

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

Interim       Final

Date of Report    July 28, 2018

### Auditor Information

Name: Robert Lanier	Email: rob@diversifiedcorrectionalservices.com
Company Name: Diversified Correctional Services, LLC	
Mailing Address: PO Box 452	City, State, Zip: Blackshear, GA 31516
Telephone: 912-281-1525	Date of Facility Visit: July 16-18, 2018

### Agency Information

Decatur County Prison		Governing Authority or Parent Agency (If Applicable): N/A	
Physical Address: 1153 Airport Road		City, State, Zip: Bainbridge, GA 39817	
Mailing Address 1153 Airport Road		City, State, Zip: Bainbridge, GA 39817	
Telephone: (229)-248-3035/3036/3038		Is Agency accredited by any organization? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
The Agency Is:		<input type="checkbox"/> Military	<input type="checkbox"/> Private for Profit
<input type="checkbox"/> Municipal	<input checked="" type="checkbox"/> County	<input type="checkbox"/> State	<input type="checkbox"/> Private not for Profit
Agency mission: Protect the public and provide work detail for Decatur County and surrounding agencies within the county.			
Agency Website with PREA Information: <a href="http://www.decalurcountyga.gov/decalur-county-prison-dcci/">http://www.decalurcountyga.gov/decalur-county-prison-dcci/</a>			

### Agency Chief Executive Officer

Name Gordon Screen	Title: Warden
Email: screen.gordon@gdc.ga.gov	Telephone: (229)-400-8064

### Agency-Wide PREA Coordinator

Name: Lillie Wilson	Title: SSGT/ PREA Compliance Managers/Coordinator
Email: lillie.wilson@gdc.ga.gov	Telephone: (229)-248-3035/ (229)-726-4138

<b>PREA Coordinator Reports to:</b> Anita Johnson	<b>Number of Compliance Managers who report to the PREA Coordinator</b> 0
------------------------------------------------------	---------------------------------------------------------------------------

### Facility Information

**Name of Facility:** Decatur County Prison

**Physical Address:** 1153 Airport Road

**Mailing Address (if different than above):** Same as above

**Telephone Number (229)-248-3035/3036/3038**

**The Facility Is:**  Military  Private for profit  Private not for profit

Municipal  County  State  Federal

**Facility Type:**  Jail  Prison

**Facility Mission:** Protect the public and provide work detail for Decatur County and surrounding agencies within the county.

**Facility Website with PREA Information:** <http://www.decatourcountyga.gov/decatour-county-prison-dcci/> Click or tap here to enter text.

### Warden/Superintendent

**Name:** Gordon **Title:** Warden

**Email:** <http://www.decatourcountyga.gov/decatour-county-prison-dcci/> **Telephone:** (229)400-8064

### Facility PREA Compliance Manager

**Name:** Lillie Wilson **Title:** SSGT/PREA Compliance Manager / Coordinator

**Email:** [lillie.wilson@gdc.ga.gov](mailto:lillie.wilson@gdc.ga.gov) **Telephone:** (229)248-3035/229-726-4138

### Facility Health Service Administrator

**Name:** Lee Jordan **Title:** LPN/NRAEMT

**Email:** [l.jordan@mediacombb.net](mailto:l.jordan@mediacombb.net) **Telephone:** (229)-400-8051

### Facility Characteristics

**Designated Facility Capacity** 382 **Current Population of Facility** 211

**Number of inmates admitted to facility during the past 12 months** 211

**Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 30 days or more:** 211

Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:		211	
Number of inmates on date of audit who were admitted to facility prior to August 20, 2012:		02	
Age Range of Population:	Youthful Inmates Under 18: 0	Adults: 20-62	
Are youthful inmates housed separately from the adult population?		<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> N/A
Number of youthful inmates housed at this facility during the past 12 months :		N/A	
Average length of stay or time under supervision:		2 years	
Facility security level/inmate custody levels:		Minimum/Medium	
Number of staff currently employed by the facility who may have contact with inmates:		43	
Number of staff hired by the facility during the past 12 months who may have contact with inmates:		0	
Number of contracts in the past 12 months for services with contractors who may have contact with inmates:		1	
<b>Physical Plant</b>			
Number of Buildings: 1		Number of Single Cell Housing Units: 0	
Number of Multiple Occupancy Cell Housing Units:		3	
Number of Open Bay/Dorm Housing Units:		6	
Number of Segregation Cells (Administrative and Disciplinary):		10	
Description of any video or electronic monitoring technology (including any relevant information about where cameras are placed, where the control room is, retention of video, etc.): <u>Video monitoring equipment with DVR in housing units, central control, front entry, perimeter, food service area, and maintenance</u> Web based 62 camera system, 8 days retention, in/outside Institution.			
<b>Medical</b>			
Type of Medical Facility:		Primary Care, Not 24 hours	
Forensic sexual assault medical exams are conducted at:		Phoebe Putney Memorial Hospital	
<b>Other</b>			
Number of volunteers and individual contractors, who may have contact with inmates, currently authorized to enter the facility:		8	
Number of investigators the agency currently employs to investigate allegations of sexual abuse:		1	

# Audit Findings

## Audit Narrative

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

### Pre-Audit Activities

**Notice of PREA Audit:** The Notice of PREA Audit for the Decatur County Correctional Institution (referred to in this report and on the agency website as the Decatur County Prison) was forwarded to the Decatur County Prison eight weeks prior to the on-site audit, for posting in the Prison. The PREA Compliance Manager of the Prison was asked to post the notices in areas accessible to offenders, staff, contractors, and visitors. The purpose of the posting of the Notice is to allow anyone with a PREA issue or concern, or an allegation of sexual abuse or sexual harassment to correspond, confidentially, with the Certified PREA Auditor. The facility confirmed posting by providing photos of the postings. During the onsite PREA Audit, Notices of PREA Audit were observed posted everywhere in that facility; in every living unit and area of the prison, including the segregation unit.

**Pre-Audit Questionnaire/ Flash Drive Review:** The agency's PREA Compliance Manager provided a detailed flash drive containing documentation including policies, procedures, and documents enabling the auditor to understand the mission of the facility and its approach to preventing, detecting, responding to and reporting sexual abuse and sexual harassment. This flash drive and accompanying information was some of the best prepared flash drives I have had the pleasure of reviewing. The flash drive was provided 30 days prior to the on-site audit for review. The auditor developed and forwarded a comprehensive list of the documentation that would be needed for review during the on-site audit to assess practice. The PREA Compliance Manager and Auditor maintained excellent communications between the receipt of the flash drive during those 30 days prior to the audit.

**Selection of Staff and Inmates:** Prior to the audit, the auditor requested and received a list of staff who work on each of the "keys" for both shifts to ensure that staff, randomly selected, would be those who were working during the days of the on-site audit. Additional staff were chosen from the list to ensure staff from a cross-section of positions and jobs within the facility were selected to be interviewed.

Additionally, the auditor requested and received, a list of inmates listed by housing units to enable the auditor to select inmates from each living unit in both facilities. Additional list identifying inmates who were transgender, disabled inmates, inmates who were sexually abused either at the facility or who disclosed prior victimization during their initial vulnerability assessment or at any other time, inmates who identified as being gay, bisexual, or lesbian, and those who were identified as mentally challenged inmates were requested.

### On-Site Audit Activities (July 16-18, 2018)

By prior arrangement the auditor arrived at the Decatur County Prison at 0830 on July 16, 2018. Entrance into the facility is gained through entering a gate to a long walk and corridor bordered on either side by a high chain link fence topped with razor wire. Just down the sidewalk corridor is a gate house/entry control point manned by a Correctional Officer. The Gate House bulletin board contained multiple PREA related posters. The auditor signed in on a visitor's log and was advised, by the Correctional Officer that the Decatur County Prison has a zero-tolerance for all forms of sexual abuse, sexual harassment and retaliation for reporting sexual abuse or sexual harassment. The officer also advised that violations of the zero-tolerance policy would result in disciplinary action. A PREA Acknowledgement Form, affirming understanding of the zero-tolerance policy and the expectations of the agency related to reporting, was required to be read and signed by the auditor.

Proceeding on to the administrative building the auditor was met by the PREA Compliance Manager. Following a brief entrance meeting with the Warden and PREA Compliance Manager, the auditor and PREA Compliance Manager discussed the logistics for conducting the on-site audit, site review and interviews with staff and inmates.

### **Site Review/Facility Characteristics**

The Decatur County Prison was observed to be well- maintained facility constructed in the 1950's and consists of the following areas observed during the site review of the entire facility.

- Administration
- Medical Office and Clinic (Exam Room)
- Medication Room
- Laundry Room and Hallway
- Bathroom in Dorms 5 and 6
- Kitchen, Kitchen Office
- Kitchen Cooler
- Kitchen Dry Storage
- Kitchen Freezer
- Dorm 2 Bathroom
- Intake
- Showers
- Bathroom areas in all dorms
- Visitation
- Visitation bathroom
- Detail Call Out Area
- Chemical Storage
- Mechanical Rooms
- Maintenance Shed
- Outside Grounds

The rated capacity of the facility is 382 inmates, including both county and state inmates. The population on the first day of the on-site audit was 214.

There are 43 employees consisting of the Warden Deputy Warden, PREA Compliance Officer (performing a variety of duties), Chief of Security, two (2) Counselors, four (4) Contracted Food Service Workers, and Correctional Officers.

Following the initial interviews, the auditor, escorted by the Warden, Chief of Security, and the PREA Compliance Manager, conducted a site review of the entire facility.

During the site review the auditor made numerous observations, including the posting of Notices of PREA Audits, PREA Related Posters posted neatly in frames, instructions for placing PREA Hotline phone calls, locations of showers, restrooms and privacy issues. The configuration of living units, capacities of dorms, observations of blind spots, camera deployment, the use of mirrors to mitigate blind spots, staffing levels, supervision of inmates and accessibility to telephones were observed. The auditor's site review included the following areas:

The Administrative Building houses offices for the Warden, Deputy Warden, PREA Compliance Manager, Chief of Security and Medical. There is also a conference room in the area. The Main Control Room controls access to the Counseling Area, Living Units, and other functional areas. The bulletin board in the Admin Area contained neatly posted Notices of PREA Audit and PREA Related Posters.

Inmates are housed in "Open Bay" dormitories, sleeping in bunk beds. Cameras are in each dorm. Restrooms are obscured by either a ½ wall or ¾ wall. There is one main shower area with multiple shower heads. Viewing is obscured by a ½ wall. Staff reported, and inmates confirmed in their interviews that female staff do not work in the dormitories.

The facility has six open bay dorms however only three of those dorms are operational. The operational dorms include: Dorm 1 and Dorm 2 were combined; therefore, they have been labeled Dorm 2A. Dorm 2A with a capacity of 78; Dorm 5 with a capacity of 100 and Dorm 6, with a capacity of 100. There are ten (10) isolation cells.

Entering the secure area, the auditor observed offices for the two counselors who are employed at the facility. There is a camera in the hall leading to the first office door. Each office has a door that was observed to be open enabling anyone passing by to view inside the office. There is a window, as well, in each of the doors to the offices. PREA Posters are prominently displayed providing information on how to report sexual abuse or sexual harassment. Contact numbers are posted as well.

Next the auditor was escorted into the first Dormitory (Dorm 2A). This unit, like all the other units, houses both state inmates and Decatur County inmates. The dorm is configured in an "open bay" style. Cameras are strategically placed in the living unit. There were five (5) telephones on the walls in this unit. Instructions for calling the PREA Hotline were posted on the phones. The auditor tested a phone by placing a call to the GDC PREA Hotline. The phone prompted the auditor and clearly provided instructions step by step enabling anyone who could not read to follow the prompts and successfully place a call. The auditor requested the PREA Unit Analyst email the auditor confirming the receipt of the auditor's test calls. PREA Posters were prominently displayed on the dorm bulletin board. An additional poster instructed inmates on how to access Language Line, the telephonic interpretive service. Two (2) inmates, in this dorm, were informally interviewed by the auditor.

Following the review of (Dorms 2A), the auditor was escorted to the Segregation Area. This area consists of ten (10) cells. Staff in the unit, as well as the Warden, Captain, and PREA Compliance Manager affirmed there were no inmates housed in segregated housing as the result of being assessed as a potential victim or because of being an actual victim. The observed shower provided privacy while showering. PREA related posters were also observed in this unit. A portable phone was observed. According to staff and inmates, inmates have access to the phone if they are not posing a security risk. One inmate, housed in segregated housing, was interviewed.

Dorm 5 was configured as the other open bay dorms. It contained cameras providing viewing of the dormitory area. PREA posters were observed in the dorm. Five (5) phones were observed, each with instructions for dialing the PREA Hotline. Restrooms were constructed the same as in the other dorms. Two (2) inmates from this unit were informally interviewed. The auditor conducted a test call to the PREA Unit. The auditor requested the PREA Analyst to confirm receipt of the message via email. The next morning the auditor had received the confirmation email from the PREA Analyst documenting receipt of the hotline phone call.

The laundry room is manned by one inmate. The door to the laundry room remains open while in operation and secured when the laundry is closed. There were two (2) cameras in the laundry room, one mounted on each side of the wall.

The Kitchen area is manned by contracted food service staff along with three (3) inmates. Cameras and posters were observed in this area.

A camera in the hall leading to the intake area provides coverage for anyone entering the area.

A camera was in the barbershop and a window facilitated viewing.

A large open visitation area contained five (5) cameras. Additionally, during visitation, a mini-visitation control/viewing room, enables the officer to monitor visitation from that vantage point.

Outside the facility proper, the auditor observed the maintenance shed, ice room (with camera inside), and a chemical storage shed. There are no cameras in that area. All the doors were found to be secured.

### **Staff Interviews:**

#### **Randomly Selected Staff: (12)**

Using the current staffing roster, the auditor selected 12 random staff, ensuring that those selected represented a variety of positions, housing units, details, and shifts.

#### **Specialized Staff: (20)**

Following the Site Review, the auditor began interviewing staff who were randomly selected from the Staffing Roster for all staff and randomly as well as specialized category staff including the following:

- Warden/Agency Head
- Agency PREA Coordinator (Previous Interview)
- Assistant Agency PREA Coordinator (Previous Interview)
- PREA Compliance Manager
- Intake Staff
- Staff Conducting Orientation
- Facility-Based Investigator
- Special Agent (Previous Interview)
- Incident Review Team Member
- Medical Staff (LPN)

- Staff supervising segregation
- Staff conducting the victim/aggressor assessments
- Upper level staff conducting unannounced rounds- (3)
- Deputy Warden/Human Resources Manager
- Contractor
- Retaliation Monitor
- First Responder
- Grievance Officer/Classification

### **Randomly Selected Inmates: (20)**

A total of 20 randomly selected inmates were interviewed. These inmates were randomly selected from the facility's inmate alpha roster, by housing units. Care was taken to include young and old, all housing units, and racial and ethnic groups.

Eight (8) Inmates were informally interviewed during the site review.

One inmate called the PREA Hotline and asked to talk to the PREA Auditor. The PREA Unit contacted the auditor to report the inmate's request. The auditor requested, and the Warden pulled the inmate off his detail and had him transported back to the facility to be interviewed.

One inmate had written a letter to the auditor concerning a resident masturbating in front of other residents in the showers. The auditor interviewed that inmate as well.

### **Targeted/Special Category Inmates: (0)**

The Warden provided a memorandum asserting that the facility did not have any inmates at the facility who were hearing or visually impaired, Limited English Proficient; LGBT, Transgender or Intersex, who had reported sexual abuse previously or at this facility, nor were there any youthful offenders or inmates in segregated housing as a result of being at high risk for victimization.

### **Documents and Files Reviewed**

- Facility Organizational Chart
- Decatur County Prison Staffing Plan
- Local Operating Directive
- Twenty (20) Day 1- In-Service Training Sheets (PREA)
- Twenty (20) PREA Acknowledgment Statements Staff
- Forty (40) Acknowledgments of Watching the PREA Video,
- Forty (40) Receiving information at intake
- Forty (40) Orientation Checklists
- Twenty (20) Inmate PREA Acknowledgments
- Five (5) Contractor PREA Acknowledgment Statements
- Five (5) Training Rosters documenting Contractor Training
- Forty (40) Victim/Aggressor Assessments
- Forty (40) Reassessments
- One (1) of One (1) Investigation Package





**Number of Standards Not Met:** 0

0

**Summary of Corrective Action:**

**Issue:** Although information regarding the outside advocacy organization, The Lily Pad SANE Center, was provided to inmates and available to them via posted information, interviewed inmates were consistently unaware of who the organization was, what services they provided, how to contact them and the limits of confidentiality if they contacted the center.

**Corrective Action:** The PREA Compliance Manager will retrain all inmates providing them information on the outside advocacy organization, The Lily Pad SANE Center. This retraining will include an explanation of who the organization is, what services they provide, contact information including mailing address and phone number, and the limits of confidentiality if they contact the center.

## PREVENTION PLANNING

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

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

#### 115.11 (a)

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

#### 115.11 (b)

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

### 115.11 (c)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

**Policy and Documents Reviewed:** Georgia Department of Corrections (GDC) Policy 208.6, Prison Rape Elimination Act-PREA, Sexually Abusive Behavior Prevention and Intervention Program; PREA Brochures; Decatur County Prison Local Operating Procedures, 11.53, Sexually Abused Behavior Prevention and Intervention; Sexual Assault, Sexual Harassment Prison Rape Elimination Act, PREA; Decatur County Prison LOP, 11.53, Sexually Abusive Behavior Prevention and Intervention; 2. Employee Training; LOP 11.53, Sexually Abusive Behavior Prevention and Intervention, 3., Volunteer Training; and Paragraph 4., Offender Education; Intergovernmental Agreement County Capacity; Agreement between the Georgia Department of Corrections and the Decatur County Board of County Commissioners; PREA Posters; Notifications at the Entrance Gate

**Interviews:** Warden; Previous Interviews with the Agency's PREA Coordinator and Assistant PREA Coordinator; PREA Compliance Manager, (12) Randomly Selected Staff, (20) Specialized Staff, (20) Randomly Selected Inmates.

**Other:** Observed posters throughout the facility; Phones with dialing instructions,

**Policy Review:** Georgia Department of Corrections (GDC) Policy 208.6, Prison Rape Elimination Act-PREA, Sexually Abusive Behavior Prevention and Intervention Program, is a comprehensive PREA Policy that not only details the agency's approach to prevention, detection, reporting and responding to

allegations of sexual abuse and sexual harassment but also integrates this information in a manner that flows logically and is easily understood. The policy affirms that the Department will not tolerate any form of sexual abuse or sexual harassment of any offender. Policy states that the Department has a zero tolerance for all forms of sexual abuse, sexual harassment and sexual activity among inmates. It further indicates the purpose of the policy is to prevent all forms of sexual abuse, sexual harassment and sexual activity among inmates by implementing provisions of the PREA Standards to help prevent, detect and respond to sexual abuse in confinement facilities.

It appears that the Georgia Department of Corrections takes sexual safety seriously. This is based on a number of factors. The GDC appointed a Director of Compliance who is ultimately responsible for the Department's compliance with the PREA Standards, the Americans with Disabilities Act and the American Correctional Association Standards. This staff person was previously the agency's PREA Coordinator.

Additionally, the Department has appointed a statewide PREA Coordinator and an Assistant Agency Statewide PREA Coordinator with sufficient time and authority to develop, implement, and oversee the Department's efforts to comply with the PREA Standards in the GDC facilities. The Statewide PREA Coordinator has responsibility for the entire state. Both staff are experienced in adult corrections. They are heavily involved in training staff; whether it is training for the PREA Compliance Managers, Sexual Assault Response Team Members, or staff first responders to mention a few. PREA Compliance Manager training and SART training is held consistently at least twice a year. The PREA Coordinator is training to be a POST Certified Instructor (Peace Officer Standards Training).

The PREA Coordinator is one of the most knowledgeable PREA Coordinators I have had the pleasure of working with. She is not just knowledgeable of PREA, but she brings to the table experience working in adult facilities prior to her appointment. She has been responsible for ensuring that the prisons and facilities are in compliance with the PREA Standards and that they maintain compliance. To that end she serves as a resource person for the GDC facilities and programs and visits her facilities often. Those visits are working visits during which she often sits with the facility's investigators and reviews each investigation of allegations of sexual abuse and sexual harassment. A previous interview with the PREA Coordinator and the Assistant Statewide PREA Coordinator confirmed that they have sufficient time to perform their PREA related duties.

The PREA Unit appears to be heavily involved as well in capturing data for planning and other purposes. To that end, the agency and PREA Unit has a PREA Analyst assigned to the PREA Unit. His job is to collect and analyze the data that is submitted to the PREA Unit, on a monthly basis, by each facility. This staff also receives the calls from inmates on the Department of Corrections PREA Hotline. In working with the PREA Auditor, the PREA Analyst assists by retrieving information on all calls to the PREA Hotline from each facility prior to the on-site audit. He also assists the auditor by securing from the Georgia Department of Corrections Technical Section, rosters of disabled inmates, identifying the inmate and his/her disability, enabling the auditor to select disabled inmates to interview during on-site visits. He keeps statistics for each facility and cumulatively for the agency that are used by the Department in analyzing issues related to PREA.

The agency has a designated staff responsible for ADA and has arranged for the GDC to utilize statewide contracts for inmates with disabilities. This state level position, also under the umbrella of the Office of Professional Standards, Compliance section, has also been actively involved in trying get GDC staff trained in ADA.

Additionally, the Warden/Superintendent at each institution is charged with ensuring that all aspects of the agency's PREA Policy are implemented. To this end, they are required to develop a Local Procedure Directive for response to sexual allegations. The Directive reflects the institution's unique characteristics and specifies how each institution will respond to sexual allegations and the notification procedures followed for reports of sexual allegations. (Local Procedure Directive discussed in a later standard).

Wardens/Superintendents are also required to assign an Institutional PREA Compliance Manager, who also has sufficient time and authority to develop, implement and oversee the facility efforts to comply with the PREA Standards.

Decatur County Prison Policy, 11.53, Sexually Abusive Behavior Prevention and Intervention, Prevention Planning, requires the facility to employ or designate an upper level Facility PREA Compliance Manager with sufficient time and authority to develop, implement, and oversee the facility efforts to comply with the PREA Standards.

The Warden provided a memo designating (effective September 1, 2015) the PREA Compliance Manager. He also, in the same memo, designated the Chief Counselor as the back-up PREA Compliance Manager. The PREA Compliance Manager at the Decatur County Correctional Institution is a higher-level staff, a Staff Sergeant. The Facility Organizational Chart dated January, 1, 2018, depicts the PREA Compliance Manager's Position in relation to the structure of authority and responsibility. The PREA Compliance Manager is depicted, on the organizational chart, as reporting directly to the Deputy Warden of the facility, who reports directly to the Warden.

Decatur County Prison, Sexually Abusive Behavior Prevention and Intervention, 1., Introduction and Summary, asserts the Decatur County Prison has a zero-tolerance policy towards all forms of sexual abuse, sexual harassment and sexual activity among offenders.

Decatur County Prison LOP 11.53, Sexually Abusive Behavior Prevention and Intervention, Paragraph 2, Employee Training, requires all facility employees are required to attend training annually on the facility's zero-tolerance policy for sexual abuse and sexual harassment and the right of offenders and employees to be free from retaliation for reporting.

The same policy addresses zero-tolerance in training for volunteers and contractors and for offenders (Paragraph 4, Offender Education).

The reviewed contract between the GDC and the Decatur Board of Commissioners, page three, paragraph 7, Prison Rape Elimination Act, affirms the County will adopt and comply with the PREA as required in 28C.F.R. It also affirms the County further agrees to cooperate with the Department in any audit, inspection, or investigation by the Department or other entity relating to the County's compliance with PREA. The County acknowledges that failure to comply with PREA is a material breach of the agreement and is cause for termination of the agreement.

The PREA Compliance Manager is a veteran employee who has served in the capacity of PREA Compliance Manager since September 1, 2018. An interview confirmed she is knowledgeable of PREA. It is evident too, from the documentation she has been able to provide, that she is committed to PREA and its implementation and maintenance (institutionalization) creating a culture of zero tolerance. When asked for information, this facility did not have to spend an inordinate amount of time providing what the auditor asked for.

**Interviews:** Warden, Deputy Warden, PREA Compliance Manager, (12) Randomly Selected Staff; (20) Specialized Staff; Twenty (20) Inmates

Interviews confirmed that the facility has a zero-tolerance for all forms of sexual abuse, sexual harassment, and retaliation. The Warden confirmed his support for the efforts of the PREA Compliance Manager and insists on zero-tolerance. The PREA Compliance Manager reportedly takes PREA very seriously and has worked to implement the PREA Standards and maintain them in an effort to prevent, detect, respond and report all allegations of sexual abuse, including any suspicions that an inmate has been sexually abused or harassed. The PREA Compliance Manager confirmed she has other duties but has sufficient time and support to perform her PREA related duties. This facility is small, and communication is easily facilitated. Interviews with staff confirmed they understand the zero-tolerance policy, that they have been trained in PREA, that they are required to report all allegations of sexual abuse or sexual harassment and 100% of those interviewed said they would report all reports, knowledge, and suspicion of sexual abuse and would document the report prior to the end of the shift. Twenty (20) of twenty (20) interviewed inmates confirmed they received PREA information upon arrival at the facility and that they were informed about the zero-tolerance policy as well as how to report. They also indicated they saw the PREA video informing them of zero-tolerance and their rights related to sexual abuse, sexual harassment and retaliation.

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

The facility provided twenty (40) PREA Acknowledgment Statements confirming staff have been trained in PREA and are aware the agency and facility has a zero tolerance for sexual abuse, sexual harassment and retaliation. The PREA Acknowledgement Statements for Employees and Unsupervised Contractors and Volunteers affirms that they have received training on the Department's Zero Tolerance Policy on Sexual Abuse and Sexual Harassment and that they have read to GDC Standard Operating Procedure 208.06, Sexually Abusive Behavior Prevention and Intervention Program. They also acknowledge that violation of the policy will result in disciplinary action, including termination or being banned from entering any correctional institution. The auditor also reviewed personnel files of staff including newly hired staff, promoted staff, regular non-security staff, contractors and volunteers. Pulled files contained the signed PREA Acknowledgement Statements and other documents indicating they have been informed multiple times about the agency's zero tolerance policy.

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

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

### **115.12 (a)**

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

## 115.12 (b)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

**Policy and Documents Reviewed:** Georgia Department of Corrections Policy, 208.6, Prison Rape Elimination Act, Sexually Abusive Behavior, Prevention and Intervention Program, A. Prevention Planning, Paragraph 2; Contract between the GDC and the Decatur County Board of Commissioners.

**Interviews:** Warden; PREA Compliance Manager; Previous Interviews with the GDC PREA Coordinator; Previous interview with the Agency's Contract Manager Designee

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

The Decatur County Prison houses GDC offenders through a contractual arrangement. The reviewed contract requires the County to comply with the Prison Rape Elimination Act, including allowing the GDC to monitor compliance with PREA and if the facility does not comply with PREA, the contract is subject to termination.

Decatur County Prison does not contract for the confinement of offenders. This was confirmed through interviews with the PREA Coordinator, Superintendent, PREA Compliance Manager and the reviewed Pre-Audit Questionnaire.

The Agency PREA Coordinator provided the auditor two contracts the agency promulgated for the confinement of inmates by a county prison and a private vendor. Both contracts contained requirements for the contractor to comply with PREA and to acknowledge that the Georgia GDC has the right to monitor for compliance.

## Standard 115.13: Supervision and monitoring

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

#### 115.13 (a)

- Does the agency ensure that each facility has developed a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse?  Yes  No
- Does the agency ensure that each facility has documented a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse?  Yes  No
- Does the agency ensure that each facility's staffing plan takes into consideration the generally accepted detention and correctional practices in calculating adequate staffing levels and determining the need for video monitoring?  Yes  No
- Does the agency ensure that each facility's staffing plan takes into consideration any judicial findings of inadequacy in calculating adequate staffing levels and determining the need for video monitoring?  Yes  No
- Does the agency ensure that each facility's staffing plan takes into consideration any findings of inadequacy from Federal investigative agencies in calculating adequate staffing levels and determining the need for video monitoring?  Yes  No
- Does the agency ensure that each facility's staffing plan takes into consideration any findings of inadequacy from internal or external oversight bodies in calculating adequate staffing levels and determining the need for video monitoring?  Yes  No
- Does the agency ensure that each facility's staffing plan takes into consideration all components of the facility's physical plant (including "blind-spots" or areas where staff or inmates may be isolated) in calculating adequate staffing levels and determining the need for video monitoring?  Yes  No
- Does the agency ensure that each facility's staffing plan takes into consideration the composition of the inmate population in calculating adequate staffing levels and determining the



need for video monitoring?  Yes  No

- Does the agency ensure that each facility's staffing plan takes into consideration the number and placement of supervisory staff in calculating adequate staffing levels and determining the need for video monitoring?  Yes  No
- Does the agency ensure that each facility's staffing plan takes into consideration the institution programs occurring on a particular shift in calculating adequate staffing levels and determining the need for video monitoring?  Yes  No  NA
- Does the agency ensure that each facility's staffing plan takes into consideration any applicable State or local laws, regulations, or standards in calculating adequate staffing levels and determining the need for video monitoring?  Yes  No
- Does the agency ensure that each facility's staffing plan takes into consideration the prevalence of substantiated and unsubstantiated incidents of sexual abuse in calculating adequate staffing levels and determining the need for video monitoring?  Yes  No
- Does the agency ensure that each facility's staffing plan takes into consideration any other relevant factors in calculating adequate staffing levels and determining the need for video monitoring?  Yes  No

#### 115.13 (b)

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

#### 115.13 (c)

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

#### 115.13 (d)

- Has the facility/agency implemented a policy and practice of having intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment?  Yes  No

- Is this policy and practice implemented for night shifts as well as day shifts?  Yes  No
- Does the facility/agency have a policy prohibiting staff from alerting other staff members that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational functions of the facility?  Yes  No

**Auditor Overall Compliance Determination**

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

**Instructions for Overall Compliance Determination Narrative**

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

**Policy and Documents Reviewed:** Decatur County Prison Staffing Plan;

**Interviews:** Warden, Previous interview with the Agency PREA Coordinator, PREA Compliance Manager, Random Staff; Specialized Staff.

**Other:** Observations made during the site review and onsite audit of the Decatur County Prison.

**Policy Review:** The reviewed PREA Policy, Georgia Department of Corrections Policy, 208.6, Prison Rape Elimination Act, Sexually Abusive Behavior Prevention and Intervention Program, A. Prevention Planning, Paragraph 3, requires each facility to develop a written staffing plan in accordance with the SOP, using Attachment 11, Staffing Plan Template.

The Decatur County Prison Staffing Plan requires that all facilities operated by the GDC, including contracted facilities, to develop, document, and make its best efforts to comply on a regular basis with the established staffing plan that provides for adequate levels of staffing, and, where applicable, video monitoring to protect inmates against sexual abuse. In calculating adequate staffing levels and determining the need for video monitoring the facility is required to consider all the items required by the PREA Standards, GDC Policy, and the procedures outlined in the staffing plan including the following:

- Generally accepted detention and correctional practices
- Findings of inadequacy
- Consideration of all components of the facility’s physical plant (including “blind spots” or areas where staff or inmates may be isolated.

The plan identifies the blind spot areas and asserts that 18 shift staff members and 9 administrative staff monitor those vulnerable areas.

There are 66 cameras strategically located throughout the facility. Mirrors are also used to mitigate blind spots.

Staff are required to patrol housing units at least every 30 minutes.

- Staffing

Decatur County Prison has no vacancies. Staffing is identified and includes the following:

- A. Dorm 2A, housing a total of 78 inmates representing a combination of state and local inmates with security level ranging from minimum to medium.
- B. Dorm 5 houses a total of 100 inmates, representing a combination of state and local inmates with security levels ranging from minimum to medium
- C. Dorm 6 houses a total of 100 state and local inmates with the same security levels
- D. Dorm 3 houses up to 74 inmates however the dorm is closed and only operational when major work is needed in the other dorms.

There are four shifts, each one operated by one supervisor.

There are four gender-specific posts and these include: Administrative Segregation, Visitation, Shakedown Area, Single Transfer Staff, and Back Detail Gate Officer.

There are 12 inside details and 28 outside details.

- Programs

Programs are identified as: Matrix Relapse Prevention, Motivation for Change, Reentry Skills Building, GED, Religious Services

- Composition of the Inmate Population

There is a total of 69 Caucasian Inmates and 138 Black Inmates.

- Prevalence of substantiated and unsubstantiated incidents of sexual abuse: There were no cases or allegations of either sexual abuse or sexual harassment or retaliation during the past 12 months.
- Other Relevant Factors (none identified)

Policy requires that any deviations from the established staffing plan are addressed and documented.

The facility has a plan for “call backs” in the event of staff shortage. These plans are maintained in the Central Control, Warden’s Office, Deputy Warden’s Office and Captain’s Office.

Policy also requires that whenever necessary, but not less frequently than once each year, the facility will assess, determine, and document whether adjustments are needed to the staffing plan, the deployment of video monitoring systems and other monitoring technologies; and the resources the facility has available to commit to ensure adherence to the staffing plan.

Lastly unannounced rounds are required. All supervisory staff conduct unannounced PREA rounds. PREA rounds are not only conducted in the dorms, but anywhere an inmate might be for example; medical, kitchen, counseling, business office, back gate area, warehouse, etc. with the intent of identifying and deterring sexual abuse and sexual harassment. These rounds are documented in the main control log. The plan was dated January 17, 2018.

**Interviews:** Warden, PREA Compliance Manager, Chief of Security, Randomly Selected and Specialized Staff, (20) Inmates

**Discussion of Interviews:** The facility operates with a day shift and overnight shift. Both are 12- hour shifts. Interviews indicated the minimum staffing is five (5) on the day shift and four (4) on the overnight shift. These minimums, according to staff, are always maintained. Correctional Staff rotate between the dorms making checks every 30 minutes. If there is a “call out” and a priority one post cannot be covered, the staff on duty will remain on duty until relief arrives. Off duty staff will be called in. Programs at the facility are minimal therefore that is not an issue. Staff related that shift supervisors conduct unannounced PREA rounds. Interviews with these indicated the rounds are made in those areas that are blind spots in addition to the housing units and other areas such as the kitchen, visitation and other areas. Staff stated they do not even tell the control room they are about to make those rounds.

## Standard 115.14: Youthful inmates

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

### 115.14 (a)

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

### 115.14 (b)

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

### 115.14 (c)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

**Policy and Documents Reviewed:** Georgia Department of Corrections PREA Policy, Decatur County Prison; Pre-Audit Questionnaire, Reviewed Description of Burrus Training Center, where youthful inmates are housed; Decatur County Prison Local Operating Procedure, Sexually Abusive Behavior Prevention and Intervention, Paragraph 6, Youthful Offenders; Memo from Warden: Statement of Fact” documenting Decatur County Prison does not house youthful offenders.

**Interviews:** Warden, Decatur County Prison, PREA Compliance Manager, Prior Interviews with the PREA Coordinator, Interviews with inmates (random and targeted; Interviews with staff from the Decatur County Prison, including both random and special category staff

**Observations:** Youthful offenders were not observed during any of the interviews nor were any youthful offenders observed during the site review.

**Discussion of Policy and Documents Reviewed:** The Georgia Department of Corrections PREA Policy requires that youthful offenders will not be placed in a housing unit in which the youthful offender will have sight, sound, or physical contact with any adult offender through the use of a shared dayroom or other common space, shower area of sleeping quarters. It also requires that in areas outside the housing units, staff must either maintain sight and sound separation between youthful offenders and

adult offenders or provide direct staff member supervision when youthful offenders and adult offenders have sight and sound or physical contact. Policy requires efforts to be made by the institution to avoid placing youthful offenders in isolation to comply with this provision. Absent exigent circumstances, youthful offenders will not be denied large-muscle exercise and any legally required special education services to comply with this provision. They are also required to have access to other programs and work opportunities to the extent possible.

Decatur County Prison Local Operating Procedure, 11.53, Sexual Abusive Behavior Prevention and Intervention, Page 9, Youthful Offenders, Paragraph 6, requires that a youthful offender will not be placed in a housing unit where the youthful offender will have sight, sound, or physical contact with any adult offender through the use of a shared dayroom or other common space, shower area, or sleeping quarters. It also affirms that in areas outside the housing units, staff will either maintain sight and sound separation between youthful offenders and adult offenders or staff/the facility will provide direct staff member supervision when youthful offenders and adult offenders have sight, sound, or physical contact. Policy requires efforts to be made by the institution to avoid placing youthful offenders in isolation to comply with this provision. Absent exigent circumstances, youthful offenders will not be denied large-muscle exercise and any legally required special education services to comply with this provision. They are also required to have access to other programs and work opportunities to the extent possible.

The Pre-Audit Questionnaire documented that youthful offenders are not housed at the Decatur County Prison. The Agency's PREA Coordinator advised that youthful offenders are housed at the Al Burrus Training Facility in Forsyth, GA. The auditor reviewed the GDC Website and information on the website, related to Mission of Burrus Correctional Training Center on the GDC website affirms that Burrus has a housing capacity for 94 offenders sentenced as adults between the ages of 14-16 years of age. The Burrus Correctional Training Center also houses "At Risk Youthful Offenders between the ages of 17-24.

The Warden provided a memo, "Statement of Fact" dated January 1, 2018, documenting and affirming that Decatur County Prison does not house youthful offenders.

There were no youthful offenders observed during the on-site audit.

**Interviews:** The Warden, PREA Coordinator and PREA Compliance Manager and randomly selected and specialized staff at the prison confirmed that there were no youthful offenders at this facility nor does the facility house them.

## Standard 115.15: Limits to cross-gender viewing and searches

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

#### 115.15 (a)

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

#### 115.15 (b)

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

#### 115.15 (c)

- Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches?  Yes  No
- Does the facility document all cross-gender pat-down searches of female inmates?  Yes  No

#### 115.15 (d)

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

#### 115.15 (e)

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

#### 115.15 (f)

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

## Auditor Overall Compliance Determination

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

## Instructions for Overall Compliance Determination Narrative

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

**Policies and Documents Reviewed:** Decatur County Prison Pre-Audit Questionnaire; Georgia Department of Corrections (GDC) Policy 208.6, Prison Rape Elimination Act, Sexually Abusive Behavior Prevention and Intervention Program; GDC Policy 226.01, Searches, 1.d; Training Module for In-Service Training for 2017; Decatur County Prison Local Operating Procedure, 11.53, Sexually Abusive Behavior Prevention and Intervention, Paragraph 7., Limits to Cross-Gender Viewing and Searches, In-Service Training Records Documenting PREA Training;

**Interviews:** (12) Randomly selected staff, (20) Randomly selected inmates, (20) Specialized Staff, Warden, PREA Compliance Manager.

**Observations:** The auditor did not observe a female staff working in the living units during the on-site audit period. The auditor did not observe any inmate being searched by any female staff during the on-site audit. Although the barriers at the restrooms are not very high, they do provide a degree of privacy however there are no stalls in between the commodes.

**Policy and Documents Review:** Georgia Department of Corrections (GDC) Policy, 208.6, Prison Rape Elimination Act, Sexually Abusive Behavior Prevention and Intervention Program, prohibits cross-gender strip or visual body cavity searches except in exigent circumstances or when performed by medical practitioners. If there were any exigent circumstances, they are required to be documented. The reviewed Pre-Audit Questionnaire and interviews with staff and inmates confirmed that there has been no cross-gender strip or body cavity searches during the past twelve months.

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



Paragraph 2. Frisk or Pat Search requires the pat search will be conducted, when possible, by an officer of the same sex. However, male offenders may be frisk or pat searched by both male and female security staff. Instructions for conducting pat searches, including using the back of the hand and edge of the hand. Although there are no females at this facility, policy prohibits male staff from conducting pat searches of female inmates absent exigent circumstances that are documented.

The facility's LOP requires that the facility will not conduct cross-gender strip searches or cross-gender visual body cavity searches except in exigent circumstances or when performed by medical practitioners. It also prohibits cross-gender pat searches of female offenders, absent exigent circumstances. All cross-gender strip and visual body cavity searches and will document all cross-gender pat down searches of females by incident report.

GDC Policy 208.6, Prisons Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, 8. Limits to Cross-Gender Viewing and Searches, Paragraph F., prohibits staff from searching a transgender inmate for the sole purpose of determining the inmate's genital status. Staff are also required by policy to search transgender and intersex inmates in a professional and respectful manner. Decatur County Prison Local Operating Procedure, 11.53, Sexually Abusive Behavior and Prevention and Intervention, requires the facility to document the preference for searches of transgender or intersex inmates.

DOC requires facilities to implement procedures enabling inmates to shower, perform bodily functions and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks. Policy requires that inmates should shower, perform bodily functions and change clothing in designated areas. Interviews with staff confirmed residents can shower, perform bodily functions and change clothing without being viewed by staff. The LOP affirms the GDC Policy requirements.

An additional measure required by policy is for staff of the opposite gender to announce their presence when entering an inmate housing unit. Notices are prominently posted advising inmates that female staff routinely work and visit inmate housing areas. Interviewed staff, randomly selected as well as specialized staff, affirmed that staff consistently announce their presence before entering the housing area. Signs are also located in each dorm and in other areas stating the male staff routinely work these areas and that video surveillance is occurring in each dorm. During the tour the auditor did not observe cameras in any restroom area or in any cell.

The Pre-Audit Questionnaire for the prison documented that there has been no cross-gender searches, either strip, body cavity or pat searches during the reporting period. The reviewed training module for annual in-service training deals with search procedures in Paragraph C., Search Procedures. The following are required, as explained in the training module: 1) Staff must conduct searches in a professional and respectful manner (and never with the intent to harass or degrade the offender); 2) Male offenders may be pat searched by both male and female security staff; 3) Male offenders will only be searched by male security staff, except under exigent circumstances and are documented by an Incident Report, and 4) Transgender and intersex offenders' gender designation will coincide with the prison assignment made during classification. Pat search techniques are then discussed and the use of the back of the hand is described for the trainee.

Staff are trained to conduct cross-gender searches in exigent circumstances. Search training occurs during Basic Correctional Officers Training (BCOT), as newly hired correctional officers and in annual

in-service training. Staff could demonstrate how to conduct a pat search using the back of the hand.

The facility provided training rosters confirming 40 staff were trained thus far in 2018 in Cross Gender Viewing and Searches.

### Interviews:

Decatur County Prison houses adult male offenders only. One-hundred percent (100%) of the interviewed random staff affirmed that the male residents are strip-searched by male staff, unless there were emergency situations requiring it. Staff also indicated that unless a male staff is not available, which would be very rare, female staff do not conduct pat searches either, however they may do so and have been trained to do so.

100% of the twenty (20) inmates interviewed said they have never been strip searched or pat searched by a female staff. When asked if they are ever naked in full view of opposite gender staff inmates again all replied they have never seen a woman working in the dorm area and they are never in full view of a female staff while showering, using the restroom, or changing clothing.

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

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

#### 115.16 (a)

- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who are deaf or hard of hearing?  Yes  No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who are blind or have low vision?  Yes  No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have intellectual disabilities?  Yes  No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have psychiatric disabilities?  Yes  No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect,

and respond to sexual abuse and sexual harassment, including: inmates who have speech disabilities?  Yes  No

- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Other (if "other," please explain in overall determination notes)?  Yes  No
- Do such steps include, when necessary, ensuring effective communication with inmates who are deaf or hard of hearing?  Yes  No
- Do such steps include, when necessary, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?  Yes  No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Have intellectual disabilities?  Yes  No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Have limited reading skills?  Yes  No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Are blind or have low vision?  Yes  No

#### 115.16 (b)

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

#### 115.16 (c)

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

#### Auditor Overall Compliance Determination

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

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

### **Instructions for Overall Compliance Determination Narrative**

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

#### **Policies and Documents Reviewed:**

Georgia Department of Corrections Policy, 208.6, Prison Rape Elimination Act, Sexually Abusive Behavior Prevention and Intervention Program, A. Prevention Planning, Paragraph 6; Decatur County Prison Local Operating Procedure, 11.53, Sexually Abusive Behavior Prevention and Intervention, Paragraph 8, Offenders, with Disabilities and Offenders Who are Limited English Proficient; Contract with Language Line Solutions; and PREA Brochures in English and Spanish; Memo to all staff from Warden, January 22, 2018.

**Interviews:** Randomly selected staff Decatur County Prison (12); Specialized Staff Decatur County Prison (20); Randomly Selected Inmates Decatur County Prison; (Previously) State ADA Coordinator; Warden; PREA Compliance Manager; Medical.

**Observations:** Posting of PREA Brochures in English and Spanish; Dialing instructions for Reporting to the PREA Unit; Posters in every living unit providing instructions for accessing Language Line Interpretive Services.

**Policy and Document Review:** Department of Corrections Policy 208.6, Prison Rape Elimination Act, Sexually Abusive Behavior Prevention and Intervention Program, A. Prevention Planning, Paragraph 9, Offenders with Disabilities ; Who are Limited English Proficient, requires the local PREA Compliance Manager to ensure that appropriate resources are available to offenders with disabilities and those who are LEP so they may understand the facility policies around reporting, preventing, detecting and responding to sexual abuse and sexual harassment.

That same policy in subparagraph b. asserts that the facility shall not rely on offender interpreters, offender readers, or other types of offender assistants, except in Exigent Circumstances where an extended delay in obtaining an effective interpreter could compromise the offender's safety, the performance of first response duties or the investigation of the offender's allegations.

The facility's Local Operating Procedure, 11.53, Sexually Abusive Behavior Prevention and Intervention, asserts that the local PREA Compliance Manager will ensure the appropriate resources are made available to ensure the facility is providing effective communication accommodations when a need for such an accommodation is known. Staff are required to take reasonable action to ensure that available methods of communication are provided to all offenders with disabilities and offenders who are limited English proficient for complete access to its efforts or preventing, detecting, and responding to sexual abuse and sexual harassment. Internal staff resources will be used where available.

The Local Operating Procedure also requires in subparagraph b., that facilities will not rely on offender interpreters, offender readers, or other types of offender assistants except in exigent circumstances where an extended delay in obtaining an effective interpreter could compromise the offender's safety, the performance of first response duties under PREA, or the investigation of the offender's allegations.

The Warden of the Decatur County Prison disseminated a memo to all staff regarding Inmates who are Limited English Proficient. This memo stresses the importance of inmates with disabilities or who are Limited English Proficient being able to communicate with staff and be included in the facility's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. It also prohibits staff, in compliance with the PREA Standards, from relying on inmate interpreters, readers, or assistants unless the time needed to find an effective interpreter could affect the inmate's safety, the performance of first responder duties or the investigation of inmate's allegations. Specific instructions are provided for accessing language line, including using the Language Line Services Quick Reference Guide.

The facility provided requested documentation to confirm staff have been trained in how to access Language Line Interpretive Services. Roster signatures documented 40 staff having completed the training.

#### **Interviews:**

Interviewed randomly selected staff stated consistently indicated they would not rely on an offender to translate for another offender. Staff stated they would use the telephone interpretive services or use a bilingual staff to translate for limited English Proficient inmates.

## **Standard 115.17: Hiring and promotion decisions**

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

#### **115.17 (a)**

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

- Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?  Yes  No
- Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the question immediately above?  Yes  No

#### 115.17 (b)

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

#### 115.17 (c)

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

#### 115.17 (d)

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

#### 115.17 (e)

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

#### 115.17 (f)

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

- Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct?  Yes  No

#### 115.17 (g)

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

#### 115.17 (h)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

**Policy and Documents Review:** Department of Corrections Policy 208.6, Prison Rape Elimination Act, Sexually Abusive Behavior Prevention and Intervention Program, A. Prevention Planning, Paragraph 7, Hiring and Promotion Decisions; GDC Applicant Verification form; Form SOP IV00312, Attachment 1), to a Criminal Background Check and a Driver History Consent; "Georgia Department of Corrections, Professional Reference Check, IV003-0001, Attachment 5; Reviewed Applicant Verification Forms; (1) Background Check for one Newly Hired Employee; (10) Background Checks for Regular Employees; . and (1) Promoted Staff.

**Interviews:** Human Resources/Personnel Manager; PREA Compliance Manager, Warden; Contractors

**Observations:** None that were applicable to this standard.

**Policy Review:** Department of Corrections Policy 208.6, Prison Rape Elimination Act, Sexually Abusive Behavior Prevention and Intervention Program, A. Prevention Planning, Paragraph 10, Hiring and Promotion Decisions, complies with the PREA Standards. DOC does not hire or promote anyone or contract for services with anyone who may have contact with inmates who has engaged in sexual

abuse in a prison, jail, lockup, community confinement facility, juvenile facility or other institution defined in 42USC 1997; who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent; of who has been civilly or administratively adjudicated to have engaged in the activity described in the above.

Too policy requires the Department to consider incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor who may have contact with inmates.

Local Operating Procedure, 11.53, Sexually Abusive Behavior Prevention and Intervention, Paragraph 9, Hiring and Promotion Decisions addresses the hiring process. It reiterates that the facility will not hire or promote anyone who may have contact with offenders, and shall not enlist the services of any contractor, who may have contact with offenders, who has:

- Engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution;
- Who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse;
- Who has been civilly or administratively adjudicated to have engaged in the activity described in the LOP.

Also, the facility is required to consider incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with offenders.

Prior to hiring someone, the PREA Questions (as documented on the Employee Verification Form), asking prospective applicants the three PREA Questions, is required. Additionally, policy requires that all applicants and employees who may have contact with offenders directly are asked directly about previous misconduct, in written applications or interviews for hiring and promotions or written self-evaluations conducted as a part of reviews of current employees.

In addition to the PREA questions asked of applicants prior to hire and completed background checks, the Ware State Prison HR attempts to secure information from former employees related to the applicant. The form entitled, "Georgia Department of Corrections, Professional Reference Check, IV003-0001, Attachment 5. After advising the former employer about the requirements to conduct background checks, the employer is asked to answer the following: 1) Are you aware of your employee of being involved in any allegation of sexual abuse that was found to be true or resigning during a pending investigation of any allegation of sexual abuse of sexual abuse before the investigation was finished? Multiple Professional Reference Checks were reviewed by the auditor confirming the attempt by the facility to inquire about an applicant's involvement in sexual abuse or resigning during a pending investigation. Professional references were documented when applicable.

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



Also, the LOP provides that unless prohibited by law, the facility will provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom the employee has applied to work.

This policy asserts too, that employees have a continuing affirmative duty to disclose any such misconduct.

Criminal History Record Checks are required on all employees and volunteers prior to start date and again at least every five years. Policy requires a tracking system be implemented at each local facility to ensure the criminal history checks are conducted with the appropriate time frames, according to policy, for each person with access to the facility.

Security Staff in Georgia are Peace Officers Standards Trained and Certified and to maintain that certification, they are required to qualify in firearms annually. Prior to being certified, each officer is required to have another background check.

Criminal History Record Checks are conducted prior to enlisting the services of any contractor who may have contact with inmates. Staff also have an affirmative duty to report and disclose any such misconduct. GDC Policy 208.06 requires in Paragraph v. that material omissions regarding misconduct or the provision of materially false information will be grounds for termination.

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

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

The LOP requires that material omissions regarding misconduct or the provision of materially false information will be grounds for termination.

If the employee violates an agency policy related to PREA, the employee will be subject to termination and prosecution. The GDC maintains, in all its facilities, a bulletin board called the "Wall of Shame" and photos of former employees who were arrested and/or terminated for violating their oath of office, brought in contraband or who engaged in sexual misconduct with an inmate.

Reviewed files documented PREA Acknowledgment Statements, Employee Verification Forms, and completed background checks consisting of the GCIC and NCIC checks.

There were no newly hired employees who came from an institutional background requiring the professional reference check however staff are aware of that requirement.

#### **Document Review:**

**Interviews:** Interviews with a HR Staff indicated a process consistent with the requirements of the policy. All the reviewed files contained background checks that were current.

## **Standard 115.18: Upgrades to facilities and technologies**

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

### 115.18 (a)

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

### 115.18 (b)

- If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect inmates from sexual abuse? (N/A if agency/facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.)  
 Yes  No  NA

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

**Policy and Documents Reviewed:** Pre-Audit Questionnaire; Department of Corrections Policy 208.6, Prisons Rape Elimination Act, Sexually Abusive Behavior Prevention and Intervention Program, A, Prevention Planning, Paragraph 6.5.; Memo from the Warden Affirming His Role in any Modification to the facility or upgrades to the camera system; Memo from Warden documenting no modifications to the facility or upgrades to monitoring technology.

**Interviews:** Warden, PREA Compliance Manager; Chief of Security

**Observations:** None that were applicable to this standard.

**Policy and Documents Review:** Department of Corrections Policy 208.6, Prisons Rape Elimination Act, Sexually Abusive Behavior Prevention and Intervention Program, A, Prevention Planning,

Paragraph 6.5, requires all new or existing facility designs and modifications and upgrades of technology will include consideration of how it could enhance the Department's ability to protect inmates against sexual abuse. The PREA Coordinator must be consulted in the planning process. The Pre-Audit Questionnaire indicated there were no modifications to the existing facility.

**Interviews:** An interview with the Warden, PREA Compliance Manager, and Chief of Security confirmed the facility has not had any additions or modifications to the facility since the last PREA audit. Nor have any cameras been added since the last audit. In the event modifications were to be planned, the Warden and his team would actively participate. The same is true for any enhancements to monitoring technology.

## RESPONSIVE PLANNING

### Standard 115.21: Evidence protocol and forensic medical examinations

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

#### 115.21 (a)

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

#### 115.21 (b)

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

#### 115.21 (c)

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

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

#### 115.21 (d)

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

#### 115.21 (e)

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

#### 115.21 (f)

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

#### 115.21 (g)

- Auditor is not required to audit this provision.

#### 115.21 (h)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

**Policy and Documents Reviewed:** DOC Policy, 208.6, Prison Rape Elimination Act Sexually Abusive Behavior Prevention and Intervention Program, B. Responsive Planning; in Standard Operating Procedure 103.10 Evidence Handling and Crime Scene Processing and SOP 103.06, Investigations of Allegations of Sexual Contract, Sexual Abuse, Sexual Harassment of Offenders; GDC Policy VH07-001 Health Services, E., Medical Services Deemed Necessary Exempt from Fee; Decatur County Prison Local Operating Procedure, 11.53, Sexually Abusive Behavior Prevention and Intervention; SANE Nurse Call Roster; Medical PREA Log; MOU with the Lily Pad SANE Center; Memo from Warden Designating an Institutional Investigator; Five Certificates Documenting Specialized Training conducted by the NIC, PREA Investigating Sexual Abuse in a Confinement Setting; Memo from the Warden designating a Facility Victim Advocate; Certificates documenting Advocate Training for staff, Victim Assistance Training Online "Sexual Assault", provided by the Office of Victims of Crime Training and Technical Assistance Center; Sexual Assault Exam and Evidence Collection Forms; Certificates of Completion – "Evaluation and Treatment of Sexual Assault"; NIC Certificates Documenting Specialized Training for Medical Staff in treating sexual abuse victims;

**Interviews:** Sexual Assault Response Team Members; PREA Compliance Manager; Healthcare Staff; Mental Health Staff; SANE Nurse; Sexual Assault Support Center.

**Observations:** None applicable to this standard.

**Policy and Document Review:** DOC Policy, 208.6, Prison Rape Elimination Act Sexually Abusive Behavior Prevention and Intervention Program, B. Responsive Planning, describes the agency's expectations regarding the evidence protocols and forensic examinations. Facilities are required to follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions. These procedures are covered, GDCs response to sexual assault follows the US Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents" dated April 2013, or the most current version.

The Local Operating Procedure, 11.53, Sexually Abusive Behavior Prevention and Intervention, B. Responsive Planning, 1. Evidence Protocol and Forensic Medical Examinations, requires facility to follow a uniform protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions. It also asserts the facility's response will follow

the US Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations", April 2013, or the most current version.

The Department Policy as well as the Local Operating Procedure requires that upon receiving a report of a recent incident of sexual abuse, or a strong suspicion that a recent serious assault may have been sexual in nature within the previous 72 hours or there is a strong suspicion that an assault may have been sexual in nature, a physical exam of the alleged victim is performed, and the Sexual Assault Nurse Examiner's protocol initiated.

GDC Policy VH07-001 Health Services, E., Medical Services Deemed Necessary Exempt from Fee, requires that medical care initiated by the facility is exempt from health care fees. The SANE exam is provided a no cost to the offender. Local Operating Procedure 11.53 also affirms there is no cost to the victim for the forensic exam. It also requires that the offender consent must be obtained prior to initiating the SANE protocol. This is asserted and affirmed in the LOP, 11.53, Subparagraph c.

All PREA information is confidential in nature and shall only be released on a need-to-know basis.

Medical staff are guided by the "Procedure for SANE Nurse Evaluation/Forensic Collection. These procedures provide a standardized protocol for collecting forensic evidence.

Investigations are initiated when the Sexual Assault Response Team Leader is notified of an actual or allegation of sexual assault/abuse or sexual harassment. The SART initially investigates to determine if the allegation is PREA related. If there is a sexual assault, the SART leader informs the Warden/Superintendent who (or designee) contacts the local law enforcement to conduct the investigation of all allegations that appear criminal in nature.

If an external agency is responsible for conducting investigations of allegations of sexual abuse the agency will request the agency investigators follow the requirements of PREA.

GDC Policy and the Decatur County Prison also requires the PREA Compliance Manager, under the direction of the Warden/Superintendent to attempt to enter into an agreement or a Memorandum of Understanding with a rape crisis center to make available a victim advocate to inmates being evaluated for the collection of forensic evidence, upon request. If the facility cannot do so, efforts must be documented, and local staff shall be identified and specially trained to provide the service. Documentation of that training must be kept on file.

The Decatur County Prison entered into a Memorandum of Understanding with the Lily Pad SANE Center. The Lily Pad SANE Center, in the MOU, agreed to the following:

- Respond to requests from Decatur County Prison to provide a Forensic Exam by a SANE nurse and provide an advocate for acute (within 72 hours) sexual assault of inmates
- Respond to calls from the Decatur County Prison Inmates received on the Lily Pad Center's Rape Crisis hotline
- Provide follow-up services and crisis intervention contacts to victims of sexual assault at the Prison, as resources allow
- Maintain confidentiality of communications with clients detained at Decatur County Prison

The MOU was initiated in 2016 and revisited and renewed in 2018.

The Warden, in a Memo dated January 2, 2017, designated a staff to serve as Inmate Victim Advocate. The victim advocate completed specialized training for victim advocacy. This was confirmed through interviews and reviewed certificates of training issued by the Office for Victims of Crime Training and Technical Assistance Center. Training Certificates documented training in the following:

- The criminal justice system
- The civil justice system
- Ethics
- Types of Victim Services
- People with Disabilities
- Trauma Informed Care
- Self-Care
- Confidentiality
- Assisting Victim's Needs
- Advocacy
- Victims' Rights

## **Standard 115.22: Policies to ensure referrals of allegations for investigations**

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

### **115.22 (a)**

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

### **115.22 (b)**

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

### **115.22 (c)**

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

#### 115.22 (d)

- Auditor is not required to audit this provision.

#### 115.22 (e)

- Auditor is not required to audit this provision.

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

**Policy Review and Document Review:** GDC Policy, 208.6, Prison Rape Elimination Act; GDC Standard Operating Procedure, IK01-0006, Investigation of Allegations of Sexual Contact, Sexual Abuse and Sexual Harassment; Pre-Audit Questionnaire; (9) NIC Certificates; Medical PREA Logs.

**Interviews:** Warden; PREA Compliance Manager; Facility-Based Investigator; Randomly selected and special category staff; informally interviewed staff during the audit; randomly selected inmates; special category inmates (see narrative for breakdown of interviewed staff and inmates).

**Discussion of Policy and Documents:** GDC Policy, 208.6, Prison Rape Elimination Act, requires that an administrative or criminal investigation is to be completed for all allegations of sexual abuse and sexual harassment. Allegations that involve potentially criminal behavior will be referred for investigation to the Office of Professional Standards. Policy further states that referral to OPS does not alleviate the facility from its responsibility of reaching a disposition on the administrative SART investigation.

If an investigation was referred to an outside entity, that entity is required to have in place a policy governing the conduct of such investigations.



Georgia Department of Corrections Standard Operating Procedures, Investigation of Allegations of Sexual Contact, Sexual Abuse, and Sexual Harassment of Offenders, I., Policy, asserts it is the policy of the GDC that allegations of sexual contact, sexual abuse, and sexual harassment filed by offenders against departmental employees, contractors, vendors, or volunteers be reported, fully investigated and otherwise treated in a confidential and serious manner. IT also requires staff member to cooperate with the investigations into all allegations. VI., of that same Policy requires as soon as an incident of sexual contact, sexual abuse or sexual harassment, including rumors, "inmate talk", and kissing, comes to the attention of staff, the staff receiving the information is required to immediately inform the Warden or Duty Officer verbally and follow up with a written report. Failure to report allegations may result in disciplinary action, up to and including dismissal.

The local Sexual Assault Response Team is responsible for the initial inquiry and subsequent administrative investigation of all allegations of sexual abuse or sexual harassment with limitations. In cases where allegations are made against staff members and the SART inquiry deems the allegation is unfounded or unsubstantiated by evidence of facility documentation, video monitoring systems, witness statement or other investigative means, the case can be closed at the facility level.

If the allegation appears to be criminal in nature, the allegation is referred to the Decatur County Sheriff's Office for investigation.

Evidence, direct and circumstantial, will be collected and preserved. Evidence includes any electronic monitoring data; interviews with witnesses; prior complaints and reports of sexual abuse involving the suspected perpetrator. When the criminal investigation pertaining to an employee is over it is turned over to the Office of Professional Standards to conduct any necessary compelled administrative interviews. The credibility of a victim, suspect or witness is to be assessed on an individual basis and not determined by the person's status as offender or staff member. Offenders alleging sexual abuse will not be required to submit to a polygraph or other truth telling device as a condition for proceeding with the investigation of the allegation. After each SART investigation all SART investigations are referred to the OPS for an administrative review.

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

Policy requires investigations to continue whether the alleged victim refuses to cooperate with the investigator and whether another investigation is being conducted and even if the employee resigns

during an investigation. The time limit for completing investigations is 45 days from the assignment of the case.

The facility has not had any allegations of sexual abuse during the past twelve (12) months and one (1) allegation of sexual harassment during the past 12 months. This was confirmed through reviewing the Facility's Pre-Audit Questionnaire, reviewing PREA Medical Logs, sampled incident reports, sampled grievances, reviewed monthly reports and interviews with both staff and offenders.

**Discussion of Interviews:** Interviewed staff consistently reported they are required to report "everything" and this included any information they may have received regardless of how they received it. When asked if they would report something they suspected was going on, they unanimously reported they would. Asked if, following a verbal report they would make a written report they said they would have to do a written report following a verbal report and complete it immediately, if possible, and not later than the end of the shift. The facility-based investigator articulated the investigative process and it was consistent with the policy. The investigator confirmed that leaving employment prior to the completion of an investigation would not end the investigation nor would the inmate leaving the facility prior to the conclusion of the investigation.

## TRAINING AND EDUCATION

### Standard 115.31: Employee training

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

#### 115.31 (a)

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

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

#### 115.31 (b)

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

#### 115.31 (c)

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

#### 115.31 (d)

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

#### Auditor Overall Compliance Determination

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

## Instructions for Overall Compliance Determination Narrative

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

**Policy and Document Review:** Georgia DOC Policy, 208.6, Prison Rape Elimination Act, Sexually Abusive Behavior Prevention and Intervention Program, C. Training and Education; Decatur County Prison Local Operating Procedure, Sexually Abusive Behavior Prevention and Intervention, 11.53, Page 16., Paragraph 2. Employee Training;

Reviewed (4) pages of training rosters documenting training in the Updated PREA Policy Training Booklet Local Operating Procedure; Reviewed (9) NIC Certificates for Investigating Sexual Abuse in Confinement Settings; Training Rosters for Cross Gender Viewing and Searches; Training Rosters documenting PREA Training; Twenty (20) PREA Acknowledgment Statements

**Interviews:** Warden; PREA Compliance Manager; Randomly selected staff from the prison (12), Special category staff from the prison (20); Warden; PREA Compliance Manager; Previous Interviews with the Agency PREA Coordinator and Assistant PREA Coordinator.

**Observations:** Staff were observed engaging professionally with inmates.

**Discussion of Policies and Documents:** Georgia DOC Policy, 208.6, Prison Rape Elimination Act, Sexually Abusive Behavior Prevention and Intervention Program, C. Training and Education and Decatur County Prison, Local Operating Procedure, 11.53, Sexually Abusive Behavior Prevention and Intervention Program, Employee Training (Paragraph 2) requires annual training that includes the following: The Department's zero-tolerance policy, how to fulfill their responsibilities under the sexual abuse and sexual harassment prevention, detection, reporting and response policies and procedures, inmate's right to be free from sexual abuse and sexual harassment, the right of inmates and employees to be free from retaliation for reporting sexual abuse and sexual harassment, the dynamics of sexual abuse and sexual harassment victims, how to detect and respond to signs of threatened and actual sexual abuse, how to avoid inappropriate relationships with inmates, how to communicate effectively and professionally with inmates, including lesbian, gay, bisexual transgender, intersex or gender non-conforming inmates ; how to avoid inappropriate relationships with inmates and how to comply with relevant laws related to mandatory reporting of sexual abuse and sexual harassment.

Policy also requires that in-service training include gender specific references and training to staff as it relates to the specific population supervised. If a staff transfers in from a facility housing opposite gender offenders are required to receive gender specific training.

The auditor reviewed (4) pages of training rosters documenting PREA Refresher Training for 2018; rosters documenting training the PREA Local Operating Directive and training rosters documenting staff training in cross gender viewing and searches.

Additionally, the facility was asked for and provided, 40 Certificates documenting Day 1, of Annual In-Service Training, during which PREA is one of the required subjects of the training.

PREA Compliance Managers attend training at least twice a year. This was confirmed through reviewed training rosters and interviews with the PREA Compliance Manager and PREA Coordinator.

The Sexual Assault Response Team receives training on their roles in responding to allegations of sexual abuse at least twice or more a year. Specialized training is completed by SART members and medical staff.

Healthcare Staff attend specialized training related to the Sexual Assault Protocols and response to a sexual assault and complete the NIC specialized training for medical care of sexual assault victims.

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

PREA brochures, likewise are posted and continuously in view of staff.

**Interviews:** 100% of the interviewed staff stated, after reviewing each of the required topics of training required by the PREA Standards, stated asserted that they have been trained on all the topics required by the standards. As the interviews progressed, staff indicated knowledge of the topics on the questionnaire for randomly selected staff. Staff were especially knowledgeable of reporting allegations and responding to allegations of sexual abuse and sexual harassment. Staff stated they are trained annually in PREA, through shift briefings and through posters prominently displayed throughout the facility.

## Standard 115.32: Volunteer and contractor training

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

#### 115.32 (a)

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

#### 115.32 (b)

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

#### 115.32 (c)

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

### Auditor Overall Compliance Determination

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

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

### Instructions for Overall Compliance Determination Narrative

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

**Policy and Documents Reviewed:** DOC Policy, 208.6, Prison Rape Elimination Act, Sexually Abusive Behavior Prevention and Intervention Program, C. Training and Education, Paragraph 3, Volunteer and Contractor Training; Decatur County Prison Local Operating Procedure, 11.53, Sexually Abusive Behavior Prevention and Intervention.

**Interviews:** Contracted Employees, (1) Volunteer, Warden; PREA Compliance Manager

**Discussion of Policies and Documents that were reviewed:** DOC Policy, 208.6, Prison Rape Elimination Act, Sexually Abusive Behavior Prevention and Intervention Program, C. Training and Education, Paragraph 2, Volunteer and Contractor Training, and Decatur County Prison, Local Operating Procedure, 11/53, Sexually Abusive Behavior Prevention and Intervention requires all volunteers and contractors who have contact with inmates receive a copy of the GDC PREA Policy, 208.6, and to be trained on their responsibilities under the Department's PREA policies and procedures. This training is based on the services being provided and the level of contact with inmates, however all volunteers and contractors who have contact with offenders/inmates are required to be notified of the Department's zero-tolerance policy and informed how to report such incidents. Participation must be documented and indicates understanding the training they received.

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

The auditor reviewed PREA Acknowledgment Statements documenting training for contractors and volunteers. There are four contracted employees at the facility. A training roster documenting PREA training for all four contracted staff was provided for review. Additionally, a training roster documented PREA training for all three (3) of the facility volunteers.

## Standard 115.33: Inmate education

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

#### 115.33 (a)

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

#### 115.33 (b)

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

#### 115.33 (c)

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

#### 115.33 (d)

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

#### 115.33 (e)

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

### 115.33 (f)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

**Policy and Documents Reviewed:** DOC Policy 208.6, Prison Rape Elimination Act, Sexually Abusive Behavior Prevention and Intervention Program, C. Training and Education, Paragraph 4, Offender Education; Decatur County Prison, Local Operating Procedure, 11.53, Sexually Abusive Behavior Prevention and Intervention, Paragraph 4., Offender Education; PREA pamphlet; Posters throughout the facility; PREA related information painted on walls; PREA Acknowledgment sheet (documenting receipt of PREA Brochure/Pamphlet on admission during intake).

### Interviews:

**Policy and Documents Findings:** DOC Policy 208.6, Prison Rape Elimination Act, Sexually Abusive Behavior Prevention and Intervention Program, C. Training and Education, Paragraph 3, Offender Education and Decatur County Prison Local Operating Procedure, 11.53, Sexually Abusive Behavior Prevention and Intervention, Paragraph 4., Offender Education, requires notification of the Zero-Tolerance Policy for Sexual Abuse and Harassment and information on how to report an allegation upon admission to the facility. In addition to verbal information, policy requires the inmate to be given a GDC PREA pamphlet.

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



The initial notification and the education are documented in writing by signature of the inmate and placed in offender's institutional file.

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

The PREA Education must include:

- 1) The Department's zero-tolerance of sexual abuse and sexual harassment;
- 2) Definitions of sexually abusive behavior and sexual harassment;
- 3) Prevention strategies the offender can take to minimize his/her risk of sexual victimization while in Department Custody;
- 4) Methods of reporting;
- 5) Treatment options and programs available to offender victims of sexual abuse and sexual harassment;
- 6) How an investigation begins and the general steps of an investigation;
- 7) Monitoring, discipline, and prosecution of sexual perpetrators;
- 8) The prohibition against retaliation;
- 9) Notice that male and female routinely work and visit housing area.

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

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

Residents confirm their orientation on several documents

- 1) Acknowledgment of having received the PREA Orientation (to include the PREA Video on sexual assault and sexual harassment.
- 2) Offender Orientation Checklist (documenting Sexual Abuse and Harassment and Viewed the PREA Video)

The auditor reviewed 40 Inmate Acknowledgment Statements. The inmate signs a PREA Acknowledgment that affirms the inmate has received education about PREA and the Zero Tolerance Policy and has viewed the PREA Video, "Speaking Up: Discussing Prison Sexual Assault" and "Facing Prison Rape: How the Prison Rape Elimination Act Affects You". They also acknowledge they are required to report anything they witness or if someone reports it to them. They acknowledge that retaliation is prohibited. Disciplinary action for violators is stated as well. Lastly, they are provided ways to report and these included: Any Staff Member, Hotline, through the Inmate Grievance Procedure,

write the Ombudsman, Statewide PREA Coordinator, or Director of Victim Services. The contact information, they acknowledge is contained in the PREA brochure provided to the inmate.

Three pages of PREA Orientation Rosters were requested, provided and reviewed. These documented 62 inmates signing the roster affirming they have receive the PREA Orientation. Inmates initial the Orientation Checklist affirming they viewed the PREA Video, they understood it and that they had the opportunity to ask questions. By signing the Video Acknowledgment, inmates affirm that they have viewed and understood the video on PREA. The form beiefly tells them if they need to make a report to dial "PREA" (7732)or report to a staff member. It also tells the inmate to speak to a case manager or other staff if they have further questions. Inmates acknowledge on the Offender Orientation Checklist the following: 1) Classification, Disciplinary and Grievance Process; 2) Inmate Handbook; 3) Review of Rules, Regulations and Departmental Procedures; 4) How to access counselors, sick call etc.; and 5) PREA Video. Inmates also acknowledge, by signature, that they received the formal orientaiton and were given the opportunity to ask questions and that they understand they will be accountable for any violations.

Residents are provided PREA information on a continuous basis through posters reflecting the Department's zero tolerance for sexual abuse and harassment and contact information for inmate reporting of sexual abuse allegations.

The auditor requested, received and reviewed a total of 40 Orientation Checklists. The auditor reviewed forty (40) Counseling Orientation Checklists confirming receipt of the PREA Information including receipt of the inmate handbook.

Intake occurs Tuesday and Thursda. Inmates, according to staff and inmate interviews, are informed of the zero-tolerance policy and how to report allegations of sexual abuse and sexual harassment. They are also given a copy of the PREA Brochure. A PREA Assessment is conducted in privacy. Also during the intake process the inmate watches the PREA Video. If the inmate comes in later in the day, he will view the PREA Video not later than the next shift. If an inmate cannot read, the PREA Compliance Manager related she reads the information and the PREA Brochure. If an inmate should be limited English proficient, language line or a bilingual staff is used to interpret.

**Interviews:** Almost 100% of the interviewed inmates affirmed they received PREA information and later watched the PREA Video during intake as well. Staff indicated inmates are provided initial PREA information the same day they get off the bus. Inmates were aware of the zero-tolerance policy and their rights to be free from sexual abuse and sexual harassment. They acknowledged ways they could report and when asked specifically if they could report in a particular manner, they acknowledged they could.

## **Standard 115.34: Specialized training: Investigations**

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

#### **115.34 (a)**

- In addition to the general training provided to all employees pursuant to §115.31, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators have received training in conducting such investigations in confinement settings?

(N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)  Yes  No  NA

#### 115.34 (b)

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

#### 115.34 (c)

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

#### 115.34 (d)

- Auditor is not required to audit this provision.

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

**Policy and Documents Reviewed:** DOC Policy 208.6, Prison Rape Elimination Act, Sexually Abusive Behavior Prevention and Intervention Program, C. Training and Education, Paragraph 5. Specialized Training Investigations; Decatur County Prison, Local Operating Procedure, 11.53, Sexually Abusive Behavior Prevention and Intervention, Memorandum of Understanding between Decatur County Prison and Decatur County Sheriff's Department; (9) Certificates documenting specialized training provided by the National Institute of Corrections: Investigating Sexual Abuse in Confinement Settings.

**Interviews:** Facility-Based Investigator; Previous Interviews with the Office of Professional Standards Investigator and GDC Special Agent; PREA Compliance Manager

**Observations:** N/A

**Discussion of Policies and Documents:** DOC Policy 208.6, Prison Rape Elimination Act, Sexually Abusive Behavior Prevention and Intervention Program, C. Training and Education, Paragraph 4 Specialized Training Investigations and Decatur County Prison, Local Operating Procedure 11.53, Sexually Abusive Behavior Prevention and Intervention requires all staff investigating sexual abuse/sexual harassment allegations must be specially trained in conducting sexual abuse/sexual harassment investigations in confinement settings.

The prison reached out to the Sheriff's Department to request the department facilitate PREA Mandates.

This specialized training, required in policy, consists of being appropriately trained in conducting investigations in confinement settings. The training includes techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity Warnings, sexual abuse evidence collection in confinement settings, and the criteria and evidence required to substantiate a case for administrative action or prosecution referral. The Department is required to maintain documentation of that training.

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

The auditor reviewed nine (9) Certificates documenting the specialized training provided by the NIC online. The facility has been proactive in ensuring there are adequate numbers of staff who have been trained in conducting sexual abuse investigations in confinement settings. These certificates represented staff from the Sheriff's Office as well as Shift Supervisors at the Decatur County Prison.

The GDC provides additional training for investigators in Sexual Assault Response Team training that is provided several times a year. The reviewed curriculum for that training documented training that was comparable to or exceeded the NIC on-line training.

Offices of Professional Standards Special Agents, according to an interviewed Special Agent, receive about 600 hours of investigator training provided by the Georgia Bureau of Investigations.

**Interviews:** An interview with the facility-based investigator indicated he is knowledgeable of the investigations process and that he has completed the National Institute of Corrections on-line specialized training: PREA Investigating Sexual Abuse in Confinement Settings.

## **Standard 115.35: Specialized training: Medical and mental health care**

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

### **115.35 (a)**

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

### **115.35 (b)**

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

### **115.35 (c)**

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

### **115.35 (d)**

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

## **Auditor Overall Compliance Determination**

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

### **Instructions for Overall Compliance Determination Narrative**

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

**Policy and Documents Reviewed:** Pre-Audit Questionnaire, Department of Corrections Policy, 208.6, Prison Rape Elimination Act, Sexually Abusive Behavior Prevention and Intervention Program, C. Training and Education, Paragraph 6, Specialized Training: Medical and Mental Health Care; Pre-Audit Questionnaire; (3) National Institute of Corrections Certificates documenting specialized training: Medical Health Care for Sexual Assault Victims in Confinement Settings;(2) National Institute of Corrections Certificates documenting specialized training for Behavioral Health Care for Victims of Sexual Abuse.

**Interviews:** Health Services Administrator, PREA Compliance Manager, Warden; Chief Counselor

**Observations:** None applicable to this standard.

**Discussions of Policy and Documents:** The Pre-Audit Questionnaire documented 100% of the mental health and medical staff completing the required specialized training. Department of Corrections Policy, 208.6, Prison Rape Elimination Act, Sexually Abusive Behavior Prevention and Intervention Program, C. Training and Education, Paragraph 5, Specialized Training: Medical and Mental Health Care, requires the GDC medical and mental health staff and GCHC staff are trained using the NIC Specialized Training PREA Medical and MH Standards curriculum. Certificates of Completion are required to be printed and maintained in the employee training file. Staff also must complete GDC's annual PREA in-service training.

There is one nurse at this facility. He has completed several National Institute of Corrections on-line Specialized Training Courses. These included the following: PREA Medical Care for Sexual Assault Victims in a Confinement Setting; PREA 201 for Medical and Mental Health Practitioners; and Behavioral Health Care for Sexual Assault Victims in a Confinement Setting. The physician completed the NIC training, PREA Medical Care for Sexual Assault Victims in a Confinement Setting.

The nurse is trained to identify the signs and symptoms of sexual abuse victims, their roles in preserving evidence and setting up forensic exams; how to respond to sexual abuse victims; and how to report allegations of sexual abuse. Nurses and medical practitioners are mandatory reporters and advise inmates of their responsibility to report all allegations.

Medical staff at the facility also complete the PREA related training required of all other employees. This is documented in their files.

The nurses at this facility do not conduct forensic examinations. The agency has contracts with Sexual Assault Nurse Examiners who would come to the facility to conduct the exam. The facility provided the List of SANEs, which documents the contact information for the SANES. If an inmate required care beyond the scope of the Prison Medical Unit, the inmate will be transported to the local hospital, Memorial Hospital.

**Discussion of Interviews:**

All the interviewed medical staff confirmed medical staff attend annual in-service training and receive the same PREA Training as all other employees. Additionally; staff attend specialized training in response to sexual assault, including training in the Nursing Protocols. Medical staff also complete the SANE Nurse Procedures which are local operating procedures for responding to incidents of sexual abuse requiring the services of a sexual assault nurse examiner.

<b>SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS</b>
-----------------------------------------------------------------------

**Standard 115.41: Screening for risk of victimization and abusiveness**

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

**115.41 (a)**

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

**115.41 (b)**

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

**115.41 (c)**

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

**115.41 (d)**

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (1) Whether the inmate has a mental, physical, or developmental disability?  Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (2) The age of the inmate?  Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (3) The physical build of the inmate?  Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (4) Whether the inmate has previously been incarcerated?  Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (5) Whether the inmate's criminal history is exclusively nonviolent?  Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (6) Whether the inmate has prior convictions for sex offenses against an adult or child?  Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (7) Whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming (the facility affirmatively asks the inmate about his/her sexual orientation and gender identity AND makes a subjective determination based on the screener's perception whether the inmate is gender non-conforming or otherwise may be perceived to be LGBTI)?  Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (8) Whether the inmate has previously experienced sexual victimization?  Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (9) The inmate's own perception of vulnerability?  Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (10) Whether the inmate is detained solely for civil immigration purposes?  Yes  No

#### 115.41 (e)

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



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

#### 115.41 (f)

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

#### 115.41 (g)

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

#### 115.41 (h)

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

#### 115.41 (i)

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

#### Auditor Overall Compliance Determination

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

## Instructions for Overall Compliance Determination Narrative

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

**Policy and Documents Reviewed:** Department of Corrections Policy 208.6, Prison Rape Elimination Act, Sexually Abusive Behavior Prevention and Intervention Program, D. Screening for Risk of Sexual Victimization and Abusiveness, Paragraph 1. Screening for victimization and abusiveness; GDC Policy 208.06, Attachment 4; Policy 208.06, Prison Rape Elimination Act-PREA, Sexually Abusive Behavior Prevention and Intervention Program in paragraph 9; (40) Victim/Aggressor Instruments; (40) Victim/Aggressor Reassessment Instrument; Pre-Audit Questionnaire.; Referrals to Mental Health; Documentation of Retraining General Population Counselors in Referral Process.

**Interviews:** Staff conducting the victim/aggressor assessments; ID Staff and Classification Staff who make housing assignments; Warden; PREA Compliance Manager; (45) Inmates (Random and Targeted)

**Policy and Documents Review:** Department of Corrections Policy 208.6, Prison Rape Elimination Act, Sexually Abusive Behavior Prevention and Intervention Program, D. Screening for Risk of Sexual Victimization and Abusiveness, Paragraph 1. Screening for victimization and abusiveness, requires all offenders be assessed during intake screening and upon transfer to another facility for their risk of being sexually abused by other inmates or sexually abusive toward other inmates.

Paragraph 2 requires counselors to conduct a screening for risk of victimization and abusiveness, in SCRIBE, through use of Attachment 2 (the screening instrument).

This instrument, the Victim/Aggressor Classification Instrument, is administered by a counselor, within 24 hours of arrival at the facility.

Information from the assessment will be used to determine classification decisions with the goal of keeping separate those offenders at high risk of being sexually victimized from those at high risk of being sexually abusive.

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

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

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

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

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

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

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

Staff are required to encourage offenders to disclose as much information as possible for the Department to provide the most protection possible under this policy. If an offender decides not to respond to questions relating to his level of risk, he/she may not be disciplined.

The screening process considers minimally, the following criteria to assess inmate's risk of sexual victimization: Whether the inmate has a mental, physical, or developmental disability; the age of the inmate; the physical build of the inmate; whether the inmate has been previously incarcerated; whether the inmate's criminal history is exclusively nonviolent; whether the inmate has prior conviction for sex offenses against an adult or child; whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex or gender nonconforming; whether the inmate has previously experienced sexual victimization; the inmate's own perception of vulnerability and whether the inmate is detained solely for civil immigration purposes. It also considers prior acts of sexual abuse, prior convictions for violent offenses and history of prior institutional violence or sexual abuse, as known by the Department, Other factors considered are: physical appearance, demeanor, special situations or special needs, social inadequacy and developmental disabilities.

The auditor reviewed 40 Victim/Aggressor Assessments and 40 Case Note entries documenting reassessments. These were documented and put into SCRIBE as required. The instrument used was the GDC's Victim/Aggressor Survey. Assessments were consistently documented the same day as admission.

Policy requires offenders whose risk screening indicates a risk for victimization or abusiveness is required to be reassessed when warranted due to an incident disclosure of sexual abuse or harassment and for all offenders within 30 days of arrival at the institution. A case note shall be entered in SCRIBE to indicate this review has been conducted.

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

Policy 208.06, Prison Rape Elimination Act-PREA, Sexually Abusive Behavior Prevention and Intervention Program in paragraph 5, requires the Warden to designate a safe dorm or safe beds for offenders identified as highly vulnerable to sexual abuse. The location of these safe beds must be identified in the Local Procedure Directive, Attachment 9 and the Staffing Plan. The facility has designated a dorm to serve as a safe dorm, housing potential or actual victim of sexual assault. The Ware State Prison will make individualized determinations about how to ensure the safety of each offender.

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

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

The facility provided samples (40) of reassessments confirming that reassessments are now being done in compliance with policy.

Paragraph 6 states that in deciding whether to assign a transgender or intersex offender to a male or female facility and in making housing assignments for transgender or intersex offenders, the Department will consider on a case-by-case basis, whether a placement would ensure the offender's health and safety and whether the placement would present management or security problems. Also, in compliance with the PREA Standards, placement and programming assignments for each transgender or intersex offender will be reassessed at least twice a year to review any threats to safety experienced by the offender.

Offenders whose screenings indicate they have experienced prior sexual victimization or have a history of sexually assaultive behavior must be offered a follow-up meeting with medical or mental health counseling within 14 days of the screening.

Policy also requires that offenders who are at high risk for sexual victimization will not be placed in involuntary segregation based solely on that determination unless a determination has been made that there is no available alternative means of separation from likely abusers. This placement, including the concern for the offender's safety must be placed in SCRIBE case notes with documentation as to why no alternative means of separation can be arranged.

Offenders placed in segregation will receive services in compliance with GDC Policy, 209.06, Administrative Segregation. The facility will assign such offenders to involuntary segregated housing

until an alternative means of separation from likely abusers can be arranged, and such an assignment will not ordinarily exceed 30 days.

Every 30 days the facility will afford the offender a review to determine whether there is continuing need for separation from the general population.

**Discussion of Interviews:** An interview with the staff conducting the victim/aggressor assessment described the process. The PREA Compliance Manager conducts the victim/aggressor assessments. Assessments, according to interviews, indicated the assessments are conducted the same day the inmate arrives and that this process is conducted during intake.

The assessor stated the following are considered in conducting the assessments:

- Age
- Size
- 1<sup>st</sup> Time in prison
- Criminal History
- History of Violent Offenses
- Prior Sexual Abuse
- Identification as being Gay, Bisexual, Transgender or Intersex

She also stated she has already checked the offender database (SCRIBE) to review the following:

- Inmate Movements
- Court Cases
- Criminal History Reports
- Assessments
- Flags

Inmates are reassessed at 30 days. These are conducted by the PREA Compliance Manager as well. Inmates are also reassessed if the inmate is involved in any PREA related allegation or if the inmate has been out of the facility on an appointment. Transgender inmates would be reassessed every six (6) months.

Inmates consistently stated they recalled being asked the PREA related questions. They said they were asked these in private in an office.

## **Standard 115.42: Use of screening information**

### **All Yes/No Questions Must Be Answered by the Auditor to Complete the Report 115.42 (a)**

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

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

#### 115.42 (b)

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

#### 115.42 (c)

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

#### 115.42 (d)

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

#### 115.42 (e)

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

#### 115.42 (f)

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

#### 115.42 (g)

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

**Auditor Overall Compliance Determination**

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

**Instructions for Overall Compliance Determination Narrative**

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

**Policies and Documents Reviewed:** DOC Policy 208.6, D. Screening for Risk of Victimization and Abusiveness, Paragraph 2. Use of Screening Information; Reviewed assessments (40); Reviewed reassessment (40); Pre-Audit Questionnaire.

**Interviews:** ID Staff; Classification Staff; Warden; Staff conducting the PREA Assessments, randomly selected inmates; (20) Interviewed inmates.

**Policy and Documents Review:** DOC Policy 208.6, D. Screening for Risk of Victimization and Abusiveness, D. Screening for Risk of Sexual Victimization and Sexual Abusiveness, requires that the information from the assessment be used to determine classification decisions with the goal of keeping separate those offenders at high risk of being sexually victimized from those at high risk of being sexually abusive.

Wardens are required to designate a safe dorm (s) for those inmates (residents) identified as vulnerable to sexual abuse. Facilities will make individualized determinations about how to ensure the safety of each inmate. Locations of safe dorms must be identified in the facility's Local Procedure Directive and Coordinated Response Plan and in the staffing plan.

Paragraph 6, asserts that in deciding whether to assign a transgender or intersex offender to a male or female facility and in making other housing and programming assignments, the Department will consider on a case-by-case basis whether the placement would present management of security problems and in Paragraph 7, Policy requires placement and programming assignments for reach transgender and intersex offender shall be reassessed no less than every six months to review any threats to sexual safety of the offender.

Offenders whose screenings indicate they have experienced prior sexual victimization or have a history of sexually assaultive behavior are required to be offered a follow-up meeting with medical or mental health counseling within 14 days of the screening.

Policy also requires that inmates at high risk for sexual victimization will not be placed in involuntary segregated housing unless an assessment of all available alternatives have been made and there is no Offenders at high risk for sexual victimization or aggression shall not be placed in involuntary segregation based solely on that determination unless a determination has been made that there is no available means of separation from likely abusers. This placement, including the concern for the offender's safety must be noted in SCRIBE case notes with documentation of why no alternative means of separation can be arranged. The offender shall be assigned to involuntary segregated housing only until an alternative means of separation from likely abusers can be arranged and such an assignment shall not ordinarily exceed a period of 30 days.

Every 30 days, the facility shall afford each offender a review to determine whether there is a continuing need for separation from the general population.

If an offender is placed in segregated housing have restricted access to programs, privileges, education, or work opportunities, the facility is required to document the opportunities limited, the duration of the limitation, and the reasons for the limitations.

Housing assignments are made initially by ID staff who are required to review the offender's information in SCRIBE or that came with him and to look for previous flags indicating the offender has already been identified as a potential victim or aggressor. The ID staff also are required to consider other factors including gang affiliations.

The classification committee assigns offenders to programming and details, some of which are mandatory for specific offenders. Information is reportedly reviewed to make those decisions.

Transgender offenders, according to the staff, will be housed with non-aggressors. Staff also said transgender offenders can shower separately if they need to and their views for their own safety are taken into consideration.

**Discussion of Interviews:** The PREA Compliance Manager related that following a PREA Assessment identifying an inmate as a potential victim, potential aggressor or both potential aggressor and potential victim, a color-coded dot is placed on the inmate's ID that is kept in the control room.



The PREA Compliance Manager stated that any transgender inmate who did not feel comfortable showering with other inmates would be allowed to shower separately. Staff indicated transgender inmates can shower alone and if they encountered any issues going to and from the showers or while in the shower from other inmates, they would set up a separate time for showering.

## Standard 115.43: Protective Custody

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

#### 115.43 (a)

- Does the facility always refrain from placing inmates at high risk for sexual victimization in involuntary segregated housing unless an assessment of all available alternatives has been made, and a determination has been made that there is no available alternative means of separation from likely abusers?  Yes  No
- If a facility cannot conduct such an assessment immediately, does the facility hold the inmate in involuntary segregated housing for less than 24 hours while completing the assessment?  Yes  No

#### 115.43 (b)

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

#### 115.43 (c)

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

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

#### 115.43 (d)

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

#### 115.43 (e)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

**Policy and Document Review:** Pre-Audit Questionnaires; Georgia GDC Policy, 208.06, IV.d.3 (a-d) Administrative Segregation;

**Discussion of Policy and Documents:** The Pre-Audit Questionnaire documented the facility did not place any inmate in involuntary segregation/protective custody during the past twelve months. The Pre-Audit Questionnaire documented that there were no inmates at risk of sexual victimization who were assigned to involuntary segregated housing in the past 12 months for longer than 30 days while awaiting alternate placement.

Georgia GDC Policy, 208.06, IV.d.3 (a-d) Administrative Segregation, requires that offenders at high risk for sexual victimization are not placed in involuntary segregated housing unless an assessment of all available alternatives has been made and a determination has been made that there is no available

alternative means of separation from likely abusers. If an assessment cannot be conducted immediately, the offender may be held in involuntary segregation no more than 24 hours while completing the assessment. This placement, including the concern for the inmate's safety is noted in SCRIBE case notes documenting the concern for the offender's safety and the reason why no alternative means of separation can be arranged. The inmate will be assigned to involuntary segregated housing only until an alternative means of separation can be arranged. Assignment does not ordinarily exceed a period of 30 days.

Inmates are assigned to involuntary segregated housing only until an alternative means of separation from likely abusers can be arranged and such an assignment does not ordinarily exceed a period of 30 days. If the facility uses involuntary segregation to keep an inmate safe, the facility documents the basis for their concerns for the inmate's safety and the reason why no alternative means of separation can be arranged. Reviews are conducted every 30 days to determine whether there is a continuing need for separation from the general population.

**Discussion of Interviews:** The Warden affirmed in an Interview that if an inmate could be separated and safely housed in other than segregated housing, he would be placed there. He related he would also have staff to place the inmate in a safe dorm. If, on the other hand, the aggressor is identified, he could be placed in segregation while an investigation is being conducted.

Additional staff, including a staff supervising segregation, indicated inmates are housed in safe dorms if possible however until knowing what is going on the inmate may be placed temporarily in segregated housing until the investigation can determine what happened and who was involved. Staff said that they treat all these situations treat all of them like they happened until the investigation is completed.

## REPORTING

### Standard 115.51: Inmate reporting

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

##### 115.51 (a)

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

##### 115.51 (b)

- Does the agency also provide at least one way for inmates to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency?  Yes  No

- Is that private entity or office able to receive and immediately forward inmate reports of sexual abuse and sexual harassment to agency officials?  Yes  No
- Does that private entity or office allow the inmate to remain anonymous upon request?  Yes  No
- Are inmates detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security?  Yes  No

#### 115.51 (c)

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

#### 115.51 (d)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

**Policy and Documents Reviewed:** Policy, 208.6, Prison Rape Elimination Act, Sexually Abusive Behavior Prevention and Intervention Program, E. Reporting, 1. Inmate Reporting; The GDC policy (208.06, 2. Offender Grievances); Standard Operating Procedure 227.02, Statewide Grievance Procedures; brochure entitled, "Sexual Assault, Sexual Harassment, Prison Rape Elimination Act (PREA), Reporting is the First Step; PREA related posters; "Sexual Assault and Sexual Harassment Prison Rape Elimination Act (PREA) How to Prevent it; How to report it"; GDC Policy IIA23-0001,

Consular Notification; Decatur County Prison Local Operating Directive, 11.53, Sexually Abusive Behavior Prevention and Intervention; One (1) Investigation Package..

**Interviews:** Twenty (20) inmates; Twelve (12) Randomly selected staff; Twenty (20) Specialized Staff.

**Observations:** Five (5) Phones in each dorm with dialing instructions; Testing two (2) PREA Phones, Multiple Posters related to PREA, including how to and to whom to report allegations of sexual abuse; mobile phone and kiosk for inmates in segregation.

**Discussion of Policy and Documents:** Policy, 208.6, Prison Rape Elimination Act, Sexually Abusive Behavior Prevention and Intervention Program, E. Reporting, 1. Offender Reporting, provides multiple ways for inmates to report. These include making reports in writing, verbally, through internal and external methods available, including the inmate PREA Hotline and by mail to the Department Ombudsman Office. Inmates are encouraged to report allegations immediately and directly to staff at all levels. Reports are required to be promptly documented. The Department has provided inmates a sexual abuse hotline enabling inmates to report via telephone without the use of the inmate's pin number. If an inmate wishes to remain anonymous or report to an outside entity, he may do so in writing to the State Board of Pardons and Paroles, Office of Victim Services (address provided). Additionally, the resident is provided contract information, including dialing instructions for reporting via the GDC Tip Line. The instructions tell the resident the Tip Line is for anonymous reporting of staff and inmate suspicions and illegal activity. This information is posted next the phones providing dialing instructions. The auditor observed the dialing instructions next to the phone for reporting sexual abuse.

Decatur County Prison Local Operating Directive 11.53, Sexually Abusive Behavior and Prevention, E. Reporting, states offenders may make a report of sexual abuse, sexual harassment or retaliation by any of the following methods:

- In writing
- Verbally
- Through the offender hotline
- By mail to the Georgia Department of Corrections Ombudsman

Reports are required to be promptly documented.

The Local Operating Procedure requires the facility to have a sexual abuse hotline, enabling offenders to call without having to enter a Personally Identifying Number. This line is monitored by the Lily Pad Rape Crisis Center in Albany, Georgia. In addition, the Georgia Department of Corrections has a hotline with a toll-free number.

Offenders may remain anonymous or choose to report to an outside entity in writing to the State Board of Pardons and Paroles, Office of Victim Services.

Staff are required to accept reports verbally, in writing, and from third parties and will promptly document any verbal reports.

Staff have been instructed and trained to accept reports made both verbally and in writing from third parties and promptly document them. Inmates may file grievances as well. Once a grievance is received and determined to be PREA related, the grievance process ceases, and an investigation begins. Third Party reports may be made to the Ombudsman's Office or in writing to the State Board of Pardons and Paroles, Office of Victim Services (address provided). Interviews with staff, both random

and specialized confirmed staff are required and trained to accept all reports, regardless of how they are made and regardless of the source, to notify their supervisor and write either an incident report or a statement as directed by the supervisor to document receipt of verbal reports, third party reports, anonymous reports etc.

The GDC policy (208.06, 2. Offender Grievances), requires that the facility allow offenders a full and fair opportunity to file grievances regarding sexual abuse to as to preserve their ability to seek judicial redress after exhausting administrative remedies. The procedures governing grievances are addressed in Standard Operating Procedure 227.02, Statewide Grievance Procedures. All grievances received are to be forwarded to the local SART for handling in accordance with the local response protocol.

Inmates also have access to outside confidential support services including those identified in the PREA Brochure given to inmates during the admission process and posted throughout the prison. The following ways to report are provided: Call PREA, 7732; to any staff member; to the Statewide PREA Coordinator, to the Ombudsman, to the Director of Victim Services. The addresses to the Statewide PREA Coordinator, Ombudsman, and Director of Victim Services are provided and the phone number to the Ombudsman is given.

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

Inmates have access to visitation, to make phone calls, to visitation with their legal counsel if they have one, phone calls to their legal counsel, to communicate via legal correspondence, to drop a note to any staff, file request forms to see medical, their counselors or others.

Inmates have multiple ways to report allegations of sexual abuse or sexual harassment internally and externally. They may report by calling the PREA Hotline, to the Ombudsman, to the State Board of Pardons and Parole, Victim Services, to the PREA Coordinator, to staff, friends, family and inmates, via the grievance process, the DOC Tip Line, to the outside Rape Crisis Center/Outside Advocacy Organization, the Director of Victim Services and by telling a trusted staff.

The Decatur County Prison has not only provided multiple ways to report but have also given inmates tools with which to report. These tools include a phone for reporting, five phones in each Dorm for placing PREA calls using the Hotline; and access to family and friends on their approved visitors list, access to filing a grievance; phones with instructions for dialing to report an allegation of sexual abuse, grievance forms, request forms to contact medical and the administration.

One (1) reviewed investigation indicated the allegation of sexual harassment was made via the PREA Hotline.

**Discussion of Observation and Testing Processes:** Five (5) Phones were observed on the walls of each dorm. Posted at the phones were instruction for dialing the PREA Hotline. The auditor tested a

PREA Phone in two separate dormitories to see if an inmate could contact the PREA Unit with the posted instructions. Accessing the PREA Hotline was especially easy as a result of the verbal prompts made on the phone providing step by step instructions for placing a call to report an allegation of sexual abuse or sexual harassment. The phone worked as stated and the auditor was able to leave messages that were later confirmed by the PREA Unit Operations Analyst.

Multiple PREA related posters were observed posted throughout the facility keeping PREA information continuously available to inmates. Zero Tolerance Posters, located throughout the facility, as well as other PREA related posters, explain that residents have the right to report, stressing the facility wants to keep the resident safe and that an investigation will be conducted for reported incidents and the perpetrator will be held accountable. Multiple ways to report are listed on the poster.

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

#### **Discussion of Interviews:**

Interviews with 20 inmates at the prison confirmed that they understand and are aware they have a right to report allegations of sexual abuse and sexual harassment and the right not to be retaliated for making such reports. They all were aware of ways to report sexual assault/abuse or sexual harassment. The majority of those interviewed named two to three ways to report. They most often mentioned they would report using the phone (hotline), tell a staff or tell a family member. Visitation is offered as well enabling further contact for reporting, if needed. When asked if they could report anonymously, all but two stated they could. When asked if there was someone outside the facility they could report to, all of them had a relative they could report to. One said he could report to someone on the outside while he was on detail. None of the twenty (20) interviewed inmates had reported any allegation of sexual abuse or sexual harassment at this facility. All of them, when asked, stated they would report it if it happened.

## **Standard 115.52: Exhaustion of administrative remedies**

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

#### **115.52 (a)**

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

#### **115.52 (b)**



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

#### 115.52 (c)

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

#### 115.52 (d)

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

#### 115.52 (e)

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



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

#### 115.52 (f)

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

#### 115.52 (g)

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

#### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

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

### Instructions for Overall Compliance Determination Narrative

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

**Policy and Documents Reviewed:** The Decatur County Prison Pre-Audit Questionnaire; Decatur County Prison Local Operating Procedure, 11.53, Sexually Abusive Behavior Prevention and Intervention; One (1) Investigation package for investigations from 2017-2018; Revised GDC PREA SOP, 208.06

**Interviews:** Grievance Officer; Twelve (12) Randomly selected staff; Twenty (20) Randomly selected inmates; PREA Compliance Manager, Warden; Twenty (20) Special category staff.

### Discussion of Policies and Documents:

GDC Policy 208.6, E.3, Offender Grievances and Decatur County Prison Local Operating Procedure, 11.53, Sexually Abusive Behavior Prevention and Intervention, states that all allegations of sexual abuse and sexual harassment are not issues that are grievable. These should be reported in accordance with methods outlined in the policy.

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

The policy changed effective March 2018 when this revision was included. Should an inmate allege a PREA issue on a grievance form the grievance process would cease immediately and the report made to the Sexual Assault Response Team for investigation like any other report or allegation.

The auditor did review 10% of all the grievances filed during the past twelve (12) months and none of those asserted or alleged any PREA related issues.

## Standard 115.53: Inmate access to outside confidential support services

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

#### 115.53 (a)

- Does the facility provide inmates with access to outside victim advocates for emotional support services related to sexual abuse by giving inmates mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations?  Yes  No

- Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers, including toll-free hotline numbers where available of local, State, or national immigrant services agencies?  Yes  No
- Does the facility enable reasonable communication between inmates and these organizations and agencies, in as confidential a manner as possible?  Yes  No

### 115.53 (b)

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

### 115.53 (c)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

**Policy and Documents Reviewed:** GDC Policy 208.6, PREA, Local Operating Procedure 11.53, Sexually Abusive Behavior Prevention and Intervention; Pre-Audit Questionnaire; GDC Policy IIA234-0001, Consular Notification, Memo designating staff advocates; Posters with outside reporting numbers and addresses; Inmate Handbook.

**Interviews:** PREA Compliance Manager, PREA Coordinator – Previous Interviews; Assistant PREA Coordinator – Previous Interviews, Counselors, twenty (20) Interviewed inmates;

## **Discussion of Policies and Documents Review:**

GDC Procedures require the facility attempt to enter into an agreement with a rape crisis center to make available a victim advocate to inmates being evaluated for the collection of forensic evidence. Victim advocates from the community used by the facility will be pre-approved through the appropriate screening process and subject to the same requirements of contractors and volunteer who have contact with inmates.

The facility has entered into an agreement with the Lily Pad SANE Center in Albany, Georgia. The agreement provides for the following from the SANE Center:

- Provide for a forensic medical exam by a SANE Nurse
- Provide an advocate for acute (within 72 hours of the assault) sexual assault of inmates
- Respond to calls from the Decatur County Prison inmates received on the Lily Pad Center's rape crisis hotline
- Provide follow-up services and crisis intervention contacts to victims of sexual assault at the Decatur County Prison as resources allow
- Maintain confidentiality of communications with clients at the prison

The agreement is signed by the Warden of the Decatur County Prison, the Lily Pad SANE Center Clinical Director, and the Lily Pad Executive Director.

The facility, in addition to providing an outside victim advocate have a staff person trained to serve as a qualified staff victim advocate. That staff is designated in an email from the Warden. Documentation in the form of certificates of completion of training confirmed the specialized training provided and completed by the staff advocate.

An additional agency providing outside confidential support services to inmates is provided by the Georgia Department of Corrections GDC Ombudsman and GDC Tip Line. Contact information, including phone numbers and mailing addresses are provided, posted and accessible to inmates. Contact information for the Ombudsman is provided on the Sexual Assault Sexual Harassment Prison Rape Elimination Act PREA Brochure, How to Prevent it and How to Report it. The mailing address and telephone number are provided.

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

## **Standard 115.54: Third-party reporting**

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

#### **115.54 (a)**

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

**Auditor Overall Compliance Determination**

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

**Instructions for Overall Compliance Determination Narrative**

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

**Policy and Documents Reviewed:** Georgia Department of Corrections Policy, 208.6, PREA; The Decatur County Prison Pre-Audit Questionnaire; The Decatur County Website/Prison Site Providing Multiple Ways for Viewers, including Employees, Visitors, Contractors (including ways to report to the prison and outside the prison); One (1) Reviewed Investigation Package; The brochure entitled, “Sexual Assault, Sexual Harassment, Prison Rape Elimination Act – How to Prevent It and How to Report It”; Reviewed PREA Related Brochures; PREA Related Posters

**Interviews:** Twenty (20) Inmates; (32) Randomly selected and Special category Staff; PREA Compliance Manager; Warden

**Observations:** Review of the Agency’s Website

**Discussion of Policy and Documents:** The Decatur County Prison provides multiple ways for inmates to access third parties who may make reports on behalf of an inmate.

Third Party reports may be made to the Ombudsman’s Office, to the GDC TIP Line and to the agency’s PREA Coordinator. Information is provided to inmates that allows them to call or write the Ombudsman’s Office. They are also informed they may report in writing to the State Board of Pardons and Paroles, Office of Victim Services. This information is provided in the brochure given to inmates during admissions/orientation. The brochure entitled, “Sexual Assault, Sexual Harassment, Prison Rape Elimination Act – How to Prevent It and How to Report It” provides the phone number and mailing address for the Ombudsman and the mailing address for reporting to the Director of Victim Services. A PREA hotline is also available for third party reports and an inmate’s pin is not required to place a call using the “hotline”. The auditor tested two (2) phones and found them to be operational. Dialing instructions are posted at the phone.

The County Website provides information on reporting to staff within the prison as well as outside the prison. Staff contact information is provided for the following:

- Warden
- Deputy Warden
- PREA Compliance Manager
- Prison Investigator
- Prison Victim Advocate
- SART Leader
- Chief of Security

Outside contact information is provided for the following:

- Statewide PREA Coordinator
- Director of Victim Services
- Ombudsman Unit

Others, including family members, friends and other residents, may make a report for a resident. They may also assist a resident in filing a grievance or file one for her.

The auditor reviewed one (1) of one (1) investigation reports between 2017-2018. That report was made via the PREA Hotline to the GDC PREA Analyst.

**Discussion of Interviews:** Staff, in their interviews, stated they would take a third-party report like any other report and report it to their immediate supervisor and write a witness statement.

Inmates at the Decatur County Prison have access to third parties, including family members, volunteers and other staff or inmates. Inmates have access to phones to call home or to their attorney's, if they have one.

Interviewed inmates reported they would most likely report to a staff or call the hotline. When asked if a family member or someone outside the facility could make a report for them, they indicated they could.

## OFFICIAL RESPONSE FOLLOWING AN INMATE REPORT

### Standard 115.61: Staff and agency reporting duties

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

#### 115.61 (a)

- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether it is part of the agency?  Yes  No
- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding retaliation against inmates or staff who reported an incident of sexual abuse or sexual harassment?  Yes  No

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

#### 115.61 (b)

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

#### 115.61 (c)

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

#### 115.61 (d)

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

#### 115.61 (e)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

**Policy and Document Review:** Department of Corrections Policy, 208.6, Sexually Abusive Behavior Prevention and Intervention Program, F. Official Response Following and Inmate Report, 1. Staff and Department Reporting Duties; Decatur County Prison Local Operating Procedure, 11/54, Sexually Abusive Behavior Prevention and Intervention; The reviewed Sexual Assault/Sexual Misconduct Prison Rape Elimination Act (PREA) Education Acknowledgment Statement; One (1) Investigation Report; 10% of all Grievances and 10% of all Incident Reports.

**Interviews:** PREA Coordinator; PREA Compliance Manager; SART Leader; Twelve (12) Randomly selected staff; Twenty (20) Specialized Staff; Investigator; and Warden; Twenty (20) Inmates.

**Discussion of Policy and Documents Reviewed:** Department of Corrections Policy, 208.6, Sexually Abusive Behavior Prevention and Intervention Program, F. Official Response Following and Inmate Report, 1. Staff and Department Reporting Duties, requires staff who witness or receive a report of sexual assault, sexual harassment, or who learn of rumors or allegations of such conduct, must report information concerning incidents or possible incidents of sexual abuse or sexual harassment to the supervisor on duty and write a statement, in accordance with the Employee Standards of Conduct. The highest-ranking supervisor on duty who receives a report of sexual assault or sexual harassment, is required to report it to the appointing authority or his/her designee immediately. The supervisor in charge is required to notify the PREA Compliance Manager and/or SART Leader as designated by the Local Procedure Directive. Appointing authorities or his/her designee may make an initial inquiry to determine if a report of sexual assault, sexual harassment, is a rumor or an allegation. Allegations of sexual assault and sexual harassment are major incidents and are required to be reported in compliance with policy. Once reported, an evaluation by the SART Leader/Team of whether a full response protocol is needed will be made. Appointing authorities or designee(s) are required to report all allegations of sexual assault with penetration to the Office of Professional Standards (OPS) Special Agent In-Charge and the Department's PREA Coordinator immediately upon receipt of the allegation. OPS will determine the appropriate response. Staff, failing to comply with the reporting requirements of DOC Policy, may be banned from correctional facilities or will be subject to disciplinary action, up to and including termination. If an alleged victim is under the age of 18, the Department reports the allegation to the Department of Family and Children Services, Child Protection Services Section. Staff are not to disclose any information concerning sexual abuse, sexual harassment or sexual misconduct of an offender, including the names of the alleged victims or perpetrators, except to report the information as required by policy, or the law, or to discuss such information as a necessary part of performing their job.

Decatur County Prison Local Operating Procedure, 11.53, Sexually Abusive Behavior Prevention and Intervention, requires all facility staff to report immediately and according to agency policy any knowledge, suspicion, or information they receive regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether it is a part of the agency. The same is true of any known or received allegations of retaliation.

The LOP requires all staff to report immediately and according to agency policy any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation.

Reporting procedures require staff who witness or receive a report of sexual assault, sexual harassment, or who learn of rumors or allegations of such conduct must report to the supervisor on duty immediately and write a statement in accordance with the Employee Standards of Conduct. The highest-ranking supervisor who receives the report it required to report it to the appointing authority or



his designee immediately. The supervisor in charge must then report to the PREA Compliance Manager or SART Leader.

With regard to reporting confidentially, the LOP requires apart from reporting to designated supervisors or officials and designated state or local services agencies, agency policy prohibits staff from revealing any information related to sexual abuse reports to anyone other than to the extent necessary to make treatment, investigation, and other security and management decisions.

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

The reviewed Sexual Assault/Sexual Misconduct Prison Rape Elimination Act (PREA) Education Acknowledgment Statement affirms staff's understanding they are to report anything they witness or that is reported to them. Multiple examples of their acknowledgement statements were provided.

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

Staff are trained to report all allegations, including suspicions. They receive this training in multiple venues including pre-service training, Basic Correctional Officer Training, Annual In-Service Training, periodic refresher trainings during shift briefing, and specialized training opportunities for the SART, investigators, medical and mental health staff. The auditor reviewed 40 PREA Acknowledgment Statements and three (3) training rosters.

The Employee's brochure, "Staff Guide on the Prevention and Reporting of Sexual Misconduct with Offenders" reminds staff of their duty to report any inappropriate staff/offender behavior immediately. It also states the presence of illegal and unethical behavior by staff compromises the security and safety of the agency. Staff that fail to report will be held accountable and sanctioned through dismissal. Staff are required to file an incident report to the appointing authority as required in policy.

In accordance with GDC SOP 208.06, any sexual abuse information obtained by medical and mental health personnel will be reported per policy to the appropriate personnel within Ware State Prison.

In accordance with GDC SOP 208.06, all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, will be reported to the Decatur County Prison SART, PREA Compliance Manager, GDC Statewide PREA Coordinator, and either the GDC Internal Investigations Unit or to the Decatur County Sheriff's Office. The Warden will be responsible for ensuring these notifications are made as soon as possible.

**Discussion of Interviews:** 100% of the twelve (12) randomly selected staff and twenty (20) specialized staff, articulated their duty to report and indicated that regardless of the source of the information or report, they would take it seriously and report it verbally to their immediate supervisor. When asked if

they would put that information in writing as well, they indicated they would have to do a witness statement and that it would have to be done before the end of the shift.

## Standard 115.62: Agency protection duties

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

#### 115.62 (a)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

**Policy and Documents Reviewed:** GDC Policy 208.06, Prison Rape Elimination Act- PREA, Sexually Abusive Behavior Prevention and Intervention Program, Paragraph 2., Facility Protection Duties; SOP 209.06, Administrative Segregation; the Pre-Audit Questionnaire; Decatur County Prison Local Operating Procedure, 11.53, Sexually Abusive Behavior Prevention and Intervention.

**Interviews:** Warden; Grievance Officer; PREA Compliance Manager; Staff Supervising Segregation; Interviewed Randomly Selected Staff (12); Specialized Staff (20); Randomly Selected and Targeted Inmates (20)

**Discussion of Policy and Documents:** GDC Policy 208.06, Prison Rape Elimination Act- PREA, Sexually Abusive Behavior Prevention and Intervention Program, Paragraph 2., Facility Protection Duties, requires that upon learning of a sexual abuse, staff are to separate the alleged victim and abuser and ensure the alleged victim has been placed in safe housing which may be protective custody in accordance with SOP 209.06, Administrative Segregation. If the inmate victim is placed in administrative segregation, a note is placed in SCRIBE indicating the reason for the placement. If the offender remains in Administrative Segregation for 72 hours, ensure that the Sexual Assault Response

Team has again evaluated the victim within 72 hours. Again, a note is to be entered SCRIBE indicating the reason for continued placement. The care and treatment member of SART is responsible for documenting the reasons in SCRIBE. If the alleged perpetrator is an offender and if the alleged perpetrator has been placed in Administrative Segregation in accordance with SOP 209.06, Administrative Segregation, again, a case note documenting the reason for placement is completed and documented in SCRIBE. If the offender remains in Administrative Segregation for 72 hours, the SART evaluates the offender again within 72 hours and if continued placement is required, the reasons are documented in SCRIBE. The care and treatment staff from the SART is responsible for the documentation. If the alleged perpetrator is a staff member, the staff member and alleged victim are separated during the investigation period. The staff member may be reassigned to other duties or other work area; transferred to another institution, suspended with pay pending investigation or temporarily banning the individual from the institution, whichever option the appointing authority deems appropriate. Staff are instructed, if applicable, they are to consult with the SART, Regional Director, the Department's PREA Coordinator or the Regional SAC within 72 hours of the reported incident to determine how long the alleged victim or perpetrator should remain segregated from the general population and document the final decision in the offender's file with specific reasons for returning the offenders to the general population or keeping the offenders segregated and ensure the SART has evaluated the victim within 24 hours of the report. Once a determination has been made that there is sufficient evidence of sexual assault, staff ensure closure of the matter by serving notice of adverse action or banning the staff member, making housing and classification changes if the perpetrator is an offender, and update the victim's offender file with incident information. The Warden identified safe housing for inmates.

Decatur County Prison Local Operating Procedure, 11.53, Sexually Abusive Behavior Prevention and Intervention, Facility Protection Duties (Paragraph 2) requires that upon learning of an allegation of sexual abuse, staff are required to separate the alleged victim and abuser. They then are to ensure the alleged victim has been placed in safe housing which may be protective custody in accordance with SOP 209.06, Administrative Segregation. A case note in SCRIBE is required documenting the reason for placement. SART is required to conduct an evaluation of the need for continued Protective Custody within 72 hours. The Care and Treatment Member of SART is required to complete the SCRIBE notes. The alleged perpetrator is to be placed in Administrative Segregation in accordance with policy. A SCRIBE note is also required in this case and SART must conduct an evaluation to determine if continued segregation is needed. This is documented in SCRIBE as well.

If the alleged perpetrator is a staff member, the staff will be separated from the alleged victim during the period of the investigation by reassigning staff to other duties or another work area, transferring the staff member to another institution, suspending the staff member with pay pending the investigation, or temporarily banning the staff from the institution, whichever option the appointing authority deems appropriate.

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

**Discussion of Interviews:** Interviews with the Warden, PREA Compliance Manager, random and special category staff, inmates, and reviewed incident reports for the past 12 months confirmed there were no residents at risk of imminent sexual abuse in the past 12 months. Staff indicated, in their interviews, that if an inmate told them or they found out an inmate was at risk of imminent sexual abuse, they would remove him immediately from the threat, if known, and if not known, would move him

to a safe area, security office or elsewhere to keep him safe until the supervisors decided where to house him.

## Standard 115.63: Reporting to other confinement facilities

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

#### 115.63 (a)

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

#### 115.63 (b)

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

#### 115.63 (c)

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

#### 115.63 (d)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

**Policy and Documents Reviewed:** DOC Policy, 208.6, Prison Rape Elimination Act, Sexually Abusive Behavior Prevention and Intervention Program, 3. Reporting to other Confinement Facilities; Decatur County Prison Local Operating Procedure, 11.53, Sexually Abusive Behavior Prevention and Intervention; Pre-Audit Questionnaire;

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

**Discussion of Policy and Reviewed Documents:** DOC Policy, 208.6, Prison Rape Elimination Act, F., Official Response Following an Offender Report, Paragraph 2., Reporting to other Confinement Facilities, requires that in cases where there is an allegation that sexually abusive behavior occurred at another Department facility, the Warden/designee of the victim's current facility is required to provide notification to the Warden of the identified institution and the Department's PREA Coordinator. In cases alleging sexual abuse by staff at another institution, the Warden of the inmate's current facility refers the matter directly to the Office of Professional Standards Special Agent In-Charge and the Agency's PREA Coordinator. For the non-Department secure facilities, the Warden/Superintendent will notify the appropriate office of the facility where the abuse allegedly occurred and to the Agency's PREA Coordinator.

This notification must be provided as soon as possible but not later than 72 hours after receiving the allegation. Notification is documented. The facility head or Department office receiving the notification is required to ensure that the allegation is investigated in accordance with the PREA Standards.

The Decatur County Prison LOP, 11.53, Sexually Abusive Behavior Prevention and Intervention, Page 29, Paragraph 3. Reporting to Other Confinement Facilities, requires the Warden or designee of the victim's current institution to provide notification to the Warden of the identified institution and the Facility's PREA Coordinator. If the allegation involves staff at another institution, the Warden/designee of the offender's current facility refers the matter directly to the Regional SAC. Notifications will be provided as soon as possible, but not later than 72 hours after receiving the allegation. Notification is required to be documented and the facility head that receives the notification shall ensure the allegation is investigated in accordance with the PREA Standards.

The Pre-Audit Questionnaire documented that there were no allegations of sexual abuse or sexual harassment received from an inmate reporting that he had been abused at this facility nor did they receive any allegations from another facility that an inmate was abused at another facility. There was only one allegation of sexual harassment (none of sexual abuse) made during the past twelve (12) months and that allegation was that a staff at the current facility made inappropriate comments to the inmate.

**Discussion of Interviews:** Interviews with the PREA Compliance Manager and the Warden confirmed they are aware of the policy requiring reporting to other facilities upon receiving an allegation of sexual abuse that occurred in another facility. They also indicated if they received an allegation from another facility that an inmate, while assigned to their facility was sexually abused at this prison, they would initiate an investigation and cooperate with any investigation. They said the allegation would be treated as any other allegation and would be reported and investigated upon learning about it.

## **Standard 115.64: Staff first responder duties**

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

### **115.64 (a)**

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

#### 115.64 (b)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

**Policy and Documents Review:** Georgia DOC Policy, 208.6; local protocol, “PREA Reporting Process”; Decatur County Local Operating Procedure, 11.53, Sexually Abusive Behavior Prevention and Intervention; Pre-Audit Questionnaire; Monthly PREA Reports; One Reviewed Investigation (Documenting the only allegation made during the past 12 months and the allegation was of sexual harassment).

**Interviews:** SART Members; Twelve (12) Randomly Selected Staff; Twenty (20) Specialized Staff; Uniformed and Non-Uniformed Staff First Responders; Medical Staff; Facility Based Investigator; PREA Compliance Manager; Warden.

**Discussion of Policy and Documents:** Georgia DOC Policy, 208.6, describes, in detail, actions to take upon learning that a resident has been the victim of sexual abuse.

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

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

The reviewed Decatur County Prison PREA Local Procedure Directive and Coordinated Response Plan serves as the Coordinated Response Plan and provides a step by step guide to actions staff must take in response to an allegation of sexual abuse. It also provides contract information for the Warden, Field Operations Manager, Senior Investigator (Prison) and Senior Investigator (GDC, as required), PREA Compliance Manager, SART Leader, SART Members, PREA Retaliation Monitor, Staff Activities on PREA, Inmate Education on PREA and the Inmate Advocate.

Following the initial first response from the staff first becoming aware of an incident or allegation of sexual abuse, staff would contact the Sexual Assault Response Team who would take over once on the scene. They would then be responsible for ensuring the potential crime scene is protected and secured and notify the Office of Professional Standards investigators would advise the SART and then come on sight if needed to collect evidence and assume the investigation.

#### **Discussion of Interviews:**

100% of the interviewed staff, whether uniformed or non-uniformed, had no problems explaining the steps they would take in response to an inmate making an allegation of sexual abuse or staff becoming aware of sexual abuse through some other means. Staff would separate the offenders or staff from each other, notify their immediate supervisor, secure the crime scene, tell the victim and alleged perpetrator not to change clothes, eat, drink or do anything to destroy the evidence, get the victim to medical, and if he was sexually assaulted contact the SANE.

## **Standard 115.65: Coordinated response**

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

#### **115.65 (a)**

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

**Policy and Documents Reviewed:** GDC Policy 208.06, Prison Rape Elimination Act-PREA, Sexually Abusive Behavior Prevention and Intervention Program, F. Official Response Following and Offender Report; Coordinated Response; local protocol, "Decatur County Prison PREA Local Procedure Directive and Coordinated Response Plan; Decatur County Prison Local Operating Procedure 11.53, Sexually Abusive Behavior Prevention and Intervention; GDC Sexual Abuse Response Checklist (GDC 208.06, Attachment 6); PREA Monthly Reports

**Interviews:** Twelve (12) random staff; Twenty (20) Specialized Staff; Staff informally interviewed; SART Members; Twenty (20) Inmates.

**Policy and Documents Review:** GDC Policy 208.06, Prison Rape Elimination Act-PREA, Sexually Abusive Behavior Prevention and Intervention Program, Coordinated Response and Decatur County Prison Local Operating Procedure 11.53, Sexually Abusive Behavior Prevention and Intervention, requires each facility to develop a written institutional plan to coordinate actions taken in response to an incident of sexual abuse, among staff first responders, medical and mental health practitioners, investigators and facility leadership. The plan must be kept current and include names and phone numbers of coordinating parties. The facility provided the Facility's Coordinated Response Plan in a document entitled: Decatur County Prison PREA Local Procedure Directive.

The local protocol describes the actions taken by the First Responders, notification of the OIC/Duty Officer, Warden's Notification, the actions of the Sexual Assault Response Team Leader, medical involvement and mental health involvement. SART conducts the initial investigation. Duties of each SART member are identified and include duties for the SART Team Leader-Security, the Counselor, and Health Services. Lastly the SART Investigation Process is detailed. This document serves as the facility's coordinated response plan.



The facility also uses the GDC Sexual Abuse Response Checklist (GDC 208.06, Attachment 6) to coordinate the actions and responses of first responders.

Following the initial first response from the staff first becoming aware of an incident or allegation of sexual abuse, staff would contact the Sexual Assault Response Team who would take over once on the scene. They would then be responsible for ensuring the potential crime scene is protected and secured and notify the Office of Professional Standards investigators would advise the SART and then come on sight if needed to collect evidence and assume the investigation.

The SART Leader arranges for immediate medical examination. Medical conducts an initial assessment to determine if the inmate needs immediate medical intervention and to treat these. Medical staff contact the SANE if needed. Again, specific duties of each of the SART members are described. These include the specific responsibilities for the SART Team Leader, Counselor and Health Services.

The plan also is specific in the steps to be taken by each specific member of the SART; Team Leader, Medical Team Member and counselor/advocate.

The Office of Professional Standards investigator or the Decatur County Sheriff's Office will continue the investigation following GDC Policy.

There were no allegations of sexual abuse in the past twelve months. This was confirmed through the reviewed Pre-Audit Questionnaire, Reviewed Incident Reports, Reviewed Grievances, Reviewed Monthly PREA Reports to the GDC PREA Unit, and interviews with staff and inmates.

**Discussion of Interviews:** All the interviewed staff articulated the actions they would take as a first responder. All units including security, medical, SART, and the administration explained their roles and responses to an allegation of sexual assault. The facility has a Sexual Assault Response Checklist and a Notification Form, similar to notifications in a traditional emergency plan.

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

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

### **115.66 (a)**

- Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with any inmates pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted?  Yes  No

### **115.66 (b)**

- Auditor is not required to audit this provision.

## Auditor Overall Compliance Determination

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

## Instructions for Overall Compliance Determination Narrative

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

The State of Georgia is a right to work state. Decatur County employees are not members of a union. The County is not involved in any form of collective bargaining.

**Interviews:** Warden; PREA Compliance Manager

### Discussion of interviews:

Interviews with the Warden and PREA Compliance Manager confirmed that Georgia is a Right to Work State and employees are all non-union and none involved in any form of collective bargaining. The Warden can remove any staff member from contact with inmates following an allegation of sexual abuse or sexual harassment.

## Standard 115.67: Agency protection against retaliation

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

#### 115.67 (a)

- Has the agency established a policy to protect all inmates and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other inmates or staff?  Yes  No
- Has the agency designated which staff members or departments are charged with monitoring retaliation?  Yes  No

#### 115.67 (b)

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

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

#### 115.67 (c)

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff?  Yes  No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of inmates who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff?  Yes  No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation?  Yes  No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor any inmate disciplinary reports?  Yes  No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate housing changes?  Yes  No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate program changes?  Yes  No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor negative performance reviews of staff?  Yes  No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor reassignments of staff?  Yes  No
- Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need?  Yes  No

#### 115.67 (d)

- In the case of inmates, does such monitoring also include periodic status checks?  
 Yes  No

### 115.67 (e)

- If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation?  
 Yes  No

### 115.67 (f)

- Auditor is not required to audit this provision.

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

**Policy and Documents Reviewed:** DOC Policy 208.6, Prison Rape Elimination Act, Sexually Abusive Behavior Prevention and Intervention Program; GDC Policy 1K01-0006, Paragraph 5; Memo from the PREA Compliance Manager Re: Retaliation Monitor Offender Contact Log

**Interviews:** Retaliation Monitor for Decatur County Prison; Warden; PREA Compliance Manager

### Discussion of Policy and Documents Review:

DOC Policy 208.6, Prison Rape Elimination Act, Sexually Abusive Behavior Prevention and Intervention Program, F.4, affirms the agency has a zero tolerance for any form of retaliation and is committed to protecting inmates or staff who report sexual abuse and sexual misconduct or sexual harassment from retaliation. Policy requires that anyone who retaliates against a staff member or an offender who has reported an allegation of sexual abuse or sexual harassment in good faith or who has participated in a subsequent investigation will be subject to disciplinary action. Too, it requires the Department to protect offenders and staff who report sexual abuse or sexual harassment from retaliation.

Policy and the Local Operating Procedures require the Warden to designate a staff to serve as the facility retaliation monitor and identify them as such in the PREA Local Procedure Directive and Coordinated Response Plan.

Additionally, policy provides multiple protection measures including: housing changes for inmates, transfers, removal of alleged staff or inmate abusers from contact with victims and emotional support for inmates or staff who fear retaliation.

Monitoring is required to be conducted for at least 90 days following a report of abuse. Monitoring will include monitoring the conduct and treatment of inmates and staff to see any changes to indicate possible retaliation and to remedy any retaliation. Monitoring includes: review of inmate disciplinary reports, housing or program changes, negative performance reviews or reassignments of staff etc. Monitoring may continue beyond 90 days if the initial monitoring indicates the need for it. Periodic status checks of inmates will be conducted. The obligation for monitoring terminates if the allegation is unfounded. Policy requires that monitoring is documented on the GDC Form 90 Day Offender Sexual Abuse Review Checklist. The checklist is completed for each inmate being monitored.

Decatur County Local Operating Procedure, 11.53, Sexually Abusive Behavior Prevention and Intervention, Protection Against Retaliation, requires anyone who retaliates against a staff member or an offender who has reported in good faith an allegation of sexual abuse or sexual harassment or who has participated in a subsequent investigation shall be subject to disciplinary action. The procedure also requires the facility to protect offenders and staff who report sexual abuse, sexual misconduct, and sexual harassment for retaliation. Multiple protection measures include offender housing changes or transfers, removal of alleged staff or offender abusers from contact with victims, and emotional support services for offenders or staff who fear retaliation for reporting or for cooperating with investigations.

**Discussion of Interviews:** The monitor related if a staff is involved he/she may be reassigned while an investigation is going on and return if the allegation is not substantiated. If the incident involves an inmate on inmate there may be a dorm change or possibly a facility change. She described the things she would be checking for and these were consistent with the requirements of the policy and standards.

## Standard 115.68: Post-allegation protective custody

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

#### 115.68 (a)

- Is any and all use of segregated housing to protect an inmate who is alleged to have suffered sexual abuse subject to the requirements of § 115.43?  Yes  No

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

**Policy and Documents Reviewed:** Department of Corrections Policy, 208.6, Prison Rape Elimination Act, Sexually Abusive Behavior Prevention and Intervention Program, D. Screening for Risk of Sexual Victimization and Abusiveness, 3. Protective Custody; Decatur County Prison Local Operating Procedure, 11.53, Sexually Abusive Behavior Prevention and Intervention; Pre-Audit Questionnaire

**Interviews:** Warden, PREA Compliance Manager; Randomly Selected and Special Category Inmates; Staff Supervising Segregation; Randomly Selected and Specialized Staff.

#### **Discussion of Policy and Documents:**

Department of Corrections Policy, 208.6, Prison Rape Elimination Act, Sexually Abusive Behavior Prevention and Intervention Program, D. Screening for Risk of Sexual Victimization and Abusiveness, 3. Protective Custody, prohibits placing inmates at high risk for sexual victimization in involuntary segregated housing unless an assessment of all available alternatives have been made and a determination made that there is no available alternative means of separation from likely abusers. If an assessment cannot be conducted immediately, the inmate may be held in involuntary segregation for less than 24 hours while completing the assessment. This placement, including concern for the inmate's safety, must be documented in the inmate/offender database, SCRIBE, documenting concern for the inmate's safety and the reason why no alternative means of separation can be arranged. Inmates who are placed in involuntary segregation are housed there only until an alternative means of separation from likely abusers can be arranged and the assignment, ordinarily, shall not exceed 30 days. Reviews are required to be conducted every 30 days to determine whether there is a continuing need for separation from the general population. Inmates in involuntary segregation will receive services in accordance with SOP HN09-0001, Administrative Segregation.

The reviewed Pre-Audit Questionnaire documented there were no inmates placed in involuntary protective custody during the past 12 months.

#### **Discussion of Interviews:**

Interviews with staff, including the Warden, Deputy Wardens, PREA Compliance Manager and other staff indicated inmates are placed in Protective Custody when requested by the inmate. All the interviewed staff believed involuntary protective custody would be used only as a last resort. Staff stated inmates can be placed in another dorm. Staff did indicate an inmate may initially be placed in a single cell temporarily in involuntary segregation while the SART attempts to determine what happened and how extensive the threat may be.

## **INVESTIGATIONS**

## Standard 115.71: Criminal and administrative agency investigations

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

#### 115.71 (a)

- When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? [N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).]  Yes  No  NA
- Does the agency conduct such investigations for all allegations, including third party and anonymous reports? [N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).]  Yes  No  NA

#### 115.71 (b)

- Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations as required by 115.34?  Yes  No

#### 115.71 (c)

- Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data?  Yes  No
- Do investigators interview alleged victims, suspected perpetrators, and witnesses?  
 Yes  No
- Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator?  Yes  No

#### 115.71 (d)

- When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution?  Yes  No

#### 115.71 (e)

- Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as inmate or staff?  Yes  No
- Does the agency investigate allegations of sexual abuse without requiring an inmate who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding?  Yes  No

#### 115.71 (f)



- Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse?  Yes  No
- Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings?  Yes  No

#### 115.71 (g)

- Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible?  Yes  No

#### 115.71 (h)

- Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?  Yes  No

#### 115.71 (i)

- Does the agency retain all written reports referenced in 115.71(f) and (g) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years?  Yes  No

#### 115.71 (j)

- Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the agency does not provide a basis for terminating an investigation?  Yes  No

#### 115.71 (k)

- Auditor is not required to audit this provision.

#### 115.71 (l)

- When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct administrative or criminal sexual abuse investigations. See 115.21(a).)  Yes  No  NA

#### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)



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

### Instructions for Overall Compliance Determination Narrative

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

**Policy and Documents Reviewed:** Georgia Department of Corrections Policy, 208.6, G. Investigations; Decatur County Prison Local Operating Procedure, 11.53, Sexually Abusive Behavior Prevention and Intervention, G. Investigations; GDC Standard Operating Procedures, 1KO1-0006, Investigation of Allegations of Sexual Contact, Sexual Abuse, and Sexual Harassment of Offenders; Decatur County Prison Local Operating Procedure 11.53, Sexually Abusive Behavior Prevention and Intervention, G. Investigations.

**Interviews:** Warden, PREA Compliance Manager; Facility-Based Investigator, SART Members; Previous interview with an OPS Investigator and a Special Agent (OPS).

**Discussion of Policy and Documents Reviewed:** Georgia Department of Corrections Policy, 208.6, G. Investigations, describes the investigative process. It requires that all reports of sexual abuse or sexual harassment will be considered allegations and will be investigated.

In Georgia Department of Correction's Facilities, the local Sexual Assault Response Team is responsible for the administrative investigation of all allegations of sexual abuse or sexual harassment. In the Decatur County Prison, the SART investigates allegations of sexual abuse and sexual harassment and if an allegation appears to be criminal in nature, the case is referred either to the local Sheriff's Department or the Georgia Department of Corrections Office of Professional Standards Special Agent. The SART has a primary investigator referred to as the Facility-Based Investigator. The Facility-Based Investigator has completed the on-line specialized training provided by the National Institute of Corrections, "PREA: Conducting Sexual Abuse Investigations in Confinement Settings." The auditor reviewed certificates documenting that not only has the Facility-Based Investigator completed the specialized training but shift supervisors have been trained as well to begin the investigations in the absence of the Facility-Based Investigator.

The agency has developed a checklist (Sexual Allegation Response Checklist) that is required to be completed for all PREA Allegations. If the allegation is made against a staff member and the SART deems the allegation to be unfounded or unsubstantiated by evidence, the case can be closed at the facility level. If the allegation is criminal in nature, SART will not interview nor will a statement be collected from the accused perpetrator, without first consulting the Regional Special Agent in Charge.

Policy requires agents and investigators to gather and preserve direct and circumstantial evidence; interview alleged victims, suspected perpetrators, and witnesses and review prior complaints and reports of sexual abuse involving the suspected perpetrator.

Credibility of the victim, suspect and witnesses is to be assessed on an individual basis and not determine by the person's status as an offender or staff member. An offender who alleges sexual

abuse will not be required to submit to a polygraph exam or other truth-telling device as a condition for proceeding with the investigation of such an allegation.

At the end of each SART investigation, the PREA Investigative Summary, must be submitted to the PREA unit for administrative review.

For investigations of allegations of sexual abuse, the Department and investigative agencies will follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceeding and criminal prosecution in accordance with SOP 103.06, Investigations of Allegations of Sexual Contact, Sexual Abuse and Sexual Harassment of Offenders.

Policy requires the investigations are prompt, thorough, and objective.

Administrative and criminal investigations must include an effort to determine whether staff actions or failure to act contributed to the abuse. This must be documented in written reports that include a description of the physical and testimonial evidence, the reasoning behind the credibility assessments, and investigative facts and findings.

Substantiated allegations of conduct deemed criminal shall be referred for prosecution. OPS is required to keep all written reports for as long as the alleged abuser is incarcerated or employed by the Department, plus five years.

Investigations will not be terminated because of the departure of an alleged abuser or victim from employment or control of the department.

The Decatur County Prison would have the GDC Office of Professional Standards investigate any allegations of sexual abuse involving a Georgia Department of Corrections Inmate and the investigation would be conducted by the Decatur County Sheriff's Office if the inmate involved was a county inmate. Staff indicated they maintain continuous communications with the Decatur County Sheriff's Office and would easily remain informed of the progress of an investigation. Facility staff would also lend their assistance to the sheriff's office as requested. The same would be true if the investigation was conducted by the GDC Office of Professional Standards Special Agent.

The Pre-Audit Questionnaire documented there was one (1) allegation of either sexual harassment and no allegations of sexual abuse during the past 12 months. The auditor reviewed the investigation. The investigation was well documented and indicated a thorough process.

**Discussion of Interviews:** An interview with a facility-based investigator confirmed he is knowledgeable of the investigative process. He described the specialized training he received including conducting the investigation, interviewing sexual abuse victims, Garrity and Miranda Warnings and evidence collection. He related the investigations would be initiated immediately and would consider interviews conducted with the alleged victim, alleged perpetrator, and any witnesses; any physical evidence; results of a forensic examination; review of camera footage; and any documents that might be associated with the investigation.

Investigations continue even if a staff terminates employment prior to the investigation being over and continues if the inmate moves to another facility or leaves this facility.

When the SART reviews the evidence, a decision is made based upon the preponderance of the evidence, which the Facility-Based Investigator described as 51%.

Interviews with facility staff, both those randomly selected and special category, confirmed they all knew the SART conducts sexual abuse investigations in this facility.

## Standard 115.72: Evidentiary standard for administrative investigations

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

### 115.72 (a)

- Is it true that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated?  Yes  No

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

**Policy and Documents Reviewed:** The Georgia Department of Corrections Policy 208.06, Prison Rape Elimination Act-PREA, Sexually Abusive Behavior Prevention and Intervention Program, Section G. 13; Decatur County Prison Local Operating Procedure, 11.53, Sexually Abusive Behavior Prevention and Intervention, G. 14.

**Interviews:** Warden, PREA Compliance Manager; Facility-Based Investigator; SART Members.

**Discussion of Policy and Documents Reviewed:** The Georgia Department of Corrections Policy 208.06, Prison Rape Elimination Act-PREA, Sexually Abusive Behavior Prevention and Intervention Program, Section G. 13 requires that there shall be no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated.

Decatur County Prison Local Operating Procedure, 11.53, Sexually Abusive Behavior Prevention and Intervention, G.14, requires that there shall be no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment as substantiated.

**Discussion of Interviews:** The SART Investigators related that the standard of investigation used to substantiate an allegation of sexual abuse is the preponderance of the evidence.

## Standard 115.73: Reporting to inmates

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

#### 115.73 (a)

- Following an investigation into an inmate's allegation that he or she suffered sexual abuse in an agency facility, does the agency inform the inmate as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded?  Yes  No

#### 115.73 (b)

- If the agency did not conduct the investigation into an inmate's allegation of sexual abuse in an agency facility, does the agency request the relevant information from the investigative agency in order to inform the inmate? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.)  Yes  No  NA

#### 115.73 (c)

- Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer posted within the inmate's unit?  Yes  No
- Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer employed at the facility?  Yes  No
- Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility?  Yes  No
- Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility?  Yes  No

#### 115.73 (d)

- Following an inmate's allegation that he or she has been sexually abused by another inmate, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility?  
 Yes  No

- Following an inmate's allegation that he or she has been sexually abused by another inmate, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility?  
 Yes  No

#### 115.73 (e)

- Does the agency document all such notifications or attempted notifications?  Yes  No

#### 115.73 (f)

- Auditor is not required to audit this provision.

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

**Policy and Documents Reviewed:** GDC Policy 208.06, Prison Rape Elimination Act – PREA, Sexually Abusive Behavior Prevention and Intervention Program, G.15; Reviewed (1) investigation package; Reviewed GDC Notification Form, Attachment 3, GDC 208.6; Decatur County Prison Local Operating Procedure 11.53, Sexually Abusive Behavior Prevention and Intervention; Paragraph 15; Pre-Audit Questionnaire.

**Interviews:** Warden, Superintendent; PREA Compliance Manager; Sexual Assault Response Team Leader; Facility-Based Investigator

**Discussion of Policy and Documents Review:** Following an investigation into an allegation of sexual abuse, within 30 days, the facility is required, by policy, (208.6) and Decatur County Prison Local Operating Procedure, 11.53, Sexually Abusive Behavior Prevention and Intervention (Paragraph 15), to notify the inmate of the results of the investigation as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded or unsubstantiated or substantiated -forwarded to OPS.

Policy requires the notification be completed by a member of the local SART unless the appointing authority delegates to another designee under certain circumstances. Notifications are required to be

documented. If an inmate is released from the Department's custody the Department's obligation to "notify" the inmate of the outcome of the investigation is terminated. Notifications are required to comply with the PREA Standards and DOC Policies.

If an outside entity conducts the investigation the agency/facility will request the relevant information from the agency conducting the investigation to inform the resident of the outcome of the investigation.

A member of the SART is required to notify the resident when a staff member is no longer posted within the resident's unit; the staff member is no longer employed at the facility; the agency learns that the staff member has been indicted on a charge related to sexual abuse within the facility or the agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility. The agency would also notify the resident when the agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility; or the agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility.

The notification form would document, for the resident, if the investigation was determined to be substantiated, unsubstantiated, unfounded or referred to OPS. If the allegation is determined to be substantiated, unsubstantiated, or unfounded, the resident is notified of any of the following if applicable:

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

There was only one allegation made during the past 12 months; an allegation of sexual harassment. The investigation was concluded, and the Chief of Security and the Facility-Based Investigator provided the PREA Disposition Offender Notification Form (SOP 208.06, Attachment 3, March 2, 2018) documenting the inmate was notified of the results of the investigation. The form documented the allegation was determined to be "unfounded." The "Action Taken" documented that the inmate's detail was changed ensuring he would not be around the staff alleged to have made a derogatory statement to the inmate. The inmate signed the Notification Form acknowledging he received the results.

**Discussion of Interviews:** Interviews with the Facility-Based Investigator and other members of the SART confirmed the SART would be responsible for notifying a resident of the outcome of an investigation. Notification is documented on the GDC Notification Form, Attachment 3, GDC 208.6. The Warden, in an interview, confirmed the notification process.

## DISCIPLINE

## Standard 115.76: Disciplinary sanctions for staff

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

#### 115.76 (a)

- Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies?  Yes  No

#### 115.76 (b)

- Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse?  Yes  No

#### 115.76 (c)

- Are disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories?  Yes  No

#### 115.76 (d)

- Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Law enforcement agencies (unless the activity was clearly not criminal)?  Yes  No
- Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies?  Yes  No

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

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

**Policy and Documents Reviewed:** Department of Corrections Policy, 208.6, Prison Rape Elimination Act, H. Discipline, 1. Disciplinary Sanction for Staff; GDC Sexual Assault/Sexual Misconduct Prison Rape Elimination Act (PREA); Decatur County Prison Local Operating Procedure, 11.53, Sexually Abusive Behavior Prevention and Intervention; Education Acknowledgment Statement for Employees and Unsupervised Contractors and Unsupervised Volunteers; Reviewed Pre-Audit Questionnaire; Reviewed 10% of Incident Reports and One (1) Investigation report.

**Interviews:** PREA Compliance Manager; Warden; Twelve (12) Randomly Selected Staff at the prison; Twenty (20) Specialized Staff

**Discussion of Policy and Document Review:** Department of Corrections Policy, 208.6, Prison Rape Elimination Act, H. Discipline, 1. Disciplinary Sanction for Staff and Decatur County Prison Local Operating Procedure, 11.53, Sexually Abusive Behavior Prevention and Intervention, requires that staff who engage in sexual abuse with an offender will be banned from correctional institutions or subject to disciplinary action, up to and including, termination, whichever is appropriate. Staff may also be referred for criminal prosecution when appropriate. The LOP states that termination will be the presumptive disciplinary sanction for staff members who have engaged in sexual touching.

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

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

Substantiated cases of nonconsensual sexual contact between offenders or sexual contact between a staff member and an offender will be referred for criminal prosecution. This was confirmed through interviews with the PREA Compliance Manager, Warden and Deputy Warden of Security.

Staff, as a part of their PREA training sign a GDC Sexual Assault/Sexual Misconduct Prison Rape Elimination Act (PREA) Education Acknowledgment Statement for Employees and Unsupervised Contractors and Unsupervised Volunteers contains a warning that any violation of the policy will result in disciplinary action, including termination, or that they will be banned from entering any correctional institution. Furthermore, it asserts that staff understand that in accordance with Georgia Law, O.C.G.A. 16-6-5.1, certain correctional staff members who engage in sexual contact with an offender commit sexual assault, a felony punishable by imprisonment of not less than one nor more than 25 years, a fine of \$100,000.00 or both. Staff acknowledge that an offender cannot consent to sexual activity. The auditor reviewed multiple PREA Acknowledgment Statements signed by employees and contractors.

There were no allegations of either sexual abuse or sexual harassment resulting in disciplinary action against staff during the past 12 months. One allegation of sexual harassment by a staff (allegations of inappropriate comments) was determined to be "unfounded".

**Discussion of Interviews:** Interviews with the Warden, PREA Compliance Manager and administrative



staff indicated that the agency has a zero-tolerance policy for sexual abuse and sexual harassment. If a staff was involved in an allegation of sexual abuse the staff would be placed on no-contact with that resident or placed on administrative leave. If the allegations were substantiated, the staff would be banned from all GDC facilities and the presumptive disciplinary action is termination.

## Standard 115.77: Corrective action for contractors and volunteers

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

#### 115.77 (a)

- Is any contractor or volunteer who engages in sexual abuse prohibited from contact with inmates?  Yes  No
- Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)?  Yes  No
- Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies?  Yes  No

#### 115.77 (b)

- In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with inmates?  Yes  No

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

**Policy and Documents Reviewed:** DOC Policy, 208.06, Prison Rape Elimination Act, Sexually Abusive Behavior Prevention and Intervention Program, Paragraph #2. Contractors and Volunteers; GDC Sexual Assault/Sexual Misconduct Prison Rape Elimination Act (PREA); Decatur County Prison Local Operating Procedure, 11.53, Sexually Abusive Behavior Prevention and Intervention; Acknowledgment Statement for Employees and Unsupervised Contractors and Unsupervised

Volunteers; Pre-Audit Questionnaire; Reviewed twenty-two (22) Incident Reports and Investigation Packages; Volunteer Packages containing PREA Acknowledgment Statements.

**Interviews:** PREA Compliance Manager; Warden; SART Leader; Facility-Based Investigator

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

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

Contractors and Volunteers, as a part of their PREA training sign a GDC Sexual Assault/Sexual Misconduct Prison Rape Elimination Act (PREA) Education Acknowledgment Statement for Employees and Unsupervised Contractors and Unsupervised Volunteers contains a warning that any violation of the policy will result in disciplinary action, including termination, or that they will be banned from entering any correctional institution. Furthermore, it asserts that staff understand that in accordance with Georgia Law, O.C.G.A. 16-6-5.1, certain correctional staff members who engage in sexual contact with an offender commit sexual assault, a felony punishable by imprisonment of not less than one nor more than 25 years, a fine of \$100,000.00 or both. Staff acknowledge that an offender cannot consent to sexual activity.

The Pre-Audit Questionnaire documented that there were no allegations of sexual abuse or sexual harassment against any contractor or volunteer during the past 12 months. This was confirmed as well through interviews with the Warden, PREA Compliance Manager, and SART Leader.

None of the reviewed investigation packages contained any allegations against a contractor or a volunteer.

**Discussion of Interviews:** Interviews with the PREA Compliance Manager; SART Leader and Warden indicated that they have not had any allegations made against a volunteer or a contractor in the past twelve (12) months. Interviewed staff related that any volunteer or contractor who was alleged to have violated an agency sexual abuse or sexual harassment would be prohibited from coming into the prison and would have no contact at all with any inmate. An investigation would be conducted and if the allegations were substantiated the volunteer or contractor would be referred for prosecution.

## **Standard 115.78: Disciplinary sanctions for inmates**

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

### **115.78 (a)**

- Following an administrative finding that an inmate engaged in inmate-on-inmate sexual abuse, or following a criminal finding of guilt for inmate-on-inmate sexual abuse, are inmates subject to disciplinary sanctions pursuant to a formal disciplinary process?  Yes  No

#### 115.78 (b)

- Are sanctions commensurate with the nature and circumstances of the abuse committed, the inmate's disciplinary history, and the sanctions imposed for comparable offenses by other inmates with similar histories?  Yes  No

#### 115.78 (c)

- When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether an inmate's mental disabilities or mental illness contributed to his or her behavior?  Yes  No

#### 115.78 (d)

- If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to require the offending inmate to participate in such interventions as a condition of access to programming and other benefits?  Yes  No

#### 115.78 (e)

- Does the agency discipline an inmate for sexual contact with staff only upon a finding that the staff member did not consent to such contact?  Yes  No

#### 115.78 (f)

- For the purpose of disciplinary action does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation?  Yes  No

#### 115.78 (g)

- Does the agency always refrain from considering non-coercive sexual activity between inmates to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between inmates.)  
 Yes  No  NA

#### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

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

### Instructions for Overall Compliance Determination Narrative

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

**Policy and Documents Reviewed:** GDC Policy, 208.6, Sexually Abusive Behavior Prevention and Intervention Program, H. Discipline, Paragraph 3. Disciplinary Sanctions for Offenders, Decatur County Local Operating Procedure, 11.53, Sexually Abusive Behavior Prevention and Intervention; GDC Standard Operating Procedure, VG34-0001, MH/MR Discipline Procedures; Pre-Audit Questionnaire; Reviewed Incident Reports; Reviewed Investigation Reports.

**Interviews:** Warden; PREA Compliance Manager; SART Leader; SART Members; Staff Supervising Segregation

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

Policy requires that the disciplinary process consider whether an offender's mental disabilities or mental illness contributed to behavior when determining what type of sanction, if any, will be imposed. SOP VG34-001, establishes procedures for various levels of challenge when charged with a disciplinary violation to ensure the inmate understands the process and that his challenges are taken into consideration in the process.

And if the facility offers therapy, counseling or other interventions to address and correct underlying reasons or motivations for the abuse, the facility is required to consider whether to offer the offending offender to participate in such interactions as a condition of access to programming or other benefits.

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

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

There were no allegations against another inmate during the past twelve (12) months. This was confirmed through the reviewed Pre-Audit Questionnaire, reviewed incident reports, reviewed grievances, and interviews with staff and inmates.

**Discussion of Interviews:** Interviews confirmed that if an inmate had been involved in a violation of any agency sexual abuse policy, the inmate could be subjected to possible criminal prosecution and depending on the charge or violation, the inmate will be disciplined according to the inmate disciplinary code. This was confirmed through an interview, as well, with the facility due process officer.

## MEDICAL AND MENTAL CARE

### Standard 115.81: Medical and mental health screenings; history of sexual abuse

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

##### 115.81 (a)

- If the screening pursuant to § 115.41 indicates that a prison inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening?  Yes  No

##### 115.81 (b)

- If the screening pursuant to § 115.41 indicates that a prison inmate has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison.)  Yes  No  NA

##### 115.81 (c)

- If the screening pursuant to § 115.41 indicates that a jail inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening?  Yes  No

##### 115.81 (d)

- Is any information related to sexual victimization or abusiveness that occurred in an institutional setting strictly limited to medical and mental health practitioners and other staff as necessary to inform treatment plans and security management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law?  Yes  No

##### 115.81 (e)

- Do medical and mental health practitioners obtain informed consent from inmates before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the inmate is under the age of 18?  Yes  No

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

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

**Interviews:** Licensed Practical Nurse, Staff Conducting Victim/Aggressor Assessments; Warden; PREA Compliance Manager

**Discussion of Reviewed Policy and Documents:** GDC Medical Policies are specific and voluminous regarding health care. Health Care services are provided through a contract. The GDC Policy, 208.06, Sexually Abusive Behavior Prevention and Intervention Program I, Medical and Mental Health Care requires that the GDC provide prompt and appropriate medical and mental health services in compliance with 28 CFR 115 and in accordance with the GDC Standard Operating Procedures. The auditor reviewed referrals to mental health for inmates alleging sexual abuse or sexual harassment, including prior victimization. The referral process is expedited by the fact the mental health staff conduct the victim/aggressor assessments during the intake process. Prior to the provision of services, based on referrals, documentation, including Informed Consent/Confidentiality Forms, are explained and signed by inmates.

If the screening process indicates an offender has previously perpetrated sexual abuse whether it occurred in an institutional setting or in the community, staff ensure that the offender is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening. Reviewed investigation files consistently had documented referrals to mental health at Central State Prison.

Care is taken to protect reported information. Information reported by offenders related to prior victimization or abusiveness that occurred in an institutional setting is limited to medical and mental health practitioners and other staff, as necessary, to inform treatment plans and security and

management decisions, including housing, bed, work, education and program assignments or as otherwise required by Federal, State or local law.

Interviews with medical staff indicated that they obtain and document informed consent from offenders before reporting information about prior sexual victimization that did not occur in an institutional setting.

There have been no disclosures during the intake vulnerability assessment. The auditor reviewed 40 assessments and 40 reassessments and none of them documented a report of prior victimization. If there was an inmate disclosing, he would, according to staff, be referred to a State Prison Mental Health Staff. That referral may result in a telepsyche follow-up or may result in the inmate being taken to the prison for follow-up.

**Discussion of Interviews:** Interviews with medical staff indicated inmates are screened for prior victimization. Policy requires, and staff, stated in interviews, if the screening indicates that an offender has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, staff ensure the offender is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening.

## Standard 115.82: Access to emergency medical and mental health services

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

#### 115.82 (a)

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

#### 115.82 (b)

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

#### 115.82 (c)

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

#### 115.82 (d)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

**Policy and Documents Reviewed:** GDC Policy, 208.6, Prison Rape Elimination Act, Sexually Abusive Behavior Prevention and Intervention Program; PREA Medical Logs; Coordinated Response Plan; Lists of SANEs; 22 Reviewed Investigation Packages; Reviewed 12 months of Medical PREA Logs

**Interviews:** Health Services Administrator, Interviews with Seventeen (17) Randomly Selected Staff; Security and Non-Security First Responders; Twenty (20) Specialized Staff, and interviews with Inmates who reported prior sexual abuse;

#### **Discussion of Reviewed Policies and Documents:**

GDC Policy, 208.6, Prison Rape Elimination Act, Sexually Abusive Behavior Prevention and Intervention Program requires the facility to provide prompt and appropriate medical and mental health services in compliance with this standard. It requires the SART to arrange for immediate medical examination of the alleged victim, followed by a mental health evaluation within 24 hours.

One of the SART Members is the Licensed Practical Nurse. Medical Staff are required to contact the appropriate Sexual Assault Nurse Examiner, who will respond as soon as possible, but within 72 hours of the time the alleged assault occurred to collect forensic evidence.

The facility provided the Lily Pad's procedures for SANE Nurse Evaluation/Forensic Collection. This document provides detailed procedures beginning with the initial report of sexual abuse or assault. Medical staff are charged with conducting an initial assessment of the offender to determine if there is evidence of physical trauma requiring immediate medical intervention in accordance with good clinical judgment. Medical staff immediately initiate all necessary urgent/emergent treatment for bleeding, wounds and other traumas. They then complete the Nursing Protocol Assessment form for alleged



sexual assault. Facility clinicians document physical examinations in the progress notes. When medically indicated, medical staff are required to arrange transfer the offender (if no SANE's is available on site) to the designated emergency facility for continued treatment and collection of forensic evidence.

The facility has not had any allegations of sexual abuse in the past twelve (12) months.

Emergency crisis intervention from mental health is available at a Georgia Department of Corrections State Prison.

#### **Discussion of Interviews:**

Interviews with staff confirmed that, as first responders, they would separate the victim from the perpetrator and get the victim to medical for treatment and an examination. Non-uniformed staff also could explain their roles as first responders. The facility's Licensed Practical Nurse described his role if an inmate was sexually assaulted and he was on duty. This included the Licensed Practical Nurse, the only medical staff employed by the facility.

### **Standard 115.83: Ongoing medical and mental health care for sexual abuse victims and abusers**

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

##### **115.83 (a)**

- Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all inmates who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility?  Yes  No

##### **115.83 (b)**

- Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody?  Yes  No

##### **115.83 (c)**

- Does the facility provide such victims with medical and mental health services consistent with the community level of care?  Yes  No

##### **115.83 (d)**

- Are inmate victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if all-male facility.)  Yes  No  NA

##### **115.83 (e)**

- If pregnancy results from the conduct described in paragraph § 115.83(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if all-male facility.)  Yes  No  NA

#### 115.83 (f)

- Are inmate victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?  Yes  No

#### 115.83 (g)

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

#### 115.83 (h)

- If the facility is a prison, does it attempt to conduct a mental health evaluation of all known inmate-on-inmate abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners? (NA if the facility is a jail.)  Yes  No  NA

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

**Policies and Documents Reviewed:** Procedure for Sane Nurse Evaluation/Forensic Collection; facility specific coordinated response plan (Local Procedure Directive); Pre-Audit Questionnaire; One (1) Reviewed investigation package.

**Interviews:** Licensed Practical Nurse, PREA Compliance Manager; Warden;

**Policy and Document Review:** The Decatur County Prison medical staff articulated his role in responding to a victim of sexual abuse. After assessing the inmate for serious injuries, the inmate will

be transported to the Lily Pad for a forensic exam. The nurse at the prison also stated his role in protecting what evidence he can protect. The prison has an agreement with the Lily Pad SANE Center in Albany, Georgia. The SANE Center will provide for a forensic examination conducted by a SANE.

The reviewed documentation provided by the Lily Pad confirmed that offender victims of sexual abuse are offered STI prophylaxis. Follow-up is provided, as needed and ordered, by the prison.

GDC Policy requires that the facility attempt to conduct a mental health evaluation of all known resident on resident abusers within 60 days of becoming aware of such history and offer treatment as appropriate.

GDC Policy requires that victims of sexual abuse are provided health care services, including the forensic exam at no cost to the victim. This is confirmed through review of the GDC PREA Policy as well as interviews with medical staff.

**Discussion of Interviews:** Interviewed medical staff explained medical's role in responding to an allegation of sexual abuse as well as their role following a forensic examination.

## DATA COLLECTION AND REVIEW

### Standard 115.86: Sexual abuse incident reviews

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

#### 115.86 (a)

- Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded?  Yes  No

#### 115.86 (b)

- Does such review ordinarily occur within 30 days of the conclusion of the investigation?  Yes  No

#### 115.86 (c)

- Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?  Yes  No

#### 115.86 (d)

- Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse?  Yes  No

- Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility?  Yes  No
- Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse?  Yes  No
- Does the review team: Assess the adequacy of staffing levels in that area during different shifts?  Yes  No
- Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff?  Yes  No
- Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.86(d)(1) - (d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager?  Yes  No

### 115.86 (e)

- Does the facility implement the recommendations for improvement, or document its reasons for not doing so?  Yes  No

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

**Policy and Document Review:** GDC Policy 208.06, Prison Rape Elimination Act-PREA, Sexually Abusive Behavior Prevention and Intervention Program J. Data Collection and Review, 1. Monthly Sexual Abuse and Sexual Assault Program Review; GDC Incident Review Forms (22); Investigation Packages (22); Pre-Audit Questionnaire

**Interviews:** Warden, Deputy Warden, PREA Compliance Manger; SART Leader, Facility-Based Investigator; Health Services Administrator

**Discussion of Policies and Documents:** The Decatur County Prison conducts sexual abuse incident reviews at the conclusion of an investigation into an allegation of sexual abuse, unless the allegation was determined to have been “unfounded”.

This review, conducted by a team, including upper level management with input from the facility-based investigator and medical, and consisting of the following, reviews allegations of sexual abuse within 30 days of the conclusion of the investigation: Chief of Security, PREA Compliance Manager, Chief Counselor, Medical Staff, with reviews conducted by the Warden.

The facility uses the Georgia Department of Corrections Sexual Abuse Incident Review Checklist. That checklist considers each of the items required by GDC Policy, Decatur County Prison Local Operating Procedures, and the PREA Standards. There were no allegations of sexual abuse during the previous 12 months and one allegation of sexual harassment. The facility still conducted a sexual abuse incident review of the “unfounded” sexual harassment allegations investigation. That form documented all the required items and the findings were reviewed within three (3) days of the conclusion of the incident review.

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

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

Team members consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect or respond to sexual abuse; whether the allegation was motivated by the perpetrator’s or victim’s race, ethnicity, gender identity, gay, lesbian, bisexual, transgender or intersex identification, status or perceived status, or gang affiliation, or was motivated by other group dynamics at the facility; to examine the area where the incident allegedly occurred to assess whether physical barriers in the area enabled the abuse; to assess the adequacy of staffing levels in the area during different shifts; assess whether monitoring technology should be deployed or augmented to supplement supervision by staff and prepare a report of findings, including, but not limited to , determinations regarding all of the above and any recommendations for improvements, and submit the report to the Warden or PREA Compliance Manager. This information is documented on the Sexual Abuse Incident Review Checklist. Lastly, the Warden documents the review and comments as well as documenting the date the review was sent to the PREA Compliance Manager.

The reviews are conducted at the end of the investigation, as required. Interviews with team members confirmed the reviews are conducted within 30 days of the conclusion of the investigation and that the team would consider, what motivated the incident (identification, status, gang related etc.), where it happened, blind spots, the presence of cameras, staffing and other items included on the Incident Review Checklist (Sexual Abuse Incident Review Checklist).

There were no allegations of sexual abuse in the 12 months prior to the PREA Audit. There was one allegation of sexual harassment. The facility conducted an incident review of this investigation although the results were determined to be “unfounded.”

**Discussion of Interviews:** Interviews with the Warden, PREA Compliance Manager, Medical Staff and other members of the Sexual Assault Response Team, confirmed the facility does have a process for conducting incident reviews following an investigation. Interviewed staff on the incident review team identified and described a procedure that is consistent with the standards. Staff seem to understand the importance of conducting these reviews. Staff indicated, in the reviewed cases, that staffing levels were sufficient and that there were no changes in policies needed.

## Standard 115.87: Data collection

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

#### 115.87 (a)

- Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions?  Yes  No

#### 115.87 (b)

- Does the agency aggregate the incident-based sexual abuse data at least annually?  Yes  No

#### 115.87 (c)

- Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice?  Yes  No

#### 115.87 (d)

- Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews?  Yes  No

#### 115.87 (e)

- Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its inmates? (N/A if agency does not contract for the confinement of its inmates.)  Yes  No  NA

#### 115.87 (f)

- Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.)  Yes  No  NA

## Auditor Overall Compliance Determination

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

## Instructions for Overall Compliance Determination Narrative

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

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

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

**Discussion of Policies and Documents:** The Decatur County Prison is a stand-alone prison operated by Decatur County (Georgia) and there are no other prisons operated by the county. The county contracts with the Georgia Department of Corrections to confine lower level and lower risk inmates who are capable of working and have met the criteria for acceptance into such a program. The prison does collect accurate, uniform data for every allegation of sexual abuse at the prison. The facility uses a standard set of definitions consistent with the PREA Standards and for reporting on the SSV Report as required.

The Decatur County Prison maintains, reviews, and collects data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews. The auditor reviewed 10% of all grievances and incident reports filed during the past 12 months.

The prison collects data on allegations of sexual abuse and sexual harassment and reports these to the contracting agency (Georgia Department of Corrections) monthly. This report goes to the GDC PREA Unit, PREA Analyst. In addition to the monthly PREA statistical report submitted by each facility; the facility also submits to GDC, a Monthly Operational Report, providing statistics on a multitude of topics, including PREA incidents. The monthly PREA Report documents all allegations/incidents of sexual abuse or sexual harassment.

The incident-based data includes the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice.

The prison aggregates the data at least annually and reports it.

The Georgia Department of Corrections collects accurate and uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions and aggregates the incident-based sexual abuse data at least annually. The incident-based data collected is based on the most recent version of the Survey of Sexual Violence conducted by the US Department of Justice. The department maintains, reviews and collects data as needed from all available incident-based documents, including reports, investigation files and sexual abuse incident reviews. Information is also secured from every facility, including private facilities with whom, DOC contracts for the confinement of residents. Upon request, DOC provides data from the previous calendar year to the US Department of Justice no later than June 30<sup>th</sup>.

GDC Policy 208.06, Prison Rape Elimination Act, Sexually Abusive Behavior Prevention and Intervention Program, J.3, requires each facility to submit to the Department's PREA Analyst, each month, a report, using the electronic spreadsheet provided from the PREA Coordinator's office. The form is submitted by email the fifth calendar day of the month following the reporting month. It requires that allegations occurring within the month will be included on this report along with the appropriate disposition. The monthly report is to be completed in accordance with the Facility PREA Log User Guide.

The auditor reviewed the most recent Decatur County Prison Annual Report. The Agency issues annual PREA reports and makes them available in the Decatur County Commissioner's Office. Because the facility rarely has an allegation the report documented there have been no allegations of sexual abuse in the past 12 months. There was a brief discussion of the increased inmate supervision by staff and the use of cameras however, once again, there were no allegations of sexual abuse and only one allegation of sexual harassment in the past 12 months.

## Standard 115.88: Data review for corrective action

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

#### 115.88 (a)

- Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas?  Yes  No
- Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis?  Yes  No
- Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole?  Yes  No



### 115.88 (b)

- Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse  Yes  No

### 115.88 (c)

- Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means?  Yes  No

### 115.88 (d)

- Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility?  Yes  No

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

**Policy and Documents Reviewed:** Decatur County Prison Local Operating Procedures, 11.53, Sexually Abusive Behavior Prevention and Intervention, Reviewed One (1) Investigation Package; Incident Review (1); Decatur County Prison 2017 Annual Report;

**Interviews:** Warden, PREA Compliance Manager; Members of Incident Review Team; Previous interview with the Agency's Statewide PREA Coordinator.

**Policy and Document Review:** The Decatur County Prison rarely has an allegation of sexual abuse and in fact, the Warden provided documentation indicating the facility's last allegation of sexual abuse was in 2016. Insofar as possible the facility does review data that has been collected and aggregated to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training and takes corrective action on an ongoing basis. Incident Reviews, in compliance with Decatur County Prison Local Operating Procedures, are conducted and staff are

charged with analyzing the incident and determining what, if anything, could have been done differently, including any changes in the policies and procedures

The Georgia Department of Corrections requires each facility to conduct incident reviews after each sexual abuse allegation investigation if the allegations are founded or unsubstantiated. The purpose of this is to determine what the motivation for the incident was and to assess whether there is a need for corrective actions including additional staff training, staffing changes or requests for additional video monitoring technology or other actions to help prevent similar incidents in the future. The auditor reviewed the only investigation conducted during the past 12 months. There were no allegations of sexual abuse and one investigation of an allegation of sexual harassment that was determined to be “unfounded”. The investigation package contained a Sexual Abuse Incident Review, although not required. The review was conducted well within the required time frames.

## Standard 115.89: Data storage, publication, and destruction

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

#### 115.89 (a)

- Does the agency ensure that data collected pursuant to § 115.87 are securely retained?  
 Yes  No

#### 115.89 (b)

- Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means?  Yes  No

#### 115.89 (c)

- Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?  Yes  No

#### 115.89 (d)

- Does the agency maintain sexual abuse data collected pursuant to § 115.87 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise?  Yes  No

### Auditor Overall Compliance Determination

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

## Instructions for Overall Compliance Determination Narrative

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

**Policy and Documents Reviewed:** GDC Policy 208.06, Prison Rape Elimination Act -PREA, Sexually Abusive Behavior Prevention and Intervention Program, VI. Record Retention of Forms Relevant to this Policy; Pre-Audit Questionnaire.

**Interviews:** Previous Interview with Agency's Statewide PREA Coordinator; PREA Compliance Manager; Warden.

**Policy and Document Review:** Georgia Department of Corrections makes all aggregated sexual abuse data from all facilities under its direct control and private facilities with whom it contracts, readily available to the public through the Georgia GDC Website. GDC Policy requires all reports are securely retained and maintained for at least 10 years after the date of the initial collection unless the Federal, State or local laws require otherwise.

GDC Policy 208.06, Prison Rape Elimination Act -PREA, Sexually Abusive Behavior Prevention and Intervention Program, VI. Record Retention of Forms Relevant to this Policy, requires that the retention of PREA related documents and investigations will be securely retained and made in accordance with this policy and policy in VI.1, Sexual abuse data, files and related documentation requires they are retained at least 10 years from the date of the initial report.

Criminal investigation data, files and related documentation is required to be retained for as long as the alleged abuser is incarcerated or employed by the agency, plus five years or 10 years from the date of the initial report, whichever is greater. Administrative investigation data files and related documentation is to be retained for as long as the alleged abuser is incarcerated or employed by the agency, plus five years; or 10 years from the date of the initial report, whichever is greater.

The annual report is maintained at Decatur County Prison and the website:  
<http://www.decatourcountyga.gov/decatour-county-prison-dcci/>.

## AUDITING AND CORRECTIVE ACTION

### Standard 115.401: Frequency and scope of audits

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

#### 115.401 (a)

- During the three-year period starting on August 20, 2013, and during each three-year period thereafter, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (N/A before August 20, 2016.)  
 Yes  No  NA

#### 115.401 (b)

- During each one-year period starting on August 20, 2013, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited?  Yes  No

#### 115.401 (h)

- Did the auditor have access to, and the ability to observe, all areas of the audited facility?  
 Yes  No

#### 115.401 (i)

- Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)?  Yes  No

#### 115.401 (m)

- Was the auditor permitted to conduct private interviews with inmates, residents, and detainees?  
 Yes  No

#### 115.401 (n)

- Were inmates permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel?  Yes  No

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

The Decatur County Prison houses inmates under a contract with the Georgia Department of Corrections and does not contract with any other entity for the confinement of inmates. Therefore, there are no other facilities to be audited in Decatur County Georgia. The prison was audited by a Certified Auditor May 6, 2016 by the PREA Auditors of America. There have been no other PREA Audits of this facility until July 2018, which was less than the three-year period.

**Policy and Document Review:** GDC Policy, 208.06, Prison Rape Elimination Act-PREA, Sexually Abusive Behavior Prevention and Intervention Program, K. Audits; Notices of PREA Audit;

GDC Policy, 208.06, Prison Rape Elimination Act-PREA, Sexually Abusive Behavior Prevention and Intervention Program, K. Audits, asserts that the Department will conduct audits pursuant to 28 C.F.R/ 114.401-405. Each facility operated by the Department will be audited every three years or on a schedule determined by the PREA Coordinator.

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

The auditor was provided complete and unfettered access to all areas of the prison at any time the auditor requested it. Staff, in this facility were accessible, professional and accommodating and offered assistance continuously. They appeared eager to show their processes and explain them as well. The Warden was equally accessible always during the audit and affirmed his commitment to the sexual safety of inmates and to the audit process. Staff appeared forthcoming and credible and provided the auditor with anything requested. An office was provided for the auditor to conduct interviews with complete privacy. Private space was also provided for the assisting auditor for interviewing inmates. When additional documentation was requested, it was provided expeditiously.

The auditor received information on the flash drive prior to the on-site audit. The flash drive was detailed and contained a wide range of relevant documentation. This included policies, procedures and samples of documentation to indicate compliance.

Prior to, during and after the on-site audit, the auditor requested additional information and was also provided the information expeditiously.

The PREA Notice was observed posted in virtually every area of the facility and throughout the Transition Center. The notice contained contact information for the auditor. The auditor received one letter from an inmate requesting to see the auditor. The inmate was interviewed, and the auditor was thanked for taking the time to see the inmate. While the audit was on-going another inmate called the PREA Hotline and requested to see the PREA Auditor. The auditor added the inmate to the interview list and the prison staff went to the inmate's detail miles away from the prison and returned him, so he could be interviewed. His issue was regarding programing he needed to secure good time credit and had nothing to do with any PREA issues or allegations.

Interviews were conducted in complete privacy and every resident chosen for interviews participated in the interviews. The audit was free to move about the facility at will, providing the opportunity for any resident to communicate with the auditor, if they needed to.

## Standard 115.403: Audit contents and findings

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

#### 115.403 (f)

- The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports within 90 days of issuance by auditor. The review period is for prior audits completed during the past three years PRECEDING THIS AGENCY AUDIT. In the case of single facility agencies, the auditor shall ensure that the facility's last audit report was published. The pendency of any agency appeals pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or in the case of single facility agencies that there has never been a Final Audit Report issued.)  Yes  No  NA

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

The Decatur County Prison PREA Compliance Manager and GDC PREA Coordinator ensures that all PREA Reports are published on the agency's website within 90 days of the completion of the report.

## AUDITOR CERTIFICATION

I certify that:

- The contents of this report are accurate to the best of my knowledge.
- No conflict of interest exists with respect to my ability to conduct an audit of the agency under review, and
- I have not included in the final report any personally identifiable information (PII) about any inmate or staff member, except where the names of administrative personnel are specifically requested in the report template.

### Auditor Instructions:

Type your full name in the text box below for Auditor Signature. This will function as your official electronic signature. Auditors must deliver their final report to the PREA Resource Center as a searchable PDF format to ensure accessibility to people with disabilities. Save this report document into a PDF format prior to submission.<sup>1</sup> Auditors are not permitted to submit audit reports that have been scanned.<sup>2</sup> See the PREA Auditor Handbook for a full discussion of audit report formatting requirements.

Robert Lanier  
**Auditor Signature**

July 28, 2018  
**Date**

---

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

<sup>2</sup> See *PREA Auditor Handbook*, Version 1.0, August 2017; Pages 68-69.