

PREA AUDIT REPORT Interim Final
ADULT PRISONS & JAILS

Date of report: May 6, 2016

Auditor Information			
Auditor name: Jeff Kovar			
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Email: jeff@preaauditing.com			
Telephone number: 832-833-9126			
Date of facility visit: April 21-22, 2016			
Facility Information			
Facility name: Decatur County Prison			
Facility physical address: 1153 Airport Road Bainbridge, GA 39817			
Facility mailing address: <i>(if different from above)</i> N/A			
Facility telephone number: 229-248-3035 / 229-248-3036 / 229-248-3038			
The facility is:	<input type="checkbox"/> Federal	<input type="checkbox"/> State	<input checked="" type="checkbox"/> County
	<input type="checkbox"/> Military	<input type="checkbox"/> Municipal	<input type="checkbox"/> Private for profit
	<input type="checkbox"/> Private not for profit		
Facility type:	<input checked="" type="checkbox"/> Prison	<input type="checkbox"/> Jail	
Name of facility's Chief Executive Officer: Gordon Screen			
Number of staff assigned to the facility in the last 12 months: 42			
Designed facility capacity: 382			
Current population of facility: 150			
Facility security levels/inmate custody levels: Minimum/Medium			
Age range of the population: 20-62			
Name of PREA Compliance Manager: Lillie Wilson		Title: Sergeant	
Email address: Lillie.wilson@gdc.ga.gov		Telephone number: 229-726-4138	
Agency Information			
Name of agency: Decatur County Prison			
Governing authority or parent agency: <i>(if applicable)</i> N/A			
Physical address: 1153 Airport Road Bainbridge, GA 39817			
Mailing address: <i>(if different from above)</i> N/A			
Telephone number: 229-248-3035 / 229-248-3036 / 229-248-3038			
Agency Chief Executive Officer			
Name: Gordon Screen		Title: Warden	
Email address: screen.gordon@gdc.ga.gov		Telephone number: 229-400-8064	
Agency-Wide PREA Coordinator			
Name: Lillie Wilson		Title: Sergeant	
Email address: Lillie.wilson@gdc.ga.gov		Telephone number: 229-726-4138	

AUDIT FINDINGS

NARRATIVE

A Prison Rape Elimination Act Audit of Decatur County Prison was conducted from April 21-22, 2016. The purpose of the audit was to determine compliance with the Prison Rape Elimination Act standards which became effective August 20, 2012.

The auditor wishes to extend its appreciation to Warden Gordon Screen and his staff for the professionalism they demonstrated throughout the audit and their willingness to comply with all requests and recommendations made by the auditor.

The auditor would also like to recognize PREA Coordinator Lillie Wilson for her hard work and dedication to ensure the facility is compliant with all PREA standards.

The auditor provided the facility with a Notification of Audit on February 14, 2016. The notification contained information on the upcoming audit and stated that any inmate with relevant information related to the facility's compliance with the U.S. Department of Justice PREA standards should mail a letter to the auditor at least 10 days prior to the onsite audit date (April 21, 2016). The auditor instructed the facility to post this notification in all housing units and throughout the facility at least six weeks prior to the onsite audit. During this time period, the auditor did not receive any correspondence from the inmates at the facility. During the facility tour, the auditor observed the notification posted in all housing areas and throughout the facility. The notification listed the date it was posted which was February 15, 2016.

Approximately three months prior to the onsite audit, the auditor provided the PREA Coordinator with access to the auditor's dataroom, which is used to upload and store documentation related to the audit. The PREA Coordinator uploaded the agency's policies, as well as other relevant documents, into standard specific folders. Approximately two weeks prior to the onsite audit, the auditor was advised that all information had been uploaded and was provided with a completed copy of the facility's pre-audit questionnaire. The auditor reviewed the questionnaire, and provided the facility with four pages of follow up questions based off of notes from his review. This review was provided to the facility the day prior to the onsite audit.

An entrance meeting was held with the following persons: Warden Gordon Screen Jr. and Sergeant Lillie Wilson.

After the entrance meeting, the auditor was given a tour of all areas of the facility, including: all housing units, visitation, detail call out, laundry, control room, kitchen, inmate dining, shower area, segregation and isolation, medical, recreation, and GED classroom.

A total of 21 staff interviews were conducted with at least one staff member interviewed from each interview category, with the exception of the interviews related to the PREA Compliance Manager, Agency Contract Administrator, non-medical staff involved in cross-gender searches, and staff who supervise youthful inmates (these interview types did not apply to this facility). Staff interviews were conducted on staff from both day and night shift (staff work 12 hour shifts).

A total of 14 inmate interviews were conducted with at least one inmate interviewed from each interview category, with the exception of inmates placed in segregated housing for risk of sexual victimization, youthful inmates, transgender/intersex/homosexual/bisexual inmates, inmates who reported sexual abuse, and inmates who disclosed victimization during screening (these interview types did not apply to this facility).

All interviews were conducted one at a time in a private and confidential manner.

Telephone interviews were conducted with the SAFE/SANE.

The count on the first day of the audit was 141. The count on the final date of the audit was 142.

Throughout the pre-audit and onsite audit, open and positive communication was established between the auditor and facility staff. During this time, the auditor discussed his concerns with Warden Screen and PREA Coordinator Lillie Wilson. All concerns were addressed to the satisfaction of the auditor prior to the completion of the Final Report.

When the audit was completed, the auditor conducted an exit briefing on April 22, 2016. The auditor gave an overview of the audit and thanked the staff for their hard work and commitment to the Prison Rape Elimination Act.

After the onsite audit, the auditor utilized the Auditor Compliance Tool for Adult Prisons and Jails as a guide in determining compliance with each standard, and created a Final Report documenting the facility's compliance. In order to determine compliance, the auditor used the information and documentation provided during the pre-audit, information obtained through inmate and staff interviews, as well as visual observations during the facility tour.

DESCRIPTION OF FACILITY CHARACTERISTICS

Decatur County Prison was constructed in 1954 and most recently renovated in 2000. It is located in Bainbridge, GA.

The designed facility capacity is 382 inmates and the current population is 141 inmates. There are five open dormitories. Three of these dormitories house state inmates and two dormitories house county inmates. In addition, the facility has ten Isolation/Segregation Cells. Each housing unit has its own restroom area. The restroom area has a privacy wall that enables privacy.

The facility has one shower room used to shower all inmates. The shower room contains approximately 20 shower areas. Each shower area has approximately 8 shower spouts. The auditor was advised by staff that approximately 30 inmates are showered at a time in the shower room.

The facility is a minimum/medium custody facility for adult male offenders. The average length of stay for all offenders is approximately two years.

The following programs are available for inmates:

Academic- General Education Diploma
Counseling- Motivation for Change
Religious Activities- Various Worship Services
Vocational/OJT- Customer Service

There are several administrative offices within the secure perimeter fence. Only trustees that are directly supervised are permitted in this area.

There is a separate building for the GED class; however, religious services are conducted in the visitation area. Inmates are searched in the detail call out room, which is adjacent to the visitation room.

In addition to these programs, more than half of the inmates housed are used in outside work detail programs. These inmates are used in landscaping crews, trash cleanups, and special projects around the county.

Decatur County is compensated \$20 per day for each state offender housed.

Typically, there is a staff member assigned to one housing unit. The staff member does not stay inside the housing unit; however, they make regular checks in their assigned area approximately once every 30 minutes. The officers assist the officer next to their housing unit, and the two officers work as a team, going between the two housing units.

Cameras are located throughout the facility and in each housing unit. The cameras are monitored in the control room and in the Warden's Office. None of the cameras available to the control room have views of the shower or restroom areas. The Warden has the same views as the control room and also has two additional views of the detail call out room. This area is utilized for searching inmates going in and out of work detail and/or visitation.

SUMMARY OF AUDIT FINDINGS

After reviewing all information provided during the pre-audit and onsite audit, staff and inmate interviews, as well as visual observations made by the auditor during the facility tour, the auditor has determined the following:

Number of standards exceeded: 2

Number of standards met: 39

Number of standards not met: 0

Number of standards not applicable: 2

Standard 115.11 Zero tolerance of sexual abuse and sexual harassment; PREA Coordinator

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Decatur County Prison PREA Policy states the Decatur County Prison has a zero tolerance policy towards all forms of sexual abuse, sexual harassment, and sexual activity among offenders. The purpose of this policy directive is to further strengthen the Facility's efforts to prevent all forms of sexual abuse, sexual harassment, and sexual activity among offenders by implementing key provisions of the U.S. Department of Justice's standards for the prevention, detection, and response to sexual abuse in confinement facilities, in accordance with the Prison Rape Elimination Act of 2003 (PREA).

The above policy outlines the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment allegations.

Definitions of prohibited behaviors are listed in this policy.

Decatur County Prison PREA Policy states offenders who engage in consensual sexual contact with another offender, attempt to engage in or solicit such contact, or help another engage in such contact with an offender will be disciplined in a progressive manner with each occurrence. An offender who engages in sexual contact with another offender without the offenders consent will be disciplined progressively and referred for criminal prosecution.

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

During the onsite audit, the auditor discovered information about the agency's zero tolerance policy posted on the front entrance gate. The officer working the front gate signed the auditor in and immediately presented the auditor with a PREA brochure which contains information on the agency's zero tolerance policy. This officer also verbally advised the auditor of the agency zero tolerance policy and what to do if an inmate were to report sexual abuse. The auditor was provided with a form to sign acknowledging he understood the information he received. The auditor was advised that all contractors, volunteers, and visitors receive this information prior to entering the facility.

During the onsite tour, the auditor noticed zero tolerance posters and third party reporting posters, posted throughout the facility. Many staff acknowledged receiving PREA educational cards that contained first responder duties. Many of these staff even displayed their cards during their interview. Staff were well aware of their duties and responsibilities under PREA. The auditor was advised of two potential blind spots that were recently discovered by the administrative staff. After discovering these areas, the facility was proactive and installed cameras in these areas to eliminate the blind spots.

Effective September 1, 2015, the agency has designated Sergeant Lillie Wilson to serve as the agency's PREA Coordinator/PREA Compliance Manager. The agency acknowledged the PREA Coordinator has sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards. The agency's organizational chart indicates Sergeant Wilson reports directly to Deputy Warden A. Johnson.

During the interview with the PREA Coordinator, it was discovered she was designated as the facility's PREA Coordinator in September 2015. She advised that she spends almost all of her time ensuring the facility is compliant with all PREA standards. The PREA Coordinator manages the facility's PREA compliance, PREA risk screenings, and PREA inmate education. The auditor was advised the facility does not have a designated PREA Compliance Manager.

Standard 115.12 Contracting with other entities for the confinement of inmates

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The agency entered into an agreement on June 11, 2015 to house inmates for the Georgia Department of Corrections. A review of the Intergovernmental Agreement indicates the agency is required to adopt and comply with PREA standards.

Specifically, the agreement states the “County agrees that it is aware of and will comply with 28 C.F.R. 115, entitled Prison Rape Elimination Act (“PREA”). County further agrees to cooperate with Department in any audit, inspection, or investigation by Department or other entity relating to County’s compliance with PREA. Department has the right to inspect any documents or records relating to such audit, inspection, or investigation and County will provide such documents or records at Department’s request. County acknowledges that failure to comply with PREA is a material breach of this Agreement and is cause for termination of this Agreement.”

The above mentioned agreement has been the only agreement entered into or renewed for the confinement of inmates since August 20, 2012.

The facility does not house any of their inmates at outside facilities; therefore, there is not a designated staff member who is the Agency Contract Administrator.

Standard 115.13 Supervision and monitoring

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Decatur County Prison currently has 43 positions. There are a total of three vacancies with a total vacancy rate of 6.9%. Decatur County Prison has a total of 66 cameras that are located inside and outside of the facility. The cameras are monitored by certified correctional officers in the main control room. The camera system is a Blue Iris system which allows the Warden access to view the cameras from anywhere with web access. This system is password protected. There are two cameras in the multipurpose room; these are used to monitor inmates before they load up for work detail.

Decatur County Prison is a male facility and requires that some positions be gender specific posts. The following posts require the same gender staff: Administrative Segregation, Visitation Shakedown, back/detail gate officer, and two of the three transfer officers.

A priority at Decatur County Prison is to be prepared for deviations from the staffing schedule. The six most common reasons for staff deviations for the past year are: paid time off, hospital post, staff call-ins, family medical leave, staff training, and institutional shakedowns. In order to ensure safety and compliance of gender specific posts and all priority posts, a call-in schedule has been implemented. The call-in schedule includes the names of all officers, and everyone is notified when they are scheduled to be on standby.

All supervisory staff conduct unannounced PREA rounds. PREA rounds are not only conducted in housing units, 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. Policy states these rounds are to be conducted every week on all shifts and are documented in the area log book. Supervisors are required to report any findings along with recommended corrective actions.

Since August 12, 2012, the average daily number of inmates has been 200, which is the same number that the staffing plan was predicated.

During the pre-audit, the auditor was provided with a sample of log books that the Control Room Officer would use to document unannounced supervisor rounds. A review of these logs indicates supervisors conduct unannounced rounds on both Day and Night Shift (facility operates under 12 hour shifts).

Through interviews with administrative staff it was determined the facility reviews its staffing plan annually. The review consists of a review of staffing levels to ensure the facility is adequately staffed. The review also considers whether video technology needs to be added as a part of the plan. Within the last few months, the facility added two cameras in identified blind spots; kitchen office and dry storage area. The Warden reviews the shift schedule sheet to ensure no less than the minimum number of staff required by the staffing plan is utilized. The auditor was advised the facility is required to have a minimum of four security staff assigned to each shift. Generally, additional staff are assigned; however, non-essential posts may be closed if a staff member calls in sick. In the event there are fewer than four staff on duty, the facility would call in a staff member from a call-in list. The auditor was advised that there have never been any instances where the facility was staffed below the recommended minimum level of four security staff.

Through interviews with intermediate and upper-level facility staff, it was determined that supervisors make unannounced rounds on a daily basis on both Day and Night Shift (staff work 12 hour shifts). The rounds are logged by the control room officer in the control room. Supervisors tell the control room they are making the unannounced round, so they can log the round in the log book; however, the control room staff are instructed they are prohibited from alerting other staff that the unannounced round is being conducted. Supervisors make their rounds in an irregular manner in order to ensure staff are unaware when a supervisor is making a round in their area.

Standard 115.14 Youthful inmates

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

XX NOT APPLICABLE

During the pre-audit, the auditor was provided with documentation stating Decatur County Prison does not house youthful offenders.

Standard 115.15 Limits to cross-gender viewing and searches

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including 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 standard. These

recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Decatur County Prison PREA Policy states the facility shall not conduct cross-gender strip searches or cross-gender visual body cavity searches (meaning a search of the anal or genital opening) except in exigent circumstances or when performed by medical practitioners. The facility shall not conduct cross-gender pat searches of female offenders, absent exigent circumstances. This requirement shall not restrict female offender's access to regularly available programming or other out-of-cell opportunities in order to comply with the provision. The facility shall document all cross-gender strip searches and cross-gender visual body cavity searches, and shall document all cross-gender pat-down searches of female offenders by incident report. Offenders should only shower, perform bodily functions, and change clothing in designated areas (e.g. cells, shower rooms, bathrooms).

During the pre-audit, the auditor discovered the agency policy pertaining to transgender/intersex searches was not clear regarding which gender staff are responsible for conducting the searches. The auditor recommended the facility implement one of three options based on the recommendations of the PREA Resource Center; 1) medical staff conduct the searches, 2) the facility asks the inmate which gender of staff they feel more comfortable being searched by, or 3) female staff conduct the searches. Prior to the completion of the final report, the facility revised their transgender/intersex search policy and stated staff shall document the preference for searches of transgender and intersex inmates. The auditor was advised the facility would conduct these searches based on the preference of the transgender/intersex inmate. The auditor was provided with documentation showing all staff received this information. The auditor was provided with signature logs from the employees who received this information.

In the past 12 months, there have not been any cross-gender strip or cross-gender visual body cavity searches of inmates.

The facility does not house female offenders; therefore, 115.15 (b) does not apply to the facility.

Staff members of the opposite gender shall announce their presence when entering an offender housing unit; this includes the officer assigned to the housing unit. Staff members are not required to make announcements when responding to temporary and unforeseen circumstances that require immediate action in order to combat a threat to the security or institutional order of a facility, or when incidental to routine cell checks, to include circumstances such as responding to alarms, contraband detection, or detecting behavior which would constitute an offender prohibited act, for example. Offenders will be notified of the presence of the opposite-gender staff members in several ways:

- Offenders are advised of the requirement to remain clothed, and the presence of cross-gender staff members generally, during the Intake Screening process and the Admission and Orientation process;
- The following notice will be posted "NOTICE TO OFFENDERS: male and female staff members routinely work and visit housing areas."
- For Staff members with offices in housing units, the most recent schedule is posted in the unit so offenders are aware of when opposite-gender staff are present;
- An announcement shall be made each time when an opposite-gender staff member comes into a housing unit area;
- Nothing in this section should preclude opposite-gender staff members from viewing live or recorded video, or participation in an offender suicide watch.

Decatur County Prison PREA Policy states the facility shall not search or physically examine a transgender or intersex offender for the sole purpose of determining the offender's genital status. If the offender's genital status is unknown, it may be determined during conversations with the offender, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner. This provision does not limit searches of offenders to ensure the safe and orderly running of the institution.

During the past 12 months, there have not been any searches of transgender or intersex inmates for the sole purpose of determining their genital status.

During the pre-audit, the auditor was provided with a copy of the facility's training curriculum for cross-gender pat-down searches and searches of transgender and intersex inmates. The auditor was advised 97.43% of the staff have completed this training. The auditor was provided with a sample of signature logs from staff that document this training.

Through interviews with random staff, it was determined staff received training in conducting cross-gender searches and searches of transgender and intersex inmates. Staff were aware of the agency policy prohibited staff from searching a transgender and/or intersex inmate for the sole purpose of determining their genital status.

Through interviews with random inmates, it was determined that whenever female staff enter a housing unit, they announce their presence and give inmates time to cover themselves up, if necessary. Inmates advised female staff never see them in a state of undress.

At the time of the onsite audit, there were not any transgender/intersex inmates housed at the facility.

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

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Decatur County Prison PREA Policy states the local PREA Compliance Manager shall 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 shall 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 of preventing, detecting, and responding to sexual abuse and sexual harassment. Internal staff resources will be used where available. The facility shall not rely on offender interpreters, offender readers, or other types of offender assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the offender’s safety, the performance of first responder duties under 28 CFR 115.64, or the investigation of the offender’s allegations.

In the event the facility had to use an inmate interpreter, the facility would document those limited circumstances where this was necessary.

During the pre-audit, the auditor was advised there have not been any instances in the past 12 months where an inmate interpreter was used to assist in translating for an inmate who was sexually abused.

During the pre-audit, the auditor was provided with a signed MOU with Language Line Services. This interpreter service would be used to communicate with inmates who speak a foreign language.

During the onsite audit, the auditor conducted an interview with a Spanish speaking inmate, utilizing Language Line Services. The auditor was able to speak with an interpreter and communicate effectively with the Spanish speaking inmate. The inmate advised that when he arrived at the facility, he was transported to another facility in the county where a Spanish speaking county staff member discussed the jail rules and the agency’s zero tolerance policy with him in Spanish. The inmate also acknowledged receiving PREA educational information through the PREA posters and brochures that are written in Spanish. This inmate acknowledged that he understood his rights under the agency policy.

Through interviews with the administrative staff, it was determined the facility has PREA brochures, PREA educational posters, and PREA third-party reporting information posted in both English and Spanish. In addition, staff interviews indicate staff were well aware not to use inmate interpreters during sexual abuse investigation. Staff were aware of the language interpreter line that is available to staff and stated they would use this to communicate with any inmate who spoke a foreign language if needed.

Standard 115.17 Hiring and promotion decisions

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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Decatur County Prison PREA Policy states the facility shall 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:

1. Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution.
2. Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse, or has been civilly or administratively adjudicated to have engaged in the activity described in paragraph (a)(2) of this section.

The facility shall 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 offenders.

Before hiring new employees who may have contact with offenders, the Facility shall:

1. Ask all applicants and employees who may have contact with offenders directly about previous misconduct described in SOP 104.09, Filling a Vacancy, in written applications or interviews for hiring and promotions and any written interview or written self-evaluations conducted as part of reviews of current employees. Every employee has a continuing affirmative duty to disclose any such misconduct.
2. Perform a Criminal History Records Check on all employees and volunteers prior to their start date and again within at least every five years. A tracking system shall be implemented at each local facility to ensure that criminal history record checks are conducted within the appropriate time frames, according to policy, for each person with access to that facility.
3. Perform a Criminal History Records Check before enlisting the services of any contractor who may have contact with offenders and at least every five years thereafter.
4. Unless prohibited by law, the Facility shall provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for who such employee has applied to work. The facility complies with the Federal Privacy Act and Freedom of Information Act, and all other applicable laws, rules, and regulations.
5. Material omissions regarding misconduct or the provision of materially false information shall be grounds for termination.

In the past 12 months, there have been four staff hired by the facility. Criminal background records checks were conducted on all four staff.

In the past 12 months, there has been one contract for services with contractors who may have contact with inmates. Criminal background records checks were conducted on all staff covered in the contract who might have contact with inmates.

Through interviews with the Administrative (Human Resources) staff, it was determined staff conduct criminal background records checks on all staff, contractors, and volunteers. The auditor was advised criminal background records checks are conducted on all current employees annually, and on all contractors and volunteers, once every three years. The auditor was provided with a spreadsheet that is used to document and track criminal background record checks. A review of the employment application indicates all questions required under 115.17 are asked.

Standard 115.18 Upgrades to facilities and technologies

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific

corrective actions taken by the facility.

The facility has not acquired any new facilities or made any substantial expansions or modifications of existing facilities since August 20, 2012.

The facility has installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012. Approximately a month prior to the onsite audit, the facility discovered two potential blind spots and installed a camera in these areas (kitchen office and dry storage room).

During the onsite audit, the auditor discovered a room where inmates were strip searched. This area had two cameras located in it. The auditor recommended the facility build or purchase a privacy screen so that the inmates are able to be strip searched outside of the view of the video cameras. Prior to the conclusion of the final report, the auditor was provided with a purchase order for such privacy screen. The facility acknowledged they would position the privacy screen in one of the corners of the room and enable inmates to have privacy during strip searches.

Through interviews with the administrative staff, it was discovered that eliminating blind spots is a top priority. The auditor was advised that in addition to the two cameras mentioned above, a third camera has been purchased and will be installed to eliminate another potential blind spot. The auditor was advised the facility has the capability of retaining video footage for up to nine days.

Standard 115.21 Evidence protocol and forensic medical examinations

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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Decatur County Prison PREA Policy states each facility shall follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions. Reference SOP 103.10, Evidence Handling and Crime Scene Processing and SOP 103.06, Investigations of Allegations of Sexual Contact, Sexual Abuse, Sexual Harassment of Offenders.

The Facility's response to sexual assault follows the U.S. Department of Justice's Office on Violence Against Women publication, "a National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," dated April 2013, or the most current version.

When there is a report of a recent incident of sexual abuse, or there is a strong suspicion that a recent serious assault may have been sexual in nature, a physical examination of the alleged victim should be conducted and the SANE protocol should be initiated, (Attachment 7- SANE Nurse Evaluation). The physical evaluation should be provided at no cost to the offender and he or she must give consent for the examination. The Facility stands in loco parentis for youthful offenders in its custody and can authorize a physical examination of such youthful offenders without consulting his or her parent(s) so long as the youthful offender consents to the examination. No examination shall be performed on any offender who refuses to be examined. For those offenders that are unable to consent or are incapacitated, the Facility may authorize the collection of evidence based on the Facility's standing in loco parentis, or as a guardian of the offender, whichever may be applicable. Physical evidence collected may also include an examination of and collection of physical evidence from the suspected perpetrator(s). The institution PREA Coordinator/PREA Compliance Manager, under the direction of the Warden/Superintendent, shall attempt to enter into an agreement with a rape crisis center to make available a victim advocate to offenders being evaluated for the collection of forensic evidence. Any agreement must be approved through the Warden's office prior to implementation. If an agreement is not reached, efforts must be documented and local staff shall be identified to provide this service. Identified employee(s) must provide evidence of receiving specialized training in rape crisis and victim advocacy. Documentation of training must be maintained by the employee's manager and made available to the local PREA Coordinator/Compliance Manager upon request.

Victim advocates from the community used by the facility shall be preapproved through the appropriate screening process and subject to the same requirements of contractors and volunteers who have contact with offenders. The victim advocate serves as emotional and general

support, navigating the offender through the treatment and evidence collection process. The victim advocate has access to the offender similar to that of medical staff at the facility. He/She is not authorized to make decisions regarding offender care, or interfere with escort procedures.

If an external agency is responsible for investigating the allegations of sexual abuse, the Facility shall request that the investigation agency follow the requirements of (a) through (d) of this section.

The requirements of paragraphs (a) through (e) of this section shall also apply to an entity outside of the Facility that is responsible for investigating allegations of sexual abuse in prisons and jails.

An administrative and/or criminal investigation shall be completed for all allegations of sexual abuse and sexual harassment. Allegations that involve potentially criminal behavior will be referred for investigation to the Georgia Department of Corrections OIC Criminal Investigations Division (CID) and/or Decatur County Sheriff's Office Criminal Investigations Division (CID).

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

There have not been any forensic examinations conducted within the past 12 months.

During the pre-audit, the auditor was provided with a copy of a signed MOU the facility has with LilyPad SANE Center, Inc. for forensic medical examinations. The MOU states these examinations would be conducted by SANEs at Phoebe Putney Hospital. The agreement also states LilyPad SANE Center will provide crisis intervention contacts to victims of sexual assault.

Through staff interviews, it was determined staff were aware of how to preserve a crime scene. The auditor was advised the Decatur County Sheriff's Office would be contacted and that they would conduct the investigation. The facility would be responsible for securing the crime scene and preventing evidence from being destroyed.

Through interviews with a SAFE/SANE with Lilypad SANE Centers, Inc., it was determined inmates who are sexually abused would be transported to Phoebe Putney Memorial Hospital. The representative advised Lilypad has seven staff available and that there is always an examiner available 24 hours a day, 7 days a week. The representative advised Lilypad has an MOU with Decatur County Prison documenting the responsibilities of both the prison and the SANE Center.

During the past 12 months, there were not any allegations of sexual abuse received; therefore, there were not any inmates who reported sexual abuse to be interviewed.

Standard 115.22 Policies to ensure referrals of allegations for investigations

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

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During the past 12 months, there has been only one allegation of sexual harassment that was received; and no allegations of sexual abuse. This allegation was investigated administratively. There have not been any allegations investigated criminally.

The agency website contains the agency policy regarding the referral of allegations of sexual abuse and sexual harassment for criminal investigation (<http://www.decalurcountyga.gov/decalur-county-prison-dcci/>).

Through interviews with administrative staff, it was discovered that all allegations of sexual abuse and sexual harassment are forwarded to the facility investigator. If the allegation was criminal in nature, the facility would contact the Decatur County Sheriff's Office and their investigators would conduct the investigation. Administrative investigations would be conducted by Decatur County Prison's facility investigator. Both the facility investigator and the investigators at Decatur County Sheriff's Office have been appropriately trained. The auditor was provided with training certificates from both the facility investigator and the investigators from Decatur County Sheriff's Office.

Through an interview with the facility investigator, it was discovered he was aware that all criminal investigations would be conducted by Decatur County Sheriff's Office. The auditor was advised that if the facility received an allegation that was criminal in nature, the facility investigator would contact the Decatur County Sheriff's Office, and they would take over the criminal investigation.

Standard 115.31 Employee training

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Decatur County Prison PREA Policy states all Facility employees shall be required to attend training annually on:

- a. The Facility's zero-tolerance policy on sexual abuse and sexual harassment.
- b. How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures.
- c. The right of inmates to be free from sexual abuse and sexual harassment.
- d. The right of inmates and employees to be free from retaliation for reporting sexual abuse and sexual harassment.
- e. The dynamics of sexual abuse and sexual harassment in confinement.
- f. The common reactions of sexual abuse and sexual harassment victims.
- g. How to detect and respond to signs of threatened and actual sexual abuse.
- h. How to avoid inappropriate relationships with inmates.
- i. How to communicate effectively and professionally with inmates, including lesbian, gay, bisexual, transgender, intersex, or gender-nonconforming inmates.
- j. How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities.

In-service training shall include gender specific reference and training to staff as it relates to the specific population supervised. Staff members transferring into a facility of different gender from a prior institution shall receive gender-appropriate training, as needed.

New employees shall receive PREA training during Pre-Service Orientation.

Specialized training shall be required for members of Sexual Abuse Response Team (SART) and any other staff members who are most likely to be involved in the management and treatment of sexually abused victims and the perpetrators (Health Service staff members, Lieutenants, etc.). SART training shall be required for all members.

During the pre-audit, the auditor was provided with a copy of the employee training curriculum which was taken from the PREA Resource Center and developed by Moss Group Inc. The training curriculum was comprehensive and covered all topics mentioned above.

All 43 staff employed by the facility received PREA training.

During the pre-audit, the auditor reviewed a sample of acknowledgement sheets that were signed off on by staff who received PREA

training.

The facility provides employees who may have contact with inmates with information about current policies regarding sexual abuse and sexual harassment anytime new information becomes available. This information, as well as refresher information, is discussed with staff during shift briefing. Refresher training is provided annually.

Through interviews with random staff, it was determined staff are receiving the required training. Staff were aware of the agency's zero tolerance policies as well as their responsibilities in preventing, detecting, and responding to sexual abuse.

Standard 115.32 Volunteer and contractor training

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Decatur County Prison PREA Policy states the Facility shall ensure that all volunteers and contractors who have contact with offenders have been trained on their responsibilities under the Facility's PREA policies and procedures. The level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with offenders, but all volunteers and contractors who have contact with offenders shall be notified of the Facility zero-tolerance policy regarding sexual abuse and sexual harassment and informed on how to report such incidents. Participation must be documented through volunteer and contractor signature or electronic verification, and will indicate that the volunteer and contractor understood the training they have received by signing Attachment 3, Contractor/Volunteer Acknowledgement Statement. At the conclusion of the training, volunteers and contractors are asked to seek additional direction from the Facility staff members, if necessary, to ensure understanding of the training.

All volunteers and individual contractors, who have contact with inmates, have been trained in agency policies and procedures regarding sexual abuse/sexual harassment prevention, detection, and response. This training includes the agency's zero-tolerance policy regarding sexual abuse and sexual harassment, as well as how to report such incidents.

During the pre-audit, the auditor was provided with a sample of acknowledgement forms, that are used to document volunteer and contractor training.

Through an interview with a contractor, it was determined contractors/volunteers receive approximately 1-2 hours of PREA training before they are allowed to have contact with offenders. The training consists of a review of the agency's zero tolerance policy as well as how to respond and report sexual abuse. The auditor was advised that contractors/volunteers are given classroom training and are given the opportunity to ask questions, if needed.

Standard 115.33 Inmate education

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Decatur County Prison PREA Policy states notification of the Decatur County Prison Zero-Tolerance Policy for Sexual Abuse and Sexual Harassment and information on how to report an allegation at the receiving facility shall be provided to every inmate upon arrival to the facility; in addition to verbal notification, offenders will be provided a GDC PREA pamphlet, and within 15 days of arrival, PREA education will be conducted by assigned staff members to all inmates which will include the gender appropriate Speaking Up video on sexual abuse. Both the initial notification and the education will be documented in writing by the signature of the inmate.

In the case of exigent circumstances, such 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 will be provided by a designated staff members and the presentation must include.

- The Facility’s zero-tolerance of sexual abuse and sexual harassment.
- Definitions of sexually abusive behavior and sexual harassment.
- Prevention strategies the offender can take to minimize his/her risk of sexual victimization while in Facility Custody.
- Methods of reporting an incident of sexual abuse against oneself, and for reporting allegations of sexual abuse involving other offenders.
- Methods of reporting an incident of sexual harassment against oneself, and for reporting allegations of sexual harassment involving other offenders.
- Treatment options and programs available to offender victims of sexual abuse and sexual harassment.
- Monitoring, discipline, and prosecution of sexual perpetrators, and
- Notice that male and female staff routinely work and visit housing areas.

Offender PREA education shall be provided in formats accessible to all offenders, including those who are limited English proficient, deaf, visually impaired, or otherwise disabled, as well as to offenders who have limited reading skills.

- The facility shall maintain documentation of offender participation in these education sessions in the offender’s institutional file.
- In each housing unit, the following will be posted:
 - 1) A notice to offenders stating, “Male and female staff members routinely work and visit housing areas.”
 - 2) A poster reflecting the Facility’s zero-tolerance for sexual abuse and harassment and contact information for offender reporting of sexual abuse allegations.
 - 3) Posters reflecting the Facility’s zero-tolerance shall be posted in common areas throughout the facility, including entry, visitation, and staff areas.

During the pre-audit, the auditor was advised 150 inmates were admitted to the facility within the past 12 months. 56 of these inmates were given PREA education at intake. 94 of these inmates received comprehensive education within 30 days of intake. Of those who were not educated (as stated in 115.33 (b)-1) during 30 days of intake, all inmates received this education by August 28, 2015.

During the pre-audit, the auditor was provided with a sample of signature logs from inmates who attended PREA Orientation.

Through interviews with intake staff, it was determined that all inmates receive a PREA brochure upon intake. The PREA Coordinator provides this information to the all new intakes. The PREA Coordinator will then have the inmates watch a PREA educational video and verbally discusses the information with them. The inmates are given the opportunity to ask questions at this time. At the conclusion of the training, all inmates are required to sign an acknowledgement form, acknowledging they understand the education they just received.

Through interviews with random inmates, it was discovered that inmates are being provided with PREA educational brochures, verbal education, and a PREA video upon intake. Inmates advised they received this information the same day they arrived to the facility. The inmates were aware that they had a right not to be sexually abused or harassed, how to report sexual abuse/sexual harassment, and that they had the right not to be retaliated against for making a report.

Standard 115.34 Specialized training: Investigations

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Decatur County Prison PREA Policy states OIC shall ensure its agents and investigators are appropriately trained in conducting investigations in confinement settings. Specialized training shall include techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings, and the criteria and evidence required to substantiate a case for administrative action or prosecution referral. The facility shall maintain documentation that agents and investigators have completed the required specialized training in conducting sexual abuse investigations. Any outside entity that investigates sexual abuse in confinement settings shall provide such training to its agents and investigators who conduct such investigations.

Training was a three hour online training session conducted by the National Institute of Corrections. In addition to this training, investigators received training from the Georgia Department of Corrections Office of Investigations and Compliance. This training curriculum included how to secure the crime scene and collect evidence.

During the pre-audit, the auditor was provided with certificates from the National Institute of Corrections documenting that three staff have completed this training. One of these certificates was from the facility investigator and the others were from investigators with the Decatur County Sheriff’s Office.

Through an interview with the facility investigator, it was discovered that he, as well as the investigators at Decatur County Sheriff’s Office, received specialized training into conducted sexual abuse investigations in confinement settings. Investigators were taught techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity Warnings, sexual abuse evidence collection, and the criteria and evidence required to substantiate an allegation of sexual abuse.

Standard 115.35 Specialized training: Medical and mental health care

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Decatur County Prison PREA Policy states Decatur County Prison medical staff members will be trained using the National Institute of Corrections (NIC) Specialized Training PREA medical curriculum. Certificate of completion will be printed and maintained in the employee training file. In addition to the specialized training, these same employees are required to attend Decatur County’s annual PREA in-service training.

During the pre-audit, the auditor was advised that the facility only has one medical staff member who works regularly at the Decatur County Prison. This staff member has received training in preserving evidence; however, the auditor was advised that any forensic examinations would be conducted at the local hospital. A certificate from the National Institute of Corrections (NIC) was provided to the auditor, which documented the medical staff member completed three hours of training in this area.

Through an interview with the facility nurse, it was discovered that inmates that are sexually abused would be transported to Phoebe Putney Memorial Hospital for a forensic exam. These exams would be conducted by qualified SANEs from Lilypad SANE Center, Inc. The auditor spoke with a representative from Lilypad SANE Center and was advised that all SANEs are certified in conducting forensic medical examinations. Mental Health services would be conducted outside of the facility; county inmates would be taken to Georgia Pines Community Service Board and state inmates would be taken to Autry State Prison.

Standard 115.41 Screening for risk of victimization and abusiveness

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Decatur County Prison PREA Policy states all offenders shall be assessed during an intake screening and upon transfer to another facility for their risk of being abused by other offenders or sexually abusive towards other offenders. Counseling staff members or the PREA Compliance Manager will conduct a screening for the risk of victimization and abusiveness, in SCRIBE, through the use of the Victim/Aggressor Classification Instrument. This screening will be conducted within 72 hours of arrival at the facility. Information from this assessment will be used to determine housing, bed assignment, work, education, and program assignments with the goal of keeping separate those offenders at high risk of being sexually victimized from those at high risk of being sexually abusive. A SCRIBE case note will be entered reflecting the assessment outcome. Offenders should be encouraged to disclose as much information as possible for the Facility to provide the most protection possible under this policy. If an offender chooses not to respond to questions relating to his or her level or risk, he or she may not be disciplined.

The intake screening shall consider, at a minimum, the following criteria to assess offender’s risk of sexual victimization.

- Whether the offender has a mental, physical, or developmental disability.
- The age of the offender.
- The physical build of the offender.
- Whether the offender has previously been incarcerated
- Whether the offender’s criminal history is exclusively nonviolent.
- Whether the offender has prior convictions for sex offenses against an adult or child.
- Whether the offender is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming.
- Whether the offender has previously experienced sexual victimization, and
- The offender’s own perception of vulnerability.

For assessing an offender for risk of being sexually abusive, the screening shall consider:

- Prior acts of sexual abuse.
- Prior convictions for violent offenses, and
- A history of prior institutional violence or sexual abuse, as known to the Facility.

Within a set time period, not to exceed 30 days from the inmate’s arrival at the facility, the facility will reassess the inmate’s risk of victimization and abusiveness based upon any additional, relevant information received by the facility since the intake screening. A case note shall be entered into SCRIBE to indicate this review has been conducted. Should additional information be presented, a new assessment shall be conducted.

Staff members shall reassess offender’s risk level when warranted due to referral, report of incident of sexual abuse, or receipt of additional information that bears on the offender’s risk of sexual victimization or abusiveness.

During the pre-audit, the auditor was advised there have been 150 inmates admitted into the facility. Of these, 56 were screened within 72

hours of intake and 94 were reassessed within 30 days of intake. The auditor was advised that risk screenings began on September 16, 2015, and have been conducted consistently since that time. The auditor was advised that all of the existing population was screened by November 2015.

During the pre-audit, the auditor reviewed the screening instrument and discovered all questions required to be asked under 115.41, were asked. The questions consisted of “yes” or “no” questions. If an offender answers “yes” to question #1 under Sexual Victim Factor, “Is the offender a former victim of institutional (prison or jail) rape or sexual assault,” the offender would automatically be classified as a VICTIM on the SCRIBE Offender page. If an offender answers “yes” to three or more Sexual Victim Factor questions, the offender would be classified as a POTENTIAL VICTIM on the SCRIBE Offender page. If an offender answers “yes” to question #1, Sexual Aggressor Factor, “Does the offender have a past history of institutional (prison or jail) sexually aggressive behavior,” the offender would automatically be classified as a SEXUAL AGGRESSOR. If an offender answers “yes” to two or more Sexual Aggressor Factor questions, the offender would be classified as a POTENTIAL AGGRESSOR on the SCRIBE Offender page.

During the pre-audit, the auditor was provided with a spreadsheet used to track risk screenings. A review of the spreadsheet indicates screenings have been conducted consistently since November 2015.

Through interviews with staff responsible for risk screening, it was discovered that all inmates are being screened for risk of sexual victimization and abusiveness within 72 hours of intake (typically the same day). Decatur County Prison uses a standardized objective screening instrument that is also used by the Georgia Department of Corrections. Inmates are not disciplined for refusing to answer any questions pertaining to the screening. The auditor was advised that only the PREA Coordinator and the Chief Counselor have access to the actual screenings. Security staff are only advised whether the inmate scores to be a potential victim or potential aggressor. Staff are provided with this information to ensure these two classifications of inmates are housed separately.

Through interviews with random inmates, it was discovered inmates are consistently being screened within the first 72 hours of intake (typically the first day). Some inmates acknowledged being screened again within 30 days of the initial screening; however, other inmates stated they were never rescreened. The auditor discussed this with the PREA Coordinator and was advised that the facility started consistently conducting 30 day screenings in November 2015. The auditor was provided with a spreadsheet that is now being used to track 72 hour and 30 day screenings. The auditor reviewed the spreadsheet and confirmed risk screenings were being conducted consistently since November 2015.

Standard 115.42 Use of screening information

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

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

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

The Warden/Superintendent shall designate a safe dorm(s) or safe beds for those offenders identified as highly vulnerable to sexual abuse. Location(s) shall be identified in the Local Procedure Directive, Attachment 9, and the Staffing Plan, Attachment 12.

The facility shall make individualized determinations about how to ensure the safety of each offender.

In deciding whether to assign a transgender or intersex offender to a facility for male or female offenders, and in making other housing and PREA Audit Report

programming assignments, the Facility shall consider on a case-by-case basis whether a placement would ensure the offender's health and safety, and whether the placement would present management or security problems.

Through interviews with staff responsible for risk screening, it was determined that any inmate identified to be a potential victim would be housed in Dorm #4, which is considered "safe housing." Any inmate identified to be a potential aggressor would be housed in Dorm #5. The auditor was advised the facility rarely houses a transgender/intersex inmate; however, staff were aware that their placement and programming assignments would be reassessed twice per year. Staff were aware to give serious consideration in the transgender/intersex inmate's own views when determining housing and programming assignments. The auditor was advised that transgender/intersex inmates would either be allowed to shower separately in the shower room, or would be showered in the segregation area, which has separate, individual showers. The auditor was advised that LGBTI inmates would be housed with the general population and would not be segregated.

During the onsite audit, there were no LGBTI inmates housed at the facility; therefore, there were no interviews conducted for this interview type.

Standard 115.43 Protective custody

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Decatur County Prison PREA Policy states offenders at high risk of sexual victimization shall not be placed in involuntary segregation unless an assessment of all available alternatives have 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 offender's safety must be noted in SCRIBE case notes documenting the concern for the offender's safety and the reason why no alternative means of separation can be arranged.

- a. Offenders placed in segregation will receive services in accordance with SOP 209.06, Administrative Segregation.
- b. The facility shall assign such offenders to involuntary segregated housing only until alternative means of separation from likely abusers can be arranged, and such an assessment shall not ordinarily exceed a period of 30 days.
- c. If offenders placed in segregated housing for this purpose have restricted access to programs, privileges, education, or work opportunities, then the facility shall document: the opportunities that have been limited, the duration of the limitation, and the reasons for such limitations.
- d. 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.

In the past 12 months, there have not been any inmates placed in involuntary segregated housing due to being identified as being at high risk for sexual victimization.

Through interviews with administrative staff, it was discovered that involuntary segregated housing for inmates at high risk of sexual victimization would only be used as a last resort. The auditor was advised that if involuntary segregated housing was ever used for this reason, the inmate would only be held here until alternative housing could be arranged. The auditor was advised this should typically not be longer than 72 hours. The auditor was advised the facility would house the inmate in Dorm #4, which is considered "safe housing." The auditor was advised the facility has a great working relationship with Decatur County Jail, and if necessary, an inmate could be transferred there to ensure their safety. The auditor was advised the facility has never had to use involuntary segregated housing for an offender determined to be at high risk of sexual victimization.

Through an interview with a staff member who supervises inmates in segregated housing, it was confirmed that the facility does not house

inmates identified as high risk of sexual victimization in involuntary segregated housing. The auditor was advised that if this ever did occur, the inmate would be afforded all regular programs and privileges to the extent possible. The auditor was advised that if privileges were restricted, staff would document those privileges restricted, the reasoning for the restriction, and the duration for the restriction. The auditor was advised that these inmates would only be held in involuntary segregated housing until alternative housing could be arranged. The auditor was advised this would typically not take longer than 72 hours.

Standard 115.51 Inmate reporting

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Decatur County Prison PREA Policy 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 PREA hotline, and by mail to the facility Ombudsmen Office. Offenders shall be encouraged to report allegations immediately and directly to staff members at all levels. All reports will be promptly documented.

The Facility will maintain a sexual abuse hotline, currently known as the “PREA” hotline from any offender telephone in state facilities 866-319-5459 and for non-facility system phones. This call will not require the use of the offender’s PIN number. Monitoring of this line will be the responsibility of Lily Pad Center’s Crisis Hotline. Inmates may also call the Georgia Department of Corrections PREA hotline 1-888-992-7849. Monitoring of this line will be the responsibility of the Office of Investigations and Compliance, with immediate oversight by the Department of Corrections PREA coordinator or designee.

Offenders who wish to remain anonymous or choose to report to an outside entity may do so in writing to State Board of Pardons and Paroles, Office of Victim Services, 2 Martin Luther King, Jr. Drive, S.E. Balcony Level, East Tower, Atlanta, Georgia 30334.

Staff members shall accept reports made verbally, in writing, and from third parties and shall promptly document verbal reports. The staff member receiving a report of sexual abuse or sexual harassment must divulge the name of the person from whom they received the report, if known.

Staff members shall forward all reports or observations of sexual assault or sexual harassment to their immediate supervisor or the designated SART member promptly.

During the pre-audit, the auditor was provided with an MOU between the agency and Lily Pad SANE Center. The MOU requires Lily Pad SANE Center to provide inmates with confidential, 24 hour access to the Crisis Hotline.

During the pre-audit, the auditor was provided with a copy of brochures that are given to inmates. These brochures contain information on how to report sexual abuse and includes addresses and phone numbers to organizations they can make a report to.

Staff may privately report to their immediate supervisor or by submitted a report to the GDC PREA Unit at PREA.report@gdc.ga.gov.

Through interviews with random staff, it was determined staff may privately report to any staff member, or may use the hotline and/or DOC PREA Reporting website. The auditor was advised inmates may privately report by using the hotline and may also have a family member make a third party report utilizing the DOC PREA Reporting website. Staff were aware that they were required to accept reports of sexual abuse regardless of whether the report was a verbal, written, anonymous, or third-party report. Staff acknowledged they would document verbal reports immediately.

Through interviews with random inmates, it was determined inmates were aware they could make a private report of sexual abuse utilizing the PREA hotline. Inmates were aware the facility would accept verbal, written, anonymous, and third-party reports of sexual abuse from friends and/or family members.

Standard 115.52 Exhaustion of administrative remedies

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Decatur County Prison PREA Policy states the facility shall allow offenders a full and fair opportunity to file grievances regarding sexual abuse so as to preserve their ability to seek judicial redress after exhausting administrative remedies. This procedure shall be conducted in accordance with SOP 227.02, Statewide Grievance Procedure. All grievances received shall be immediately forwarded to the local SART for handling in accordance with the local response protocol as outlined in the Local Procedure Directive.

SOP 227.02 states:

There should not be a time limit imposed on when an inmate may submit a grievance regarding an allegation of sexual abuse. However, the facility may apply otherwise applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.

Any inmate who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint nor shall this grievance be referred to the staff member who is the subject of the complaint.

The facility may only discipline an inmate for filing a grievance related to alleged sexual abuse only where the facility demonstrates that the inmate filed the grievance in bad faith.

An offender is not required to attempt an informal resolution before filing a grievance.

As to sexual abuse allegations, inmates may seek assistance from third parties, including fellow inmates, staff members, family members, attorneys and outside advocates in filing requests for administrative remedies relating to such allegations and shall also be permitted to file such requests on behalf of inmates.

If the inmate declines to have the request processed on his/her behalf, GDC will document the inmate's decision as part of the SART or Internal Investigation report.

The Warden has 40 calendar days from the date the offender gave the Grievance Form to the Counselor to deliver the decision to the offender. A onetime 10 calendar day extension may be granted; however, the offender must be advised, in writing, of the extension prior to the expiration of the original 40 calendar days. At anytime before the Warden's decision is delivered to the offender, the Warden may refer the matter to the Internal Investigations Unit. If an offender files a grievance involving sexual assault or physical force involving non-compliance with Department policies; such actions automatically end the grievance process. These grievances are automatically forwarded through the SCRIBE application to the Internal Investigation Unit and/or the PREA Coordinator for review and whatever action is deemed necessary. Once a grievance is referred to the Internal Investigation Unit and/or the PREA Coordinator, this is the final action that will be taken on the Grievance and terminates the grievance procedure. Notice that the grievance was forwarded to the Internal Investigations Unit and/or PREA Coordinator will be generated through the SCRIBE grievance application. That letter must be handed to the offender and the offender must sign a copy, which will then be placed in the local file. The offender will be provided with a copy of this signed letter. GDC Internal Investigations will issue a final agency decision on the merits of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance.

Emergency grievances must be immediately referred to the Grievance Coordinator (or Duty Officer if after hours), such as allegations of sexual abuse or other PREA concerns. The grievance coordinator must determine if the grievance fits the definition of Emergency Grievance. If it does, the Grievance Coordinator/Duty Officer must immediately take whatever action necessary to protect the health, safety, or welfare of the offender, and provide an initial response within 48 hours. This information will be documented and the offender must be

given a written response to his Emergency Grievance within five calendar days.

In the past 12 months, there have not been any grievances filed alleging sexual abuse; however, the above policy indicates all appropriate measures have been taken to ensure compliance with this standard.

Standard 115.53 Inmate access to outside confidential support services

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Decatur County Prison PREA Policy states appropriately trained local staff members will be identified to provide advocate services to victims of sexual assault. “Confidential” communications under this section are distinguished from privileged communications, such as in attorney-client relationships. Communications are monitored in a manner consistent with the Facility’s security practices, and should be addressed in any memorandum of understanding with the outside victim advocacy organization.

Victim services information, including the address to the Director of Victim Services, can be found in the inmate’s PREA brochure. The facility informs inmates, prior to giving them access to outside support services, the extent to which such communications will be monitored.

During the pre-audit, the auditor was provided with a signed MOU with Lilypad SANE Center. The MOU outlines the responsibilities for Lilypad SANE Center, one of which is to provide follow-up services and crisis intervention contacts to victims of sexual assault at Decatur County Prison.

Through interviews with random inmates, it was determined inmates are provided with victim services information in brochures during intake. In addition, victim services information is located on the posters that are posted inside the housing areas. Many inmates were unfamiliar with the services available; however, they acknowledged receiving and having access to this information.

During the past 12 months, there have not been any inmates who have reported sexual abuse; therefore, there were no interviews conducted for this interview type.

Standard 115.54 Third-party reporting

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Decatur County Prison PREA Policy states third party reports may be made to the Ombudsman’s Office at 478-992-5358 or in writing to the PREA Audit Report

State Board of Pardons and Paroles, Office of Victim Services, 2 Martin Luther King, Jr. Drive, S.E., Balcony Level, East Tower, Atlanta, Georgia, 30334. This information is listed in the inmate's PREA brochure.

Inmates may have a family member file a third party report by sending an email to PREA.report@gdc.ga.gov. This account is monitored by the GDC PREA Unit. This information is posted on third-party reporting posters that are posted inside all of the housing units.

The facility also has a hotline that could be used by inmates who are making a third-party report for another inmate.

During the onsite audit, the auditor observed posters containing third-party reporting information, including the website mentioned above, in all housing units.

Through interviews with random inmates, it was determined that inmates were well aware of the third-party reporting website.

Standard 115.61 Staff and agency reporting duties

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

During the pre-audit, the auditor discovered the agency policy did not include immediate reporting and did not contain the specific information required under 115.61. Prior to the completion of the auditor's final report, the agency revised their policy to state:

The facility requires all 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 or not it is part of the agency.

The facility requires all staff to report immediately and according to agency policy any retaliation against inmates or staff who reported such an incident.

The agency require 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.

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 a sexual abuse report to anyone other than to the extent necessary to make treatment, investigation, and other security and management decisions.

The auditor was provided with signature logs from all of the employees that received this information.

Even though this specific information was not outlined in the agency policy prior to the onsite audit, staff acknowledged they would immediately report any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred within the facility; any retaliation against inmates or staff who reported such an incident; or any staff neglect or violation of responsibilities that may have contributed to the abuse.

Standard 115.62 Agency protection duties

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the

relevant review period)

- Does Not Meet Standard (requires corrective action)

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

When the facility learns that an inmate is subject to a substantial risk of imminent sexual abuse, it takes immediate action to protect the inmate (i.e., it takes action to assess and implement appropriate protective measures without unreasonable delay).

Decatur County Prison PREA Policy states the facility would ensure the alleged victim has been placed in safe housing which may be protective custody.

In the past 12 months, there have not been any instances where the facility determined that an inmate was subject to a substantial risk of imminent sexual abuse.

Through interviews with administrative staff as well as random staff, it was determined that staff were aware to take immediate action to protect inmates found to be subject to a substantial risk of imminent sexual abuse. Staff acknowledged they would remove the victim from the housing unit and would house them in Dorm #4, which is considered “safe housing.” Inmates housed in this location are typically inmate workers and are lower custody inmates.

Standard 115.63 Reporting to other confinement facilities

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Decatur County Prison PREA Policy states that in cases where there is an allegation that sexual abuse occurred at another facility, the Warden/Superintendent (or his/her designee) of the victim’s current facility will provide notification to the Warden/Superintendent of the identified institution and the Facility’s PREA Coordinator. In cases alleging sexual abuse by staff at another institution, the Warden/Superintendent of the offender’s current facility refers the matter directly to the Regional SAC. Such notification shall be provided as soon as possible but no later than 72 hours after receiving the allegation. The facility shall document it has provided such notification. The facility head or Facility office that receives such notification shall ensure that the allegation is investigated in accordance with these standards.

In the past 12 months, Decatur County Prison has not received any allegations from other facilities.

In the past 12 months, Decatur County Prison received one allegation from an inmate in their custody, of abuse that occurred at another institution. The auditor was provided with documentation showing that the Warden of Decatur County Prison notified the Warden of the facility where the abuse allegedly occurred within 72 hours of receipt of the information.

Through interviews with the administrative staff, it was determined upon receipt of an allegation that occurred at another facility, the Warden of Decatur County Prison would notify the Warden of the facility where the abuse allegedly occurred within 72 hours of receipt of the allegation. This notification would be documented and retained. The auditor was advised that any allegations Decatur County Prison received from outside facilities would be thoroughly investigated.

Standard 115.64 Staff first responder duties

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Decatur County Prison PREA Policy states the facility shall have a written procedure to explain directly and concisely the duties of a first responder for sexual abuse as indicated in this policy, but to include specifics related to that facility. Upon learning of an allegation that an offender was sexually abused, the first staff member to respond to the report shall be required to:

1. Separate the alleged victim and abuser.
2. Preserve and protect any crime scene until the appropriate steps can be taken to collect any evidence in accordance with SOP 103.10, Evidence Handling and 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; and
4. If the abuse occurred within 72 hours, 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.
5. If the first responder is not a security staff member, the responder shall follow steps 1-3 and then notify security staff immediately.
6. SART will be notified and will implement the local protocol in accordance with section V.F.5., Coordinated Response, of this policy.

In the past 12 months, there have not been any allegations that an inmate was sexually abused. The policy above indicates appropriate actions would be taken in order to comply with this standard.

During the onsite audit, the auditor selected a random staff member and asked him questions pertaining to first responder duties. The staff member acknowledged he would separate the victim from the abuser, ensure both the victim and abuser do not take any actions that could destroy potential evidence (eating, drinking, showering, using the restroom, brushing teeth, etc.), and would notify a supervisor and medical staff.

Inmate interviews indicate staff would accept and investigate all reports including those that are verbal, written, anonymous, and from third parties.

Standard 115.65 Coordinated response

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Decatur County Prison PREA Policy contains the facility's coordinated response plan. The plan outlines the responsibilities for all types of staff and states:

1. SART shall evaluate the victim within 24 hours of the report.
2. SART shall arrange for an immediate medical examination of the alleged victim (in accordance with SOP 507.04.84, Medical Management of Suspected Sexual Abuse and SOP 507.04.91, Medical Management of Suspected Sexual Assault, Abuse or Harassment).
3. Medical staff members shall contact the appropriate Sexual Assault Nurse Examiner (SANE), who will respond as soon as possible, but within 72 hours of the time the alleged assault occurred to collect forensic evidence. This procedure shall be handled in accordance with Attachment 7, SANE Nurse protocol.
4. If the SANE is not available, within a reasonable time frame, the Warden, the Appointing Authority, in consultation with the Regional SAC, shall coordinate with the Office of Health Services (OHS) to arrange for the offender to be transported to a hospital for collection of forensic evidence. If applicable, ensure that security staff members escorting an alleged sexual assault victim for medical attention take custody of the rape kit or other physical evidence from medical personnel, document the contents, and store the evidence in a secure place until it can be turned over to an OIC agent or investigator.
5. The incident report and supporting documentation must be completed before leaving the institution for the day and is completed in accordance with SOP 203.03, Incident Reports, and is entered accurately and timely into the SCRIBE database.
6. Allegations of sexual abuse and sexual harassment are considered major incidents and must be reported in accordance with this policy and SOP 203.03, Incident Reports.

The Warden or his designee shall take the following actions anytime they learn of an allegation of sexual abuse or sexual assault.

- Separate the alleged victim and abuser.
- Ensure Local Institutional Sexual Abuse Response Plan is enacted.
- Contact the Field Operations Manager.
- Notify the appropriate Regional SAC.
- Subsequently, submit a written notification via email to the Office of Investigations and Compliance Senior Investigator and the Facility's PREA Coordinator. This reporting should follow any and all established notification procedures in place by the facility's Division Director.

Decatur County Prison PREA Local Procedure directive outlines PREA reporting duties and provides contact information for key staff members and/or agencies.

Through interviews with the administrative staff it was determined that the facility has a coordinated response plan in their policy that is used to coordinate the actions of first responders, including: first line staff, medical and mental health, and investigators. The auditor was advised staff have been given PREA cards that outline their responsibilities.

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

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

XX NOT APPLICABLE

The facility has not entered into or renewed any collective bargaining agreement or other agreement since August 20, 2012.

Standard 115.67 Agency protection against retaliation

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Decatur County Prison PREA Policy states 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 facility shall protect offenders and staff members who report sexual abuse, sexual misconduct, and sexual harassment from retaliation. The Warden shall identify a Retaliation Monitor and list the Local Procedures Directive (Attachement 9) to monitor for retaliation. Multiple protection measures include offender housing changes or transfers, removal of alleged staff members or offender abusers from contact with victims, and emotional support services for offenders or staff who fear retaliation for reporting or for cooperating with investigations.

The designated Retaliation Monitor shall, for at least 90 days following a report of abuse, monitor the conduct and treatment of offenders or staff members who reported the sexual abuse or who participated in an investigation, to see if there are any changes that may suggest possible retaliation, and will act promptly to remedy such retaliation.

- 1) This monitoring will include review of any offender disciplinary reports, housing program changes, or negative performance reviews. Periodic status checks shall be made by the monitor as well. Attachement 10, 90 Day Offender Sexual Abuse Review Checklist, shall be completed for each offender monitored. The original shall be kept in a master file by the monitor and a copy placed with the SART incident report upon completion.
- 2) This monitoring will include negative performance reviews or reassessments of staff members. Attachment 11, 90 Day Staff Sexual Abuse Review Checklist, shall be completed for each employee monitored. The original shall be kept in a master file by the monitor.
- 3) Such monitoring shall continue beyond 90 days if the initial monitoring indicates a continuing need. The obligation for monitoring will terminate if the allegation is unfounded.

During the pre-audit, the auditor was advised that Deputy Warden Anita Johnson was designated as the staff member charged with monitoring retaliation.

In the past 12 months, there have not been an incidents of retaliation that have occurred.

Through interviews with administrative staff, it was determined the Deputy Warden would be the retaliation monitor in the event an inmate is sexually abused. As part of the retaliation monitoring process, the retaliation monitor would ensure the inmate and/or staff are kept separate from the victim. The inmate retaliating against the victim may be transferred to another facility, and the staff member may be removed from the facility, if appropriate. The retaliation monitors would make initial contact with the victim and meet with them once a week to ensure the victim is not experiencing retaliation. The retaliation monitors would monitor disciplinary reports, housing changes, and negative performance reviews. The auditor was advised retaliation monitoring would continue for up to 90 days; however, if the retaliation monitor determined there was a concern that potential retaliation might occur, they would continue monitoring the inmate for however long necessary.

During the past 12 months, there have not been any inmates who have reported sexual abuse; therefore, there were no examples of retaliation monitoring available to be reviewed.

Standard 115.68 Post-allegation protective custody

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Decatur County Prison PREA Policy states offenders at high risk from sexual victimization shall not be placed in involuntary segregated housing unless an assessment of all available alternatives have been made, and determination has been made that there is no available alternative means of separation from likely abusers. If an assessment cannot be conducted immediately, the offender may be held in involuntary segregation no more than 24 hours while completing the assessment. This placement, including the concern for the offender’s safety must be noted in SCRIBE case notes documenting the concern for the offender’s safety and the reason why no alternative means of separation can be arranged.

In the past 12 months, there have not been any inmates who have suffered sexual abuse who were held in involuntary segregated housing.

If an involuntary segregated housing assignment is made, the facility affords each such inmate a review every 30 days to determine whether there is a continuing need for separation from the general population.

Through interviews with administrative staff and staff who supervise inmates in segregated housing, it was determined that involuntary segregation for inmates at high risk of sexual victimization would only be used as a last resort, and only after all alternative housing has been exhausted. If an inmate were housed in involuntary segregated housing for this reason, they would retain access to all regular privileges and programs to the extent possible. If any of these privileges were restricted, the facility would document the activities restricted, the duration of the restriction, and the reason for the restrictions. The auditor was advised that an inmate should typically not be held in involuntary segregated housing for this reason for no more than 72 hours. The auditor was advised the facility has a good working relationship with Decatur County Jail and could transfer the inmate across the street to this county jail, if necessary.

During the past 12 months, there have not been any inmates housed in involuntary segregated housing for this reason; therefore, there were no inmates interviewed for this interview type.

Standard 115.71 Criminal and administrative agency investigations

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Decatur County Prison PREA Policy states appointing authorities or their designees may make an initial inquiry to determine if a report of sexual abuse or sexual harassment is a rumor or an allegation.

The local SART is responsible for the inquiry for the initial 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 the evidence of facility documentation, video monitoring systems, witness statements, or other

investigative means, the case can be closed at the facility level. No interview shall be conducted, nor a statement be collected from the accused staff member without first consulting the Regional SAC or the Warden.

Appointing authorities or their designees shall report all allegations of sexual assault with penetration and those with immediate and clear evidence or physical contact, to their Regional SAC or Warden and the facility's PREA Coordinator immediately upon receipt of the allegation.

- a. Where sexual assault is alleged and cannot be cleared at the local level (as indicated in G.2. of this section), the Regional SAC or Warden shall determine the appropriate response upon notification. If the appropriate response is to open an official investigation, the Regional SAC shall dispatch an agent or investigator who has received special training in sexual abuse investigations. The Decatur County Sheriff's Office CID will be contacted in the event that the inmate is classified as a county inmate.
- b. Agents and investigators shall gather and preserve direct and circumstantial evidence including any available electronic monitoring data; shall interview alleged victims, suspected perpetrators, and witnesses; and shall review prior complaints and reports of sexual abuse involving the suspected perpetrator.
- c. When the criminal investigation is completed pertaining to an employee, the investigation will be turned over to the Office of Professional Standards (OPS) to conduct any necessary compelled administrative interviews.
- d. The credibility of the victim, suspect, or witness shall be assessed on an individual basis and will not be determined based on the person's status as an offender or staff member. An offender who alleges sexual abuse shall not be required to submit to a polygraph examination or other truth-telling device as a condition for proceeding with the investigation of such an allegation.

At the conclusion of the SART investigation, all SART investigators shall be referred to the Office of Investigations and Compliance (OIC) for an administrative review or the Decatur County Sheriff's Office CID.

Investigations, criminal and administrative, into allegations of sexual abuse shall be prompt, thorough and objective for all allegations, including those reported by third-parties and anonymously.

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

Criminal investigations shall be documented in a written report that contains a thorough description of physical, testimonial, and documentary evidence and copies of all documentary evidence where feasible.

Substantiated allegations of conduct that appear to be criminal shall be referred for prosecution.

OPS shall maintain all such written reports for as long as the alleged abuser is in incarcerated or employed plus five years.

The departure of the alleged abuser or victim from the employment or control of the facility shall not provide a basis for terminating the investigation.

Any state entity or facility or Justice component that conducts such investigations shall do so pursuant to the above requirements.

When outside agencies investigate sexual abuse, the facility shall cooperate with the outside investigators and shall endeavor to remain informed about the progress of the investigations.

There have not been any substantiated allegations of conduct that appeared to be criminal that was referred for prosecution since August 20, 2012.

Through interviews with investigative staff, it was determined that the facility investigator and local Decatur County Sheriff's Office Investigators have received the required training for investigators conducting sexual abuse investigations in confinement settings. This training consisted of a three hour online training provided by the National Institute of Corrections. The facility investigator acknowledged sexual abuse investigations would occur immediately after the allegation was received. If the allegation was criminal, investigators from the Decatur County Sheriff's Office would conduct the investigation. The facility investigator would be responsible for securing the crime scene and assisting the outside investigators wherever needed. The credibility of a victim, suspect, or witness would not be judged any differently. Investigators would review whatever relevant evidence they have, including: DNA, video evidence, witness statements, etc. and a determination of findings would be based on a preponderance of evidence.

Standard 115.72 Evidentiary standard for administrative investigations

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Decatur County Prison PREA Policy states there shall be no standard higher than a preponderance of evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated.

Through interviews with investigative staff, it was determined that investigators would use a preponderance of evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated.

Standard 115.73 Reporting to inmates

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Decatur County Prison PREA Policy states following the close of an investigation into an offender's allegation that he or she suffered sexual abuse in a facility, the facility shall inform the offender as to whether the allegation had been determined to be substantiated, unsubstantiated, or unfounded. This will be completed by a member of the local SART unless the appointing authority delegates to another designee under certain circumstances. Such notifications or attempted notifications shall be documented on Attachment 5, Notification to Offender. The facility's obligation to report under the standard shall terminate if the offender is released from the facility's custody.

During the past 12 months, there has been one administrative investigation of alleged inmate sexual harassment that was completed by the facility. The auditor was provided with a copy of the notification that was provided to the inmate at the conclusion of the investigation.

During the past 12 months, there have not been any investigations completed by an outside agency.

Following an inmate's allegation that a staff member has committed sexual abuse against the inmate, the agency/facility subsequently informs the inmate (unless the agency has determined that the allegation is unfounded) whenever:

- The staff member is no longer posted within the inmate'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.

Following an inmate's allegation that he or she has been sexually abused by another inmate in an agency facility, the agency subsequently informs the alleged victim whenever:

- The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility.
- The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility.

The notification provided was unsubstantiated. After reviewing the notification form, the auditor discovered the form had check boxes to make the above mentioned notifications to the victim, when applicable.

Through interviews with the Warden and investigative staff, it was determined the facility would always notify an inmate at the conclusion of the investigation as to whether the investigation was determined to be substantiated, unsubstantiated, or unfounded.

During the past 12 months, there have not been any inmates who have reported sexual abuse; therefore, there were no inmates interviewed with this interview type.

Standard 115.76 Disciplinary sanctions for staff

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Decatur County Prison PREA Policy states staff members that engage in sexual misconduct with an offender shall be banned from correctional institutions or subject to disciplinary action, up to and including termination, whichever is appropriate, and may also be referred for criminal prosecution when appropriate.

Termination will be the presumptive disciplinary sanction for staff members who have engaged in sexual touching.

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

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

OPS shall refer all substantiated cases of nonconsensual sexual contact between offenders or sexual contact between a staff member and an offender for criminal prosecution.

In the past 12 months, there have not been any staff members found to have violated agency sexual abuse and sexual harassment policies.

Standard 115.77 Corrective action for contractors and volunteers

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Decatur County Prison PREA Policy states any contractor or volunteer who engages in sexual abuse shall be prohibited from contact with offenders and shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies. The facility shall take appropriate remedial measures, and shall consider whether to prohibit further contact with offenders, in the case of any other violation of facility sexual abuse or sexual harassment policies by the contractor or volunteer.

In the past 12 months, there have not been any contractors or volunteers who have been reported to law enforcement agencies and relevant licensing bodies for engaging in sexual abuse of inmates; there were no such allegations reported.

Through interviews with the administrative staff, it was determined that any contractor or volunteer that violated the agency’s sexual abuse and sexual harassment policies (even minor violations), would be banned from the facility and reported to appropriate authorities.

Standard 115.78 Disciplinary sanctions for inmates

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Decatur County Prison PREA Policy states the facility prohibits all consensual sexual activity between offenders, and offenders may be subject to disciplinary action for such activity. Consensual (non-coerced) sexual activity between offenders does not constitute sexual abuse, but is considered a disciplinary issue.

Offenders shall be subject to disciplinary sanctions pursuant to a formal disciplinary process following an administrative finding that the offender engaged in offender-on-offender sexual abuse or a criminal finding of guilt for offender-on-offender sexual abuse. These sanctions shall be imposed in accordance with SOP 209.01, Offender Discipline.

Sanctions shall be commensurate with the nature and circumstances of the abuse committed, the offender’s disciplinary history, and the sanctions imposed for comparable offenses by other offenders with similar histories.

The disciplinary process shall consider whether the offender’s mental disabilities or mental illness contributed to behavior when determining what type of sanction, if any, will be imposed.

The agency disciplines inmates for sexual conduct with staff only upon finding that the staff member did not consent to such contact.

The agency prohibits disciplinary action for a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred, even if an investigation does not establish evidence sufficient to substantiate the allegation.

In the past 12 months, there have not been any administrative findings of inmate-on-inmate sexual abuse.

In the past 12 months, there have not been any criminal findings of guilt for inmate-on-inmate sexual abuse.

Through interviews with the administrative staff, it was determined that any inmates who violated the agency’s sexual abuse and sexual harassment policies would be subject to disciplinary sanctions. The auditor was advised the facility follows the Georgia Department of Corrections disciplinary procedures. Sanctions would be issued based on the nature and circumstances surrounding the incident, the

inmate's past disciplinary history, and sanctions imposed for similar offenses by other inmates with similar histories. The auditor was further advised that mental illness would play a role in the disciplinary board's decision and punishment.

Through an interview with the facility medical staff, the auditor discovered that all mental health services would be provided by outside agencies. The auditor was advised that county inmates would receive mental health services from Georgia Pines Community Service Board and that state inmates would receive mental health services from Autry State Prison.

Standard 115.81 Medical and mental health screenings; history of sexual abuse

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Decatur County Prison PREA Policy states the Facility shall provide prompt and appropriate medical and mental health services in compliance with 28 CFR 115 and in accordance with the facility LOPs.

The facility acknowledges that any inmates who disclosed any prior sexual victimization during a screening pursuant to 115.41 would be offered a follow-up meeting with a medical or mental health practitioner within 14 days of the screening.

During the past 12 months, no inmates have disclosed prior victimization or abusiveness. The auditor was advised that if this occurred, county inmates who reported such information would receive mental health services from Georgia Pines Community Service Board and state inmates who reported such information would be transferred to Autry State Prison and receive mental health services at this facility.

Standard 115.82 Access to emergency medical and mental health services

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Decatur County Prison follows Georgia Department of Corrections PREA Policy which states the Warden/Superintendent will ensure that mental health and medical assistance are made immediately available for the alleged victim, including assistance, which may be necessary throughout the course of the investigation. This assistance will be provided pursuant to the Standard Operating Procedure on the Medical Management of Suspected Sexual Abuse, the Standard Operating Procedure on Psychological Counseling of Sexual Abuse Victims.

The nature and scope of such services are determined by medical and mental health practitioners according to their professional judgement.

Medical mental health staff maintain secondary materials (e.g., form, log) documenting the timeliness of emergency medical treatment and

crisis intervention services that were provided; the appropriate response by non-health staff in the event health staff are not present at the time the incident is reported; and the provision of appropriate and timely information and services concerning contraception and sexually transmitted infection prophylaxis. During the pre-audit, the auditor was provided with a copy of a Sexual Allegation Notification and Evaluation Log. This form is used to track the treatment and evaluation process of the victim.

Inmate victims of sexual abuse while incarcerated are offered timely information about and timely access to emergency contraception and sexually transmitted infection prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate.

Treatment services are provided to every victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.

Through interviews with the facility's medical staff, it was determined inmate victims of sexual abuse would received timely and unimpeded access to emergency medical treatment and crisis intervention services. These services would be provided immediately after receiving the allegation. The nature and scope of these services would be based on the facility medical staff's professional opinion. Inmate victims of sexual abuse are offered timely information about access to emergency contraception and sexually transmitted infection prophylaxis.

Standard 115.83 Ongoing medical and mental health care for sexual abuse victims and abusers

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The facility offers medical and mental health evaluation and, as appropriate treatment to all inmates who have been victimized by sexual abuse.

There are no female inmates housed at Decatur County Prison; therefore, standards 115.83 (d)-1 and 115.83 (e)-1 are not applicable.

Inmate victims of sexual abuse while incarcerated are offered tests for sexually transmitted infections as medically appropriate.

Through interviews with the facility medical staff, it was determined that if an inmate alleged sexual abuse, they would be taken to the facility medical staff to be evaluated. The medical staff would provide stabilization treatment. Once the inmate was stabilized, they would be transported to the Phoebe Putney Memorial Hospital for a forensic exam. Once the inmate returned from the hospital, the medical staff would evaluate the physicians medical orders and follow their treatment plan. The facility nurse advised this treatment would be consistent with the care someone who was not incarcerated would receive. Inmates would receive mental health services from a victim advocate from Lily Pad Sane Center. If necessary, arrangements would be arranged to have the advocate come into the facility and provide services to the inmate victim. All known inmate-on-inmate sexual abusers would receive an evaluation and treatment, if appropriate. The auditor was advised county inmates would be treated by Georgia Pines Community Service Board and state inmates would be treated at Atriy State Prison.

Standard 115.86 Sexual abuse incident reviews

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

- Does Not Meet Standard (requires corrective action)

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Decatur County Prison PREA Policy states the facility shall meet once per month to review and assess the facility’s PREA prevention, detection, and response efforts. During this meeting, an incident review shall be conducted for each sexual abuse allegation that has been concluded within the past 30 days. This review shall be conducted on all abuse allegations deemed substantiated and unsubstantiated. Reviews are not necessary for unfounded allegations.

The review team shall include the PREA Coordinator/PREA Compliance Manager, SART, and representatives from upper management, line supervisors, and other staff members, as designated by the Warden of the facility.

The review team shall:

- a. Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse.
- b. Consider whether the allegation or incident was motivated or otherwise caused 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.
- c. Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area enabled abuse.
- d. Assess the adequacy of staffing levels in the area during different shifts.
- e. Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff members.
- f. Prepare a report of its findings including, but not limited to, determinations regarding all of the above, and any recommendations for improvement, and submit such report to the Warden and PREA Compliance Manager.
- g. Attachment 13, Sexual Abuse Incident Review Checklist shall be used to conduct these reviews.

During the pre-audit, the auditor was provided with a copy of the Sexual Abuse Incident Review Checklist which clearly outlines the information listed above.

In the past 12 months, there has been one criminal and/or administrative investigation of alleged sexual abuse completed at the facility, excluding only “unfounded” incidents. This investigation was for sexual harassment; therefore, there was not a sexual abuse incident review conducted.

The facility acknowledged they ordinarily would conduct a sexual abuse incident review within 30 days of the conclusion of the sexual abuse investigation.

The Sexual Abuse Incident Review Checklist requires the facility to acknowledge whether or not the facility implements the recommendations for improvement. If they choose to not implement the recommendations for improvement, there is a comments section on the checklist where they would document their reason for not doing so.

Through interviews with the Warden, as well as a member of the incident review team, it was determined the facility would conduct a sexual abuse incident review at the conclusion of a sexual abuse investigation (excluding unfounded allegations). The incident review team would consider whether the incident or allegation was motivated by race, ethnicity; gender identity, or perceived status; or gang affiliation, or if it was motivated or otherwise caused by other group dynamics. The review team would also examine the area in the facility where the abuse allegedly occurred to assess whether physical barriers in the area may enable abuse. Staffing levels would be considered, and monitoring technology would be review. The goal of the review is to identify an potential problem areas and take corrective action when necessary.

Standard 115.87 Data collection

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

- Does Not Meet Standard (requires corrective action)

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The agency collects accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions. Decatur County Prison utilizes the Department of Justice SSV form to collect this information.

The agency aggregates the incident-based sexual abuse data annually.

The agency maintains, reviews, and collects data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews.

The agency acknowledges they would provide the Department of Justice with data from the previous calendar year upon request.

During the pre-audit, the auditor was provided with completed SSV forms from 2013 and 2014.

Standard 115.88 Data review for corrective action

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Decatur County Prison has acknowledged they review data collected and aggregated pursuant to 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, response policies, and training, including:

- Identifying problem areas;
- Taking corrective action on an ongoing basis; and
- Preparing an annual report of its findings from its data review and any corrective actions for each facility, as well as the agency as a whole.

The annual report includes a comparison of the current year's data and corrective actions with those from prior years.

The annual report provides an assessment of the agency's progress in addressing sexual abuse.

During the pre-audit, the auditor located this information on the agency's public website.

During the interview with the Warden, he acknowledged the facility collects statistics annual. Reports are submitted to him for his approval and they are posted to the agency website. The purpose of these reports is to look for any trends and take action to eliminate any and all potential issues. The auditor was advised the facility recently installed a video camera in two locations in order to eliminate blind spots that were identified.

Standard 115.89 Data storage, publication, and destruction

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Decatur County Prison PREA Policy states requirements and retention guidance for records and information applicable to this program are available in the Records and Information Disposition Schedule (RIDS) on CAPTIVA.

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

1. Sexual abuse data, files, and related documentation- 10 years from the date of the initial report.
2. Criminal investigation data, files, and related documentation- for as long as the alleged abuser is incarcerated or employed by the agency, plus 5 years; or 10 years from the date of the initial report, whichever is greater.
3. Administrative investigation data, files, and related documentation- 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.

Before making aggregated sexual abuse data publicly available, the agency removes all personal identifiers.

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.

Jeff Kovar

May 6, 2016

Auditor Signature

Date