case investigator to make minor corrections found during the GDC internal review process. Extensions were not requested on these cases due to the investigative process not exceeding 45 days. GDC is **COMPLIANT** with this standard.

Section C

Subsection 1.2: OIG Rating-Not Compliant

Standard: The investigator documented distribution of the ROI to the Complainant and the Respondent prior to ROI finalization.

Finding: Investigators did not document the distribution of ROIs to either party in any of the 28 investigations conducted.

Response: Based off the information provided by the OIG, 3 cases should not have been part of the rating period. The GDC was initially not compliant with this standard; however, once the OIG notified GDC of this non-compliance in October 2019, GDC became **COMPLIANT** with the standard.

Subsection 1.3: OIG Rating-Not Compliant

Standard: ALL parties were given at least 3 business days to submit a response to the ROI.

Finding: Nothing in any of the documents provided by GDC indicates that both parties were provided a copy of the ROI and given at least 3 business days to respond in any investigation.

Response: The GDC was initially not compliant with this standard; however, once the OIG notified GDC of this non-compliance in October 2019, GDC became **COMPLIANT** with the standard.

Agency Response - Georgia Department of Corrections

Subsection 1.4: OIG Rating-Not Compliant

Standard: The complaint was closed after the parties were given an opportunity to respond to the ROI

Finding: Investigators did not document giving both parties an opportunity to respond to the ROI in any of the 28 investigations. The GDC was initially not compliant with this standard; however, once the OIG notified GDC of this non-compliance in October 2019, GDC became compliant with the standard.

Response: Based off the information provided by the OIG, 3 cases should not have been part of the rating period. The GDC was initially not compliant with this standard; however, once the OIG notified GDC of this non-compliance in October 2019, GDC became **COMPLIANT** with the standard.

Georgia Department of Labor COMPLIANCE REVIEW

A POLICY AWARENESS & TRAINING			
Section	Subsection	Description	Conclusion
A	1.0	Roles & Responsibilities Objective: To ensure that roles and responsibilities for sexual harassment prevention have been clearly and appropriately defined.	COMPLIANT
A	1.1	Agency reported to the Office of the State Inspector General (OIG) via the OIG online portal, the name and contact information of the current Human Resources (HR) contact.	COMPLIANT
A	1.2	Agency reported to OIG via the OIG online portal, the current names and contact information of at least two employees, not of the same gender, to conduct sexual harassment investigations.	COMPLIANT
A	1.3	Names and contact information of replacement designees (HR contact and investigators) were reported to the OIG within seven (7) business days of the date of appointment via the OIG online portal.	COMPLIANT
Section	Subsection	Description	Conclusion
A	2.0	Awareness & Training Objective: To ensure all employees are trained and advised on the Statewide Sexual Harassment Prevention Policy (SSHPP).	NOT COMPLIANT
A	2.1	ALL employees newly hired or transferred after June 30, 2019 received employee sexual harassment prevention training within 30 calendar days of hire or transfer. Finding: Of 56 newly hired or transferred employees, 41 (73%) did not receive employee sexual harassment prevention training within 30 days of hire or transfer. Recommendation: Include employee sexual harassment prevention training as part of the agency's employee orientation program. Set an agency goal of completing agency employee orientation within 5 business days of the employee's start date.	NOT COMPLIANT

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Section	Subsection	Description	Conclusion
A	2.2	<p>ALL employees completed annual employee sexual harassment prevention training in calendar year (CY) 2019.</p> <p>Finding: Of 1,014 employees, 102 (10%) did not receive annual employee sexual harassment prevention training in CY 2019.</p> <p>Recommendation: Establish a monthly or quarterly online training schedule to conduct annual employee sexual harassment prevention training based on the month or quarter of the employee hire or transfer date. Develop a system where employees are automatically enrolled and instructed via email to complete their annual sexual harassment prevention training during the month or quarter corresponding to their anniversary date of hire or transfer.</p>	NOT COMPLIANT
A	2.3	<p>ALL newly hired or promoted managers/supervisors received supervisor sexual harassment prevention training within 30 calendar days of employment or promotion to their position.</p> <p>Finding: Of 21 newly hired or promoted supervisors, 20 (95%) did not receive supervisor sexual harassment prevention training within 30 days of hire, transfer, or promotion.</p> <p>Recommendation: Include supervisor sexual harassment prevention training as part of the agency's employee orientation program. As recommended for employees, ensure supervisors/managers complete agency orientation within 5 business days of hire, transfer, or promotion.</p>	NOT COMPLIANT
A	2.4	<p>ALL managers/supervisors received annual supervisor sexual harassment prevention training in CY 2019.</p> <p>Finding: Of 189 supervisors, 7 (4%) did not complete annual supervisor sexual harassment prevention training in CY 2019.</p> <p>Recommendation: Establish a monthly or quarterly online training schedule to conduct annual supervisor sexual harassment prevention policy training based on the month or quarter of the employee hire or transfer date. As recommended for employees, develop a system where supervisors are automatically enrolled and instructed via email to complete their online annual supervisor sexual harassment prevention training during the month or quarter corresponding to their supervisor anniversary date of hire, transfer, or promotion.</p>	NOT COMPLIANT
A	2.5	<p>ALL investigations were conducted by investigators who received investigator sexual harassment prevention training.</p> <p>Finding: Of 5 investigations reviewed, 3 (60%) were conducted with at least one investigator who did not receive sexual harassment investigator training.</p> <p>Recommendation: Use the statewide sexual harassment investigator training course to train designated investigators. Only allow trained investigators to participate in the investigation of sexual harassment complaints.</p>	NOT COMPLIANT

Georgia Department of Labor

COMPLIANCE REVIEW

B INVESTIGATIVE & REPORTING PROCEDURES			
Section	Subsection	Description	Conclusion
B	1.0	Investigatory Steps Objective: To ensure all investigatory steps were conducted in accordance with the Statewide Sexual Harassment Prevention Policy Procedures.	NOT COMPLIANT
B	1.1	All complaints were reported to the OIG within 2 business days of receipt by the agency. <i>Finding: Of the 5 complaints reviewed, 1 (20%) was not reported to OIG within 2 business days of receipt.</i> <i>Recommendation: Develop or improve sexual harassment reporting procedures that ensure GDOL Human Resources receives sexual harassment complaints on the same day Complainant files with an agency representative. Alternatively, decentralize reporting procedures by designating an HR contact for each district office who is then responsible for submitting complaints to OIG for their assigned district office.</i>	NOT COMPLIANT
B	1.2	The agency requested an impartial investigator in accordance with the state sexual harassment prevention policy, if applicable.	COMPLIANT
B	1.3	The agency notified the OIG that criminal conduct was reported to a law enforcement agency, if applicable.	COMPLIANT
B	1.4	The agency documented the consideration and/or implementation of interim protective measures.	COMPLIANT
B	1.5	The investigator documented that a copy of the Statewide Sexual Harassment Prevention Policy was provided to both the complainant and respondent.	COMPLIANT
B	1.6	The investigator documented discussion of the Policy's non-retaliation provision with all parties.	COMPLIANT

Georgia Department of Labor COMPLIANCE REVIEW

Section	Subsection	Description	Conclusion
B	1.7	The investigator documented the steps taken to properly secure and/or obtain evidence potentially relevant to the complaint.	COMPLIANT
B	1.8	Conclusions for each allegation were reached.	COMPLIANT
B	1.9	The agency submitted a closing form to the OIG after the completion of the investigation.	COMPLIANT
B	1.10	<p>The investigator completed the investigation and issued findings within 45 calendar days of receipt of the complaint.</p> <p>Finding: None (0%) of the investigations conducted by GDOL were completed within 45 calendar days.</p> <p>Recommendation: As soon as it becomes apparent, Investigator must notify Human Resources (HR) in writing of the necessity to extend the investigation beyond 45 calendar days.</p>	NOT COMPLIANT
B	1.11	<p>The agency granted an extension if the investigation was not completed within 45 calendar days of receipt of the complaint.</p> <p>Finding: No documentation (0%) was provided by GDOL demonstrating that an extension was granted for any of the investigations conducted by GDOL.</p> <p>Recommendation: HR should monitor progress of investigation and inquire of Investigator whether an extension is necessary once investigation due date comes within 5 calendar days.</p>	NOT COMPLIANT

Georgia Department of Labor COMPLIANCE REVIEW

C COMPLAINT RESOLUTION PROCEDURES			
Section	Subsection	Description	Conclusion
C	1.0	Complaint Resolution and Closure Objective: To ensure that agencies are compliant with the Statewide Sexual Harassment Prevention Policy requirement for complaint resolution, distribution of the Report of Investigation (ROI) and complaint closure.	NOT COMPLIANT
C	1.1	<p>The agency documented implementation of corrective, disciplinary and/or remedial actions taken within 21 calendar days of receipt of the ROI.</p> <p>Finding: Documentation provided by GDOL shows that GDOL did not take corrective, disciplinary, and/or remedial action within 21 calendar days of receipt of the ROI in 3 out of 5 cases (60%).</p> <p>Recommendation: Implement procedures to ensure that personnel actions are implemented within 21 calendar days.</p>	NOT COMPLIANT
C	1.2	<p>The investigator documented distribution of the ROI to the Complainant and the Respondent prior to ROI finalization.</p> <p>Finding: In 4 out of 5 investigations (80%), investigators did not document distribution of the ROI prior to finalizing the ROI.</p> <p>Recommendation: Develop an investigator checklist and include the step that reminds the investigator to distribute the ROI to all parties and document that action in the ROI. Documentation must include date ROI was distributed to each party if this requirement was met.</p>	NOT COMPLIANT
C	1.3	<p>ALL parties were given at least 3 business days to submit a response to the ROI.</p> <p>Finding: In 3 out of the 5 cases reviewed (60%), there was no documentation provided that demonstrated that both parties were given at least 3 business days to respond to the ROI.</p> <p>Recommendation: Document in the ROI the date the parties were given the ROI and the date until which they had to respond. If a party responded, attach the response to the ROI.</p>	NOT COMPLIANT
C	1.4	<p>The complaint was closed after the parties were given an opportunity to respond to the ROI.</p> <p>Finding: In 3 out of 5 cases reviewed (60%), there was no documentation provided that demonstrated that both parties were given an opportunity to respond to the ROI prior to closing the complaint.</p> <p>Recommendation: Close the complaint only after all parties have responded to the ROI.</p>	NOT COMPLIANT

Agency Response - Georgia Department of Labor

The following is in response to the Compliance Review conducted by the Office of the State Inspector General (OIG):

Thank you for the opportunity to review the revised GDOL SHP audit report. I have attached our response to the updated report. After much analysis, I think I discovered the cause of some of the OIG data inaccuracies. This is documented in the response, and I also attached the spreadsheet sorted and color-coded so that you can see the pattern that led to the inaccurate data analysis. Using the “effective date” to identify new hires actually pulls the effective dates of the **most recent** actions, so if a new hire has a subsequent action after their hire date that last action is what shows in the query. So, in those cases, you won’t see the action code that identifies the new hires/rehires/transfers for FY 2020. GDOL implemented a market adjustment in December 2019, so our new hires from the first half of the fiscal year were excluded from your new employee training analysis. You are seeing the market adjustment date, and not their new hire date.

After discussions with your team as well as the HRA team, I am optimistic that future audits will be improved in terms of both process and accuracy. If you have any additional questions, please let me know. Also, if you are interested in HR Director input on the policy, investigative process, and/or audit process I would be happy to help.

Thank you,

Nicole Long, MS, SHRM-SCP
Director, Human Resources
Georgia Department of Labor
Human Resources Division

Agency Response - Georgia Department of Labor

A POLICY AWARENESS & TRAINING			
Section	Subsection	Description	Conclusion
A	1.0	Roles & Responsibilities Objective: To ensure that roles and responsibilities for sexual harassment prevention have been clearly and appropriately defined.	COMPLIANT
A	1.1	Agency reported to the Office of the State Inspector General (OIG) via the OIG online portal, the name and contact information of the current Human Resources (HR) contact.	COMPLIANT
A	1.2	Agency reported to OIG via the OIG online portal, the current names and contact information of at least two employees, not of the same gender, to conduct sexual harassment investigations.	COMPLIANT
A	1.3	Names and contact information of replacement designees (HR contact and investigators) were reported to the OIG within seven (7) business days of the date of appointment via the OIG online portal.	COMPLIANT
Section	Subsection	Description	Conclusion
A	2.0	Awareness & Training Objective: To ensure all employees are trained and advised on the Statewide Sexual Harassment Prevention Policy (SSHPP).	NOT COMPLIANT
A	2.1	<p>ALL employees newly hired or transferred after June 30, 2019 received employee sexual harassment prevention training within 30 calendar days of hire or transfer.</p> <p>Finding: Of 56 newly hired or transferred employees, 41 (73%) did not receive employee sexual harassment prevention training within 30 days of hire or transfer.</p> <p>Data analysis was flawed. GDOL had significantly more new hires than the sample of 56. An analysis of the 2/22/21 OIG spreadsheet reveals that the auditor identified the sample based the effective date of the last action rather than hire/rehire/transfer date. If you sort the spreadsheet by effective date you will see that GDOL awarded market adjustments 12/16/19, so that is the last action that is generating the effective date for over 800 GDOL employees, some of whom were new hires. The OIG query and analysis shows only 3 hires the first half of the FY, and those were employees who were not eligible for the market adjustment. Other than those three employees, the report is showing only hires/rehires/transfers AFTER JANUARY 1 2020 (after the 12/16/21 market adjustment), thus excluding more than half of our new employees from the sample.</p>	NOT COMPLIANT

Agency Response - Georgia Department of Labor

		<p><i>Recommendation:</i> Include employee sexual harassment prevention training as part of the agency's employee orientation program. Set an agency goal of completing agency employee orientation within 5 business days of the employee's start date.</p> <p>Completing training within five business days of the employee's start data is not a reasonable target due to data entry / transfer requirements for both PeopleSoft / TeamWorks and the GDOL LMS. GDOL HR will work with the GDOL Office of Staff Development to establish a due date and reminder schedule to support a higher new employee compliance rate.</p>	
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Agency Response - Georgia Department of Labor

Section	Subsection	Description	Conclusion
A	2.2	<p>ALL employees completed annual employee sexual harassment prevention training in calendar year (CY) 2019.</p> <p>Finding: Of 1,042 employees, 102 (10%) did not receive annual employee sexual harassment prevention training in CY 2019.</p> <p>Recommendation: Establish a monthly or quarterly online training schedule to conduct annual employee sexual harassment prevention training based on the month or quarter of the employee hire or transfer date. Develop a system where employees are automatically enrolled and instructed via email to complete their annual sexual harassment prevention training during the month or quarter corresponding to their anniversary date of hire or transfer.</p> <p>GDOL has implemented new LMS with assignment and reminder capabilities.</p>	NOT COMPLIANT
A	2.3	<p>ALL newly hired or promoted managers/supervisors received supervisor sexual harassment prevention training within 30 calendar days of employment or promotion to their position.</p> <p>Finding: Of 21 newly hired or promoted supervisors, 20 (95%) did not receive supervisor sexual harassment prevention training within 30 days of hire, transfer, or promotion.</p> <p>Medders was compliant (promoted 12/1/19; training completed 12/19/19) and should be removed from the non-compliant count. Ramroop is not a supervisor and should be removed from the count. For consideration, note that of the 18 remaining non-compliant supervisors, more than half (11) were hired during the Pandemic when GDOL was solely focused on processing claims and supporting the operations to serve both employers and citizens seeking benefits.</p> <p>Recommendation: Include supervisor sexual harassment prevention training as part of the agency's employee orientation program. As recommended for employees, ensure supervisors/managers complete agency orientation within 5 business days of hire, transfer, or promotion.</p> <p>Recommendation to train new managers within five days is not reasonable due to data entry requirements and manual steps required to add new supervisors to DOAS LMS. (Note that GDOL, like most agencies with LMS systems, would prefer to manage the training within their own LMS to enable more control over assignments, reporting, and transcript updates, but, according to DOAS, that is not an option at this time)</p>	NOT COMPLIANT
A	2.4	<p>ALL managers/supervisors received annual supervisor sexual harassment prevention training in CY 2019.</p> <p>Finding: Of 189 supervisors, 7 (4%) did not complete annual supervisor sexual harassment prevention training in CY 2019.</p> <p>Training and associated deadlines are based on a Fiscal Year basis, not CY. One of the 7 non-compliant supervisors (Kaladi) was on FMLA beginning 4/15/2020 and subsequently retired 9/1/2020. This employee should be excluded because the</p>	NOT COMPLIANT

Agency Response - Georgia Department of Labor

		<p>training must be completed each fiscal year and she was not active to complete the training by 6/30/2020. Excluding this employee results in 6 non-compliant supervisors (rather than 7) of the 189 in the sample population.</p> <p>Recommendation: Establish a monthly or quarterly online training schedule to conduct annual supervisor sexual harassment prevention policy training based on the month or quarter of the employee hire or transfer date. As recommended for employees, develop a system where supervisors are automatically enrolled and instructed via email to complete their online annual supervisor sexual harassment prevention training during the month or quarter corresponding to their supervisor anniversary date of hire, transfer, or promotion.</p> <p>The LMS used for supervisory training is owned and administered by DOAS. Employee data is manually entered into the LMS based on spreadsheets sent back and forth between DOAS and each agency. Agencies have no control over scheduling and reminders. Thus far, the DOAS LMS does not send reminders to the supervisors. GDOL has asked DOAS to explore the possibility of programming the LMS to send periodic reminders to enhance compliance. Current HRA guidance is that annual training must be completed each FY.</p>	
A	2.5	<p>ALL investigations were conducted by investigators who received investigator sexual harassment prevention training.</p> <p>Finding: Of 5 investigations reviewed, 3 (60%) were conducted with at least one investigator who did not receive sexual harassment investigator training.</p> <p>All five investigation were conducted with not one, but two, OIG trained investigators. One investigation included a HR employee who was present for note taking and cross training purposes (in addition to two trained investigators). The role of the untrained participant was clearly designated as “assisting”.</p> <p>OIG reports that there is no record of Steven Carter’s training, however, GDOL is confident that Carter was trained. He was registered on the OIG site as a GDOL investigator upon implementation of the new policy and investigative process. OIG should not have accepted him as a designated investigator if there were concerns about whether or not he had been trained. Had this been brought to our attention earlier, documentation of his training could have been provided, but he is no longer employed by GDOL.</p> <p>This item should be considered compliant as GDOL not only met the requirement to investigate with a trained investigator, we exceeded the requirements by conducting investigations with two trained investigators to insure thoroughness and accuracy.</p> <p>Recommendation: Use the statewide sexual harassment investigator training course to train designated investigators. Only allow trained investigators to participate in the investigation of sexual harassment complaints.</p>	<p>NOT COMPLIANT</p> <p>COMPLIANT</p>

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		<p>GDOL has a team of 10 HR professionals (two of whom are part-time). Four of the staff are OIG trained investigators, so GDOL has sufficient (twice the required minimum of two) investigators to assign to cases.</p> <p>It is critical to the GDOL HR Division model to offer cross training opportunities to facilitate professional development of our team members. When the new training is available, GDOL will train additional staff, workload permitting. While we will follow the recommendations, it is suggested that OIG consider permitting additional untrained investigation participants, provided they serve as observers and note-takers and the investigation itself is conducted by trained investigators.</p>	
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B INVESTIGATIVE & REPORTING PROCEDURES			
Section	Subsection	Description	Conclusion
B	1.0	<p>Investigatory Steps</p> <p>Objective: To ensure all investigatory steps were conducted in accordance with the Statewide Sexual Harassment Prevention Policy Procedures.</p>	NOT COMPLIANT
B	1.1	<p>All complaints were reported to the OIG within 2 business days of receipt by the agency.</p> <p><i>Finding: Of the 5 complaints reviewed, 1 (20%) was not reported to OIG within 2 business days of receipt.</i></p> <p>The first complaint received under the new policy was not reported within two days due learning curve with new process.</p> <p><i>Recommendation: Develop or improve sexual harassment reporting procedures that ensure GDOL Human Resources receives sexual harassment complaints on the same day Complainant files with an agency representative. Alternatively, decentralize reporting procedures by designating an HR contact for each district office who is then responsible for submitting complaints to OIG for their assigned district office.</i></p>	NOT COMPLIANT
B	1.2	The agency requested an impartial investigator in accordance with the state sexual harassment prevention policy, if applicable.	COMPLIANT
B	1.3	The agency notified the OIG that criminal conduct was reported to a law enforcement agency, if applicable.	COMPLIANT
B	1.4	The agency documented the consideration and/or implementation of interim protective measures.	COMPLIANT

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B	1.5	The investigator documented that a copy of the Statewide Sexual Harassment Prevention Policy was provided to both the complainant and respondent.	COMPLIANT
B	1.6	The investigator documented discussion of the Policy's non-retaliation provision with all parties.	COMPLIANT
B	1.7	The investigator documented the steps taken to properly secure and/or obtain evidence potentially relevant to the complaint.	COMPLIANT
B	1.8	Conclusions for each allegation were reached.	COMPLIANT
B	1.9	The agency submitted a closing form to the OIG after the completion of the investigation.	COMPLIANT
B	1.10	<p>The investigator completed the investigation and issued findings within 45 calendar days of receipt of the complaint.</p> <p>Finding: <i>None (0%) of the investigations conducted by GDOL were completed within 45 calendar days.</i> <i>Failure to complete investigation within 45 days does not violate policy, as Agency Head may consider an extension.</i></p> <p>Recommendation: <i>As soon as it becomes apparent, Investigator must notify Human Resources (HR) in writing of the necessity to extend the investigation beyond 45 calendar days.</i></p> <p><i>Policy does not specify that the notification be in writing. All investigators are HR staff and the HR Director was updated on case progress weekly. The Commissioner's Designee (Chief of Staff) was aware of and approved extensions.</i></p>	NOT COMPLIANT
B	1.11	<p>The agency granted an extension if the investigation was not completed within 45 calendar days of receipt of the complaint.</p> <p>Finding: <i>No documentation (0%) was provided by GDOL demonstrating that an extension was granted for any of the investigations conducted by GDOL.</i> <i>Written notification of extension is not required by policy.</i></p> <p>Recommendation: <i>HR should monitor progress of investigation and inquire of Investigator whether an extension is necessary once investigation due date comes within 5 calendar days.</i></p>	NOT COMPLIANT

C COMPLAINT RESOLUTION PROCEDURES			
Section	Subsection	Description	Conclusion
C	1.0	Complaint Resolution and Closure Objective: To ensure that agencies are compliant with the Statewide Sexual Harassment Prevention Policy requirement for complaint resolution, distribution of the Report of Investigation (ROI) and complaint closure.	NOT COMPLIANT
C	1.1	<p>The agency documented implementation of corrective, disciplinary and/or remedial actions taken within 21 calendar days of receipt of the ROI.</p> <p>Finding: Documentation provided by GDOL shows that GDOL did not take corrective, disciplinary, and/or remedial action within 21 calendar days of receipt of the ROI in 3 out of 5 cases (60%).</p> <p>Actions were taken beyond 21 days in 2 of 5 cases (Tejan and Collier). In one case (Prophet) both parties resigned before action could be taken.</p> <p>Recommendation: Implement procedures to ensure that personnel actions are implemented within 21 calendar days.</p> <p>The GDOL review process often created delays in implementation of personnel actions. HR is in the process of implementing a more streamlined disciplinary approach to minimize delays.</p>	NOT COMPLIANT
C	1.2	<p>The investigator documented distribution of the ROI to the Complainant and the Respondent prior to ROI finalization.</p> <p>Finding: In 4 out of 5 investigations (80%), investigators did not document distribution of the ROI prior to finalizing the ROI.</p> <p>Only one of 5 ROIs were not distributed (Medlock) due to resolution prior to report distribution. Reports were not distributed in one case (Prophet), as both parties separated from GDOL prior to completion of the investigation. Responses to the report are documented in the report. Documentation is included in case files.</p> <p>Recommendation: Develop an investigator checklist and include the step that reminds the investigator to distribute the ROI to all parties and document that action in the ROI. Documentation must include date ROI was distributed to each party if this requirement was met.</p>	NOT COMPLIANT
C	1.3	<p>ALL parties were given at least 3 business days to submit a response to the ROI.</p> <p>Finding: In 2 out of the 5 cases reviewed (40%), there was no documentation provided that demonstrated that both parties were given at least 3 business days to respond to the ROI.</p> <p>See C 1.2 – the two cases where ROI was not distributed were due to resolution and resignations. See table at the end of the document for details.</p>	NOT COMPLIANT

Agency Response - Georgia Department of Labor

		Recommendation: Document in the ROI the date the parties were given the ROI and the date until which they had to respond. If a party responded, attach the response to the ROI.	
C	1.4	<p>The complaint was closed after the parties were given an opportunity to respond to the ROI.</p> <p>Finding: In 3 out of 5 cases reviewed (60%), there was no documentation provided that demonstrated that both parties were given an opportunity to respond to the ROI prior to closing the complaint.</p> <p>Responses are documented in the report. Only two cases did not have responses due to resolution and resignations as noted above.</p> <p>Recommendation: Close the complaint only after all parties have responded to the ROI.</p>	NOT COMPLIANT

C 1.2 and C1.3:

Opened	Complainant	Respondent	ROI Sent to C	ROI Sent to R	ROI response C	ROI Response R	COMMENTS
5/16/2019	Kuykendall	Gordon	6/28/2019	6/28/2019	7/2/2019	6/28/2019	R also sent "rebuttal" 7/2/19
6/10/2019	Ballard	Tejan	8/21/2019	8/21/2019	8/28/2019	8/28/2019	follow up email sent to both 8/28 due to no initial response
12/5/2019	McCray	Medlock	NA	NA	1/30/2020	2/4/2020	1/30/20 C reported no more problems and pleasant work atmosphere (prior to respondent interview 2/4/2020)
12/9/2019	Shaw-Akanni	Prophet	NA	NA	NA	NA	C resigned 1/7/20 & R resigned 1/31/2020, prior to completion of report. Witness interviews were conducted 1/14/2020
1/27/2020	Dillard	Collier	3/20/2020	3/20/2020	3/24/2020	no response	

**Georgia Department of Transportation
SSHPP COMPLIANCE REVIEW**

A POLICY AWARENESS & TRAINING			
Section	Subsection	Description	Conclusion
A	1.0	Roles & Responsibilities Objective: To ensure that roles and responsibilities for sexual harassment prevention have been clearly and appropriately defined.	COMPLIANT
A	1.1	Agency reported to the Office of the State Inspector General (OIG) via the OIG online portal, the name and contact information of the current Human Resources (HR) contact.	COMPLIANT
A	1.2	Agency reported to OIG via the OIG online portal, the current names and contact information of at least two employees, not of the same gender, to conduct sexual harassment investigations.	COMPLIANT
A	1.3	Names and contact information of replacement designees (HR contact and investigators) were reported to the OIG within seven (7) business days of the date of appointment via the OIG online portal.	COMPLIANT
Section	Subsection	Description	Conclusion
A	2.0	Awareness & Training Objective: To ensure all employees are trained and advised on the Statewide Sexual Harassment Prevention Policy (SSHPP).	NOT COMPLIANT
A	2.1	ALL employees newly hired or transferred after June 30, 2019 received employee sexual harassment prevention training within 30 calendar days of hire or transfer. <i>Finding: Of the 56 newly hired or transferred employees, 2 (4%) did not receive employee sexual harassment prevention training within 30 days of hire.</i> <i>Recommendation: As employee sexual harassment prevention training is part of the agency's new employee orientation (NEO) program, ensure all employees complete agency employee orientation within 5 business days of the employee's start date and the Sexual Harassment Prevention Training course is clearly identified in GDOT ELMS documentation with date of completion recorded for each employee.</i>	NOT COMPLIANT

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Section	Subsection	Description	Conclusion
A	2.2	<p>ALL employees completed annual employee sexual harassment prevention training in calendar year (CY) 2019.</p> <p>Finding: Out of 3,882 employees, only 33 (less than 1%) did not complete annual employee sexual harassment training in CY 2019.</p> <p>Recommendation: As sexual harassment prevention training has been implemented with the GDOT New Employee Orientation (NEO) program, ensure that the Sexual Harassment Prevention Training course is clearly identified in GDOT ELMS documentation with date of completion recorded for each employee.</p>	COMPLIANT
A	2.3	<p>ALL newly hired or promoted managers/supervisors received supervisor sexual harassment prevention training within 30 calendar days of employment or promotion to their position.</p> <p>Finding: Based on documentation provided by GDOT, of 53 newly hired, promoted, or transferred supervisors reviewed, 50 (94%) did not complete supervisor sexual harassment prevention training per policy. Forty-nine of the employees received training beyond 30 days of hire, promotion, or transfer, (44 having received training beyond the review period of 07/01/2019 through 06/30/2020), while one received no training.</p> <p>Recommendation: Include supervisor sexual harassment prevention training as part of the agency's employee orientation program. As recommended for employees, ensure supervisors/managers complete agency orientation within 5 business days of hire, transfer, or promotion.</p>	NOT COMPLIANT
A	2.4	<p>ALL managers/supervisors received annual supervisor sexual harassment prevention training.</p> <p>Finding: Based on documentation provided by GDOT, of the 899 managers/supervisors reviewed, only 7 (less than 1%) did not complete supervisor sexual harassment prevention training.</p> <p>Recommendation: If possible, input training information into GDOT's training system (ELMS), that accurately reflects the date and time of training completion. Consider adoption of Learning Management System (LMS) for GDOT's training management.</p>	COMPLIANT
A	2.5	<p>ALL investigations were conducted by investigators who received investigator sexual harassment prevention training.</p>	COMPLIANT

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B INVESTIGATIVE & REPORTING PROCEDURES			
Section	Subsection	Description	Conclusion
B	1.0	Investigatory Steps Objective: To ensure all investigatory steps were conducted in accordance with the Statewide Sexual Harassment Prevention Policy Procedures.	NOT COMPLIANT
B	1.1	All complaints were reported to the OIG within 2 business days of receipt by the agency. Finding: Out of 17 complaints, 11 (65%) were not reported to OIG within 2 business days. Recommendation: Develop or improve sexual harassment reporting procedures that ensure GDOT Human Resources receives sexual harassment complaints on the same day complainant files with an agency representative.	NOT COMPLIANT
B	1.2	The agency requested an impartial investigator in accordance with the state sexual harassment prevention policy, if applicable.	COMPLIANT
B	1.3	The agency notified the OIG that criminal conduct was reported to a law enforcement agency, if applicable.	COMPLIANT
B	1.4	The agency documented the consideration and/or implementation of interim protective measures. Finding: Interim protective measures were not documented in 3 out of 17 (18%) Reports of Investigation (ROI). Recommendation: Adopt OIG ROI template and review its contents. Consider any relevant facts that could impact each party's ability to perform in the workplace. Reassign employee duties or change workplace locations based on facts discovered. Investigator must document how interim protective measures were considered or implemented in the ROI.	NOT COMPLIANT
B	1.5	The investigator documented that a copy of the Statewide Sexual Harassment Prevention Policy was provided to both the complainant and respondent. Finding: In 14 out of 17 investigations (82%), investigators did not document whether a copy of the SSHPP was provided to both parties. Recommendation: Adopt the OIG ROI template. For an alternate solution, consider the implementation of an investigator checklist that would include the necessary step of providing each party a copy of the policy and date received. Investigator must document in the ROI that all parties received a copy of the policy and the date received.	NOT COMPLIANT

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Section	Subsection	Description	Conclusion
B	1.6	<p>The investigator documented discussion of the Policy's non-retaliation provision with all parties.</p> <p>Finding: In 16 out of 17 investigations (94%), the investigator did not document discussion of the non-retaliation provision.</p> <p>Recommendation: Adopt the OIG Report of Investigation (ROI) template. For an alternate solution, consider implementation of an investigator checklist that would include the necessary step of discussing with each party the policy's non-retaliation provision. Investigator must document in the ROI that the provision was discussed with all parties.</p>	NOT COMPLIANT
B	1.7	<p>The investigator documented the steps taken to properly secure and/or obtain evidence potentially relevant to the complaint.</p> <p>Finding: In 5 out of 17 investigations (29%), investigators did not document steps taken to properly secure or obtain evidence.</p> <p>Recommendation: Pursue all evidence that could impact the outcome of the complaint. Document in the ROI specific evidence that was reviewed and whether it applied to the outcome of the investigation.</p>	NOT COMPLIANT
B	1.8	<p>Conclusions for each allegation were reached.</p> <p>Finding: Out of 17 investigations, 1 (6%) did not reach a conclusion for each allegation.</p> <p>Recommendation: Report to OIG a conclusion for each allegation included in the ROI.</p>	NOT COMPLIANT
B	1.9	<p>The agency submitted a closing form to the OIG after the completion of the investigation.</p>	COMPLIANT
B	1.10	<p>The investigator completed the investigation and issued findings within 45 calendar days of receipt of the complaint.</p> <p>Finding: In 8 out of 17 cases (47%), findings were not issued within 45 calendar days.</p> <p>Recommendation: As soon as it becomes apparent, the investigator must notify HR in writing of the necessity to extend the investigation beyond 45 calendar days.</p>	NOT COMPLIANT
B	1.11	<p>The agency granted an extension if the investigation was not completed within 45 calendar days of receipt of the complaint.</p> <p>Finding: No documentation or evidence (0%) was provided by GDOT that shows the agency granted extensions for the 8 investigations that exceeded 45 calendar days.</p> <p>Recommendation: HR should monitor progress of investigation and inquire of Investigator whether an extension is necessary once investigation due date comes within 5 calendar days.</p>	NOT COMPLIANT

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C COMPLAINT RESOLUTION PROCEDURES			
Section	Subsection	Description	Conclusion
C	1.0	Complaint Resolution and Closure Objective: To ensure that agencies are compliant with the Statewide Sexual Harassment Prevention Policy requirement for complaint resolution, distribution of the Report of Investigation (ROI) and complaint closure.	NOT COMPLIANT
C	1.1	The agency documented implementation of corrective, disciplinary and/or remedial actions taken within 21 calendar days of receipt of the ROI. Finding: Action was not taken within 21 calendar days of receipt of the ROI in 8 out of 17 cases (47%). Recommendation: Implement procedures to ensure that personnel actions are implemented within 21 calendar days.	NOT COMPLIANT
C	1.2	The investigator documented distribution of the ROI to the Complainant and the Respondent prior to ROI finalization. Finding: In 14 of 17 ROIs (82%), the investigator did not document or provide evidence that the ROI was provided to both parties prior to ROI finalization. Recommendation: Implement an Investigator Checklist and include in the checklist a step that reminds the investigator to distribute the ROI to all parties and document that action in the ROI. Documentation must include date ROI was distributed to each party if this requirement was met.	NOT COMPLIANT
C	1.3	ALL parties were given at least 3 business days to submit a response to the ROI. Finding: No evidence (0%) was provided in any of the 17 cases that both parties were given at least 3 business days to respond to the findings of the ROI. Recommendation: Follow guidelines established by the SSHPP and include in GDOT policy. Document in the ROI the date the parties responded and attach each party's response to the ROI.	NOT COMPLIANT
C	1.4	The complaint was closed after the parties were given an opportunity to respond to the ROI. Finding: Evidence was not provided in 14 out of 17 cases (82%) to demonstrate that both parties were afforded the opportunity to respond to the ROI. Recommendation: Follow guidelines established by the SSHPP and include in GDOT policy. Close the complaint only after all parties have responded to the ROI.	NOT COMPLIANT



**Russell R. McMurtry, P.E.,
Commissioner**
One Georgia Center
600 West Peachtree Street, NW
Atlanta, GA 30308
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5/21/2021

Via e-mail at scott.mcafee@oig.ga.gov

Scott McAfee
State Inspector General
Office of the Inspector General
2 Martin Luther King, Jr. Drive, SW
Atlanta, GA 30334

Re: FY 20 Sexual Harassment Compliance Review Results

Dear Mr. McAfee,

The Department of Transportation has recently been forwarded an updated SSHPP Compliance Review. The Department initially received the document on February 5, 2021, at which time we had several concerns with the accuracy of the data and findings in that original document. After several conversation with your staff, we have been able to provide evidence that shows compliance with several areas that were previously listed as non-compliant, particularly where it comes to training of our staff and managers.

Since Governor Kemp issued his Executive Order Preventing Sexual Harassment in the Executive Branch of Government in January 2019, the Department has taken its role in compliance with and enforcement of that Order seriously. We ensure that every complaint of sexual harassment is investigated, and appropriate action is taken in response to each complaint. In addition, we established and implemented processes and procedures to ensure that sexual harassment prevention policy training was provided to each employee and manager and did extensive communication with our employees to emphasize the importance of sexual harassment prevention in the workplace. We went to many lengths to ensure our training system and records accurately reflected compliance with the training requirements.

There were two areas related to training which were identified in the review that the Department would like to take this opportunity to provide comments. First, the review identifies that 2 out of 55 newly hired employees did not receive the training within 30 days. This finding appears to be based on inaccurate data because, as we have

pointed out previously, the Department averages 50 new hires per month, not per year. It appears that the two individuals identified were individuals who did take the training but had records showing that it was outside of the 30-day window. Since, all new hires are trained as part of our New Employee Orientation program it appears that this may have been a documentation issue, but at this point we have been unable to reconcile that conclusion.

The second area has to do with training new managers who are either promoted or hired into a manager position. When an employee becomes a supervisor for the first time or is hired at the Department, the Department must identify them and submit their name to DOAS to enroll in the training. The review found that out of 53 new managers, 50 did not receive the training timely. While the Department ensured that those managers were in fact trained, we did not have a process in place that would identify those managers timely. We have since changed our process to help identify any new manager that is promoted or hired by the Department on a bi-weekly basis. This should ensure that each new manager will be signed up to take the manager training with DOAS and be trained within the 30-day period.

In addition, there were some findings related to our investigations of sexual harassment. The Department takes complaints of sexual harassment that are brought to our attention very seriously and ensures that all complaints are fully investigated, and that appropriate disciplinary action is taken. In fact, we have a separate office that has been established to handle and investigate any complaints of sexual harassment. That office consists of several investigators, who have significant experience in handling sexual harassment complaints and investigations.

Even though there were areas of non-compliance it is important to point out that many of the findings in the area of investigation practices highlight deficiencies in timing of certain notices or identifies documentation that was not found or readily available. It should be noted, that all of the investigations that the Department performed during this time frame were fully investigated and reviewed, and appropriate action was taken to ensure a safe working environment that does not tolerate sexual harassment or retaliation for making complaints. Based on the review, the Investigative unit has updated and amended its existing processes. Documents including Reports of Investigation templates, Process Checklists and Excel Spreadsheets have all been revised to ensure that each of the elements of investigative process have been included and verified. This documentation will ensure that the Unit meets all required timelines and that proper Process support is created per the Governor's order and policy.

The Department agrees with Governor Kemp and the OIG, that sexual harassment in any form does not belong in state government and should not be tolerated in our work environment and the Department will continue to partner with your office to prevent sexual harassment in the workplace.

Sincerely,

Matthew Cline
Director of Administration/ General Counsel

cc: Commissioner McMurry

Georgia Student Finance Commission

SSHPP COMPLIANCE REVIEW

A POLICY AWARENESS & TRAINING			
Section	Subsection	Description	Conclusion
A	1.0	Roles & Responsibilities Objective: To ensure that roles and responsibilities for sexual harassment prevention have been clearly and appropriately defined.	COMPLIANT
A	1.1	Agency reported to the Office of the State Inspector General (OIG) via the OIG online portal, the name and contact information of the current Human Resources (HR) contact.	COMPLIANT
A	1.2	Agency reported to OIG via the OIG online portal, the current names and contact information of at least two employees, not of the same gender, to conduct sexual harassment investigations.	COMPLIANT
A	1.3	Names and contact information of replacement designees (HR contact and investigators) were reported to the OIG within seven (7) business days of the date of appointment via the OIG online portal.	COMPLIANT
Section	Subsection	Description	Conclusion
A	2.0	Awareness & Training Objective: To ensure all employees are trained and advised on the Statewide Sexual Harassment Prevention Policy (SSHPP).	NOT COMPLIANT
A	2.1	ALL employees newly hired or transferred after June 30, 2019 received employee sexual harassment prevention training within 30 calendar days of hire or transfer. <i>Finding: Of the 3 employees identified as newly hired or transferred to the agency, 2 (67%) received employee sexual harassment prevention training within 30 days of hire or transfer.</i> <i>Recommendation: Include employee sexual harassment prevention training as part of the agency's employee orientation program. Set an agency goal of completing agency employee orientation within 5 business days of the employee's start date.</i>	NOT COMPLIANT
A	2.2	ALL employees completed annual employee sexual harassment prevention training in calendar year (CY) 2019.	COMPLIANT
A	2.3	ALL newly hired or promoted managers/supervisors received supervisor sexual harassment prevention training within 30 calendar days of employment or promotion to their position.	COMPLIANT

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Section	Subsection	Description	Conclusion
A	2.4	<p>ALL managers/supervisors received annual supervisor sexual harassment prevention training.</p> <p>Finding: <i>Of GSFC's 38 managers/supervisors, 3 (8%) did not receive supervisor sexual harassment prevention training.</i></p> <p>Recommendation: <i>Establish a monthly or quarterly online training schedule to conduct annual supervisor sexual harassment prevention policy training based on the month or quarter of the employee hire or transfer date. As recommended for employees, develop a system where supervisors are automatically enrolled and instructed via email to complete their online annual supervisor sexual harassment prevention training during the month or quarter corresponding to their supervisor anniversary date of hire, transfer, or promotion.</i></p>	NOT COMPLIANT
A	2.5	<p>ALL investigations were conducted by investigators who received investigator sexual harassment prevention training.</p>	COMPLIANT

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B INVESTIGATIVE & REPORTING PROCEDURES			
Section	Subsection	Description	Conclusion
B	1.0	Investigatory Steps Objective: To ensure all investigatory steps were conducted in accordance with the Statewide Sexual Harassment Prevention Policy Procedures.	NOT COMPLIANT
B	1.1	All complaints were reported to the OIG within 2 business days of receipt by the agency.	COMPLIANT
B	1.2	The agency requested an impartial investigator in accordance with the state sexual harassment prevention policy, if applicable.	COMPLIANT
B	1.3	The agency notified the OIG that criminal conduct was reported to a law enforcement agency, if applicable.	COMPLIANT
B	1.4	The agency documented the consideration and/or implementation of interim protective measures.	COMPLIANT
B	1.5	<p>The investigator documented that a copy of the Statewide Sexual Harassment Prevention Policy (SSHPP) was provided to both the complainant and respondent.</p> <p>Finding: As an attachment to the ROI, the letter of notice from the agency to the respondent that he was being investigated showed evidence that the Statewide Sexual Harassment Prevention Policy was attached. However, the ROI revealed no evidence that the policy was shared with the complainant.</p> <p>Recommendation: Adopt the OIG Report of Investigation (ROI) template. For an alternate solution, consider the implementation of an investigator checklist that would include the necessary step of providing each party a copy of the policy and date received. Investigator must document in the ROI that all parties received a copy of the policy and date received.</p>	NOT COMPLIANT
B	1.6	<p>The investigator documented discussion of the Policy's non-retaliation provision with all parties.</p> <p>Finding: As an attachment to the ROI, the letter of notice from the agency to the respondent that he was being investigated showed evidence that the non-retaliation provision was shared with the respondent. However, the ROI revealed no evidence that the non-retaliation provision was shared with the complainant.</p> <p>Recommendation: Adopt the OIG Report of Investigation (ROI) template. For an alternate solution, consider implementation of an investigator checklist that would include the necessary step of discussing with each party the policy's non-retaliation provision.</p>	NOT COMPLIANT

Georgia Student Finance Commission SSHPP COMPLIANCE REVIEW

Section	Subsection	Description	Conclusion
B	1.7	The investigator documented the steps taken to properly secure and/or obtain evidence potentially relevant to the complaint.	COMPLIANT
B	1.8	Conclusions for each allegation were reached.	COMPLIANT
B	1.9	The agency submitted a closing form to the OIG after the completion of the investigation.	COMPLIANT
B	1.10	<p>The investigator completed the investigation and issued findings within 45 calendar days of receipt of the complaint.</p> <p><i>Finding:</i> <i>The investigation did not conclude until 139 days after the date initiated. However, as soon as it became apparent, the investigator notified the Executive Vice President and Chief Information Officer of the necessity to extend the investigation beyond 45 days.</i></p> <p><i>Recommendation:</i> <i>Determine cause of delay and implement procedures to issue findings within 45 calendar days of receipt of the complaint, if possible.</i></p>	COMPLIANT
B	1.11	The agency granted an extension if the investigation was not completed within 45 calendar days of receipt of the complaint.	COMPLIANT

Georgia Student Finance Commission
SSHPP COMPLIANCE REVIEW

C COMPLAINT RESOLUTION PROCEDURES			
Section	Subsection	Description	Conclusion
C	1.0	Complaint Resolution and Closure <u>Objective:</u> To ensure that agencies are compliant with the Statewide Sexual Harassment Prevention Policy requirement for complaint resolution, distribution of the Report of Investigation (ROI) and complaint closure.	COMPLIANT
C	1.1	The agency documented implementation of corrective, disciplinary and/or remedial actions taken within 21 calendar days of receipt of the ROI.	COMPLIANT
C	1.2	The investigator documented distribution of the ROI to the Complainant and the Respondent prior to ROI finalization.	COMPLIANT
C	1.3	ALL parties were given at least 3 business days to submit a response to the ROI.	COMPLIANT
C	1.4	The complaint was closed after the parties were given an opportunity to respond to the ROI.	COMPLIANT

Brian P. Kemp
GOVERNOR



Georgia Student Finance Commission
Georgia Student Finance Authority
Georgia Higher Education Assistance Corporation
GAfutures.org

Lynne Riley
PRESIDENT

SENT VIA EMAIL TO: bethany.whetzel@oig.ga.gov

April 9, 2021

Bethany Whetzel, Esq.
General Counsel
Office of the State Inspector General
2 Martin Luther King, Jr. Drive, SW
1102 West Tower
Atlanta, GA 30334

**RE: Georgia Student Finance Commission
Response to OIG's review of GSFC's practices and procedures pertaining to the Statewide
Sexual Harassment Prevention Policy (SSHPP)**

Dear Bethany:

I hope this letter finds you well. I write on behalf of the Georgia Student Finance Commission ("GSFC" or the "agency") in response to your March 31 email inviting the agency to provide proof of compliance in areas identified as noncompliant in your agency's attached compliance review report.

Please see our agency's responses following a restatement of OIG's finding:

Finding 1: Section A; Subsection 2.1. ALL employees newly hired or transferred after June 30, 2019 received employee sexual harassment prevention training within 30 calendar days of hire or transfer.

OIG Finding: *Of the 3 employees identified as newly hired or transferred to the agency, only 1 (33%) received employee sexual harassment prevention training within 30 days of hire or transfer.*

OIG Recommendation: *Include employee sexual harassment prevention training as part of the agency's employee orientation program. Set an agency goal of completing agency employee orientation within 5 business days of the employee's start date.*

GSFC Response: Attached please find documentation from our agency's records showing that 1 of the 2 employees in this category completed training. The agency recognizes the need for full compliance with this item, and will work to implement OIG's recommendations and goals.

Finding 2: Section A; Subsection 2.2. ALL employees completed annual employee sexual harassment prevention training in calendar year (CY) 2019.

Agency Response - Georgia Student Finance Commission

Bethany Whetzel, Esq.

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OIG Finding: *Of GSFC's 106 employees, excluding contractors, 5 (5%) employees did not receive annual employee sexual harassment prevention training in CY 2019.*

OIG Recommendation: *Establish a monthly or quarterly online training schedule to conduct annual employee sexual harassment prevention training based on the month or quarter of the employee hire or transfer date. Develop a system where employees are automatically enrolled and instructed via email to complete their annual sexual harassment prevention training during the month or quarter corresponding to their anniversary date of hire or transfer.*

GSFC Response: Attached please documentation from our agency's records showing that each of the employees in this category completed training (if employed in CY 2019). I believe the confusion on this issue originated from the names of each respective employees listed in our respective files. However, the agency recognizes the need for full compliance with this item, and will work to implement OIG's recommendations and goals. In furtherance of same, the agency has procured an electronic learning management system, through which the agency can track employee completion of the statewide sexual harassment training.

Finding 3: Section B; Subsection 1.5. The investigator documented that a copy of the Statewide Sexual Harassment Prevention Policy (SSHPP) was provided to both the complainant and respondent.

OIG Finding: *As an attachment to the ROI, the letter of notice from the agency to the respondent that he was being investigated showed evidence that the Statewide Sexual Harassment Prevention Policy was attached. However, the ROI revealed no evidence that the policy was shared with the complainant.*

OIG Recommendation: *Adopt the OIG Report of Investigation (ROI) template. For an alternate solution, consider the implementation of an investigator checklist that would include the necessary step of providing each party a copy of the policy and date received. Investigator must document in the ROI that all parties received a copy of the policy and date received.*

GSFC Response: Our agency investigators confirmed that a hard copy of the SSHPP (including the non-retaliation provision) was provided to both the complainant and respondent. Additionally, the investigators verbally reviewed both the SSHPP and the non-retaliation provision with both parties. However, the agency recognizes a need to include confirmation of the delivery of the policy in future ROIs and will continue to follow OIG's recommendations in this area.

Finding 4: Section B; Subsection 1.6. The investigator documented discussion of the Policy's non-retaliation provision with all parties.

Finding: *As an attachment to the ROI, the letter of notice from the agency to the respondent that he was being investigated showed evidence that the non-retaliation provision was shared with the respondent. However, the ROI revealed no evidence that the non-retaliation provision was shared with the complainant.*

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Recommendation: *Adopt the OIG Report of Investigation (ROI) template. For an alternate solution, consider implementation of an investigator checklist that would include the necessary step of discussing with each party the policy's non-retaliation provision.*

GSFC Response: Our agency investigators confirmed that a hard copy of the SSHPP (including the non-retaliation provision) was provided to both the complainant and respondent. Additionally, the investigators verbally reviewed both the SSHPP and the non-retaliation provision with both parties. Furthermore, the respondent was issued a "No Communication Order" at the outset of the investigation, through which he was cautioned against engaging in retaliatory behavior. However, the agency recognizes a need to include confirmation of the delivery of the policy in future ROIs and will continue to follow OIG's recommendations in this area.

GSFC prides itself on instituting a culture of compliance and is committed to properly enforcing the SSHPP. The agency continues to welcome suggestions and recommendations to help improve our compliance efforts.

Please contact me directly with any questions or to discuss this matter further at (770) 724-9019 or via Email at bannino@gsfc.org. Thank you for your time and attention to this matter, and your agency's assistance with ensuring compliance with the SSHPP.

Sincerely,



Brian Annino

Cc: GSFC President Lynne T. Riley *(via email only)*
GSFC HR Director Tiffiney Ward *(via email only)*

Enclosures

Georgia World Congress Center Authority

SSHPP COMPLIANCE REVIEW REPORT

A POLICY AWARENESS & TRAINING			
Section	Subsection	Description	Conclusion
A	1.0	Roles & Responsibilities Objective: To ensure that roles and responsibilities for sexual harassment prevention have been clearly and appropriately defined.	COMPLIANT
A	1.1	Agency reported to the Office of the State Inspector General (OIG) via the OIG online portal, the name and contact information of the current Human Resources (HR) contact.	COMPLIANT
A	1.2	Agency reported to OIG via the OIG online portal, the current names and contact information of at least two employees, not of the same gender, to conduct sexual harassment investigations. <i>Note: In responsive documents, GWCCA listed a third designee as an investigator. This investigator's name and contact information was not submitted to OIG via the OIG portal upon designation. In the future, GWCCA should follow SSHPP guidelines governing the reporting of all designees to the OIG via the OIG portal.</i>	COMPLIANT
A	1.3	Names and contact information of replacement designees (HR contact and investigators) were reported to the OIG within seven (7) business days of the date of appointment via the OIG online portal.	COMPLIANT
Section	Subsection	Description	Conclusion
A	2.0	Awareness & Training Objective: To ensure all employees are trained and advised on the Statewide Sexual Harassment Prevention Policy (SSHPP).	NOT COMPLIANT
A	2.1	ALL employees newly hired or transferred after June 30, 2019 received employee sexual harassment prevention training within 30 calendar days of hire or transfer. <i>Finding: Of 72 employees identified by OIG as newly hired/transferred, 24 employees (33%) did not complete training within 30 calendar days of hire or transfer.</i> <i>Recommendation: Include employee sexual harassment prevention training as part of the agency's employee orientation program. Set an agency goal of completing agency employee orientation within 5 business days of the employee's start date.</i>	NOT COMPLIANT

Georgia World Congress Center Authority

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Section	Subsection	Description	Conclusion
A	2.2	<p>ALL employees completed annual employee sexual harassment prevention training in calendar year (CY) 2019.</p> <p>Finding: Based on documentation provided by GWCCA, OIG identified 353 individuals as GWCCA employees in CY 2019. Of the 353 employees, 69 (20%) did not receive annual employee sexual harassment prevention training in CY19.</p> <p>Recommendation: Establish a monthly or quarterly online training schedule to conduct annual employee sexual harassment prevention training based on the month or quarter of the employee hire or transfer date. Develop a system where employees are automatically enrolled and instructed via email to complete their annual sexual harassment prevention training during the month or quarter corresponding to their anniversary date of hire or transfer.</p>	NOT COMPLIANT
A	2.3	<p>ALL newly hired or promoted managers/supervisors received supervisor sexual harassment prevention training within 30 calendar days of employment or promotion to their position.</p> <p>Finding: Based on documentation provided by GWCCA, OIG Identified three newly hired/promoted managers or supervisors. Two of the employees (67%) did not complete supervisor sexual harassment prevention training.</p> <p>Recommendation: Include supervisor sexual harassment prevention training as part of the agency's employee orientation program. As recommended for employees, ensure supervisors/managers complete agency orientation within 5 business days of hire, transfer, or promotion.</p>	NOT COMPLIANT
A	2.4	<p>ALL managers/supervisors received annual supervisor sexual harassment prevention training.</p> <p>Finding: Based on documentation provided by GWCCA, OIG identified 49 active GWCCA managers/supervisors. Twelve managers/supervisors (24%) did not complete supervisor sexual harassment prevention training.</p> <p>Recommendation: Establish a monthly or quarterly online training schedule to conduct annual supervisor sexual harassment prevention policy training based on the month or quarter of the employee hire or transfer date. As recommended for employees, develop a system where managers/supervisors are automatically enrolled and instructed via email to complete their online annual supervisor sexual harassment prevention training during the month or quarter corresponding to their manager/supervisor anniversary date of hire, transfer, or promotion.</p>	NOT COMPLIANT
A	2.5	<p>ALL investigations were conducted by investigators who received investigator sexual harassment prevention training.</p>	COMPLIANT

Georgia World Congress Center Authority
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B INVESTIGATIVE & REPORTING PROCEDURES			
Section	Subsection	Description	Conclusion
B	1.0	<p>Investigatory Steps Objective: To ensure all investigatory steps were conducted in accordance with the Statewide Sexual Harassment Prevention Policy Procedures.</p> <p><i>Note: In lieu of ROIs, GWCCA submitted Complainant Timelines documenting interactions between GWCCA HR and Complainant for each complaint. Due to the limitation such a format provides in an investigation, it was difficult to determine the nature of the investigation conducted by the investigators of record.</i></p>	NOT COMPLIANT
B	1.1	<p>All complaints were reported to the OIG within 2 business days of receipt by the agency.</p> <p>Finding: Of three complaints filed against the agency, two were reported to OIG after five days of receipt.</p> <p>Recommendation: Develop or improve department sexual harassment reporting procedures that ensure GWCCA Human Resources receives sexual harassment complaints on the same day complainant files with an agency representative.</p>	NOT COMPLIANT
B	1.2	<p>The agency requested an impartial investigator in accordance with the state sexual harassment prevention policy, if applicable.</p> <p>Finding: OIG was unable to determine whether GWCCA addressed impartiality concerns in any of the three complaints filed against the agency. In fact, for one complaint, where OIG reviewed complainant statement, OIG was able to determine that impartiality may be best met with an alternative investigator designee outside of GWCCA.</p> <p>Recommendation: Ensure OIG is afforded the opportunity to review GWCCA ability to conduct an impartial investigation before its initiation. This can only be ensured by timely reporting of all sexual harassment complaints to OIG per state policy.</p>	NOT COMPLIANT
B	1.3	<p>The agency notified the OIG that criminal conduct was reported to a law enforcement agency, if applicable.</p>	COMPLIANT

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Section	Subsection	Description	Conclusion
B	1.4	<p>The agency documented the consideration and/or implementation of interim protective measures.</p> <p>Findings: As no ROI was drafted, OIG attempted to locate evidence of IPM addressed with each party in documentation provided. In one of the three complaints investigated, documents revealed circumstances involving several parties, where IPM was addressed between the Complainant and another employee, but not between the Complainant and the Respondent. In the remaining two complaints investigated, it was evident that IPM was not addressed.</p> <p>Recommendation: Adopt OIG Report of Investigation (ROI) template and review its contents. Consider any relevant facts that could impact each party's ability to perform in the workplace. Reassign employee duties or change workplace locations based on facts discovered. Investigator must document how interim protective measures were considered or implemented in the ROI.</p>	NOT COMPLIANT
B	1.5	<p>The investigator documented that a copy of the Statewide Sexual Harassment Prevention Policy was provided to both the complainant and respondent.</p> <p>Finding: In two of the three complaints investigated, documents failed to reveal any interaction between the Investigator of record and both parties, where the Investigator could have provided the policy. It was apparent in one of the two complaints however, that HR management discussed the policy with the Complainant. In the third complaint investigated, documents did show interaction between the investigator of record and both parties but showed no evidence that the SSHPP was provided to any of the parties.</p> <p>Recommendation: Review contents of OIG ROI template. Consider the implementation of an investigator checklist that would include the necessary step of providing each party a copy of the policy and date received. Investigator must document in the ROI that all parties received a copy of the policy and date received if this requirement was met.</p>	NOT COMPLIANT
B	1.6	<p>The investigator documented discussion of the Policy's non-retaliation provision with all parties.</p> <p>Finding: As no ROIs were drafted, documents provided only show interaction between the investigator of record and both parties in one complaint. In two of the complaints, where interaction between Complainant and HR management was documented, Complainant expressed the fear of retaliation. However, OIG could only verify discussion of the non-retaliation provision in one of the two complaints. There was no evidence to suggest the non-retaliation provision was discussed in the third complaint with any party.</p> <p>Recommendation: Review contents of OIG ROI template. Consider including in the investigator checklist the necessary step of discussing the policy's non-retaliation provision with each party and date discussed. Investigator must document in the ROI that the provision was discussed with all parties if this requirement was met.</p>	NOT COMPLIANT

Georgia World Congress Center Authority

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Section	Subsection	Description	Conclusion
B	1.7	<p>The investigator documented the steps taken to properly secure and/or obtain evidence potentially relevant to the complaint.</p> <p>Finding: <i>As no ROIs were provided to OIG for review, Investigator did not document steps taken to properly handle evidence.</i></p> <p>Recommendation: <i>Chronicle each step taken to obtain and secure evidence during the course of the investigation. Ensure the integrity of custody of evidence by including among documentation the type of evidence, date obtained, source, and relevance to the investigation.</i></p>	NOT COMPLIANT
B	1.8	<p>Conclusions for each allegation were reached.</p> <p>Finding: <i>As no ROIs were provided to OIG for review, no facts were noted that could justify findings provided to OIG via OIG portal.</i></p> <p>Recommendation: <i>Consider including in the investigator checklist the sexual harassment allegations and findings for each allegation from the investigation. Refer to the investigator checklist when submitting findings to OIG and when completing the ROI to ensure consistency.</i></p>	NOT COMPLIANT
B	1.9	<p>The agency submitted a closing form to the OIG after the completion of the investigation.</p>	COMPLIANT
B	1.10	<p>The investigator completed the investigation and issued findings within 45 calendar days of receipt of the complaint.</p> <p>Finding: <i>In two of the complaints investigated, OIG found two complaints where investigations were completed in 161 and 217 days respectively.</i></p> <p>Recommendation: <i>As soon as it becomes apparent, Investigator must notify Human Resources (HR) in writing of the necessity to extend the investigation beyond 45 calendar days.</i></p>	NOT COMPLIANT
B	1.11	<p>The agency granted an extension if the investigation was not completed within 45 calendar days of receipt of the complaint.</p> <p>Finding: <i>In the two investigations that exceeded 45 calendar days, GWCCA failed to provide documentation that verified management authorized extension of investigation.</i></p> <p>Recommendation: <i>HR should monitor progress of investigation and inquire of Investigator whether an extension is necessary once investigation due date comes within 5 calendar days.</i></p>	NOT COMPLIANT

Georgia World Congress Center Authority
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C COMPLAINT RESOLUTION PROCEDURES			
Section	Subsection	Description	Conclusion
C	1.0	Complaint Resolution and Closure Objective: To ensure that agencies are compliant with the Statewide Sexual Harassment Prevention Policy requirement for complaint resolution, distribution of the Report of Investigation (ROI) and complaint closure.	NOT COMPLIANT
C	1.1	The agency documented implementation of corrective, disciplinary and/or remedial actions taken within 21 calendar days of receipt of the ROI. Finding: No ROI was submitted to OIG by the agency, that would provide information regarding personnel actions taken. Recommendation: Adopt the SSHPP provision regarding personnel actions into GWCCA policy. Implement procedures to ensure that personnel actions are implemented within 21 calendar days.	NOT COMPLIANT
C	1.2	The investigator documented distribution of the ROI to the Complainant and the Respondent prior to ROI finalization. Finding: No ROI was submitted to OIG by the agency, therefore no evidence of distribution to relevant parties. Recommendation: Follow guidelines established by the SSHPP and include in GWCCA policy. Include in the Investigator Checklist the step that reminds the investigator to distribute the ROI to all parties and document that action in the ROI. Documentation must include date ROI was distributed to each party if this requirement was met.	NOT COMPLIANT
C	1.3	ALL parties were given at least 3 business days to submit a response to the ROI. Finding: GWCCA submitted no ROI to OIG for review. No evidence parties were afforded the opportunity to respond. Recommendation: Follow guidelines established by the SSHPP and include in GWCCA policy. Document in the ROI the date the parties responded and attach each party's response to the ROI.	NOT COMPLIANT
C	1.4	The complaint was closed after the parties were given an opportunity to respond to the ROI. Finding: Complaint closed despite no evidence ROI was drafted and submitted to parties for review and response. Recommendation: Follow guidelines established by the SSHPP and include in GWCCA policy. Close the complaint only after all parties have responded to the ROI.	NOT COMPLIANT

Agency Response - Georgia World Congress Center Authority



To: Office of the State Inspector General
From: Frank Poe 
Executive Director
Date: February 11, 2021
Re: FY20 Sexual Harassment Compliance Review Results

First, thank you for the opportunity to share our feedback regarding your findings.

The primary message I wish to convey is the following. The Georgia World Congress Center Authority is completely committed to full compliance with the Governor's Sexual Harassment Policy.

In fulfilling that commitment, we understand that your feedback and review of our authority and its handling of sexual harassment claims is critically important. Our commitment includes doing whatever needs to be done to reach full compliance.

I reviewed your report in detail with my Executive Team, General Counsel, and Human Resources Department. We would like to share several observations, not for the purpose of making excuses, but rather to explain several factors that may have influenced your conclusions.

In your report you noted that the GWCCA was Not-Compliant in meeting the mandatory timelines and having measures in place to provide adequate training. After the Governor's Sexual Harassment Policy went into effect in 2019, the GWCCA immediately reworked its sexual harassment training materials and added them to our new Learning Management System. GWCCA was on track to meet the required timelines but found out for the first time in July of 2019 that we were not utilizing the appropriate course material. My Human Resources team immediately contacted Mr. Al Howell to identify and become proficient with the DOAS-administered training materials.

But by then, time was short before the deadline.

Mr. Howell explained at that time that because the GWCCA was not enrolled in the state's Learning Management System, it would not be able to utilize that program's curriculum material under the Governor's mandatory training system as such. Because that was the case, he worked with us to find a solution.

He connected us with Ms. Mirna Baker and granted to the GWCCA a thirty-day extension for the purpose of finding a solution. A solution was identified, and the GWCCA completed the

Agency Response - Georgia World Congress Center Authority

mandatory training for all its employees on August 15, 2019 (fifteen days ahead of the extended deadline).

At that time, the GWCCA communicated a message to its entire management team:

"Below are new developments in the orientation and onboarding process effective September 1, 2019. The GWCCA New Employee Orientation experience will be extended by approximately 45 minutes to deliver the statewide sexual harassment prevention employee training to new hires upon arrival to the Atlanta campus. Supervisors and managers should adjust their department orientations accordingly in response to this change."

Human Resources will assess each department's orientation and onboarding procedures. This assessment is implemented to effectively manage employee transitions from Your Authority Life Orientation. The desired outcome is to achieve organizational alignment and cultural consistency in transitioning recruits from new employee orientation to their day-to-day work environment."

Even before the Governor's Executive Order, the GWCCA had in place a robust Sexual Harassment, Code of Conduct, and Ethics training program. I bring that up merely to emphasize that even the short delay in implementation of the Governor's new training program would have had minimal impact on operations here at the GWCCA. All our team members already were operating under a system which covered all the same points covered in the new training program (though through a different curriculum).

In the remaining sections of your report, there is emphasis on the usage of the OIG's ROI template and the timeliness of reporting case information in your system. Though it may have been an oversight, our understanding was that your ROI was a template to use in the event the Authority did not already have resources in place. Our Human Resources team would add that they were advised in the training conducted on March 20, 2019 that the ROI Template was merely optional and was not mandatory.

Further, as the GWCCA maintains an accredited police force and in-house legal counsel in addition to its state-trained investigators, we have had the benefit of thorough in-house processes, controls, and experience to independently handle cases that have come before us. Again, I offer this information not as an excuse but rather as an explanation as to why we did not implement your ROI templates from the start. Nevertheless, reviewing your findings I have instructed our Human Resources team to implement the recommendations in your letter, including the clear expectation that we utilize all of the templates provided during the training session.

Turning to the two investigations, as you may recall our Human Resources team had a great deal of difficulty on both because the complainants refused fully to cooperate with the investigative process. Both complainants reported to their departmental directors and managers but inexplicably refused to speak to the investigators on our Human Resources team. Our team's delay in making reports was attributable to this difficulty in obtaining the complainants' cooperation.

Additionally, please note that though your report indicates that GWCCA received three Sexual Harassment complaints, we are aware of only two such complaints (in one case, the same claim was reported twice).

To avoid using names, I will refer to the two young ladies as Complainant 1 and Complainant 2. Complainant 1 reported her claim in January of 2019 to her manager but refused to speak to the

Agency Response - Georgia World Congress Center Authority

Human Resources Team until April 2019. During the interview process, she stated that she did not want to file a Sexual Harassment complaint because the incidents happened in 2018. She also stated that the individuals who engaged in bad behavior were not GWCCA employees but rather were employees of contractors working on the GWCCA campus, and she did not have any idea who they were or the contractor for whom they worked. The Human Resources investigator-designee reported her case to the OIG's office but because of this lack of cooperation and critical information, was unable to close the investigation or develop the facts any further. Complainant 1 later complained to her new manager in September 2019, but again refused to speak with the Human Resources designees at that time.

Our Human Resources department's investigator followed the required procedure by filing another report with the OIG's office, but because of the complainant's refusal to cooperate we requested assistance from your team in handling the case. Our Human Resources Director spoke with the OIG's office at that time to provide insight into their findings and ask for assistance, and also because at that point Complainant 1 had reported her claims also to the Georgia Commission on Equal Opportunity, which was conducting its own investigation into the matter.

In April of 2019, the Human Resource Team filed a report with the OIG's office in respect of the charge filed by Complainant 2. The charge of Complainant 2 was communicated by her outside legal counsel. Complainant 2 also refused to speak with our Human Resources Department's investigators, so when filing this case to the OIG's office we immediately requested an impartial investigator due to the circumstances.

Again, I do not intend to offer these as excuses, but rather explanations of why the reports were filed when they were and why the investigations were handled as they were.

Again, thank you for the opportunity to be heard, and I again wish to emphasize that the Georgia World Congress Center Authority is completely committed to full compliance with the Governor's Sexual Harassment Policy. I give you my assurance that we will follow through on these findings and eliminate these discrepancies. Please let me know if you have any questions or additional thoughts to share.

Georgia World Congress Center Authority

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Addendum to Appendix D: Review Period for Sexual Harassment Prevention Policy Compliance Review

In subsections A.2.2 and A.2.4, the referenced review period is calendar year 2019; however, the review period for these subsections encompassed more than calendar year 2019. The actual review period included all of calendar year 2019 and January 1, 2020, to June 30, 2020.

OIG Contact & Staff Acknowledgements

Contact

For more information contact the Office of the State Inspector General at ig@oig.ga.gov or visit www.oig.ga.gov

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