

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

Interim       Final

**Date of Report**    February 1, 2019

### Auditor Information

<b>Name:</b> Robert Lanier	<b>Email:</b> rob@diversifiedcorrectionalservices.com
<b>Company Name:</b> Diversified Correctional Services, LLC	
<b>Mailing Address:</b> PO Box 452	<b>City, State, Zip:</b> Blackshear, GA 31516
<b>Telephone:</b> 912-281-1525	<b>Date of Facility Visit:</b> December 17-18, 2018 Two (2) Auditors

### Agency Information

<b>Name of Agency:</b>	<b>Governing Authority or Parent Agency (If Applicable):</b>		
Muscogee County Prison	Columbus Consolidated Government		
<b>Physical Address:</b> 7175 Sacerdote Lane	<b>City, State, Zip:</b> Columbus, Georgia 31907		
<b>Mailing Address:</b> P.O. Box 84041	<b>City, State, Zip:</b> Columbus, Georgia 31908-4041		
<b>Telephone:</b> (706) 641-5800	<b>Is Agency accredited by any organization?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
<b>The Agency Is:</b>	<input type="checkbox"/> Military	<input type="checkbox"/> Private for Profit	<input type="checkbox"/> Private not for Profit
<input type="checkbox"/> Municipal	<input checked="" type="checkbox"/> County	<input type="checkbox"/> State	<input type="checkbox"/> Federal

**Agency mission:**    [Click or tap here to enter text.](#)

**Agency Website with PREA Information:**

### Agency Chief Executive Officer

<b>Name:</b> H. Dwight Hamrick	<b>Title</b> Warden
<b>Email:</b> DHamrick@columbusga.org	<b>Telephone:</b> (706) 641-5801

### Agency-Wide PREA Coordinator

<b>Name:</b> Grace Atchison	<b>Title:</b> Statewide PREA Coordinator
<b>Email:</b> grace.atchison@gdc.ga.gov	<b>Telephone:</b> 678-322-6066
<b>PREA Coordinator Reports to:</b> Office of Professional Standards, Director of Compliance	<b>Number of Compliance Managers who report to the PREA Coordinator</b> 88

### Facility Information

<b>Name of Facility:</b> Muscogee County Prison			
<b>Physical Address:</b> 7175 Sacerdote Lane			
Columbus, Georgia 31907			
<b>Telephone Number (706) 641-5800</b>			
<b>The Facility Is:</b>	<input type="checkbox"/> Military	<input type="checkbox"/> Private for profit	<input type="checkbox"/> Private not for profit
<input type="checkbox"/> Municipal	<input checked="" type="checkbox"/> County	<input type="checkbox"/> State	<input type="checkbox"/> Federal
<b>Facility Type:</b>	<input type="checkbox"/> Jail	<input checked="" type="checkbox"/> Prison	

**Facility Mission:** To protect the public through effective control and custody of inmates. To provide effective methods of self-improvement for inmates. To provide a safe and professional work environment for our staff.

**Facility Website with PREA Information:** [www.columbusga.gov/MCP/general\\_Information.html](http://www.columbusga.gov/MCP/general_Information.html)

### Warden/Superintendent

<b>Name</b> H. Dwight Hamrick	<b>Acting Superintendent:</b> Warden
<b>Email:</b> Dhamrick@columbusga.org	

### Facility PREA Compliance Manager

<b>Name:</b> Daniel L. King	<b>Deputy Warden</b>
<b>Email:</b> dking@columbusga.org	<b>Telephone:</b> 706 641-5803

### Facility Health Service Administrator

<b>Name</b> Karen Pidgen	<b>Title:</b> Health Services Administrator
<b>Email:</b> karen.pridgen@correcthealth.org	<b>Telephone:</b> 706 641-5820

### Facility Characteristics

<b>Designated Facility Capacity:</b> 528	<b>Current Population of Facility:</b> 525
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Number of inmates admitted to facility during the past 12 months		505	
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 30 days or more:		505	
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:		505	
Number of inmates on date of audit who were admitted to facility prior to August 20, 2012:		0	
Age Range of Population:	Youthful Inmates Under 18: N/A	Adults: 35	
Are youthful inmates housed separately from the adult population?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
		<input checked="" type="checkbox"/> NA	
Number of youthful inmates housed at this facility during the past 12 months:		N/A	
Average length of stay or time under supervision:		14 months	
Facility security level/inmate custody levels:		Minimum/Medium	
Number of staff currently employed by the facility who may have contact with inmates:		125	
Number of staff hired by the facility during the past 12 months who may have contact with inmates:		23	
Number of contracts in the past 12 months for services with contractors who may have with inmates:		2	
<b>Physical Plant</b>			
Number of Buildings: 3		Number of Single Cell Housing Units:	
Number of Multiple Occupancy Cell Housing Units:		20	
Number of Open Bay/Dorm Housing Units:		12	
Number of Segregation Cells (Administrative and Disciplinary):		20	
Description of any video or electronic monitoring technology (including any relevant information about where cameras are placed, where the control room is, retention of video, etc.): 90 cameras that monitor offender's housing area, all hallways and doors, maintenance area, outside perimeter, visitation room, kitchen areas.			
<b>Medical</b>			
Type of Medical Facility: Contracted non-Critical thru Augusta University.		Prison Infirmary	
Forensic sexual assault medical exams are conducted at:		Muscogee County Prison	
<b>Other</b>			
Number of volunteers and individual contractors, who may have contact with inmates, currently authorized to enter the facility:		14	
Number of investigators the agency currently employs to investigate allegations of sexual abuse:		6	

## Audit Findings

## Audit Narrative

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

### Pre-Audit Activities

**Notice of PREA Audit:** The Notice of PREA Audit for the Muscogee County Prison located in Columbus, Georgia was forwarded to the facility's PREA Compliance Manager six weeks prior to the on-site audit, for posting in the facility. The PREA Compliance Manager posted the Notice in areas accessible to staff, inmates, contractors, volunteers and visitors. Confirmation of the posting was provided. The purpose of the posting of the Notice is to allow anyone with a PREA issue or concern, or an allegation of sexual abuse or sexual harassment to correspond, confidentially, with the Certified PREA Auditor. The auditor did not receive any correspondence as a result of that posting. During the site-review the auditor observed the Notices posted in common areas, living units and other places enabling staff, probationers, contractors, volunteers and visitors the opportunity to communicate with the auditor.

**Pre-Audit Questionnaire/ Flash Drive Review:** The Facility's PREA Compliance Manager was forwarded a flash drive 30 days prior to the on-site audit. The reviewed flash drive contained the Pre-Audit Questionnaire, policies and procedures, local operating procedures, memos, and other documentation specific to facility operations and PREA as implemented in that facility. Much of the documentation was outdated and the auditor requested additional information that was provided expeditiously.

The information provided enabled the auditor to get a clear and comprehensive view of the policies and procedures governing operations as well as enabling the auditor to understand the local procedures as well as the state operating procedures (policies) governing the facility. As a result, the auditor communicated with the PREA Compliance Manager, identifying documentation the auditor would need to review during the on-site audit. When clarification was needed, the auditor communicated with the PREA Compliance Manager. The PREA Compliance Manager was responsive and provided information as requested and when the auditor arrived on site, the PREA Compliance Manager had put together a huge binder containing information that was requested and other documents to demonstrate "practice".

Communications with the PREA Compliance Manager were ongoing and prior to the onsite portion of the audit, the Auditor and PREA Compliance Manager discussed a tentative agenda and logistics for the on-site audit.

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

- Perception Report (Probationer's Identity)

- Special Needs Report
- Hotline Calls Report (for last 12 months)
- Outreach to Just Detention International
- Outreach to the Sexual Assault Services Center, Columbus, Georgia

### **On-Site Audit Activities**

This audit was conducted by a Certified PREA Auditor, certified in both adults and juvenile standards and an experienced, corrections professional, whose responsibilities would be to assist in interviewing the inmates. The auditors arrived at the facility, December 17, 2018. The auditors were met by the PREA Compliance Manager who is also the facility's Deputy Warden of Care and Treatment. The Warden had a previous commitment and was on-site the second day of the audit.

Following introductions and a brief overview of the process, the Auditors were provided an alpha roster for inmates and staff rosters. Random selections of inmates and staff were made. The associate staff also secured a list of targeted probationers to interview as well. The auditor had already identified some of the targeted inmates using the reports provided to the auditor by the Georgia Department of Corrections PREA Unit. The PREA Unit (Georgia Department of Corrections Disability Report identified no inmates at this facility with disabilities). Two inmates who had previously disclosed prior victimization were identified from the PREA Unit's perception/Prior victimization report that they provide the auditor upon request.

The Associate Auditor began interviewing inmates while the Lead Auditor began interviewing specialized staff. Later the auditor, accompanied by the Deputy Warden/PREA Compliance Manager conducted a partial site review and a complete site review the following day with the Warden and Deputy Warden.

**Selection of Staff and Inmates:** Inmates were selected from an alpha roster and from a list of targeted inmates. Inmates who were selected included a cross section of inmates representing every living unit and program. Two, inmates on the PREA Unit's perception and prior victimization reports were interviewed.

Staff were selected from the facility staffing rosters. A cross section of staff were selected to be interviewed and included day shift staff, overnight staff, split shift staff, detail officers, general population counselors, and staff from food service.

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

The auditor randomly selected fifteen (14) staff representing staff from all shifts, including the day shift (0600-1800); Overnight Shift (1800-0600); and the Split Shift (Overlaps both shifts).

#### **(24) Specialized Staff included the following:**

- (1) Previous Interview with the Agency PREA Coordinator
- (1) Previous interview with Commissioner's Designee
- (1) Previous interview with Agency Contract Manager Designee
- (1) Previous Interview with the Agency Assistant PREA Coordinator
- (1) Warden

- (1) Deputy Warden/PREA Compliance Manager
- (1) Deputy Warden/Retaliation Monitor
- (3) Staff conducting unannounced PREA Rounds
- (1) Due Process Hearing Officer
- (1) Staff making dorm assignments
- (1) Volunteer Coordinator
- (1) Incident Review Team Member
- (1) Facility Nurse
- (1) Volunteer
- (1) Contractor
- (1) Staff Conducting Intake
- (1) Staff Conducting Orientation
- (3) Staff Conducting Victim/Aggressor Assessments
- (1) Medical Staff
- (1) SANE Nurse (Previous Interview with SANE on contract with the Department of Corrections)
- (1) Facility-Based Investigator
- (1) Staff supervising segregation
- (1) Rape Crisis Center Staff
- (1) Volunteer

**(26) Randomly Selected Inmates** (All 26 were interviewed using the standard questions of randomly selected detainees)

**(04) Targeted;** Completed the Random Interview Questions in addition to the Targeted Detainees)

- One (1) Inmates Reporting Prior Victimization
- One (1) Inmate Perception

There were no inmates at the facility who were cognitively, mentally or psychiatrically challenged or who had limited reading skills. There were no inmates who reported being a victim at this facility, nor were there any inmates at the facility who are limited English proficient. There were no detainees who were disabled, either hearing or visually. There were no inmates who were in segregated or other restricted housing as the result of being a victim or a prior victim. These were confirmed through interviews with the Warden, Deputy Warden/PREA Compliance Manager, Chief of Security, interviews with inmates and reviewed PREA Assessments reports.

**(13) Informally interviewed inmates during the site review**

The auditor received reports from the GDC PREA Unit's Analyst. These included reports of any Disabled Inmates; Identifying as Lesbian, Gay or Bi-Sexual; Inmates who disclosed prior victimization; and any inmates who contacted the PREA Hotline in the past 12 months. There were no inmates who were disabled in any manner.

**Testing of Processes:** Two (2) of the PREA Phones in two separate dorms were tested. Communication from the Office of Professional Standards, PREA Unit Analyst confirmed the phones worked as required. The auditor also reviewed fifteen (15) Health Screening Forms in inmate files, randomly selected and twenty (20) inmate files to review intake PREA related information, orientation and documentation of having the PREA Assessment conducted.

## Documents and Files Reviewed:

- Facility Org Chart
- Inmate County by Race
- (18) Personnel Files for background checks/ (6) Background Check Verification Forms documenting 129 background clearances 2018
- (40) Victim/Aggressor Assessments
- (40) Victim/Aggressor Reassessments
- (35) Assessments documented in (35) reviewed inmate files
- (16) Classification Summaries with history of assessments
- (35) Inmate Files
- (35) Inmate PREA Acknowledgment Statements from inmate files
- (40) Inmate PREA Acknowledgment Statements
- (35) Orientation Checklists from inmate files
- (40) Orientation Checklists
- (20) Day 1 In-Service Training Rosters; 2017 and 2015 Day 1, In-Service Training
- (20) National Institute of Corrections “Communicating Effectively and Professionally with LGBTI Offenders
- (4) NIC Certificates confirming medical staff completing “Medical Health Care for Victims of Sexual Abuse in a Confinement Setting”
- (4) Medical Contractors Certificates documenting the NIC Training, “Communicating Effectively and Professionally with LGBTI Offenders”
- (7) NIC Certificates documenting the specialized training, “PREA: Investigating Sexual Abuse in a Confinement Setting”
- (1) Contract with Language Line Solutions
- (1) MOU with the Sexual Assault and Support Center, Inc., Columbus, GA
- (1) Intergovernmental Agreement (between the Georgia DOC and the Columbus Consolidated Government)
- (12) Contractor PREA Acknowledgment Statements
- (6) Grievances representing 10% of all PREA Grievances in 2018 (55)
- (23) Logbook pages documenting Unannounced PREA Rounds
- (80) Shift Reports documenting staffing levels on shifts
- Employee PREA Acknowledgment Statements (12)
  
- **PREA Unit Reports from the GDC PREA Unit Analyst**
  - 1) LBGTI Report
  - 2) Prior Victimization Report
  - 3) Disabilities Report
  - 4) Hot Line calls for the Past 12 months

**Post Audit Activities:** The auditor communicated with the facility requesting additional information and clarifying issues. The need for Corrective Actions were requested. These are documented in the section below entitled: Follow-Up Required.

## Follow-Up Required – See Corrective Action Require

## Facility Characteristics

*The auditor's description of the audited facility should include details about the facility type, demographics and size of the inmate, inmate or detainee population, numbers and type of staff positions, configuration and layout of the facility, numbers of housing units, description of housing units including any special housing units, a description of programs and services, including food service and recreation. The auditor should describe how these details are relevant to PREA implementation and compliance.*

The Muscogee County Prison, housing a maximum capacity of 528 adult male felon inmates, is a medium security level prison, housing medium and minimum-security level inmates, located in Columbus, Georgia and operated as a part of the Columbus Consolidated Government. The Georgia Department of Corrections and the Columbus Consolidated Government have entered into an interagency agreement in which the prison houses state inmates who meet the criteria for placement in a county prison and are paid a per diem per inmate. In addition to the state inmates, the facility houses up to 48 county inmates who have been sentenced to short terms of imprisonment. While the county sheriff or local courts do not operate the prison, both entities work closely in the administration of justice.

The prison is required to comply with the GDC Policies and Procedures and the PREA Standards.

The mission of the facility is to protect the public through effective control and custody of inmates; to provide effective methods of self-improvement for inmates; and to provide a safe and professional work environment for staff; to house state and county offenders and to provide a general labor force supporting Muscogee County Government. One living unit houses county inmates who have been sentenced by the courts to serve time in the county prison.

Inmates are housed in open bay dormitories in two pods, designated as the South Pod and North Pod. Each pod contains 6 dormitories with a capacity of 48 inmates in each dormitory. On the first day of the audit there were 521 state inmates and 46 county inmates. Assignments to dorms are based primarily on the detail assignment. County inmates are housed in a separate dormitory from the State Inmates.

Dorms are two tiered with bunk beds. There are two restroom/shower areas in the rear of the dorm and one on each side of the dorm. There are six (6) shower heads obstructed by a  $\frac{3}{4}$  wall. Each of the toilets is separated by  $\frac{1}{2}$  walls. Inmates are not naked in full view of staff unless it is count time and an inmate is in the shower area, which is prohibited during count. In that case a male staff would conduct the count. Each dorm has six (6) phones enabling inmates to call home, attorney's and anyone else on their approved list. They can also contact the PREA Hotline using the phones. Each dorm has a Kiosk enabling inmates to message/send a request to the Warden, Deputy Wardens, Counselors and medical. There were PREA posters throughout the unit and there were two cameras observed in the dorms, one pointing toward the day room and another pointing to the bedroom area. There is control room in each pod. The elevated control room operator can monitor what is going on in any of the assigned dorms. The cameras are equipped with tilt and zoom enabling the officer to zoom in on the top or lower tier. In addition to the control room staff, the auditor observed three other officers making rounds.

There are two units of segregated housing each with 10 cells, double bunked except for one cell, single occupancy. The showers are recessed into the wall and backed up against the wall providing privacy while showering.

Each day approximately 425 inmates are dispatched for outside work detail and around 150 inmates remain inside the facility to provide services and to maintain City property. Outside work details augment the city of Columbus' work force in maintaining infrastructures and providing services.

In addition to the Warden and two Deputy Wardens, there are 126 Correctional Officers supervising the inmates in house and on some of the details. There are three shifts, 6AM to 2PM; 2PM to 10PM and 10PM to 6AM. Ancillary staff are responsible for functions such as key control, tool control, chemical control etc.

Medical services are provided through a contract with Correct Health and there is a total of 7 medical staff. Routine medical services and health care are provided during normal business hours. After hours, an on-call physician would direct the staff and if emergency services are needed, the inmate would be taken to Piedmont Hospital in Columbus, Georgia. There are two cells in medical for housing sick inmates.

Food Service is also contracted through Aramark. There are six food service employees. While inmates serve on the kitchen detail, a Certified Correctional Officer is stationed in the kitchen to monitor and supervise the inmates working there.

There are three care and treatment staff serving as case managers/general population counselors.

While the primary focus of the facility's program is work, programs and services are also offered, and some are required for the GDC population. Programs include the following:

**Counseling:** The facility has three full-time counselors whose responsibilities are to provide counseling services to the population in an effort to meet the offender's individualized counseling needs. There are no mental health counselors at this facility however, a strong contingent of mental health counselors is just next door at the GDC's Rutledge State Prison. The prison has access to these services and have a good relationship with them. Inmates disclosing prior victimization, for example, are referred to mental health at Rutledge.

**Education:** Inmates have the opportunity to achieve their GED. Classes are provided Monday and Wednesday nights from 6:30PM to 9:00PM. Since 1997, the facility reports that several hundred inmates have earned their GED certificates. Literacy services are also available as needed.

**Vocational/OJT; (Certified):** On the job training equips the inmate with marketable skills for his future. Reportedly 100 inmates have successfully graduate from the Middle College of Georgia program. OJT is available in food service, building maintenance, laundry services, and auto repair.

**Motivation for Change:** Inmates who have drug charges are required to attend the class, others are encouraged to take the class. This subject is taught the second Wednesday of each month.

**Anger Management and Family Violence:** This topic is required for most inmates.

**Religious Services:** Religious services are provided, and other religious programming or needs are provided as requested, according to the website description.

**Recreation:** General recreation is provided for inmates.

In developing a staffing plan, the Warden and team consider the population being served, the programming provided, and the availability of supplemental video monitoring.

Minimum staffing levels are four (4) staff to man the control rooms; three (3) floor officers for North Pod; three (3) floor officers for South Pod; one (1) Officer in Charge; one (1) Assistant Officer in Charge; one (1) Kitchen staff (1<sup>st</sup> and 2<sup>nd</sup> shifts). Some posts are priority one and must be manned 24/7. POSTS that do not have to be manned 24/7 are priority level 2 and 3 and can be pulled or closed to man a priority one post. Floor officers are what was commonly referred to as "rovers" whose job is to move around and into each dorm every thirty minutes.

As a supplement to the floor officers, the control room (North and South) situated in between all six dorms, is raised and referred to as a tower and from the tower the dorms can be viewed. Inmates do have privacy and the tower operator cannot see anyone naked in a shower or using the restroom.

Also, to enhance supervision, the facility has placed a total of 95 cameras that are around the inner and outer areas of the perimeter. There are 19 cameras that monitor the outside perimeter and parking lot. There are 48 cameras that monitor the 12 inmate dormitories but are not placed where the inside of the shower/restroom area can be viewed. Pod areas and hallways are covered by 4 cameras. The visitation area has 2 cameras, the visitation area has 1 camera, 4 cameras monitoring the hallway leading from north and south pods and both isolation hallways north and south are monitored by 4 cameras. There are 2 cameras in the laundry room and 4 monitoring the kitchen. One camera is in medical. All hallways are monitored by a minimum of 1 camera. There is 1 camera monitoring the maintenance workshop and 2 cameras in the Barbershop that is area operational. This was identified as a blind spot and corrected with the addition of the two cameras.

Mirrors were observed being used to mitigate blind spots and numerous windows were observed in offices enabling viewing.

## **Site Review**

The auditor was escorted by the Deputy Warden of Care and Treatment/PREA Compliance Manager, on a preliminary site review on Day 1 of the on-site audit. The site review was completed on Day 2 and the auditor was escorted by the Warden, Deputy Warden of Care and Treatment and Deputy Warden of Security.

During the site review the auditor made numerous observations, including the posting of Notices of PREA Audits, PREA Related Posters, notices advising inmates that female staff routinely work in the facility, locations of showers and privacy issues, if any, grievances and grievance boxes, requests forms and boxes for requests, configuration of living units, capacities of dorms, observations of blind spots, camera deployment, the use of mirrors to mitigate blind spots, staffing levels, supervision of inmates, accessibility to telephones and instructions for using the phones to report sexual abuse.

This facility is a large complex with 12 open bay dormitories housing state and county inmates. The prison is a medium security level prison housing minimum and medium security level inmates. State inmates are convicted felons who were sentenced in court to serve prison sentences. County inmates are sentenced by the local and state courts.

All administrative offices and support staff offices, counseling offices, ancillary services such as food service and medical, and all living units are housed under one roof. Visitors are granted entry into the facility by the front control room staff. Entering a small lobby, the front control room officer can view the visitor. A security staff is called to the front if the post is not manned to process visitors in. Processing includes emptying one's pockets, removing all metal items, and having any backpacks and other person items scanned by the x-ray machine. Visitors then walk through a metal detector, provide photo identification, and sign in on the visitor's log. There is a camera and a mirror in the lobby and of course, it can be seen from the front control room.

Front control opens the secure door allowing the visitor to enter. To the right and through another door, are a series of administrative offices including the Warden's Office, Deputy Warden of Security's Office, Deputy Warden of Care and Treatment Office, a file room and an open space where three administrative assistants work in open cubicles.

Directly behind the front control room is a large, spacious, visitation/multipurpose room that can be seen from the front control room. The visitation area serves multiple functions including classes, religious services, and a search room. There are two cameras in this area.

Halls and corridors in this facility are long. Down the hall adjacent the visitation area and to the right is the medical area. This area consists of two cells for housing inmates who are ill. The door leading in to the clinic has a window enabling viewing from the hall. Entering a wide-open space, the two holding cells are on the left. The cells have toilets inside the cells and showers are taken in the segregation/isolation area where there is privacy in a single occupancy shower that is recessed into the wall with the shower head away from the entrance against a side wall preventing viewing. There are no cameras in the clinic cells. The clinic is staffed 24 hours a day, Monday through Friday with on-call services on the weekends. The auditor observed Language Line instructions posted on the bulletin board to access professional interpretive services for inmates who may be limited English proficient, if needed. PREA Posters are prominently displayed in medical. There is one camera located in medical. This space is a wide-open space easily facilitating viewing. There is a camera in the hall covering the entrance into medical.

Counselor's offices have large windows facilitating viewing and there is a camera in the hall covering the entrances into the offices.

Further down this large hallway and located on the left is the kitchen. The kitchen has 2 cameras in the work area, 1 camera viewing down the cook line, 1 camera shooting down the wash area, and 1 camera covering entrance into the office and two hallways. The food service office is designed and constructed with wrap around windows enabling staff in the office to view large areas of the kitchen from that vantage point. A camera covers the entrance into the dry storage. Staff stated that the Correctional Officer and not the food service staff go into the supply's storage with an inmate, A maximum of 38 inmates are assigned to kitchen duty divided up on different shifts. A Peace Officer Standards Trained and Certified Correctional Officer is assigned to this post as long as inmates are working there.

Further down and around the corner from the kitchen is the laundry room. There are two cameras in the laundry room. Equipment appeared positioned where an inmate could not likely get behind the equipment.

A long corridor leads to another hall running perpendicular to that corridor. That corridor leads to the North Pods and the South Pods, North Segregation/Isolation Cells and South Segregation/Isolation Cells and just past the middle recessed in that hall a barbershop with two chairs. There are cameras in the halls. The staff discovered the cameras in the hall did not cover the recessed area where the barber chairs are, so they added two additional cameras to cover that area and eliminate the blind spot.

The dorms were described earlier. Camera coverage is in all the dorms of both pods. There are 6 open bay two tier dorms in both north and south pods. An elevated control room is situated and elevated to enable the control room staff to look into each of the six dorms from that vantage point. With monitors in each pod control room, staff can zoom into the top tier or any other area to see what is going on in the dorm. Showers and restrooms were described earlier and provide privacy to ensure the inmate is not naked in full view of opposite gender staff. Inmates change clothing in the shower. Six (6) phones are in each of the 12 dorms. PREA Posters are displayed prominently. Notices of PREA Audit were observed in each dorm and in common areas. A KISOK enables the inmates to make requests to see staff, including the warden, deputy warden and any other higher-level staff.

Every area of the main building was clean. Dorms were clean and orderly.

Inmates were, during the entire on-site audit, relaxed, cordial, and interacted positively with the auditor and with facility staff.

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

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

**Number of Standards Exceeded:** 2

115.51, 115.87

**Number of Standards Met:** 43

115.11; 115.12; 115.13; 115.14; 115.15; 115.16; 115.17; 115.18; 115.21; 115.22; 115.31; 115.32; 115.33; 115.34; 115.35; 115.41; 115.42; 115.43; 115.52; 115.53; 115.54; 115.61; 115.62; 115.63; 115.64; 115.65; 115.66; 115.67; 115.68; 115.71 115.72; 115.73; 115.76; 115.77; 115.78; 115.81; 115.82; 115.83; 115.86; 115.88; 115.89; 115.401; 115.403

**Number of Standards Not Met:** 0

N/A

### **Summary of Corrective Action (if any)**

**Item # 1** – Several files were missing the documentation regarding the PREA related questions asked of applicants and one background check was not in the files.

**Corrective Action Completed:** The facility, on January 10, 2019, provided the missing applicant questions as well as the background check for the staff whose file did not have it in the file.

**Item # 2-** The auditor asked the Deputy Warden to pull the PREA Assessment History on specific inmates to determine if a reassessment was done in the 30-day time frame required by GDC Policy and the PREA Standards. Counselors indicated they carry large caseloads and it is difficult to get them all in within the 30 days. The review indicated that in the past month or two there was much improvement however the auditor requested a corrective action in form of retraining all staff conducting the assessments and to document a plan to ensure that inmates are reassessed within the 30 days.

**Corrective Action Completed:** On January 10, 2019 the facility provided a curriculum used to retrain staff conducting the victim/aggressor PREA assessments and a training roster documenting the training. The facility has developed a procedure to ensure reassessments are done in accordance with the GDC Policies and PREA Standards. Included in the procedure is a quality assurance component to check periodically to determine if reassessments are compliant.

**Item # 3** – The facility has not had any allegations of either sexual assault or sexual harassment in the past 12 months and a review of the facility website indicated that the only posted report was for 2015. The Deputy Warden of Care and Treatment stated because there were no allegations, he was not aware he needed to post it.

**Corrective Action:** All the annual reports were posted on the facility’s website. Corrected 1/9, 2019.

## PREVENTION PLANNING

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

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

#### 115.11 (a)

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

#### 115.11 (b)

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

#### 115.11 (c)

- If this agency operates more than one facility, has each facility designated a PREA compliance

manager? (N/A if agency operates only one facility.)  Yes  No  NA

- Does the PREA compliance manager have sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards? (N/A if agency operates only one facility.)  
 Yes  No  NA

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the +6standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

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

The agency has policies mandating a zero-tolerance policy and the comprehensive PREA policy (SOP 208.06, Prison Rape Elimination Act-PREA, Sexually Abusive Behavior Prevention and Intervention Program) addresses the agency's approach to prevention of sexual abuse and sexual harassment as well as its approach to detection, responding and reporting sexual abuse and sexual harassment. The policy prohibits retaliation for reporting or participating in an investigation and mandates a zero tolerance for retaliation as well.

The GDC has developed a PREA Unit consisting of a Statewide PREA Coordinator, an Assistant Statewide PREA Coordinator, a PREA Analyst and a Support Staff. The Statewide PREA Coordinator reports to the Director of Compliance in the Office of Professional Standards however has unimpeded access to the Commissioner of the Georgia Department of Corrections.

The agency has an ADA Coordinator who serves as a resource person for accessing interpretive services for disabled or limited English proficient detainees and inmates.

The Warden of the Muscogee County Prison has designated a senior level staff as the PREA Compliance Manager. The PREA Compliance Manager is a Deputy Warden of Care and Treatment who reports directly to the Facility's Warden. The Deputy Warden has daily contact with the Warden in meetings and interacting in normal duties as facility administrators. He has the complete support of the Warden.

The PREA Compliance Manager indicated he does have a lot of other duties but that he does have sufficient time to perform his PREA related duties and in his position and with the support of the

Warden he has the authority and responsibility for implementing the PREA Standards and maintaining Zero Tolerance and the standards. The PREA Compliance Manager indicated he has been involved with implementing PREA since its inception and to get things done, he must prioritize. He also related how the Deputy Warden of Security has enforced a culture where staff and inmates maintain boundaries with no horse playing or addressing each other by nicknames or first names. He insists on staff being professional in addressing inmates and vice versa according to the PREA Compliance Manager.

Zero Tolerance is communicated in multiple ways and staff and offenders/inmates are knowledgeable of and understand the facility has a zero tolerance for all forms of sexual abuse, sexual harassment and retaliation. The Muscogee County Prison is required to comply with the Georgia Department of Corrections policies. The Georgia Department of Corrections PREA Policy addresses and integrates the elements of the PREA Program, and includes the agency's approach to prevention, detection, responding and reports. The agency has identified sanctions for staff, contractor, or detainee for violating any agency sexual abuse or sexual harassment policy.

GDC Standard Operating Procedures; 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention Program affirms that the agency/facility has a zero-tolerance policy regarding illegal sexual acts, sexual harassment, teasing, joking, and intimidation, negative referencing or sexual misconduct in either the prison, on work details, or in the community where work details are assigned or operated by the department.

Zero Tolerance is referenced in the Facility's Staffing Plan in the Mission of the facility; in the Inmate Handbook, in PREA Acknowledgment Statements for staff, inmates, contractors and volunteer, on issued PREA brochures, in the PREA Video, and continuously through multiple PREA related posters that were observed in virtually every area of this facility, including disciplinary segregation.

**Policies and Documents Reviewed:** Georgia Department of Corrections (GDC) Policy 208.6, Prison Rape Elimination Act-PREA, Sexually Abusive Behavior Prevention and Intervention Program; Muscogee County Prison Staffing Plan; Georgia Department of Corrections Organizational Chart; Statewide PREA Structure (Organizational Chart depicting lines of authority and responsibility for the PREA Unit); Job Description Statewide PREA Coordinator; Facility Org Chart; Prison Staffing Plan; Muscogee County Prison Organizational Chart; Muscogee County Prison PREA Local Operating Procedures; PREA Brochures; Training Rosters documenting 2018 Day 1 Annual In-Service Training and Specialized Training completed by administrators and 21 Certificates documenting staff completing the NIC Course entitled: Communicating Effectively and Professionally with LGBTI Offenders. Zero Tolerance Posters located throughout the facility;

**Interviews:** Warden; Deputy Warden/PREA Compliance Manager; Deputy Warden of Security; PREA Coordinator-Previous Interview; Assistant PREA Coordinator – Previous Interview; (14) Randomly Selected Staff; Twenty-Four (24) Specialized Staff, Twenty-Six (26) Randomly Selected Inmates; Four (4) Targeted Inmates, (13) Inmates Informally Interviewed.

**Other:** Observed PREA related posters throughout the facility; Phones with PREA Hotline dialing instructions, Phones were observed in all living units; Tested two phones.

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

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

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

Additionally, the Department has appointed a Statewide PREA Coordinator and an Assistant Agency Statewide PREA Coordinator with sufficient time and authority to develop, implement, and oversee the Department's efforts to comply with the PREA Standards in the Georgia Department of Corrections (GDC) facilities.

The Statewide PREA Coordinator has responsibility for the entire state. Both the PREA Coordinator and Assistant PREA Coordinator are experienced in adult corrections. They are heavily involved in training staff; whether it is training for the PREA Compliance Managers, Sexual Assault Response Team (SART) Members, or staff first responders to mention a few. PREA Compliance Manager training and SART training is held consistently at least twice a year. The PREA Coordinator is training to be a POST Certified Instructor (Peace Officer Standards Training) which means she has met all the requirements to instruct corrections staff, and especially Peace Officer Standards Certified Correctional Staff, enabling them to receive credit toward their ongoing certification and recertification requirements. The Peace Officer Standards Training and certification process are independent of corrections and law enforcement agencies and promulgates the standards for certification for all types of law enforcement and corrections agencies.

The reviewed Statewide PREA Structure, as depicted on the Agency's Organizational Chart, documented that the Statewide PREA Coordinator reports directly to the Agency's Director of the Georgia Department of Corrections Compliance Unit, however it also reflects that the Statewide PREA Coordinator also has access to the Commissioner of the Department with regard to any PREA issues and this is reflected in the dotted line from the PREA Coordinator up to the Commissioner. An interview with the PREA Coordinator Manager indicated that the Director of Facilities is actively supporting the PREA Coordinator and PREA in all facilities.

The PREA Coordinator is an exceptionally knowledgeable PREA Coordinator. She is not just knowledgeable of PREA, but also brings to the table experience working in adult facilities prior to her appointment. She has been responsible for ensuring that the prisons and facilities comply with the PREA Standards and that they maintain compliance. To that end she and the Assistant PREA Coordinator serve as a resource staff for the GDC facilities and programs. Visits to facilities are often working visits during which she and/or the Assistant PREA Coordinator often sit with the facility's investigators and review investigations of allegations of sexual abuse and sexual harassment as well as serving as a resource for the facility. Additionally, the PREA Unit now has the capacity to review investigations that are uploaded into the agency's database prior to closing them out. This serves as a

quality assurance function to provide some oversight to the investigation process. The Assistant PREA Coordinator is also a seasoned Corrections Staff with experience in both the private and public sector. He is knowledgeable of PREA and provides technical assistance when needed to the GDC Facilities. A previous interview with the PREA Coordinator and the Assistant Statewide PREA Coordinator confirmed that they have sufficient time to perform their PREA related duties.

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

The agency has a designated staff responsible for dealing with the American Disabilities Act and has arranged for the GDC to utilize multiple statewide contracts for inmates with disabilities. This state level position, also under the umbrella of the Office of Professional Standards, Compliance section, has also been actively involved in trying get GDC staff trained in ADA. The ADA Director has also assisted facilities in securing interpretive services when needed. On one specific occasion at another facility she expedited, for the auditor, the interview of a deaf inmate by arranging within minutes, a video interview with an interpreter who used American Sign Language.

The PREA Unit has reached out to nationally recognized organizations to assist in implementing PREA. They contracted with Just Detention in the past to assist in implementing PREA and are now under contract with the Moss Group to help the Department develop their Transgender Policy. The DRAFT Policy has been completed.

The Moss Group is also working with the Department to assess and recommend additional female programming (gender specific programming).

The Moss Group has completed Train the Trainer Classes to train trainers to go back into the facilities to train selected staff to serve as victim advocates.

The PREA Unit has implemented a computer-based program to enable the PREA Coordinator, Assistant PREA Coordinator and PREA Analyst to monitor investigations. This enables them to review the investigation and to require additional action, including instructing the facility-based investigators to look at other areas if warranted. Investigations must be approved by the PREA Unit. This provides a quality assurance component to evaluate investigations. Plans are underway for the PREA Coordinator, Assistant PREA Coordinator and PREA Analyst to use video to go into each facility to review, with them, their investigations.

Additionally, the Warden/Superintendent at each institution is charged with ensuring that all aspects of the agency's PREA Policy are implemented. The Warden/Division Director has, as required, developed a Local Procedure Directive for response to sexual allegations. The Directive reflects the institution's

unique characteristics and specifies how each institution will respond to sexual allegations and the notification procedures followed for reports of sexual allegations. (Local Procedure Directive discussed in a later standard).

Wardens/Superintendents are also required to assign an Institutional PREA Compliance Manager, who also has sufficient time and authority to develop, implement and oversee the facility efforts to comply with the PREA Standards. The Warden designated the Deputy Warden of Care and Treatment as the PREA Compliance Manager. The PREA Compliance Manager reports directly to the Warden. The PREA Compliance Manager has the responsibility and authority to implement and maintain PREA in this facility. The PREA Compliance Manger was observed interacting with the Warden often during the on-site audit. The Warden has given his complete support to the compliance manager. The PREA Compliance Manager indicated he has sufficient time to perform his PREA related duties and has the authority to implement and maintain the PREA Standards in the facility.

The agency's proactive approach to working towards preventing, detecting, responding and reporting PREA incidents was described by the PREA Coordinator and included the fact that they have been working with Just Detention International on a variety of initiatives and projects. The agency provided documentation of their JDI PREA Demonstration Grant, including the Final Close-Out Report dated March 2, 2018. The grant included nine (9) GDC project pilot facilities. The initiatives included: 1) Promote broad-based culture shift within GDC through new staff training programs that comply with the PREA Standards and address each employee's role in preventing and responding to sexual abuse. This included assessing the cultures in the pilot facilities and then developing and providing training. 2) Develop a trauma-informed response to sexual assault, ensuring incarcerated survivors have access to the same quality of care that is available in the community. During this part of the project the JDI worked with the Georgia Network to End Sexual Assault (GNESA in providing training to staff in providing trauma-informed response to inmates reporting sexual abuse, in building partnerships with community-based rape crisis centers and to provide training to the facility-based sexual assault response team members, ensuring a coordinated response to inmates reporting sexual abuse. This goal included objectives related to more training for staff and SARTs as well as securing written MOUs with rape crisis centers. 3) Develop PREA inmate education programs that address the needs of detainees with GDC's facilities. This included an assessment of existing inmate education curricula and materials, identifying inmate education delivery methods best suited for each of GDC's facility types and revising or developing new inmate education curricula and materials tailored to the needs of each facility type, and establishing a plan for delivering that education to new inmates and on an ongoing basis. 4) Enhance GDC's procedures regarding PREA standards and audit compliance.

Zero Tolerance is reinforced in the GDC prisons, Probation Detention Centers, Transitional Centers and contracted County Prisons, this auditor has audited. Inmates tell the auditor they have received this information in every facility they have been in and most have been transferred multiple times throughout the years. One inmate during a recent audit thanked the PREA Auditor for PREA and said that he has seen serious sexual assaults during his years in prison but that since PREA he has not seen that much and said that at his present prison, there are no sexual assaults. The Muscogee County Prison has not had any allegations of sexual abuse or sexual assault in the past 12 months. Zero Tolerance is also reflected in multiple documents, including PREA Acknowledgment Statements for staff, contractors, volunteers and inmates. Posters were observed in every area of the building, and in every living unit.

Inmates, staff, contractors and volunteers are trained in the zero-tolerance policy. They acknowledge that in signed PREA Acknowledgment Statements. The auditor reviewed Training Rosters documenting completion of Day 1, Annual In-Service Training that includes PREA Training. Medical staff, in addition to having PREA at the facility and during annual in-service also documented training in PREA from the company, Correct Health. Acknowledgement Statements for Employees and Unsupervised Contractors and Volunteers affirms that they have received training on the Department's Zero Tolerance Policy on Sexual Abuse and Sexual Harassment and that they have read to GDC Standard Operating Procedure 208.06, Sexually Abusive Behavior Prevention and Intervention Program. They also acknowledge that violation of the policy will result in disciplinary action, including termination or being banned from entering any correctional institution.

Thirteen (13) PREA Acknowledgment Statements for selected contractors and volunteers was also provided to the auditor in hard copy.

Staff are required to complete the NIC on-line training, Communicating Effectively and Professionally with LGBTI Offenders. The auditor reviewed 21 Certificates documenting that training.

The agency appears to value training to assist in the agency's prevention efforts. The agency plans and provides additional training for Sexual Assault Response Team Members as well as ongoing training for PREA Compliance Managers. Sexual Assault Team Members (SART) attend training at least semi-annually. This training was documented in training rosters and through interviews with SART members and the PREA Coordinator and Assistant PREA Coordinator and often complete the NIC on-line Specialized Training for Investigating Sexual Abuse in Confinement Settings, in addition to the specialized training for their respective fields; i.e., Medical and Mental Health. Healthcare staff attend training in Nursing Protocols. A qualified staff in most or all the GDC facilities is trained to serve as an advocate for victims of sexual abuse and advocates are generally a part of the Sexual Assault Response Team. The Facility-Based Advocate provided documentation of completing the on-line training for Victim Advocacy.

Offenders are provided PREA related information upon admission to the facility during the intake process. During Intake and according to staff, inmates are provided information about zero tolerance and inmate's rights not be abused and how to report it and are provided the PREA Brochure as well as an orientation that includes watching the PREA video, going over the PREA pamphlet, explaining zero tolerance, how to report, and that all claims are investigated. Inmates sign acknowledging they received the Video, with verbal information provided as well on zero tolerance and how to report. Following the education, the inmate signs the PREA Acknowledgment Statements acknowledging understanding zero tolerance and the consequences for being involved in an incident of sexual assault or sexual harassment. Additionally, the orientation checklist is initiated by the inmate confirming having received the information.

**Interviews:** An interview with the Warden indicated he has a zero tolerance for all forms of sexual abuse and sexual harassment and that it had been several years or more since the facility has even had an allegation. The Warden and staff have identified the blind spots in his facility and there are approximately 95 video cameras to cover those areas. He is knowledgeable of PREA and has a real grasp of prison operations and good security practices that help ensure staff and inmate safety. The PREA Compliance Manager is also the Deputy Warden. He indicated he manages his time by prioritizing and has time to perform his PREA related duties. He also affirmed he has the complete support of the Warden in implementing the PREA Standards and maintaining them.

One-hundred percent (100%) of the fourteen (14) interviewed random staff and twenty-four (24) specialized staff were aware of the zero-tolerance policy and agency's zero tolerance for any form of sexual abuse, sexual assault, sexual harassment or retaliation. They also are trained to and required to report all allegations of sexual abuse or sexual harassment including suspicions. Allegations and reports, regardless of the source, are required to be documented and investigated. Staff stated they would report the allegation immediately to their immediate supervisor and follow up with a written statement prior to the end of their shift. They affirmed they receive training annually during in-service training (Day 1), through information provided by the PREA Compliance Manager, and through multiple posters located throughout the facility. Interviewed staff affirmed having been trained in each of the topics required by the PREA Standards. Staff also are required by the PREA Unit to complete the National Institute of Corrections on-line training entitled: "Communicating Effectively and Professionally with LGBTI Offenders". Interviews confirmed that each of the interviewed staff completed that training as well.

Inmates, staff, contractors and volunteers are trained in the zero-tolerance policy. This was confirmed through reviewed acknowledgment statements, reviewed training rosters, certificates of training and interviews with them. All formally interviewed offenders as well as informally interviewed offenders, during the site review, were aware the facility and GDC has a zero tolerance for all forms of sexual activity. All the interviewed inmates stated they received information about the zero- tolerance policy the same day they were admitted and were told ways to report and they received verbal information, written information and saw the PREA Video that they have seen in the other GDC facilities they have been assigned to. They also indicated posters all over the facility and that they received a PREA Brochure asserting the agency has a zero tolerance for all forms of sexual abuse and sexual harassment and retaliation for reporting or cooperating with an investigation.

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

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

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

### 115.12 (a)

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

### 115.12 (b)

- Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement

of inmates OR the response to 115.12(a)-1 is "NO".)  Yes  No  NA

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

**Policy and Document Review:** Georgia Department of Corrections Policy, 208.6, Prison Rape Elimination Act, Sexually Abusive Behavior, Prevention and Intervention Program, A. Prevention Planning, Paragraph 2; Two (2) Agency Contracts (Previously Reviewed); Intergovernmental Agreement County Capacity, July 2018 (for the confinement of offenders); Pre-Audit Questionnaire.

**Interviews:** PREA Coordinator (Agency Director Designee) prior interview; Assistant PREA Coordinator previous interview, PREA Compliance Manager; Warden; Previous interview with Contracts Manager's Designee.

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

The Intergovernmental agreement between the Georgia Department of Corrections with the Columbus Consolidated Government for the confinement of offenders includes the following language in Paragraph 8, Prison Rape Elimination Act, that states, "County agrees it will adopt and comply with 28 CFR 115, entitled Prison Rape Elimination Act (PREA) as required in 28 CFR 155-12. The Columbus Consolidated Government also agrees to cooperate with Department (GDC) in any audit, inspection, or investigation by Department or other entity relating to County's compliance with PREA. It also agrees the Department will monitor the County's compliance with PREA and shall have the right to inspect any documents or records relating to such audit, inspection, or investigation and County will provide such documents or records at Department's request. The Columbus Consolidated Government

acknowledges that failure to comply with PREA is a material breach of this Agreement and is a cause for termination of this Agreement.”

The Muscogee County Prison does not contract for the confinement of offenders. This was confirmed through interviews with the PREA Coordinator (previous interview), Warden, Compliance Manager, and the reviewed Pre-Audit Questionnaire.

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

## Standard 115.13: Supervision and monitoring

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

#### 115.13 (a)

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

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

#### 115.13 (b)

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

#### 115.13 (c)

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

#### 115.13 (d)

- Has the facility/agency implemented a policy and practice of having intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment?  Yes  No
- Is this policy and practice implemented for night shifts as well as day shifts?  Yes  No
- Does the facility/agency have a policy prohibiting staff from alerting other staff members that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational functions of the facility?  Yes  No

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

Plans are required to be documented and take into account and consider the items required by the PREA Standards.

The Muscogee County Prison has a staffing plan for providing adequate staffing for the adult male population consisting of state offenders and county offenders and for manning the details inside and outside the prison. The staffing plan is documented in a document entitled the Muscogee County Prison Staffing Plan, written by the Warden and sent to the GDC PREA Coordinator for review and approval. That approval was provided by the Assistant PREA Coordinator via email to the facility. The PREA Coordinator provided the facility a template the department developed in encouraged the facility to use that template in an effort to secure uniformity in developing and documenting the plans.

This facility has a compliance officer who is responsible for compliance with the agency policy requirements (audited by the GDC), ADA, and PREA. The facility is not accredited but has passed its first PREA Audit conducted in 2015. The facility strives to adhere to the standards promulgated by the PREA Resource Center and GDC Policies. The Interagency Agreement for the confinement of Georgia

Department of Corrections and the Columbus Consolidated Government requires the facility to adopt and comply with the PREA Standards.

A review of the internet and interviews with the Warden and Deputy Warden of Care and Treatment as well as an inquiry the auditor made with Just Detention International and the Sexual Assault Support Center of Columbus, Georgia indicated the facility has not had any issues related to law suits and Just Detention has not received any complaints on the facility. The Warden indicated he has had no findings of any state or Federal investigations or other oversight bodies.

The facility takes into account the population being served, consisting of both state and local adult male inmates whose security levels are either medium or minimum. The population does not house or accept any youthful offenders.

The staffing plan considers the layout and configuration of the facility. There are 12 dormitories located in two Pods, North Pod and South Pod. The dormitories are open bay and two tiered. Each dorm houses a capacity of 48 inmates sleeping in bunk beds. There are six dormitories in each pod. Situated in between the six dormitories is a large elevated control room, controlling entry into the Pod and into each of the six dorms. From the control room, the control room staff can see into each of the 6 dormitories in the pod. Additionally, the officer has the benefit of a video monitoring system enabling him to view into each dorm with the ability to zoom in around any bunk on either tier. The control room operator demonstrated this capability by zooming in on two inmates talking next to a bunk on the upper tier of one of the dorms. Each dormitory has two cameras covering the living area and day room. Inmates also work in the kitchen, laundry and barbershop. The plan must consider the two restricted housing units (RHU); one for the North Unit and another for the South Unit. Each restricted housing unit has 10 cells capable of double bunking, with one cell on each RHU reserved for single occupancy if needed.

The staffing plan reports the facility has a total of 126 positions. There are, in addition to the Warden and Deputy Wardens (2), 106 security personnel. The facility operates three shifts, 6AM-2PM, 2PM-10PM and 10PM to 6AM. The Warden indicated the minimum staffing for the facility is as follows:

- (1) Officer in Charge
- (1) Assistant Officer in Charge (is a Priority 2 Post and Can be pulled)
- (1) North Tower Officer
- (1) South Tower Officer
- (3) North Pod Floaters
- (3) South Pod Floaters
- (1) Main Control Officer
- (1) Kitchen/Floater (operative on 1<sup>st</sup> and 2<sup>nd</sup> shifts in kitchen)
- (1) Front Control
- (1) Iso/Seg Officer

During the third shift the front control may be pulled to allow for fewer staff and/or to enhance staffing around the pods. The Kitchen Officer may become a floater after hours when the kitchen is closed.

The Warden stated the staffing is adequate to cover all the Priority One Posts. He indicated there are no deviations for manning the Priority One post and the facility does not deviate from these even if it required keeping staff over until someone could come in or reassigning a priority 2 or 3 post to cover a priority one post.

Specifically, it addresses each area of the facility and discusses the supervision required for each area.

The reviewed staffing plan describes the personnel levels and that includes, in addition to the Warden and two Deputy Wardens, 106 security positions, 6 food service personnel (provided through a contract with Aramark), 7 medical personnel (provided through a contract with Correct Care), 3 care and treatment personnel, 3 administrative personnel and 1 maintenance staff. The vacancy rate at this facility is, according to the Warden, less than 1%.

Video Monitoring is a vital part of the staffing plan and a total of 95 cameras that provide coverage of the inner and outer areas of the perimeter/ Nineteen (19) cameras monitor the perimeter and parking lot of the facility. There are 48 cameras that monitor the 12 inmate dormitories. The pod area halls are covered by 4 cameras. The visitation room has 2 cameras, and the visitation room has 1 camera. There are 4 cameras monitoring the hallway, leading from north and south pods and both isolation hallways north and south are monitored by 4 cameras. There are 2 cameras inside the laundry area, and 4 monitoring the kitchen area. There is 1 camera inside medical. All hallways are monitored by 1 camera. The facility has added 1 camera monitoring the maintenance workshop and 2 in the barbershop area. There are 3 monitors inside main control and 1 inside front control. These are programmed not to receive video from any of the shakedown areas. There is a monitor in the shift supervisor's office, one in the Warden's office and one in each of the Deputy Warden's offices.

The facility staffing plan identified some posts that are gender specific. These include: shakedown, transport, and the Administrative Segregation/Isolation Unit. The seg unit is a priority one posts and requires same gender contact.

Unannounced PREA rounds are, according to the staffing plan, important in this prison. The Warden, Deputy Wardens, Shift Supervisors and Shift OICs conducted unannounced PREA rounds. The plan asserts these rounds are conducted not only in the pods or dorm areas, but anywhere an inmate works, medical, kitchen, counseling, back gate and even at outside detail work areas. These are required to be documented in post logs and in the Supervisor's log.

The staffing plan, documented in Muscogee County Prison , Staffing Plan affirms it is the policy of Muscogee County Prison to provide an environment of sexual safety for the offenders housed at the facility.

The Warden, in his interview, addressed each of these and how he considered them in developing the annual staffing plan and review:

- Consideration generally accepted detention and correctional practices
- Any judicial findings – None
- Any findings of inadequacy by internal or external oversight bodies
- All components of the facility's physical plant including blind spots or areas where staff or inmates may be isolated
- Composition of the inmate population
- Number and placement of supervisory staff
- Institution programs occurring on each shift
- Any applicable State or Local Laws, Regulations, or Standards.

**Policy and Documents Reviewed:** Muscogee County Prison Staffing Plan, 10/30/2018; Facility Pre-Audit Questionnaire; Georgia Department of Corrections Policy, 208.6, Prison Rape Elimination Act,

Sexually Abusive Behavior Prevention and Intervention Program, A. Prevention Planning, Paragraph 3; Log Book pages documenting unannounced rounds Log book pages; Georgia Department of Corrections SOP, 11A07-0012, Security Post Rotation/Security Rosters

**Interviews:** Warden, Deputy Warden/PREA Compliance Manager; Deputy Warden of Security; Agency PREA Coordinator (previous interview); Assistant Statewide PREA Coordinator (previous interview), Leader of Sexual Assault Response Team, 14 Randomly selected staff; 24 Specialized Staff; 26 Randomly selected that included 4 Targeted Inmates.

**Other:** Observations of staffing levels made during the on-site audit; Observations of interactions and supervision or probationers during the on-site audit

**Policy and Document Review:** The reviewed Georgia Department of Corrections Policy, 208.6, Prison Rape Elimination Act, Sexually Abusive Behavior Prevention and Intervention Program, A. Prevention Planning, Paragraph 3, requires each facility to develop, document and make its best efforts to comply on a regular basis with the established staffing plan that provides for adequate levels of staffing, and, where applicable, video monitoring to protect inmates against sexual abuse. Facilities are also required to document and justify all deviations on the Daily Post Roster. Annually, the facility, in consultation with the Department's PREA Coordinator, assesses, determines and documents whether adjustments are needed to the established staffing plan and deployment of video monitoring systems.

Additionally, policy requires unannounced rounds by supervisory staff with the intent of identifying and deterring sexual abuse and sexual harassment every week, including all shifts and of all areas. These rounds are documented in area logbooks and staff are prohibited from alerting other staff of the rounds. Duty Officers are required to conduct unannounced rounds and these rounds are required to be documented in the Duty Officer Log book. Shift rosters confirmed the minimum staffing required. All priority one posts were staffed as required without deviations.

The Muscogee County Prison houses adult male felon offenders sentenced by the courts and placed there by the Georgia Department of Corrections and county inmates sentenced there by the local and state courts. The facility is a medium security level prison and houses both medium and minimum level offenders.

Offenders at the facility are expected to work on work details, outside and/or inside the facility.

Work details must be considered in the developing a staffing plan.

Programs offered are enumerated in the facility characteristics.

Inmates reside in two pods, either the North Pod or South Pod. There are six open bay dorms in each pod. The pods are two tiers, upper and lower. Inmates sleep in bunkbeds in the open bay. The front of the dorms is glass from almost top to bottom enabling viewing by anyone walking by and from the elevated tower the control room operator can view into each of the six dorms in the pod and can also monitor what is going on in the dorms by monitoring the video cameras in each dorm. The cameras can zoom in to provide an excellent view. There are three floating staff assigned to each pod of six dorms. Their role is to move around and monitor the dorms at least every 30 minutes and to attend to other assigned duties.

The facility operates with 3 shifts, 6AM-2PM, 2PM to 10PM, and 10PM to 6AM. During sleeping hours, the front control room post may be closed and not manned. Also, of course, staff are not needed in the laundry after it closes so that reduces the numbers of staff needed.

This facility operates with two shifts. These include the day shift (6AM to 6PM) and the overnight shift (6PM to 6AM). A split shift performs multi-functions such as key control, tool control, laundry or store etc.

The facility has 95 video cameras that are strategically placed throughout the facilities to mitigate blind spots and supplement staff supervision. The staff identified a blind spot in the barber shop that is in the corridor leading to the North and South Pods. The barbershop was actually recessed and out of view of the cameras on either end of that corridor, so the Warden and staff placed two cameras facing

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

Deviations are discussed. If the facility was short of staff on a shift, short at the beginning or at the start of a shift or during the shift, for covering a priority one gender specific post, the on-duty staff will be required to stay to cover the post until the Chief of Security is notified. The Chief will then grant permission to contact off-duty staff and give additional instructions as the situation dictates. The post will always remain manned by staff of the previous shift until relief has arrived.

The plan requires unannounced rounds to be conducted by all supervisory staff.

The auditor reviewed over 12 pages of log book entries documented in the Dorm Logbook for PREA rounds

**Discussion of Interviews:** The Warden described the staffing levels at his facility and identified the priority 1 post that are covered 24/7, as well as priority 2 and 3 posts that can be pulled to cover a priority 1 post if needed. He also indicated the staffing is adequate for the mission of the facility and for the population being served. Interviews with staff indicated the minimum staffing is always maintained and there are always enough staff to supervise the detainees. Interviews with shift supervisors confirmed minimum staffing for each shift and indicated the facility does not and has not had to deviate from covering any priority 1 post.

Interviews with detainees also indicated the staffing they described was consistent with the minimum staffing levels and above.

## Standard 115.14: Youthful inmates

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

#### 115.14 (a)

- Does the facility place all youthful inmates in housing units that separate them from sight, sound, and physical contact with any adult inmates through use of a shared dayroom or other

common space, shower area, or sleeping quarters? (N/A if facility does not have youthful inmates [inmates <18 years old].)  Yes  No  NA

#### 115.14 (b)

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

#### 115.14 (c)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

This facility does not house youthful offenders. Male youthful offenders are housed by the Georgia Department of Corrections at the Burrus Training Center in Forsyth, GA. This was confirmed by reviewing the Burrus facility's website (GDC), interviewing the Warden, Deputy Warden for Care and Treatment and the Deputy Warden of Security.

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

**Interviews:** Warden; PREA Compliance Manager; 14 randomly selected staff; 24 specialized staff; previous interviews with the Agency PREA Coordinator and Assistant Statewide PREA Coordinator.

**Policy Review:** The Georgia Department of Corrections PREA Policy requires that youthful offenders are sight and sound separated from adults and that where youthful offenders are maintains they must be housed in a separate unit and have access to programs and exercise. When outside the unit, they must be sight and sound separate unless they are accompanied by and supervised by a correctional officer.

There are no youthful offenders assigned to this program. This was confirmed through the reviewed Pre-Audit Questionnaire, site review, reviewed detainee rosters, and interviews with staff and a memo from the Warden/Division Director. During the on-site audit the auditors did not observe any youthful offenders. Reviewed inmate files did not include any youthful offenders.

**Discussion of Interviews:** Interviews with the Warden; Deputy Wardens; Shift Supervisors; Medical Staff; and randomly and specialized staff confirmed there are no youthful offenders housed at this facility.

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

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

### 115.15 (a)

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

### 115.15 (b)

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

### 115.15 (c)

- Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches?  Yes  No

- Does the facility document all cross-gender pat-down searches of female inmates?  
 Yes  No

#### 115.15 (d)

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

#### 115.15 (e)

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

#### 115.15 (f)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

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

The Georgia Department of Corrections (GDC) prohibits cross gender strip searches or cross-gender visual body cavity searches, and cross gender pat searches of females except in exigent circumstances that are approved and documented. Documentation is required via a GDC Incident Report. This is confirmed through the reviewed policy, annual in-service training lesson plan, the reviewed local policy directive, "Cross Gender Viewing", and interviews with both staff and inmates. GDC Policy does allow female staff, who have been trained in conducting cross-gender searches, to conduct pat searches of male inmates. The facility's practice is however that if a male staff is available to conduct the pat search, the male conducts it. The GDC Search Policy in 1.d requires that a strip search of females shall be conducted by female correctional officers while males shall be strip searched by male correctional officers, however in an emergency such as an escape, riot etc., the provision may be waived. GDC Policy 226.01, Searches, Security Inspections and Use of Permanent Logs, asserts that male offenders may be frisk or pat searched by both male and female security staff however it also asserts that when possible the pat search of a male should be conducted by a same sex officer.

This is an all-male facility however GDC Policy requires that the requirement for prohibiting cross gender pat searches of females will not restrict female offender's access to regularly available programming or other out-of-cell opportunities in order to comply with those provisions. This provision in the Standards is not applicable to this male facility.

GDC policy and practice requires that inmates can shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks. Female officers may conduct headcounts periodically however inmates are reportedly not in the shower/restroom area when the officers conduct the headcounts and the female officer is required to announce her presence when entering the shower/restroom area.

Twenty-seven inmates were interviewed. All but a few indicated they can shower, change clothing and use the restroom without being viewed by staff. Several thought staff in the elevated control rooms could see them in the shower. The auditor personally assessed the views from the control room and there was an inmate showering and the auditor was unable to see anything below the inmate's shoulders and there are no cameras in the restroom/shower area.

This facility has showers that are on either side of the rear of the dorm. Inmates are shielded from view by a  $\frac{3}{4}$  wall. Views of inmates on the toilet are obstructed by  $\frac{1}{2}$  walls.

Inmates live in open bay dorms and change clothing in the shower/restroom area.

Staff of the opposite gender are required to announce their presence when entering the housing units. Female staff who are working the unit will announce once after taking the shift over however other female's coming into the unit must announce. The facilities require the inmates to announce anytime the Warden, Deputy, or other administrative level staff enter the dorms as well.

The facility always refrains from searching or physically examining transgender or intersex inmates for the sole purpose of determining the inmate's genital status and If an inmate's genital status is unknown, the facility may determine genital status during conversations with the inmate, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination

conducted in private by a medical practitioner. GDC Policy and the local policy directive require this. Most of the interviewed staff affirmed they would not be allowed to search a transgender or intersex inmate for the sole purpose of determining the inmate's genital status. The indicated essentially that they would ask them or consult medical. There were no transgender or intersex inmates assigned to the facility. This was confirmed through interviews with staff, both random and specialized, review of the Pre-Audit Questionnaire, and interactions with inmates during the on-site audit and observations.

The agency trains staff to conduct cross gender pat down searches in a professional and respectful manner. GDC Policy 208.6 requires this as well. That same policy requires the Department to train security staff to conduct cross-gender pat searches and searches of transgender and intersex inmates in a professional and respectful manner and in the least intrusive manner possible, consistent with security needs. GDC staff are required to take the National Institute of Corrections on-line training, Communicating Effectively and Professionally with LGBTI Offenders. The auditor reviewed sampled certificates and observed certificates documenting that training in personnel files while reviewing background checks.

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

**Interviews:** 14 Randomly selected staff, 24 Specialized Staff; 27 Randomly selected inmates for of whom were also targeted inmates; 13 Informally interviewed detainees during the site review.

**Observations:** See observations made during the site visit and throughout the on-site audit period; The auditor observed the shower areas from the elevated control room also known as a tower.

**Policy and Documents Review:** Department of Corrections (DOC) Policy, 208.6, Prison Rape Elimination Act, Sexually Abusive Behavior Prevention and Intervention Program and GDC Policy 226.01, Searches, prohibits cross-gender strip or visual body cavity searches except in exigent circumstances or when performed by medical practitioners.

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

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

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

The auditor reviewed the training module for in-service training. That training reaffirmed the verbiage in policy. Certificates of Training documenting Day 1 of annual in-service training. Staff also affirmed in

their interviews that they have been trained on how to conduct a proper pat search of detainees, to include transgender and intersex offenders. Staff were asked to demonstrate the technique they were taught, and staff demonstrated how they would use the back of their hands to avoid an allegation of groping the detainee.

Policy prohibits staff from searching a transgender inmate for the sole purpose of determining the inmate's genital status. Staff are also required by policy to search transgender and intersex inmates in a professional and respectful manner.

SOP, 11B01-0013, Searches, again reiterates that males strip search males except in exigent circumstances and even then, only if same sex officers aren't available. It also affirms the expectation that pat searches, when possible, are conducted by same sex staff.

GDC requires facilities to implement procedures enabling inmates to shower, perform bodily functions and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks. Policy requires that inmates should shower, perform bodily functions and change clothing in designated areas.

Interviews with staff confirmed inmates can shower, perform bodily functions and change clothing without being viewed by staff.

An additional measure required by policy is for staff of the opposite gender to announce their presence when entering an inmate housing unit. Interviewed staff, randomly selected as well as specialized staff, affirmed that staff consistently announce their presence before entering the housing area. During the tour the auditor did not observe cameras in any restroom area or in any segregation cell.

**Discussion of Interviews:** Interviewed staff consistently stated they are trained to conduct cross-gender searches in emergency situations that are justified and documented. They indicated they have been trained to conduct cross gender pat searches however it the practice of the facility not to conduct a cross gender pat search unless there are no male staff available. Interviewed staff indicated they had never seen a female conduct a pat search but were aware that agency policy allows it. They confirmed that search training, including cross gender pat searches and searches of transgender and intersex inmates in a professional and respectful manner is taught during Basic Correctional Officers Training and during in-service training. Staff also stated they have been trained to search a transgender and intersex inmate in a professional and respectful manner. There are no transgender inmates in the facility.

The reviewed training module (2017) for Annual In-Service, reminds staff that security staff must conduct searches in a professional and respectful manner and in the least intrusive manner possible, consistent with security needs. Staff are instructed that female staff may conduct strip and body cavity searches of male inmates only in exigent circumstances that are documented on an incident report. Searches at this facility obviously are conducted by female staff in that there are no male security staff employed at the facility.

Staff indicated, in their interviews, that staff of the opposite gender consistently announce their presence saying things like "female on deck". Interviewed inmates said the announcement is made each shift if a female is working as rover. Observation indicated that an inmate is assigned to announce to the unit anytime any visitor enters the unit.

Interviews with 27 inmates representing every housing unit confirmed that female staff do not see them naked in full view while using the restroom and while showering. Inmates said they are never naked in full view of staff while changing clothes, showering or using the restroom.

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

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

#### **115.16 (a)**

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

- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Have intellectual disabilities?  Yes  No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Have limited reading skills?  Yes  No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Are blind or have low vision?  Yes  No

#### 115.16 (b)

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

#### 115.16 (c)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

While it is unlikely that the Muscogee County Prison would receive a disabled inmate or limited English proficient inmate because of the nature of the county prison which is primarily work details the Georgia

Department of Corrections and Muscogee County Prison appears to be committed to ensuring inmates with disabilities, including inmates who are deaf/hard of hearing, blind or low vision, intellectually disabled, psychiatrically disabled or speech disabled have access to interpretive services that are provided expeditiously through professional interpretive services. These interpretive services may be made available through a variety of statewide contracts that can be accessed by each GDC facility and County Government.

The agency (GDC) has an Americans with Disabilities Coordinator who serves as an invaluable resource when a facility needs any type of interpretive service to ensure an inmate can fully participate in the agency and facility's prevention, detection, response and reporting program for sexual assault, sexual harassment and retaliation. In addition to making staff aware of the statewide contracts for interpretive services, the ADA Coordinator, is available to facilitate, for facilities, access to interpretive services. During a recent audit, a deaf inmate was selected to be interviewed. Requiring an interpreter who could "sign" the facility contacted the ADA Coordinator, who quickly arranged for a video interpreter and through the interpreter using American Sign Language, the inmate responded to all the questions asked by the auditor. Interpreters on state contact must meet the professional qualifications required by the contract.

The Muscogee County Prison has contracted with Language Line Solutions to provide interpretation services. It also states that Language Line can provide interpretation services over the phone, video remote and through on-site interpreting. Contract services, it affirms, also includes American Sign Language. The facility also has PREA documentation available for inmates and is in English and Spanish format. If interpretation is needed for any other language, the contracted translation service provided by Language Line include documentation translation.

A GED Teacher and staff are available to ensure that inmates with limited educational skills receive and understand how to access all the aspects of PREA, including prevention, detection, responding and reporting. Staff would read the PREA information to the inmate upon admission and additionally, PREA Education is provided through the PREA Video and orally to clarify any issues.

Counseling staff are available in this facility to assist in intake and orientation of inmates with mental or psychiatric issues. If an inmate had serious mental or psychiatric issues, he would not be appropriate for this facility however in the interim prior to moving him to an appropriate facility, mental health professionals are available at Rutledge State Prison, adjacent to the county prison. Licensed Professional Counselors are available at Rutledge.

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

American Sign Language is available through Language Line Solutions.

PREA Brochures are available in Spanish. The agency has a PREA Video with closed caption.

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

Georgia Department of Corrections Policy, 208.6, Prison Rape Elimination Act, Sexually Abusive Behavior Prevention and Intervention Program, A. Prevention Planning, Paragraph 6; Contract with Language Line Solutions; and PREA Brochures in English and Spanish; Instructions for Accessing Language Line; Georgia Department of Administrative Services Statewide Contracts for Provision of American Sign Language for Hearing;

**Interviews:** Warden; Deputy Warden/PREA Compliance Manager; Georgia Department of Corrections ADA Coordinator; Randomly selected staff (14); Specialized Staff (24); Randomly Selected Inmates (27) including (4) Targeted Inmates

**Observations:** Posting of PREA Brochures in English and Spanish; Previous Reviews of Statewide Contracts for Interpretive Services

**Policy and Document Review:** Department of Corrections Policy 208.6, Prison Rape Elimination Act, Sexually Abusive Behavior Prevention and Intervention Program, A. Prevention Planning, Paragraph 6, Inmates with disabilities and inmates who are limited English proficient, requires the local PREA Compliance Manager to ensure that appropriate resources are made available to ensure the facility is providing effective communication accommodations when a need for such an accommodation is known. It also prohibits the facility from relying on inmate interpreters, readers or other types of inmate assistants except in exigent circumstances where an extended delay in obtaining an effective interpreter could compromise the inmate's safety, the performance of first response duties or the investigation of the inmate's allegation.

The facility has access to Language Line Solutions via a contract to provide interpretive services for disabled and limited English proficient inmates in making an allegation of sexual abuse. The GDC provided Statewide Contracts (Georgia Department of Administrative Services) that provide access to interpreters for American Sign Language. Instructions for accessing these services are included. The auditor reviewed the PREA Brochures in both Spanish and English. The PREA Video is also available in Spanish and in closed caption.

Georgia Department of Corrections facilities have a valuable resource when needing to access interpretive services. The agency ADA Coordinator has communicated information on how to access interpretive services via statewide contracts and when there is a need to secure an interpreter expeditiously, staff contact the ADA Coordinator who can expedite those services. While the ADA Coordinator is not responsible for county facilities, she would be available to suggest how the facilities might access any services not available to them through the statewide contracts.

The facility has a GED teacher who can assist any literacy or cognitively challenged inmates in understanding the PREA information and how to report.

Counselors and Licensed Professional Counselors from nearby Rutledge State Prison can assist any inmates with mental health issues. Language Line Solutions is available to staff working with limited English proficient detainees. American Sign Language is available on-site through a contract with Language Line Solutions including via video with a Language Line staff who is qualified in American Sign Language.

The Prison Rape Elimination Act pamphlet will be provided to the offender in Spanish.

**Discussion of Interviews:** The auditor conducted a previous telephone interview with the Agency ADA Coordinator. According to the Coordinator if the facility had a limited English proficient detainee needing translation services the facility has access to Language Line and if on-site interpreters were needed, she would arrange that. She also affirmed the availability of translators or interpreters for the hearing impaired via statewide contracts and indicated she would, if called, make the contacts to provide signing and any other translation services needed. When asked about the PREA Video being available in Spanish and with either closed caption or with a "signer" in the lower portion of the video, she indicated the agency has a contract for that video to be "redone" to provide the translations. The agency

does have the PREA Video with closed caption. The Warden and Deputy Wardens indicated, in interviews that they are not likely to get any disabled or mentally or cognitively challenged inmates because the facility is a work facility and inmates are assigned to work details inside and outside the facility. Interviews with fourteen (14) random staff, indicated that most of the staff would not rely on an inmate to translate for another inmate in making a report of sexual abuse or sexual harassment absent and emergency or exigent circumstance. Most of the staff indicated they would not rely on an inmate, but most were unsure of how professional interpretive services would be accessed. Ward

## Standard 115.17: Hiring and promotion decisions

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

#### 115.17 (a)

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

#### 115.17 (b)

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

#### 115.17 (c)

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

#### 115.17 (d)

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

#### 115.17 (e)

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

#### 115.17 (f)

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

#### 115.17 (g)

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

#### 115.17 (h)

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

## Auditor Overall Compliance Determination

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

## Instructions for Overall Compliance Determination Narrative

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

Georgia Department of Corrections requires the following regarding the hiring and promotion process: 1) Applicants responding to the PREA related questions asked of all applicants and documented on the Employment Verification Form; 2) Correctional applicants must pass a background check consisting of fingerprint checks, a check of the Georgia Crime Information Center and the National Crime Information Center; 3) Correctional Staff must pass an annual background check prior to going to the firing range annually to maintain their Peace Officers Standards Training Certification (POST); all other staff must pass a background check consisting of the GCIC and NCIC annually.

The Georgia Department of Corrections, as required in policy, prohibits the hiring or promotion of anyone and any contractor who may have contact with inmates who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997; who has who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; and the hiring or promotion of anyone who may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the same activity.

Policy also requires before hiring new employees, who may have contact with inmates, the agency: performs a thorough criminal background records check. These checks include a check of the Georgia Crime Information Center and the National Crime Information Center, as well as an initial fingerprint check for all security positions.

The Warden indicated that if the potential employee or employee or contractor has been found to be in violation of standards set forth in PREA the individual is not eligible for hire. If the violations occur during time of employment the employee will be subject to termination and prosecution and all data will be made available for review by other potential employers.

An additional Memo from the Deputy Warden dated, 11/8/2018 asserted that all certified staff at Muscogee County Prison have had GCIC/NCIC background checks and are clear for the year 2018. Documentation of those checks are maintained through the Chief of Security's Office.

The auditor reviewed sampled files for newly hired staff; promoted staff; and contractors to determine if background checks were conducted as required. Background checks were documented in all, but one file and that background check documentation was provided later. Some files were missing the applicant verification regarding the three PREA Questions asked of all applicants. These were provided to the auditor January 10<sup>th</sup>, 2019. Professional reference checks are not documented on the GDC Professional Reference Form because the Consolidated Government does HR Paperwork for newly hired staff for the City/County. The Deputy Warden of Care and Treatment agreed to use the GDC Professional Reference Check in the future. He indicated he contacts references but does not ask them the specific PREA Questions.

GDC Policy requires background checks every year for uniform staff and every five years for all employees and contractors who have contact with inmates. Correctional Officers are certified by the Peace Officers Standards Training Council and to maintain that certification, uniformed staff must be background checked every year, prior to going to the firing range. Muscogee County Prison requires annual background checks for all employees regardless of whether they are certified officers or not.

The County has not required the Applicant Verification forms however the Warden made a decision that all staff would have to complete the Verification Form and that a new one would be completed for all newly hired staff and prior to promoting a staff. The facility provided Applicant Verification Forms for all employees.

**Policy and Documents Review:** Department of Corrections Policy 208.6, Prison Rape Elimination Act, Sexually Abusive Behavior Prevention and Intervention Program, A. Prevention Planning, Paragraph 7, Hiring and Promotion Decisions; GDC Applicant Verification form; Form SOP IV00312, Attachment 1), to a Criminal Background Check and a Driver History Consent; “Georgia Department of Corrections, Professional Reference Check, IV003-0001, Attachment 5; Georgia Department of Corrections Policy, 104.09, Filling A Vacancy; Reviewed Applicant Verification Forms; Reviewed Background checks for Five (5) newly hired employees; (07) promoted staff in the past 12 months; Seven (7) Regular Employees Background Checks; Three (3) Vendor/ Contractor Background Checks; Eleven (11) Background Checks for Volunteers; Memo from the Warden Re: Hiring Process; Memo from the Deputy Warden, Re: Certified Staff Background Checks.

**Interviews:** Warden; Deputy Warden/PREA Compliance Manager; Human Resources/Personnel Manager; (14) Randomly Selected Staff; Two (2) Contractors; One (1) Volunteer

**Policy Review:** Department of Corrections Policy 208.6, Prison Rape Elimination Act, Sexually Abusive Behavior Prevention and Intervention Program, A. Prevention Planning, Paragraph 7, Hiring and Promotion Decisions, complies with the PREA Standards. DOC does not hire or promote anyone or contract for services with anyone who may have contact with inmates who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility or other institution defined in 42USC 1997; who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent; of who has been civilly or administratively adjudicated to have engaged in the activity described in the above. Too, policy requires the Department to consider incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor who may have contact with inmates. Prior to hiring someone, the PREA Questions, asking prospective applicants the three PREA Questions, is required. GDC Policy 104.09, Filling a Vacancy, Paragraph I. Hiring and Promotion, 3. Requires that before hiring anyone who may

have contact with offenders, GDC will perform a criminal background check and consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of any allegation of sexual abuse. Verification of that check must be documented on the GDC Professional Reference Check.

Criminal History Record Checks are conducted on all employees prior to hire and every 5 years. Custody staff must qualify with their weapons annually and prior to that annual qualification another background check is conducted. Criminal History Record Checks are conducted prior to enlisting the services of any contractor who may have contact with inmates. Staff also have an affirmative duty to report and disclose any such misconduct. GDC Policy 208.06 requires in Paragraph e. that material omissions regarding misconduct or the provision of materially false information will be grounds for termination. The agency's PREA Coordinator requested, as a best practice, that the facilities conduct annual background checks of all employees to ensure that a five-year check did not fall through the cracks.

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

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

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

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

If the employee violates an agency policy related to PREA, the employee will be subject to termination and prosecution.

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

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

#### **115.18 (a)**

- If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect inmates from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing

facilities since August 20, 2012, or since the last PREA audit, whichever is later.)

Yes  No  NA

### 115.18 (b)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

In the past 12 months or since the last audit, the facility has not had any substantial expansions or modifications to the facility. Interviews with the Superintendent confirmed that he and his staff would be involved in developing plans to ensure sexual safety is taken into consideration in the planning process.

The Warden related that he has increased his video monitoring from 16 cameras to around 98 cameras to cover blind spots. Cameras, he indicated, have the capability to zoom facilitating viewing. In addition to monitoring the videos in the main control room and in the towers, monitors are in the Warden's Office, the Deputy Warden's Offices. And in the Shift Supervisor's Offices. He also indicated that the video is accessible up to 6 to 8 months. Although there have been no large-scale modifications to the facility, the Warden stated he had raised the blocks in the shower to provide privacy while showering.

**Policy and Documents Reviewed:** Pre-Audit Questionnaire; Department of Corrections Policy 208.6, Prisons Rape Elimination Act, Sexually Abusive Behavior Prevention and Intervention Program, A, Prevention Planning, Paragraph 8

**Interviews:** Warden, PREA Compliance Manager

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

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

**Discussion of Interviews:** An interview with the Warden and the PREA Compliance Manager confirmed that there were no expansions or modifications to the facility since the last PREA Audit however the blocks were raised to provide privacy while showering and as, stated above, the facility went from 16 cameras to around 98.

## RESPONSIVE PLANNING

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

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

#### 115.21 (a)

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

#### 115.21 (b)

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

#### 115.21 (c)

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

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

#### 115.21 (d)

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

#### 115.21 (e)

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

#### 115.21 (f)

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

#### 115.21 (g)

- Auditor is not required to audit this provision.

#### 115.21 (h)

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

## Auditor Overall Compliance Determination

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

## Instructions for Overall Compliance Determination Narrative

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

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

Sexual Assault Response Team members are facility-based staff, composed generally of a facility-based investigator who has completed the National Institute of Corrections on-line course, "PREA: Conducting Sexual Abuse Investigations in Confinement Setting", a medical staff, counseling or mental health staff (one of whom usually serves as a staff advocate), and often the retaliation monitor. Their role, in the event of an allegation that appeared to be criminal is limited to ensuring the protection of the evidence and if an assault is alleged, getting the inmate medical attention immediately, all the while protecting evidence insofar as possible.

Five (5) staff members have completed the National Institute of Corrections on-line specialized training for investigators, "PREA: Investigating Sexual Abuse in Confinement Settings". The facility-based investigator has completed that training. SART members, who have other jobs within the facility would respond initially to all allegations and again, if criminal, the Warden/Designee would contact the Regional Office and request an Office of Professional Standards Special Agent to conduct the investigation. Investigators use a uniform protocol for evidence collection.

There were no allegations of sexual abuse or sexual harassment in the past 12 months. This was verified through reviewing Monthly PREA Reports to the PREA Unit, Reviewed Compstat Reports, and interviews with the Warden, Deputy Warden/PREA Compliance Manager, random and specialized staff as well as interview with inmates, both randomly selected and targeted.

All inmates are offered a forensic exam at no cost to the inmate/inmate. The SANE, according to the Lead Nurse, would come from Montgomery. She stated the SANE is on contract.

The Muscogee County Prison does not house youth in this facility.

The Facility has a written memo of understanding with the Sexual Assault Support Center in Columbus, Georgia. The MOU indicates that the center will provide the following services:

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

An interview with the Executive Director of the Sexual Assault Support Center confirmed the organization's willingness and ability to provide all the services in the Memorandum of Understanding. The facility is grant funded by the Georgia Criminal Justice Coordinating Council and is monitored by them, according to the executive director.

**Policy and Documents Reviewed:** GDC Policy, 208.6, Prison Rape Elimination Act Sexually Abusive Behavior Prevention and Intervention Program, B. Responsive Planning; in Standard Operating Procedure 103.10 Evidence Handling and Crime Scene Processing and SOP 103.06, Investigations of Allegations of Sexual Contract, Sexual Abuse, Sexual Harassment of Offenders; GDC Policy VH07-001 Health Services, E., Medical Services Deemed Necessary Exempt from Fee; SANE Nurse Call Roster; Medical PREA Log; Sexual Assault Nurse Examiner's; SANE Call Roster/List;.IK01-0005; MOU with the Sexual Assault Support Center.

**Interviews:** Warden; Deputy Warden/PREA Compliance Manager; Sexual Assault Response Team Members; One (1) Staff Advocate; Fourteen (14) Randomly selected staff; Twenty-Four (24) Specialized Staff; Interviews with Twenty-Six (26) total inmates (04) of whom are Targeted; One (1) Office of Professional Standards Special Agent. (previous interview); Facility-Based Investigator

**Discussion of Policy and Document Review:** DOC Policy, 208.6, Prison Rape Elimination Act Sexually Abusive Behavior Prevention and Intervention Program, B. Responsive Planning, describes the agency's expectations regarding the evidence protocols and forensic examinations. Facilities are required to follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions. GDCs response to sexual assault follows the US Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents" dated April 2013, or the most current version. The Department requires that upon receiving a report of a recent incident of sexual abuse, or a strong suspicion that a recent serious assault may have been sexual in nature, a physical exam of the alleged victim is performed, and the Sexual Assault Nurse Examiner's protocol initiated.

The GDC Policy, IK-005, Crime Scene Preservation, establishes the agency's policy on evidence collections and protecting the crime scene. Policy requires that one of the first responsibilities at a crime scene is to prevent the destruction or contamination of evidence. Staff are required to initiate security measures to prevent unauthorized persons from entering the crime scene and not to touch anything or disturb anything. Instructions for maintaining the chain of possession of evidence is discussed

GDC Policy VH07-001 Health Services, E., Medical Services Deemed Necessary Exempt from Fee, requires that medical care initiated by the facility is exempt from health care fees.

The Department has promulgated a Local Procedure Directive encompassing the procedures related to responding to victims of sexual assault and the victim is provided the opportunity for a forensic exam as soon as possible. Forensic exams are provided at no cost to the victim. The facility has also issued a local operating procedure essentially documenting the facility's coordinated response to an allegation of sexual abuse.

Investigations are initiated when the Sexual Assault Response Team Leader is notified of an actual or allegation of sexual assault/abuse or sexual harassment. The SART initially investigates to determine if the allegation is PREA related. If there is a sexual assault, the SART leader informs the Superintendent who (or her designee) contacts the Office of Professional Standards (OPS) Investigator who will respond to conduct the criminal investigation. OPS is the office with the legal authority and responsibility to conduct investigations of incidents the victim and requiring the alleged perpetrator not to take any actions that would degrade or eliminate potential evidence and securing the area or room where the alleged assault took place and maintaining the integrity of evidence until the OPS investigator arrived. The OPS investigator may order a forensic exam. If a forensic exam is ordered, the facility's nurse or Warden/Designee uses the Sexual Assault Nurse Examiner's List and contacts them to arrange the exam.

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

GDC Policy also requires the PREA Compliance Manager to attempt to enter into an agreement with a rape crisis center to make available a victim advocate to accompany and provide emotional support for inmates being evaluated for the collection of forensic evidence. The facility provided documentation to confirm an agreement between the Sexual Assault Support Center for the provision of advocacy services for any inmate victim of sexual abuse. The Center also mans a hotline 24/7 enabling anyone to contact them regarding any issues of sexual abuse.

GDC Policy requires an administrative or criminal investigation of all allegations of sexual abuse and sexual harassment. Allegations involving potentially criminal behavior will be referred to the Office of Professional Standards (OPS).

The facility's Sexual Assault Response Team (SART) investigates allegations of sexual assault and sexual harassment. This team consists of an investigator, medical and the PREA Compliance Manager.

Reviewed documentation and interviews with the Warden, Facility-Based Investigator; PREA Compliance Manager and random and specialized staff and inmates confirmed the facility has had no allegations involving any form of penetration during the past 12 months.

**Discussion of Interviews:** Interviewed members of the Sexual Assault Response Team indicated that these staff are familiar with the investigative process. Interviews indicated the SART facility-based investigator would initiate an investigation as soon as the SART Leader received notification of an allegation of sexual abuse and within 24 hours if the allegation was sexual harassment. An interview with a SANE who is contracted to perform Sexual Assault Forensic Exams for the Georgia Department of Corrections, confirmed the process for conducting a forensic exam. She follows a uniform protocol for conducting those exams. An interview with a Special Agent confirmed the investigative process

when an incident at the facility appears to be criminal. Special Agents, he indicated, complete 16 weeks or about 600 hours of training by the Georgia Bureau of Investigation.

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

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

#### 115.22 (a)

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

#### 115.22 (b)

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

#### 115.22 (c)

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

#### 115.22 (d)

- Auditor is not required to audit this provision.

#### 115.22 (e)

- Auditor is not required to audit this provision.

### Auditor Overall Compliance Determination

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

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

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

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The Georgia Department of Corrections Policy and Muscogee County Prison requires that all allegations of sexual abuse and sexual harassment, regardless of the source of the allegation, are referred for investigation. If an allegation appears criminal in nature it is referred to the Department's Office of Professional Standards Investigator who is a Special Agent, trained extensively in conducting investigations and who has the power to effect an arrest of staff or inmates.

The Georgia Department of Corrections (GDC) has established Sexual Assault Response Teams in each of the GDC facilities and programs. The Muscogee County Prisons also has a Sexual Assault Response Team who is responsible for conducting the initial sexual abuse investigations and sexual harassment investigations. The SART Facility Based Investigator is required to complete the National Institute of Corrections Specialized Training (online) entitled: "PREA: Investigating Sexual Abuse Investigations in Confinement Settings." The SART is made up of a facility-based investigator, a nurse, a counselor, and a staff advocate. The SART's role is to conduct an initial investigation into the allegation. If an allegation appears to be criminal in nature, the SART will notify the Shift Supervisor and Warden who will contact the applicable Regional Office. The Regional Office will then appoint or designate an Office of Professional Standards Investigator, a Special Agent, who has extensive investigative training through the Georgia Bureau of Investigation, to conduct the criminal investigation. Special Agents have been empowered to effect an arrest if necessary. They also work with the local District Attorney and recommend criminal charges when the evidence warrants it.

The SART may also conduct administrative investigations, including allegations of sexual harassment. Staff misconduct is investigated by the Office of Professional Standards Special Agent.

Four (4) staff, in addition to the designated facility-based investigator have completed the specialized investigation training provided by the National Institute of Corrections. The purpose of this was to have someone readily available on shift in the absence of the designated investigator.

The facility has not had an allegation of sexual abuse in the past 12 months. This was confirmed through reviewing the Monthly PREA Reports, PREA Unit Reports of Calls to the Hotline in the past 12 months; Reviewed Compstat Reports; Reviewed Incident Reports and Grievances, and interviews with the Warden, Deputy Warden for Care and Treatment; Deputy Warden for Security; and randomly selected and specialized staff. None of the twenty-six inmates reported an allegation of sexual abuse. All investigations are documented and maintained. Investigations conducted by the Sexual Assault Response Team are entered into the GDC's data base and are reviewed by the PREA Unit and must be approved by them prior to the investigation being finalized and closed in the system.

The agency's website, PREA section, advises the viewer that any allegations of sexual abuse or harassment will be thoroughly investigated by both Muscogee County Prison and outside agencies. It advises that for offender on offender allegations of sexual assault the GDC Office of Professional Standards will investigate all reports and for staff on inmate allegations, the Muscogee County Sheriff's Office as well as the GDC Office of Professional Standards will investigate the reports. The website also asserts the Muscogee County Prison has had no allegations of sexual abuse or sexual harassment since 2012. The website also provides viewers ways to report allegations of sexual abuse or sexual harassment.

**Policy and Documents Review:** GDC Policy, 208.6, Prison Rape Elimination Act; GDC Standard Operating Procedure, IK01-0006, Investigation of Allegations of Sexual Contact, Sexual Abuse and Sexual Harassment; IK01-005, Crime Scene Preservation; Memo from the Warden Re: 115.13, Policies to ensure referrals of allegations for investigation; Pre-Audit Questionnaire; PREA Investigation Summary; Notification of Results of Investigation; NIC Certificates (National Institute of Corrections, PREA: Investigating Sexual Abuse in Confinement Settings); Muscogee County Prison Website

**Interviews:** 14 Randomly selected and 24 special category staff; 13 informally interviewed staff during the audit; 26 randomly selected inmates of whom 4 were also special category inmates.

**Discussion of Policy and Documents Reviewed:** GDC Policy, 208.6, Prison Rape Elimination Act, requires that an administrative or criminal investigation is to be completed for all allegations of sexual abuse and sexual harassment. Allegations that involve potentially criminal behavior will be referred for investigation to the Office of Professional Standards. If an investigation was referred to an outside entity, that entity is required to have in place a policy governing the conduct of such investigations. The local Sexual Assault Response Team is responsible for the initial inquiry and subsequent administrative investigation of all allegations of sexual abuse or sexual harassment with limitations. In cases where allegations are made against staff members and the SART inquiry deems the allegation is unfounded or unsubstantiated by evidence of facility documentation, video monitoring systems, witness statement or other investigative means, the case can be closed at the facility level. No interviews may be conducted with a staff member nor a statement collected from the accused staff without first consulting the Regional SAC. All allegations with penetration and those with immediate and clear evidence of physical contact, are required to be reported to the Regional SAC and the Department's PREA Coordinator immediately upon receipt of the allegations. If a sexual assault is alleged and cannot be cleared at the local level, the Regional SAC determines the appropriate response upon notification. If the response is to open an official investigation, the Regional SC will dispatch an agent or investigator who has received special training in sexual abuse investigations. Evidence, direct and circumstantial, will be collected and preserved. Evidence includes any electronic monitoring data; interviews with witnesses; prior complaints and reports of sexual abuse involving the suspected perpetrator. When the criminal investigation pertaining to an employee is over it is turned over to the Office of Professional Standards to conduct any necessary compelled administrative interviews. The credibility of a victim, suspect or witness is to be assessed on an individual basis and not determined by the person's status as offender or staff member. Offenders alleging sexual abuse will not be required to submit to a polygraph or other truth telling device as a condition for proceeding with the investigation of the allegation. After each SART investigation all SART investigations are referred to the OPS for an administrative review.

GDC Standard Operating Procedure, IK01-0006, Investigation of Allegations of Sexual Contact, Sexual Abuse and Sexual Harassment, thoroughly describes the expectations for reporting allegations

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

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

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

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

Facility-based investigations are conducted by a team of staff including a staff whose primary responsibility is to investigate, a staff whose primary role is staff advocate, and a medical staff. Upon receiving the complaint, the investigator initiates the investigation process.

An interview with the facility-based investigator indicated that he has completed the on-line NIC Specialized Training: PREA: Conducting Sexual Abuse Investigations in Confinement Settings. Four other staff, including the PREA Compliance Manager, have completed the training as well. In the interview the investigator described the investigative process and indicated that all allegations are treated the same and are investigated the same regardless of where the allegation came from and the evidence collected, including taking witness statements from the alleged victim and alleged perpetrator

as well as any witnesses to the alleged incident. The credibility of the inmate or staff would be based solely on the evidence.

If, upon receiving an allegation or report of sexual abuse, the preliminary evidence indicates, or it is obvious that a criminal act is likely to have occurred, the investigator contacts the Office of Professional Standards who will dispatch an OPS PREA Investigator or another OPS Investigator who is available. The role of the facility-based investigator then is to support the OPS investigator in any way possible.

The facility had no allegations of sexual abuse during the past 12 months.

Interviews with SART Members indicated they would notify the inmate the results of the investigation and they would use the Georgia Department of Corrections Notification Form and are familiar with the requirements of policy related to notification to the detainee.

The agency's investigation policy is provided via the agency website and are provided information on how to report any PREA related allegation or complaint on line.

**Discussion of Interviews:** Interviews with Fourteen (14) Randomly selected staff and Twenty-Four (24) Specialized Staff indicated that staff are required to report all allegations of sexual abuse or sexual harassment, including suspicions, reports, knowledge or allegations. They said they are required to report immediately to their immediate supervisor and when asked about having to document the report they indicated they would be required to complete a written statement, or an incident report completed prior to the end of their shift. Also, when asked, they confirmed they also would accept any report from any source and treat it seriously, reporting it just as any other report or allegation. Most of the staff stated the Sexual Assault Response Team is responsible for conducting sexual abuse investigations. An interview with the SART Leader confirmed they are very knowledgeable of the investigation process and reviewed investigation packages indicated a thorough process.

Twenty-Six (26) interviewed inmates, including those randomly selected, specialized as well as inmates informally interviewed during the site review and during the on-site audit period knew ways to report sexual abuse and sexual harassment. None of the interviewed inmates had reported sexual abuse while at this facility.

## TRAINING AND EDUCATION

### Standard 115.31: Employee training

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

#### 115.31 (a)

- Does the agency train all employees who may have contact with inmates on its zero-tolerance policy for sexual abuse and sexual harassment?  Yes  No
- Does the agency train all employees who may have contact with inmates on how to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures?  Yes  No

- Does the agency train all employees who may have contact with inmates on inmates' right to be free from sexual abuse and sexual harassment?  Yes  No
- Does the agency train all employees who may have contact with inmates on the right of inmates and employees to be free from retaliation for reporting sexual abuse and sexual harassment?  Yes  No
- Does the agency train all employees who may have contact with inmates on the dynamics of sexual abuse and sexual harassment in confinement?  Yes  No
- Does the agency train all employees who may have contact with inmates on the common reactions of sexual abuse and sexual harassment victims?  Yes  No
- Does the agency train all employees who may have contact with inmates on how to detect and respond to signs of threatened and actual sexual abuse?  Yes  No
- Does the agency train all employees who may have contact with inmates on how to avoid inappropriate relationships with inmates?  Yes  No
- Does the agency train all employees who may have contact with inmates on how to communicate effectively and professionally with inmates, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming inmates?  Yes  No
- Does the agency train all employees who may have contact with inmates on how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities?  Yes  No

#### 115.31 (b)

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

#### 115.31 (c)

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

#### 115.31 (d)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

GDC Policy 208.06 requires the following training for staff:

- Department's Zero Tolerance Policy for Sexual Abuse and Sexual Harassment
- How to fulfill staff responsibilities under the Department's Sexual Abuse and Sexual Harassment
- Prevention, detection, reporting and response policies and procedures
- Offender's right to be free from Sexual Abuse and Sexual Harassment
- Right of offenders and employees to be free from retaliation for reporting Sexual Abuse and Sexual Harassment
- The dynamics of Sexual Abuse and Sexual Harassment victims
- How to detect and respond to signs of threatened and actual Sexual Abuse
- How to avoid inappropriate relationships with offenders
- How to communicate effectively and professionally with offenders, including lesbian, gay, bisexual, Transgender, Intersex; or Gender nonconforming
- How to comply with relevant laws related to mandatory reporting of sexual abuse to outside entities.

Staff at the facility, in compliance with Georgia Department of Corrections Policies, receive their initial PREA Training as newly hired employees (pre-Service Orientation) then, for correctional officer staff, at Basic Correctional Officer Training (BCOT for Certification through the Georgia Peace Officers Training Council).and following BCOT, all staff and contractors are required to complete Annual In-Service Training. Day 1 that includes PREA training. The reviewed agency's developed curriculum for 2018 Annual In-Service Training includes the following:

- Zero Tolerance
- Definitions
- Staff Prevention Responsibilities
- Offender Prevention Responsibilities
- Detection and Prevention Responsibilities

- Reporting Responsibilities
- Coordinated Response (Including First Responder Duties)
- Mandatory Reporting Laws (Official Code of Georgia)
- Inmate Education
- Retaliation
- Dynamics in Confinement
- Victimization Characteristics
- Warning Signs
- Avoiding Inappropriate Relationships with Inmates
- Communicating with Offenders
- Acknowledging LGBTI Offenders
- Search Procedures
- PREA Video
- PREA Training and Forms
- Enabling Objectives

GDC Policy also in Paragraph 1.b, that in-service training will include gender specific reference and training to staff as it relates to a specific population supervised and that staff who transfer into a facility of different gender from prior institution are required to receive gender-appropriate training.

The Muscogee County Prison provided documentation in the form of training rosters with 100 signatures documenting attendance at Day 1 and Day 2 of Annual Inservice Training in March 2018.

The following additional training was documented in Certificates of Completion, Two Majors and the Registered Nurse completing the following Specialized Training and other training:

- Communicating Effectively and Professionally with LGBTI Offenders (21)
- Investigating Sexual Abuse in Confinement Settings (5)
- Health Care for Sexual Assault Victims in a Confinement Setting (4)
- Advocacy Training (Victims Assistance Training Online (2)

The agency provides training for PREA Compliance Managers once or twice a year. They also provide training for the Sexual Assault Response Teams at least twice a year.

The Agency's PREA Coordinator and the Assistant PREA Coordinator completed the Train the Trainer Advocacy Training provided by the Moss Group to enable them to train designated facility staff to serve as facility-based advocates.

**Policy and Document Review:** Georgia DOC Policy, 208.6, Prison Rape Elimination Act, Sexually Abusive Behavior Prevention and Intervention Program, C. Training and Education; Reviewed 2017 Lesson Plan for PREA; Reviewed Power Point Presentation for Annual Inservice Training: PREA, 2018; Reviewed Certificates documenting Specialized Training; Pages of Training Rosters – Annual In-Service Training, 2018; Reviewed 19 personnel files containing PREA Acknowledgment Statements; Previous Rosters documenting Sexual Assault Response Team Training.

**Interviews:** Warden; PREA Compliance Manager; Agency PREA Coordinator (Previous Interview); Assistant PREA Coordinator (Previous Interview); 14 Randomly selected staff, 24 Special Category Staff, Staff informally interviewed during the site review process.

**Observations:** None applicable for this audit.

**Discussion of Policies and Documents:** Georgia DOC Policy, 208.6, Prison Rape Elimination Act, Sexually Abusive Behavior Prevention and Intervention Program, C. Training and Education, requires annual training that includes the following: The Department's zero-tolerance policy, how to fulfill their responsibilities under the sexual abuse and sexual harassment prevention, detection, reporting and response policies and procedures, inmate's right to be free from sexual abuse and sexual harassment, the right of inmates and employees to be free from retaliation for reporting sexual abuse and sexual harassment, the dynamics of sexual abuse and sexual harassment victims, how to detect and respond to signs of threatened and actual sexual abuse, how to avoid inappropriate relationships with inmates, how to communicate effectively and professionally with inmates, including lesbian, gay, bisexual transgender, intersex or gender non-conforming inmates ; how to avoid inappropriate relationships with inmates and how to comply with relevant laws related to mandatory reporting of sexual abuse and sexual harassment. New employees receive PREA Training during Pre-Service Orientation. Staff also receive annual in-service training that includes a segment on PREA. In-service training considers the gender of the inmate population.

The facility provided the training curriculum covering the topics required by the PREA Standards and more.

The auditor reviewed multiple training rosters documenting Day 1, Annual In-Service Training, 2018;

Reviewed personnel files representing Newly Hired Staff, Promoted Staff and Regular Staff all contained PREA Acknowledgment Statements indicating staff are PREA. These statements affirm the employee has received training on the Department's Zero Tolerance Policy on Sexual Abuse and Sexual Harassment and that they have read the GDC Standard Operating Procedure 208.06, Sexually Abusive Behavior Prevention and Intervention Program. They also affirm they understand that any violation of the policy will result in disciplinary action, including termination, or that they will be banned from entering any GDC institution. Penalties for engaging in sexual contact with an offender commit sexual assault, which is a felony punishable by imprisonment of not less than one nor more, than 25 years, a fine of \$100,000 or both.

PREA Compliance Managers attend training at least twice a year. The Sexual Assault Response Team receives training at least semi-annually on their roles in responding to allegations of sexual abuse. Specialized training is completed by SART members and medical staff.

PREA Related posters are prolific and posted in numerous locations throughout this facility and in this facility the posters and notices are posted strategically throughout the facility and in each living unit. Posters are also posted in administrative segregation and disciplinary isolation.

The investigator on the SART completed the specialized training for investigators through the National Institute of Corrections. Four (4) other staff completed the NIC Training: Investigating Sexual Abuse in Confinement Settings. Additionally, the SART receives training in their roles in response to a sexual assault at least semi-annually. The auditor reviewed multiple certificates confirming the specialized training.

All staff are required to complete the on-line training Communicating Effectively and Professionally with LGBTI Offenders. 21 Certificates documented the training provided by the National Institute of Corrections and all interviewed staff stated they must complete the on-line NIC training, "Communicating Effectively and Professionally with LGBTI Offenders".

**Discussion of Interviews:** Interviews with fourteen (14) random staff and twenty-four (24) specialized staff, confirmed they receive PREA Training annually during annual in-service training on Day 1. Staff indicated, in their interviews, that they receive PREA training as newly hired employees both at the facility and at the academy (BCOT). They stated they then receive PREA Training during annual in-service and that sometimes that training is in a class and sometimes on-line.

Interviewed staff were knowledgeable of the facility's zero tolerance for all forms of sexual abuse, sexual harassment and retaliation. Staff were specifically asked if they had received PREA training in each of the identified PREA Standards training topics, 100% reviewed the topics and said they were trained in each of the topics and that training was provided during annual in-service training. Staff reported they are trained to take everything seriously and report everything and even a suspicion. They stated they would take a report made verbally, in writing, anonymously and through third parties and they would report these immediately to their shift supervisor and follow-up with a written statement or incident report before they left the shift. Staff explained their roles as first responders. This included both uniform and non-uniform staff. Non-Uniform staff articulated the role and steps of the first responder just like the uniformed staff. If an inmate reported being at risk of imminent sexual abuse staff stated, they would act immediately and remove the detainee from the threat and report it to their immediate supervisor. They also indicated that the inmate may be placed in another dorm if possible, and possibly in a segregation cell temporarily until staff could investigate to determine what was going on, but if she felt unsafe in this facility she could be transferred to another facility. 100% of the interviewed staff affirmed they took the online NIC Training, "Communicating Effectively and Professionally with LGBTI Offenders". SART members confirmed they attend SART training once or twice a year.

## **Standard 115.32: Volunteer and contractor training**

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

#### **115.32 (a)**

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

#### **115.32 (b)**

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

#### **115.32 (c)**

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

### **Auditor Overall Compliance Determination**

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

### Instructions for Overall Compliance Determination Narrative

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

GDC Volunteers often provide their services in more than one prison or Georgia Department of Corrections (GDC) facilities and programs. Entrance into the facilities is granted with a valid and current Volunteer Identification Badge. Because of that issue rather than have each facility train them, training for volunteers is now provided by the state office to ensure consistency in training. This unit also conducts the background checks of anyone interested in becoming a volunteer. The Muscogee County Prison trains their volunteers and contractors in PREA. That training, according to the Volunteer Coordinator, include the following:

- Watching the PREA Video
- Zero Tolerance
- Signs and Symptoms
- Reporting
- Sanctions for violating agency sexual abuse or sexual harassment policies

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

The auditor reviewed 12 PREA Acknowledgment Statements confirming Volunteer Training.

**Policy and Documents Reviewed:** GDC Policy, 208.6, Prison Rape Elimination Act, Sexually Abusive Behavior Prevention and Intervention Program, C. Training and Education, Paragraph 3, Volunteer and Contractor Training; (12) PREA Acknowledgement Statements;

**Interviews:** Warden; PREA Compliance Manager; Contracted Employees, Volunteer Chaplain

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

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

indicates understanding the training they received. Regional training is provided now for volunteers and contractors. Everything, according to staff, is done at the Regional Office and upon a successful background check and completed training requirements, the Regional Office issues a Contractor or Volunteer Badge. The agency volunteers often volunteer in multiple prisons and that is the reason for the regional training. Too it provides consistency in the training provided. Once the regional office issues a "Badge" the volunteer or contractor is authorized to enter a facility. The badge is required to be renewed annually.

A memo from the GDC Transitional Services Coordinator explained to Wardens that volunteers who participate in the volunteer training at Tift receive initial PREA training and have a background check completed. Documentation of the training previously was submitted to the facility. In the training, the Coordinator, asserted volunteer training includes: 1) zero-tolerance for sexual abuse and sexual harassment; 2) How to fulfill their responsibilities under agency sexual and sexual harassment prevention, detection, reporting and response policies and procedures; 3) Inmate's right to be free from sexual abuse and sexual harassment; The dynamics of sexual abuse and sexual harassment in confinement; 4) The right of inmates to be free from retaliation for reporting sexual abuse and sexual harassment; 5) The dynamics of sexual abuse and sexual harassment in confinement; 6) The common reactions of sexual abuse and sexual harassment victims; 7) How to detect and respond to signs of threatened and actual sexual abuse; 8) How to avoid inappropriate relationships with inmates; and 9) How to communicate effectively and professionally with inmates, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming inmates. The trainer indicated they use the Power Point presentation provided by the agency PREA Coordinator. Regional Training is now being provided

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

Muscogee County Prison is a county operated prison under contract with the Georgia Department of Corrections for the confinement of inmates. Volunteers are admitted to the facility by presenting a valid up to date identification badge.

The auditor reviewed a total of 12 PREA Acknowledgment Statements. The GDC Acknowledgment Statements are for supervised visitors/contractors/volunteers. It acknowledges that they understand the agency has a zero-tolerance policy prohibiting visitors, contractors, and volunteers from having sexual contact of any nature with offenders. They agree not to engage in sexual contact with any offender while visiting a correctional institution and if they witnessed another having sexual contact with an offender or if someone reported it to the contractor/volunteer he/she agrees to report it to a corrections employee. They acknowledge, as well, the disciplinary action, including the possibility for criminal prosecution, if they violate the agreement. The Acknowledgment Statement for Unsupervised Contractors and Volunteers acknowledges training on the zero-tolerance policy and that they have read the agency's PREA Policy (208.06). They acknowledge they are not to engage in any behavior of a sexual nature with an offender and to report to a nearby supervisor if they witness such contact or if someone reports such conduct to the them. They acknowledge the potential disciplinary actions and/or consequences for violating policy.

Volunteers complete an orientation that includes the following:

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

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

Interviewed contractors confirmed they attend the same annual in-service training as Georgia Department of Corrections Employees. They also confirmed receiving the NIC, LGBTI training. An interviewed volunteer stated he had been trained on the facility’s zero tolerance policy, that he had also been trained to report anything he became aware of. He stated he would report it to the first correctional officer he saw. The interviewed volunteer affirmed he had a completed background check and was informed about the zero-tolerance policy as well as how to report and to whom to report. The interviewed volunteer is a volunteer Chaplain who has been providing services for years. He indicated he has a couple of classes off site, including classes at Forsyth, GDC Headquarters. There he said he was trained on the hotline, how to report and confidentiality. He related this prison informed him about zero tolerance and he said, for this facility, that means for any form of touching such as a handshake or hug.

## Standard 115.33: Inmate education

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

#### 115.33 (a)

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

#### 115.33 (b)

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

### 115.33 (c)

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

### 115.33 (d)

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

### 115.33 (e)

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

### 115.33 (f)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

PREA information is presented to inmates in a manner that enables them to understand and to participate fully in the Agency's prevention, detection, responding and reporting PREA efforts. If a limited English proficient inmate was admitted (which is not likely) the facility has access to Language Line professional interpretive services. If an inmate is deaf, the staff may use language line to access an interpreter using American Sign or access one of the many statewide contracts for interpretive services, both via phone, in person, or through video conference.

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

Georgia Department of Corrections (GDC) Policy requires that incoming inmates, during intake, are provided notification of the GDC's zero-tolerance policy for sexual abuse and harassment and information on how to report an allegation is provided to the detainee upon arrival at the facility. In addition to the verbal notification, offenders will be given a GDC PREA Pamphlet.

Intake staff, according to interviews explain how to report allegations of sexual abuse/harassment, ways they may report, including tell a staff, contractor, employer, through the Kiosk, or to the Warden, Deputies or a Counselor. They also related they provide the inmate with the PREA brochure.

Orientation is then conducted every Friday and includes going over the PREA Pamphlet, Zero Tolerance, Ways to Report, and explaining that all PREA Claims are investigated.

The following confirmed inmate education:

- Review of 35 inmate files containing PREA Acknowledgment Statements
- Review of 40 Inmate PREA Check Forms
- Review of 77 Orientation Checklists
- Interviews with staff and interviews with inmates

Most of the interviewed inmates (26) stated they received the PREA Pamphlet and were notified of the zero- tolerance policy and saw the PREA Video the same day they were admitted.

The auditor was provided unfettered access to the inmate files. A review of 35 inmate files confirmed 100% of the inmates received their PREA Education/Orientation on the same day they arrived.

For limited English proficient inmates, that facility has contracted with Language Line Solutions to provide interpretation services. These include interpretation over the phone, video remote and on-site. Contract services also include access to interpretation services for American Sign Language.

PREA related posters were observed throughout the facility and accessible in multiple areas to detainees.

**Policy and Documents Reviewed:** GDC Policy 208.6, Prison Rape Elimination Act, Sexually Abusive Behavior Prevention and Intervention Program, C. Training and Education, Paragraph 4, Offender Education; GDC PREA pamphlet; GDC Policy 220.04, Offender Orientation; A review of 40 Inmate PREA Acknowledgment Forms and 77 GDC Orientation Checklists; 35 Inmate files, randomly selected.

**Interviews:** Warden; Staff conducting intake; Staff conducting orientation (inmate education); PREA Compliance Manager; Twenty-Six (26) inmates; Pre-Audit Questionnaire

**Discussion of Policy and Documents: Reviewed:** DOC Policy 208.6, Prison Rape Elimination Act, Sexually Abusive Behavior Prevention and Intervention Program, C. Training and Education, Paragraph 4, Offender Education, requires notification of the GDC Zero-Tolerance Policy for Sexual Abuse and Harassment and information on how to report an allegation at the receiving facility. This is required to be provided to every inmate upon arrival at the facility. It also requires that in addition to verbal notification, offenders are required to be provided a GDC PREA pamphlet.

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

The initial notification and the education are documented in writing by signature of the inmate.

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

The PREA Education must include: 1) The Department's zero-tolerance of sexual abuse and sexual harassment; 2) Definitions of sexually abusive behavior and sexual harassment; 3) Prevention strategies the offender can take to minimize his/her risk of sexual victimization while in Department Custody; 4) Methods of reporting; 5) Treatment options and programs available to offender victims of sexual abuse and sexual harassment; 6) Monitoring, discipline, and prosecution of sexual perpetrators; 7) and Notice that male and female routinely work and visit housing area.

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

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

Inmates confirm their orientation on several documents.

- 1) Inmate Acknowledgment of PREA
- 2) Offender Orientation Checklist (documenting Sexual Abuse and Harassment and Viewed the PREA Video)

If an inmate is non-English speaking, the Language Line is available. If an inmate has a disability, appropriate staff are to be used to ensure that the inmate understands the PREA policy. If a detainee requires signing (hearing impaired) the agency's ADA Coordinator is called and provides the necessary

translation services (according to an interview with the ADA Coordinator). The State Department of Administrative Services has multiple contracts with translation services. These may be accessed through the Agency ADA Coordinator. The facility has a contract with Language Line for interpretive services for the deaf and offenders who are limited English proficient. Inmates who have literacy issues or who are cognitively challenged have access to the GED teacher and other staff who can read the PREA related information to them and mentally ill detainees have two counselors who can assist them in understanding PREA and how to report. PREA Videos have closed caption and there is also a Spanish version of the video.

**Discussion of Interviews:** The intake/orientation staff asserted that all inmates receive all the required PREA information, including PREA Education, during the admission process. They explained the process for providing the information and explained that in addition to watching the PREA Video, inmates have the opportunity to ask questions if they have any.

Interviewed detainees confirmed receiving PREA Information on admission and during orientation by watching the video and verbally. They indicated they received the PREA video the same day they arrived at the facility. Additionally, detainees indicated they had seen the PREA video before but were required to see it again.

## Standard 115.34: Specialized training: Investigations

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

### 115.34 (a)

- In addition to the general training provided to all employees pursuant to §115.31, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators have received training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)  Yes  No  NA

### 115.34 (b)

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

- Does this specialized training include the criteria and evidence required to substantiate a case for administrative action or prosecution referral? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).]  Yes  No  NA

#### 115.34 (c)

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

#### 115.34 (d)

- Auditor is not required to audit this provision.

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

The agency (GDC) and the Muscogee County Prison requires that investigators complete specialized training regarding conducting investigations of sexual abuse in confinement settings. The specialized training, in addition to the extensive training required for the Department's Office of Professional Standards, Special Agents, covers all the topics required by the PREA Standards: interviewing sexual abuse victims; Miranda and Garrity Warnings; Evidence Collection in Confinement Settings; and the Criteria for the evidence Required to Substantiate a Case for administrative action or criminal prosecution.

The facility conducts its own investigations of allegations of sexual assault, sexual harassment or retaliation. These are conducted by the Sexual Assault Response Team (SART). Allegations that appear criminal are investigated by a Georgia Department of Corrections (GDC), Office of Professional Standards, Special Agent, assigned to the investigation by a GDC Regional Office. Special Agents receive extensive investigation training through the Georgia Bureau of Investigations Training Academy and through the NIC online training, Conducting Sexual Abuse Investigations in Confinement Settings. Special Agents, according to the PREA Coordinator, complete mandated school, specialized Criminal

Investigation Classes at the Georgia Public Safety Training Center and a two-day Specialized PREA Investigations Training.

If the allegation is not criminal, the facility's Sexual Abuse Response Team (SART), composed of a facility-based investigator, a representative from medical, and someone from counseling conduct the investigation.

Seven (7) staff, including the Deputy Warden of Care and Treatment, have completed the on-line specialized training provided by the National Institute of Corrections to ensure that a facility-based trained investigator would be available in the event the principal investigator was not available. The auditor reviewed seven (7) certificates confirming the specialized training. These included members of the SART.

The facility-based investigator was very knowledgeable of the investigative process. He easily and confidently described the entire investigation process. He also asserted he had completed the NIC on-line Training entitled: "PREA, Conducting Sexual Abuse Investigations in Confinement Settings" and that he attends the specialized training provided by the GDC PREA Unit, about twice a year for Sexual Assault Response Team members.

Too, the agency has implemented a computer-based system in which the facility-based investigator inputs the components of the investigation for review by the Agency's PREA Coordinator and/or Assistant PREA Coordinator. If they believe additional information is needed, they inform the facility-based investigator and will not authorize the close-out of the investigation until the PREA Unit approves the investigation. Interviews with the Facility-Based Investigator, PREA Compliance Manager (also trained to conduct investigations in confinement settings), Agency PREA Coordinator and a Special Agent (previous interview) confirmed the investigative process and the fact that the investigators have all completed specialized training in conducting sexual abuse investigations in confinement settings.

Facility-Based Investigators also must complete the PREA Training required of all other employees and this includes attending annual in-service training. This training is documented on six training rosters documenting staff completing annual in-service Day1 training.

The prison has not had any allegations of sexual abuse or sexual harassment during the past 12 months and prior to those 12 months there were no allegations reported. This was confirmed through reviewing the monthly PREA Reports to the PREA Unit, reviewed Compstat Reports, Calls to the Hotline Reports for the past 12 months and interviews with the Warden, Deputy Warden of Security and Deputy Warden of Care and Treatment.

**Policy and Documents Reviewed:** GDC Policy 208.6, Prison Rape Elimination Act, Sexually Abusive Behavior Prevention and Intervention Program, C. Training and Education, Paragraph 5. Specialized Training Investigations; Seven (7) Certificates documenting specialized training provided by the National Institute of Corrections: Investigating Sexual Abuse in Confinement Settings; Previously Reviewed Training Rosters for SART Training; Memo from the Agency PREA Coordinator Re: OPS Investigation Training

**Interviews:** Warden; Previous interview with Agency PREA Coordinator; Previous Interview with the Agency Assistant PREA Coordinator; PREA Compliance Manager; Office of Professional Standards Investigator, Special Agent (previous interview); Facility-Based Investigator; SART Members.

**Discussion of Policies and Documents:** GDC Policy 208.6, Prison Rape Elimination Act, Sexually Abusive Behavior Prevention and Intervention Program, C. Training and Education, Paragraph 5. Specialized Training, Investigations, requires the Office of Professional Standards to ensure all investigators are appropriately trained in conducting investigations in confinement settings. That training includes techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity Warnings, sexual abuse evidence collection in confinement settings, and the criteria and evidence required to substantiate a case for administrative action or prosecution referral. The Department is required to maintain documentation of that training.

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

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

Sexual Assault Response Team members are provided training conducted by the GDC PREA Unit at least twice a year. Training rosters were previously provided documenting the SART attendance at the training.

**Discussion of interviews:** The auditor interviewed, in a previous interview, an Office of Professional Standards, Special Agent, from the Regional Office. The agent articulated the investigative process and the role of the Special Agent in investigating PREA related allegations. He indicated he or other agents would be dispatched by the Regional Office in the event of a sexual assault. He also related that in addition to the NIC Specialized Training taken on-line, (PREA: Investigating Sexual Abuse in Confinement Settings) he attended 600 hours of training provided by the Georgia Bureau of Investigation to become a Special Agent with arrest powers.

The facility-based investigator confirmed receiving the NIC training and SART Training. Seven (7) Certificates were provided documenting other staff completing the NIC specialized training. The facility-based investigator was knowledgeable of the investigation process and correctly responded to the questions from the PRC Questionnaire for Investigators. He indicated the investigation would be initiated immediately. He described an abundance of evidence he would consider, that he would not require a victim to take a truth telling device as a condition for proceeding with an investigation, that the departure of an employee or a detainee would not stop the investigation and that he would judge the credibility of a witness based solely on the evidence. He quickly asserted the preponderance of the evidence is the standard he uses to substantiate an allegation of sexual abuse and sexual harassment. He stated he would, among other things, review any video that may shed light on the investigation. He related he can retrieve data from the video monitoring system for up to six months.

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

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

### **115.35 (a)**

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

#### 115.35 (b)

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

#### 115.35 (c)

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

#### 115.35 (d)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

Georgia Department of Corrections (GDC) Policy, in 208.06, Paragraph 5, requires Georgia Department of Corrections medical and mental health staff and Georgia Correctional Healthcare staff who have contact with offenders to be trained using the National Institute of Corrections (NIC) Specialized training. Policy also requires that they also attend GDC's annual PREA in-service training. That specialized training is provided by the National Institute of Corrections in their on-line courses; Health Care for Victims of Sexual Abuse in Confinement Settings; and Behavioral Health Care for Victims of Sexual Abuse in Confinement Settings. The specialized training includes: how to detect and assess signs of sexual abuse and sexual harassment; how to preserve physical evidence, and how to respond effectively and professionally to victims of sexual abuse and sexual harassment.

Four (4) Certificates were provided to confirm medical staff who have contact with inmates completing the NIC On-Line Training, "Medical Health Care for Victims of Sexual Abuse/Assault in a Confinement Setting". The Lead Nurse also confirmed that as a member of the Sexual Assault Response Team she also attends the specialized training provided by the Georgia Department of Corrections PREA Unit about twice a year. The medical staff also provided documentation of having completed the NIC On-Line Training, "Communicating Effectively and Professionally with LGBTI Offenders".

The facility does not have mental health staff, however adjacent to the facility is Rutledge State Prison, where mental health services are available and provided by licensed professional counselors. The facility does not perform forensic exams. A memo from the Warden indicated that forensic exams are conducted by the contracted SANE or at the emergency room depending on the nature of any injuries. These are conducted by Sexual Assault Nurse Examiners under contract with the Georgia Department of Corrections. Previous interviews with those SANEs confirmed their process for conducting the exams. The SANE would either come to the facility to conduct the forensic exam or to another State Prison.

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

**Policy and Documents Reviewed:** Pre-Audit Questionnaire, Department of Corrections Policy, 208.6, Prison Rape Elimination Act, Sexually Abusive Behavior Prevention and Intervention Program, C. Training and Education, Paragraph 6, Specialized Training: Medical and Mental Health Care; National Institute of Corrections Certificates documenting specialized training: Medical Health Care for Sexual Assault Victims in Confinement Settings (4); (2) Advocate Training Certificate; SANE Certificate of Continuing Education (from former audit and documentation of that training is maintained in that file)

**Interviews:** Previous interview with the Agency PREA Coordinator; Warden; PREA Compliance Manager; Lead Nurse; Counselor; Sexual Assault Nurse Examiner (two previous interviews with the contracted SANEs); 26 Inmates including 4 targeted.

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

**Discussions of Policy and Documents:** The Pre-Audit Questionnaire documented 100% of the medical staff completing the required specialized training. Department of Corrections Policy, 208.6, Prison Rape Elimination Act, Sexually Abusive Behavior Prevention and Intervention Program, C. Training and Education, Paragraph 6, Specialized Training: Medical and Mental Health Care, requires the GDC medical and mental health staff and GCHC staff are trained using the NIC Specialized Training PREA Medical and MH Standards curriculum. Certificates of Completion are required to be printed and maintained in the employee training file. Staff also must complete GDC's annual PREA in-service training and that training is documented on the requested training rosters documenting Day1 Annual In-Service Training.

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

Staff are trained in PREA as newly hired employees and through annual in-service, just as any other employee of the facility. That training is in-depth and includes recognizing signs and symptoms of sexual abuse, first responding as a non-uniformed staff, and how to report allegations of sexual abuse and sexual harassment, including how and to whom to report and follow-up with a written statement. Medical staff are trained in annual in-service training how to respond to allegations and how to protect the evidence from being compromised or destroyed.

**Discussion of Interviews:** An interview with the lead nurse at the facility indicated that all health care staff are required to and have completed the NIC Specialized Training provided online by the NIC. The lead nurse also affirmed the regular PREA Training staff received during annual in-service and refreshers. The lead nurse is also a member of the Sexual Assault Response Team and attends the Department's SART Training as well.

## SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS

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

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

#### 115.41 (a)

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

#### 115.41 (b)

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

#### 115.41 (c)

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

#### 115.41 (d)

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

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (10) Whether the inmate is detained solely for civil immigration purposes?  Yes  No

#### 115.41 (e)

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

#### 115.41 (f)

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

#### 115.41 (g)

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

#### 115.41 (h)

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

#### 115.41 (i)

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

## Auditor Overall Compliance Determination

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

## Instructions for Overall Compliance Determination Narrative

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**Policy and Documents Reviewed:** Department of Corrections Policy 208.6, Prison Rape Elimination Act, Sexually Abusive Behavior Prevention and Intervention Program, D. Screening for Risk of Sexual Victimization and Abusiveness, Paragraph 1. Screening for victimization and abusiveness, Victim/Aggressor Classification Instrument; Policy 208.06, Prison Rape Elimination Act-PREA, Sexually Abusive Behavior Prevention and Intervention Program in paragraph 9.; Victim/Aggressor Assessments (40); Reassessments (40);

PREA Sexual Victim/Sexual Aggressor Classification Screening (40)

**Interviews:** Warden, PREA Compliance Manager/Deputy Warden; General Population Counselors who conduct victim/aggressor assessments; Interviews with twenty-six (26) detainees

### Discussion of Policy and Documents:

Department of Corrections Policy 208.6, Prison Rape Elimination Act, Sexually Abusive Behavior Prevention and Intervention Program, D. Screening for Risk of Sexual Victimization and Abusiveness, Paragraph 1. Screening for victimization and abusiveness, dated March 2, 2018, requires all inmates be assessed during intake screening and upon transfer to another facility for their risk of being sexually abused by other inmates or sexually abusive toward other inmates.

Policy requires counseling staff to conduct a screening for risk of victimization and abusiveness, in SCRIBE, the offender database using the instrument, PREA Sexual Victim/Aggressor Classification Screening Instrument. Policy requires that the assessment is done within 24 hours of arrival at the facility. At this facility, interviews with a Counselor conducting the Victim/Aggressor Assessment and reviewed Victim/Aggressor Assessments indicated that the assessments are done as part of the admissions process and are done well within 24 hours of admission.

All the reviewed assessments (40) including another (35) documented in 35 reviewed inmate files were completed within 24 hours of admission.

Information from the screening will be used to inform housing, bed assignment, work, education and program assignments. Policy requires that outcome of the screening is documented in SCRIBE.

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

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

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

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

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

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

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

Staff are required to encourage inmates to respond to the questions to better protect them, but staff are prohibited from disciplining them for not answering any of the questions. The screening process considers minimally, the following criteria to assess inmate's risk of sexual victimization: Whether the inmate has a mental, physical, or developmental disability; the age of the inmate; the physical build of the inmate; whether the inmate has been previously incarcerated; whether the inmate's criminal history is exclusively nonviolent; whether the inmate has prior conviction for sex offenses against an adult or child; whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex or gender nonconforming; whether the inmate has previously experienced sexual victimization; the inmate's own perception of vulnerability and whether the inmate is detained solely for civil immigration purposes. It also considers prior acts of sexual abuse, prior convictions for violent offenses and history of prior institutional violence or sexual abuse, as known by the Department, Other factors considered are:

physical appearance, demeanor, special situations or special needs, social inadequacy and developmental disabilities.

Policy requires offenders whose risk screening indicates a risk for victimization or abusiveness is required to be reassessed when warranted and within 30 days of arrival at the facility based up on any additional information and when warranted due to a referral, report or incident of sexual abuse or receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness.

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

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

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

The Muscogee County Prison staff will make individualized determinations about how to ensure the safety of each offender. There are nine dormitories, each with a capacity of around 24. Inmates are double bunked with the bunks on two tiers but in small enough numbers to enable viewing. The dorms are situated around elevated control rooms (two pods, each with six dorms) enabling viewing into each of the six dorms from the control room. Too, the entrances into each dorm is glass essentially from top to bottom that enables anyone walking by to view the dorms.

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

Policy also requires that offenders who are at high risk for sexual victimization will not be placed in involuntary segregation unless an assessment of all available alternatives have been made, and determination has been made that there is no available alternative means of separation from likely abusers. If an assessment cannot be conducted immediately, the offender may be held in involuntary segregation no more than 24 hours while completing the assessment. The placement, including the concern for the offender's safety must be noted in SCRIBE case notes documenting the concern for the offender's safety and the reason why no alternative means of separation can be arranged. Inmates would receive services in accordance with SOP 209-06, Administrative Segregation. The facility will assign inmates to involuntary segregated housing only until an alternative means of separation from likely abusers can be arranged. The assignment will not ordinarily exceed thirty days.

Policy requires that offenders whose risk screening indicates a risk for victimization, or abusiveness will be reassessed whenever warranted due to an incident, disclosure or allegation of sexual abuse or

sexual harassment. It also requires all offenders to be reassessed within 30 days of arrival at the facility. A case note must be entered into SCRIBE to indicate when the reassessment was conducted.

Screening is required to be conducted, in private in an office with the door closed, within 24 hours of arrival at the facility. A counselor who conducts the screening indicated the screening takes place the same day the inmate is admitted and that the screening is conducted in private in an office with the door closed.

When asked if she reviewed the inmates case history or the offender's data in SCRIBE, the offender database, prior to asking the inmate the PREA related questions, she indicated she has already reviewed the offender's criminal history.

Counselors at the prison conduct the victim/aggressor assessments as a part of the intake process. The initial assessments are consistently documented on the same day as arrival. Thirty-day reassessments are required by GDC policy however, apparently because of the large caseloads, counselors are unable to consistently complete the reassessments at 30 days after the initial assessment. Offenders are also reassessed after having been absent from the facility for appointments, court etc. The auditor, in the review of 35 inmate files indicated that a number of the reassessments were not completed in the 30 days following the initial assessment. The Deputy Warden was asked by the auditor to pull the assessment histories of the inmates in question and consistently they were either not documented or were late. The facility implemented procedures for ensuring counselors have a management system to ensure reassessments are done in SCRIBE within 30 days of admission. Counselors will review transport lists weekly to document the date the reassessment is due. The PREA Compliance Manager will provide quality assurance by pulling a sample weekly to review. The facility provided sufficient samples to indicate they are completing reassessments within 30 days.

### **Discussion of Interviews:**

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

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

Reassessments, according to staff, are required to be completed, within 30 days after the initial assessment however, when asked if they completed them all within the 30-day window, they indicated that this did not always happen at 30 days. They did say they also would complete one when a significant incident occurs; or when a detainee leaves the facility and returns. The reassessment

consists of the counselors asking the inmate if anything has changed since the first assessment after which a note is placed in SCRIBE documenting the reassessment. (See Corrective Action)

Inmates, who had been at the facility less than 12 months, recalled being asked the questions associated with the PREA Assessment. Most of the inmates could not recall being asked the questions again at a later date.

## Standard 115.42: Use of screening information

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

#### 115.42 (a)

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

#### 115.42 (b)

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

#### 115.42 (c)

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

- When making housing or other program assignments for transgender or intersex inmates, does the agency consider on a case-by-case basis whether a placement would ensure the inmate's health and safety, and whether a placement would present management or security problems?  
 Yes  No

#### 115.42 (d)

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

#### 115.42 (e)

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

#### 115.42 (f)

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

#### 115.42 (g)

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

#### Auditor Overall Compliance Determination

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

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

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

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

The agency and the facility use the information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Housing Assignments; Bedding; Work Details; Education Assignments and Program Assignments. This is required in GDC Policy 208.06, D. Screening for Risk of Victimization and Abusiveness, Use of Screening Information.

Initial housing assignments are made by staff who assign inmates to dorms based on their detail assignment and whether they are a state inmate or a county inmate. Too, new inmates, according to a facility counselor, are assigned to a specific dorm until the classification committee meets and determines where best to assign him. If an inmate scored out high for being a potential victim, the PREA Compliance Manager/Deputy Warden of Care and Treatment indicated the inmate would be placed closer to the front to be closer to the cameras and normally in dorms C, D or E with the rationale that these details represented in these dorms have good detail assignments and are generally more settled, mature and have more motivation to stay out of trouble because of the details they are on.

The design and configuration of the dorms makes it less likely that a sexual assault will occur. The dorms are open bay with huge glass windows essentially from top to bottom enabling anyone at any time, walking by to view inside the dorms. Too, the control room (called a tower) is elevated and situated with the six dorms in the pod surrounding the control room giving the control room operator views into each of the six dorms. Additionally, there are cameras in the living units that are monitored from the control room. The cameras can zoom in on either the top or bottom tiers right up to a specific bunk.

The classification committee meets weekly and assess all the information available on the inmate and the committee makes decisions about housing, bedding, work detail assignments, education programming and other program assignments, some of which are mandated. The classification committee has access to the victim/aggressor assessment report and if a change in bedding or dorm assignment is needed, the classification committee notifies the records staff. Based on the assessment, the size of the inmate, whether he appears frail or not, whether he is young, and other factors, staff said, are considered in determining where to house him and what details or programs to put him on.

**Policy and Documents Reviewed:** GDC Policy 208.6, D. Screening for Risk of Victimization and Abusiveness, Paragraph 2. Use of Screening Information; Staffing Plan Designating Safe Housing; (40) Reviewed Assessments; Reviewed Re-Assessments;

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

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

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

Potential victims are assigned to general population dorms and are not housed in designated dorms. Dorm assignments, following classification, are generally made based on the detail to which the inmate is assigned. The open bay dorms are arranged along a long corridor in a linear fashion and anyone walking down the corridor can see what is going on in the dorms. Additionally, video cameras cover the dorm, deterring inappropriate activity.

The classification committee meets weekly and reviews the detainees record and file and if they determine if an inmate needs to be moved, he will be moved. They also consider the detainee's safety in making assignments to details and programs, although programs are very limited.

In deciding where to house a transgender or intersex inmate, the same considerations for the general population inmates would be considered and housing, programming assignment and detail assignment are based on essentially the same criteria as anyone else and with each inmate, the committee calls the inmate in and gets his input, so the inmate's input into what he felt or thought would be solicited and considered.

**Discussion of Interviews:** General Population Counselors conduct the victim/aggressor assessments during the admission process. Staff indicated they check SCRIBE for any flags. The counselors indicated they would place potential victims in general population.

## **Standard 115.43: Protective Custody**

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

#### **115.43 (a)**

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

#### 115.43 (b)

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

#### 115.43 (c)

- Does the facility assign inmates at high risk of sexual victimization to involuntary segregated housing only until an alternative means of separation from likely abusers can be arranged?  Yes  No
- Does such an assignment not ordinarily exceed a period of 30 days?  Yes  No

#### 115.43 (d)

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

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

#### 115.43 (e)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

There have been no allegations of either sexual abuse or sexual harassment in several or more years. This was confirmed through reviewing the Monthly PREA Reports, Monthly Compstat Reports, Hotline Call Report from the Georgia Department of Corrections PREA Unit, reviewed incident reports and grievances for the past 12 months (sampled 10% of incident reports and reviewed all nine (9) of the grievances), and interviews with the Warden, Deputy Warden/PREA Compliance Manager, staff and inmates.

**Policy and Documents Reviewed:** Pre-Audit Questionnaire; Georgia GDC Policy, 208.06, IV.d.3 (a-d) Administrative Segregation; Coordinated Response Plan; Monthly PREA Reports; Monthly Compstat Reports; Hot Line Call Report from the Georgia Department of Corrections PREA Unit, 10% of all Incident Reports and all five grievances for the past 12 months.

**Interviews:** Warden, PREA Compliance Manager; Staff supervising segregation; Randomly selected staff (14); Randomly selected; (24) Specialized staff; (26) Randomly selected inmates and Targeted Inmates (4).

**Discussion of Policy and Documents:** The Pre-Audit Questionnaire documented the facility did not place any inmate in involuntary segregation/protective custody during the past twelve months. The Pre-Audit Questionnaire documented that there were no inmates at risk of sexual victimization who were assigned to involuntary segregated housing at all; none held for 24 hours awaiting assessment

and none in the past 12 months for longer than 30 days while awaiting alternate placement. Staff were aware however of the requirements of GDC policy which is consistent with the PREA Standards. The

Georgia GDC Policy, 208.06, IV.d.3 (a-d) Administrative Segregation, requires that offenders at high risk for sexual victimization are not placed in involuntary segregated housing unless an assessment of all available alternatives has been made and a determination has been made that there is no available alternative means of separation from likely abusers. If an assessment cannot be conducted immediately, the offender may be held in involuntary segregation no more than 24 hours while completing the assessment. This placement, including the concern for the inmate's safety is noted in SCRIBE case notes documenting the concern for the offender's safety and the reason why no alternative means of separation can be arranged. The inmate will be assigned to involuntary segregated housing only until an alternative means of separation can be arranged. Assignment does not ordinarily exceed a period of 30 days.

Inmates at high risk for sexual victimization are housed in the general population. They are not placed in segregated housing and would not be placed there unless there were no other options for safely housing the detainee/inmate. The facility has not designated a safe dorm per se to keep from placing potential victims all together, segregating them from the general population. However, according to the PREA Compliance Manager, they are placed in bunks close to the cameras and in dorms with more mature, motivated and positive inmates.

If there was no place to safely house a potential or actual victim, the victim will be temporarily housed in the administrative segregation area but would be expeditiously transferred to another facility or placed in protective custody at Rutledge State Prison, adjacent to the prison.

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

Inmates in involuntary protective custody, in compliance with policy, will have access to programs and services similar to those of the general population, including access to medical care, mental health, recreation/exercise, education, and the phone.

**Discussion of Interviews:** Interviews with the Warden indicated that there have been no inmates placed in involuntary protective custody in the past 12 months. Inmates who are at high risk for sexual victimization may be placed in involuntary protective custody until some other means of keeping them safe could be arranged and that may include transfer to another facility. If they were placed in involuntary protective custody the justification would be documented. The Deputy Warden indicated that if an inmate was placed in involuntary protective custody it would most likely be for not more than 24 hours because if continued protective custody was going to be needed, the inmate would be transferred. Interviewed staff who supervise segregation indicated that an inmate in protective custody would receive programs and services comparable with the population insofar as possible. This would include visits by medical, counseling, access to the phone, and would be able to receive GED materials in the cell and would be able to keep most of his personal belongings.

# REPORTING

## Standard 115.51: Inmate reporting

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

#### 115.51 (a)

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

#### 115.51 (b)

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

#### 115.51 (c)

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

#### 115.51 (d)

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

### Auditor Overall Compliance Determination

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

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

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

The agency and the Muscogee County Prison provide multiple ways for inmates to report both internally and externally. These include multiple ways to internally and privately report allegations of sexual abuse, sexual harassment, retaliation and staff neglect or violations that may have contributed to the incident.

Additionally, the agency provides a way for inmates to report to a public or private entity that is not a part of the agency. The Sexual Assault Support Center in Columbus, GA, the same city the prison is in, may receive reports from inmates and report them back to the agency. The inmate may, however, ask to remain anonymous.

This facility does not house any inmate who is being detained solely for civil immigration purposes. The inmates at the prison are inmates who have been sentenced and have served the required portion of their sentences to be eligible to come to a county prison. Some of the inmates are sentenced locally but would not be inmates detained solely for civil immigration purposes. There will not be any inmate sent to this facility who is or was being detained solely for civil immigration purposes.

Staff at this facility, in compliance with GDC Policy, and the PREA Standards, accepts reports from all sources, including those from third parties and reports made anonymously. Policy requires that they report these to their immediate supervisor immediately and/or Designated SART member and follow-up with a written witness statement or incident report prior to the end of their shift. Interviewed staff indicated they would be disciplined for failing to report and that would most likely be termination.

Staff may report allegations of sexual abuse and sexual harassment in the same ways the inmates may make.

The Georgia Department of Corrections and the Muscogee County Prison provide multiple ways for detainees to report allegations of sexual abuse, sexual harassment, retaliation, and staff neglect that may have resulted in a sexual abuse.

The Warden, in a written memo, 115.51, Inmate Reporting, affirmed inmates may make a report of sexual abuse, sexual harassment, or retaliation in writing, verbally, by utilizing the PREA hotline, and by phone or mail to the Department Ombudsman Office, and Pardons and Paroles. Inmates are encouraged to report all allegations immediately and directly to staff at all levels. All reports are promptly documented and reported to the proper authority. This memo also states that inmates are provided, at

orientation, information about the Sexual Assault Support Center in Columbus and that information includes the hotline number for the Center.

The PREA Brochure, Sexual Assault, Sexual Harassment, Prison Rape Elimination Act, How to Prevent It, How to Report It, advises inmates that reporting is the first step and includes the following: PREA Hotline, Statewide PREA Coordinator (contact information provided), Ombudsman (mailing address and phone number provided), and Director of Victim Services (mailing address provided). Inmates are told to report it, even if they don't have any evidence and that they may report to any staff, drop a note or send a kitemail or call the PREA hotline.

The inmate handbook addresses reporting and tells the inmate, reporting is the first step and that inmates may report in the following ways:

- Call the PREA Hotline
- Report to any staff member
- Write the Statewide PREA Coordinator (address provided in handbook)
- Write the Director of Victim Services (address provided in handbook)

Inmates have access to reporting via the KIOSK that enables them to submit request to see staff of the facility, including medical, Chief of Security and Warden. They also have access to phones enabling them to report to the Georgia Department of Corrections PREA Unit. They may do this anonymously, as well. A report from the PREA Unit Analyst confirmed there have been no calls from this facility to the PREA Unit in the past 12 months.

Staff are trained to treat all allegations as confidential. Therefore, when allegations are reported up the chain of command, they are kept private and are only forwarded to the Warden, who then determines who else needs to be notified. Typically, only SART, GDC PREA Coordinator, and GDC Internal Investigations (Office of Professional Standards) will be informed.

To report outside the facility inmates can call the PREA Hotline; write the Ombudsman (phone number provided); write the State Board of Pardons and Parole Victim Services (contact information provided); call the GDC Tip Line (and remain anonymous); write or call the GDC PREA Coordinator. Within the facility they can report to a staff member, write a note, send a request, tell medical, file a grievance, tell a family member by phone, letter or during visitation or report while on detail and report to their attorney's either via phone, in person or via letter.

Staff who fail to report will be held accountable and sanctioned through dismissal. Allegations must result in staff filing an incident report.

Interviewed staff indicated they would take a report of sexual abuse or sexual harassment from any source and take all of them seriously and report it to their immediate supervisor and follow-up with a written report, either a witness statement or incident report, prior to the end of the shift.

Interviewed inmates named several ways to report but indicated that sexual assaults and sexual harassment do not occur at this facility.

**Policy and Documents Reviewed:** Policy, 208.6, Prison Rape Elimination Act, Sexually Abusive Behavior Prevention and Intervention Program, E. Reporting, 1. Inmate Reporting; The GDC policy (208.06, 2. Offender Grievances); Standard Operating Procedure 227.02, Statewide Grievance Procedures; brochure entitled, "Sexual Assault, Sexual Harassment, Prison Rape Elimination Act

(PREA), Reporting is the First Step; PREA related posters; "Sexual Assault and Sexual Harassment Prison Rape Elimination Act (PREA) How to Prevent it; How to report it"; GDC Policy IIA23-0001, Consular Notification;. Report from the PREA Analyst documenting there were no calls to the PREA Hotline in the past 12 months; Memo from Warden, Re: Inmate Reporting; Staff Guide on the Prevention and Reporting of Sexual Misconduct with Offenders, Inmate Handbook, PREA Section.

**Interviews:** Twenty-Six (26) Inmates, both randomly selected and special category; Fourteen (14) randomly selected staff representing a cross section of positions; and Twenty-Four (24) specialized staff; Warden; Deputy Warden

**Observations:** Phones in each dorm with dialing instructions; Kiosks for reporting sexual abuse; Multiple PREA Related Posters in Dorms and throughout the Facility

**Testing Processes:** Testing two (2) PREA Phones; Observations of PREA Posters all over the facility and accessible to staff, inmates, volunteers and visitors

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

Staff have been instructed and trained to accept reports made both verbally and in writing from third parties and promptly document them. Inmates may file grievances as well however the agency has determined and asserted in the revised Standard Operating Procedure that allegations of sexual abuse and sexual harassment are not grievable issues because of the potential for losing time in responding. If, however a grievance is received and determined to be PREA related, the grievance is immediately turned over to the SART and an investigation begins.

Third Party reports may be made to the Ombudsman's Office or in writing to the State Board of Pardons and Paroles, Office of Victim Services (address provided). Interviews with staff, both random and specialized confirmed staff are required and trained to accept all reports, regardless of how they are made and regardless of the source, to notify their supervisor and write either an incident report or a statement as directed by the supervisor to document receipt of verbal reports, third party reports, anonymous reports etc.

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

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

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

There have been no allegations of either sexual assault/abuse, sexual harassment or retaliation for reporting in the past 12 months. This is confirmed through reviewed monthly PREA reports, Calls to the Hotline Report for the past 12 months, reviewed incident reports, reviewed grievances, and interviews with administrative, line staff and specialized staff as well as interviews with inmates.

Inmates may call anyone on their approved list. They may also call their attorney's if they have one. Inmates have the opportunity to report through visits with family, calling family, or writing families.

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

Multiple PREA related posters were observed posted throughout the facility keeping PREA information continuously available to inmates. Zero Tolerance Posters, located throughout the facility, as well as other PREA related posters, explaining that inmates have the right to report and listing some ways inmates may choose to report.

**Discussion of Interviews:** Interviews with 26 inmates confirmed that they understand and are aware of how to report sexual assault/abuse or sexual harassment. They indicated they would report to a staff, use the PREA Hotline, or tell a family member. Some said they would tell the Warden or PREA Compliance Manager. Staff related multiple ways inmates could report and stated they would take every allegation seriously regardless of the source of the allegation.

## Standard 115.52: Exhaustion of administrative remedies

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

**115.52 (a)**

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

**115.52 (b)**

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

**115.52 (c)**

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

**115.52 (d)**

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

### 115.52 (e)

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

### 115.52 (f)

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

### 115.52 (g)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

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

**Interviews:** Warden; Deputy Warden/ PREA Compliance Manager; Fourteen (14) Randomly selected staff; Twenty-Six (26) inmates

**Observations:** Not applicable for this standard.

**Discussion of Policies and Documents:** 208.6, E.3, Offender Grievances, in an updated policy, states that all allegations of sexual abuse and sexual harassment are not grievable issues. These should be reported in accordance with methods outlined in the policy.

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

The policy changed effective March 2018 when this revision was included.

If a grievance alleged sexual abuse, it would be turned over to the SART to begin an investigation, as the grievance process ceases.

The auditor reviewed 09 grievances, representing 100% of the total number of grievances filed in one year. None of the grievances contained any allegations of either sexual abuse or sexual harassment.

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

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

### 115.53 (a)

- Does the facility provide inmates with access to outside victim advocates for emotional support services related to sexual abuse by giving inmates mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations?  Yes  No
- Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers, including toll-free hotline numbers where available of local, State, or national immigrant services agencies?  Yes  No
- Does the facility enable reasonable communication between inmates and these organizations and agencies, in as confidential a manner as possible?  Yes  No

### 115.53 (b)

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

### 115.53 (c)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

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

The facility has a Memorandum of Understanding with the Sexual Assault Support Center in Columbus, Georgia for providing outside confidential support services. The MOU affirms the Center provides free and confidential counseling, advocacy, support and referral services to past and present survivors of rape and sexual assault. The center also agrees to provide a 24-hour crisis hotline that is accessible to incarcerated inmates for reporting and referral. The center receives calls from Muscogee County Prison inmates reporting sexual assault or sexual harassment at their hotline number (number provided). The Center is not required to possess any form of licensure but is funded and monitored by the Georgia Criminal Justice Coordinating Council.

The auditor has interviewed the director of the Sexual Assault Support Services Center several times and again as a result of this audit. The director affirmed the MOU with the Muscogee County Prison and the services she and her organization will provide, including accompaniment for an inmate during a forensic exam and other appointments upon request from the inmate. Advocates are available 24/7.

In addition to the outside advocacy organization, the facility has two trained staff who have completed the online training to serve as a victim advocate. An interview with the facility victim advocate confirmed the training they received and their role in serving any inmate victim, upon request. The auditor reviewed the two (2) Certificates of Training for the advocates.

**Policy and Documents Reviewed:** GDC Policy 208.6, PREA, Pre-Audit Questionnaire; GDC Policy IIA234-0001, PREA Related Posters; Training Certificate: Georgia Network to End Sexual Assaults; Memo from the Warden, 115.53; Memorandum of Understanding with the Sexual Assault Support Services Center, Columbus, Georgia; Brochure – Sexual Assault Support Services Center

**Interviews:** Warden; PREA Compliance Manager, PREA Coordinator, Twenty-Six (26) inmates; A staff advocate.

**Discussion of Policies and Documents Review:** GDC Procedures require the facility attempt to enter into an agreement with a rape crisis center to make available a victim advocate to inmates being evaluated for the collection of forensic evidence. Victim advocates from the community used by the facility will be pre-approved through the appropriate screening process and subject to the same requirements of contractors and volunteer who have contact with inmates. Advocates serve as emotional and general support, navigating the inmate through the treatment and evidence collection process.

The agency provided a Memorandum acknowledging the services that the Sexual Assault Support Services Center agreed to provide including a victim advocate to meet the detainee victim of sexual abuse and accompany him through the forensic process and any investigation interviews, providing emotional support services and to provide a 24/7 hotline for reporting sexual abuse.

Inmates also have access to the GDC Ombudsman and GDC Tip Line. Contact information, including phone numbers and mailing addresses are provided, posted and accessible to inmates.

GDC Policy IIA23-0001, Consular Notification; affirms it is the policy of GDC that the Consulate General of an inmate's native country be kept informed as the inmate's custody status or occurrences to the Vienna Convention on Consular Relations. Inmates will be provided information on how to access

Foreign Consular Offices in the United States. This information is available for download at <http://www.state.gov/s/cpr/ris/fco> This policy prescribes the GDC's responsibility for notification and that the inmate be informed of such notification. Foreign National inmates are allowed visitation with representatives from the Consulate General of his/her native country.

Inmates have access to their attorney's if they have one and may correspond with them, call them and visit with them at the prison. Professional visits are available during normal duty hours and by other appointment to accommodate them.

Inmates have access to their parents or relatives daily via phone, through the mail, and through visitation.

Inmates also have access to a Kiosk enabling them send requests to staff, including the Warden and Deputy Wardens and emailing anyone on their approved list.

**Discussion of Interviews:** The auditor interviewed the Executive Director of the Sexual Assault Support Services Center prior to the on-site audit to see if they had any reports to make or whether they have had any calls from the inmates at the prison and to learn of the services the Rape Crisis Center can and will provide the inmates of the Muscogee County Prison. These are described in the report above. The auditor also contacted Just Detention International to see if the facility had had any complaints of PREA related issues. The JDI emailed that a database check did not reveal any known issues with the prison. The Director of the Sexual Assault Support Services Center confirmed the services they can and will provide inmates, including a 24/7 hotline for reporting and providing an advocate for emotional support during a forensic exam at the request of the inmate.

## Standard 115.54: Third-party reporting

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

#### 115.54 (a)

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

#### Auditor Overall Compliance Determination

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

## Instructions for Overall Compliance Determination Narrative

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

The Georgia Department of Corrections and the Muscogee County Prison has established ways to receive third party reports. GDC Policy 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, page 23, Paragraph 2. Third Party Reporting, provides for Third Party Reports to be made to the following:

- Ombudsman's Office (address and phone number provided)
- Email to the PREA Coordinator (email address provided)
- State Board of Pardons and Paroles, Office of Victim Services (mailing address provided)

Policy also requires, in 208.06, b. that staff will accept reports made verbally, in writing and from third parties and will promptly document any verbal reports.

The prison's website also provides for third party reports to:

- Ombudsman's Office (phone number provided)
- Director of Victim Services (mailing address provided)
- GDC PREA Hotline
- Muscogee County Prison (phone number provided)

It then asserts all allegations of sexual abuse or harassment will be thoroughly investigated by both Muscogee County Prison and outside agencies, including the GDC Office of Professional Standards and possibly the Muscogee County Sheriff's Department.

The inmate PREA Brochure provides contact information for the following third-party reporters:

- Georgia Department of Corrections PREA Hotline (dialing instructions provided)
- Statewide PREA Coordinator (mailing address provided)
- Ombudsman (mailing address and phone number)
- Director of Victim Services (mailing address provided)

**Policy and Documents Reviewed:** Georgia Department of Corrections Policy, 208.6, PREA; The Muscogee County Prison Pre-Audit Questionnaire; GDC Policy, 227.02, Statewide Grievance Process; The Department's Website contains a section entitled: "How do I report sexual abuse or sexual harassment?"; Muscogee County Prison Website; The brochure entitled, "Sexual Assault, Sexual Harassment, Prison Rape Elimination Act – How to Prevent It and How to Report It"; Reviewed PREA Related Brochures (An Overview for Offenders – Do You Know Your Rights and Responsibilities?); PREA Related Posters; Report of Calls to the PREA Hotline in the past 12 months;

**Interviews:** Warden, Deputy Warden/PREA Compliance Manager; Twenty-Six (26) inmates, randomly selected and special category; Fourteen (14) Randomly Selected Staff; Twenty-Four (24) Special Category Staff, PREA Compliance Manager;

**Observations:** Review of the Agency’s Website (Georgia Department of Corrections); Review of the Muscogee County Prison Website

**Discussion of Policy and Documents:** The Georgia Department of Corrections and the Muscogee County Prison provides multiple way for inmates to access third parties who may make reports on behalf of an inmate. GDC provides contact information enabling Third Party reports to be made to the GDC Ombudsman’s Office, to the GDC TIP Line and to the agency’s PREA Coordinator. Information is provided to inmates that allows them to call or write the Ombudsman’s Office. They are also informed they may report in writing to the State Board of Pardons and Paroles, Office of Victim Services. This information is provided in the brochure given to inmates during admissions/orientation. The brochure entitled, “Sexual Assault, Sexual Harassment, Prison Rape Elimination Act – How to Prevent It and How to Report It” provides the phone number and mailing address for the Ombudsman and the mailing address for reporting to the Director of Victim Services. A PREA hotline is also available for third party reports and an inmate’s pin is not required to place a call using the “hotline”. The auditor tested a phone and found it operational. Dialing instructions are posted at the phone.

The Department’s Website contains a section entitled: “How do I report sexual abuse or sexual harassment?”. These are provided as ways to make third party reports: Call the PREA Confidential Reporting Line (1-888-992-7849); email [PREA.report@gdc.gov](mailto:PREA.report@gdc.gov); Send correspondence to the Georgia DOC, Office of Professional Standards/PREA Unit; contact the Ombudsman and Inmate Affairs Office (numbers and email provided and Contact the Office of Victim Services (phone number and email address provided). Anyone wishing to make a report can do so anonymously however there is a request that as much detail as possible be provided. The agency also has a TIP Line accessible to third parties.

The Muscogee County Prison Website provides contact information for the Ombudsman’s Office, Board of Pardons and Paroles Victim Services, and for contacting the prison to report for an inmate.

The PREA brochure, An Overview for Offenders, Do You Know Your Rights and Responsibilities? Provides contact information for the GDC Sexual Assault Hotline, PREA Coordinator, State Board of Pardons and Parole Office of Victim Services, and through the Ombudsman’s Office.

The inmate handbook provides contact information for the Agency PREA Coordinator and the Director of Victim Services.

Family members, friends and other inmates, may make a report for an inmate.

**Discussion of Interviews:** Staff are asked to name ways detainees can make reports or allegation of sexual abuse or sexual harassment. They consistently could name multiple ways and when asked if an inmate could report anonymously and through a third party, 100% of the staff said detainees could get a third party to report for them and that they would take that report seriously and act immediately. They also affirmed they would document the allegation in writing, and they would have to do that prior to the end of the shift.

Interviewed inmates were aware they could have a third party, including a parent, relative or another detainee report for them.

## OFFICIAL RESPONSE FOLLOWING AN INMATE REPORT

## Standard 115.61: Staff and agency reporting duties

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

#### 115.61 (a)

- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency?  Yes  No
- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding retaliation against inmates or staff who reported an incident of sexual abuse or sexual harassment?  Yes  No
- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation?  Yes  No

#### 115.61 (b)

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

#### 115.61 (c)

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

#### 115.61 (d)

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

#### 115.61 (e)

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

### Auditor Overall Compliance Determination

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

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

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

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The Georgia Department of Corrections mandates that all staff, contractors and volunteers report any knowledge, suspicion, or information they may receive concerning sexual assault or sexual harassment. They are required to report any retaliation they know about or have observed or are aware of. Additionally, they are expected to report any knowledge or information related to staff negligence of misconduct that may have resulted in a sexual assault. Staff are required to keep confidential, any information, knowledge or reports of sexual abuse or sexual harassment they may receive other than reporting to those who have a need to know and for management and security decisions.

A memo from the Warden, 115.61, Staff and agency reporting duties, asserts that all personnel at Muscogee County Prison are provided with PREA Training which instructs them to the proper procedures for reporting any incidents that are in any way related to PREA. Staff are trained that any information obtained is limited to a need-to-know basis for staff and only for the purpose of treatment, security and management decisions, such as housing, work, education, and programming assignments.

At the initiation of services, medical and mental health personnel understand that they are required to inform inmates of their duty to report and the limitations of confidentiality and any information medical or counseling staff receive will be reported in compliance with policy. The Memo asserts that any sexual abuse information obtained by medical and mental health personnel will be reported per policy to the appropriate personnel with the prison.

There are no youth at this facility under the age of 18.

Lastly, the Warden's memo affirms and asserts that all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports must be reported to the facility's designated investigators. All allegations will be reported to the SART. The Warden then will notify the GDC Statewide PREA Coordinator and the GDC Office of Professional Standards Investigations Unit and the Warden is responsible for ensuring the notifications are made as soon as possible.

The Staff Guide on the Prevention and Reporting of Sexual Misconduct with Offenders discusses, in a section entitled, A Duty to Report, that staff must report any inappropriate staff/offender behavior immediately. Failure to report will result in staff being held accountable and sanctioned through dismissal. Reporting includes not only verbal reporting but following up with writing an incident report. Another section of the Guide requires that all employees have a duty to report immediately any findings in which inmates are having sexual relations with other inmates or staff.

The Department appears serious about Zero Tolerance and preventing sexual assault and sexual harassment and retaliation. This is reflected in the structure of the Department where the PREA Coordinator, reports to the Director of Compliance, who reports to the Director of the Office of Professional Standards yet allows the PREA Coordinator direct access to the Commissioner should she need it regarding any PREA related issue. The agency has an ADA Coordinator who serves actively as a resource person for securing interpretive services for limited English proficient inmates/detainees and for disabled detainees/inmates who may be hearing or visually impaired to enable them to make reports of sexual abuse or sexual harassment and to participate fully in the agency's prevention, detection, responding and reporting program.

The training component for PREA also engages all staff, with correctional staff receiving PREA education during Basic Correctional Officer's Training while attending the Peace Officers Standards BCOT Academy. Staff are trained to report all allegations regardless of how those allegations came to light and to report them immediately to a designated shift supervisor. They may also report to any member of the Sexual Assault Response Team. Upon making verbal notification, they are required to document the allegation in a written statement or an incident report and these must be completed prior to the end of the shift (or leaving the shift). Policy requires that reports of allegations of sexual assault or sexual harassment are limited to those with a need to know only and reports are generally made by radioing the Shift Supervisor to come to the area or taking the detainee to the Supervisor's Office.

Medical and mental health providers are required to report any knowledge, information, reports, or suspicions of sexual abuse or sexual harassment and are required to inform inmates at the initiation of services of the limits of confidentiality and their duty to report. This was confirmed through interviewing medical staff and counseling staff. The facility does not employ any mental health staff.

**Policy and Document Review:** Department of Corrections Policy, 208.6, Sexually Abusive Behavior Prevention and Intervention Program, F. Official Response Following and Inmate Report, 1. Staff and Department Reporting Duties; the reviewed Sexual Assault/Sexual Misconduct Prison Rape Elimination Act (PREA) Education Acknowledgment Statement; Memo from the Warden, Agency and Staff Reporting, Staff and Agency Reporting Duties; Staff Guide on the Prevention and Reporting of Sexual Misconduct with Offenders

**Interviews:** Warden; PREA Coordinator (previous interview); Assistant PREA Coordinator (previous interview) PREA Compliance Manager; SART Leader; Facility Based Investigator; Fourteen (14) randomly selected staff; Twenty-Four (24) special category staff;

**Discussion of Policy and Documents Reviewed:** Department of Corrections Policy, 208.6, Sexually Abusive Behavior Prevention and Intervention Program, F. Official Response Following and Inmate Report, 1. Staff and Department Reporting Duties, requires staff who witness or receive a report of sexual assault, sexual harassment, or who learn of rumors or allegations of such conduct, must report information concerning incidents or possible incidents of sexual abuse or sexual harassment to the supervisor on duty and write a statement, in accordance with the Employee Standards of Conduct. The highest-ranking supervisor on duty who receives a report of sexual assault or sexual harassment, is required to report it to the appointing authority or his/her designee immediately. The supervisor in charge is required to notify the PREA Compliance Manager and/or SART Leader as designated by the Local Procedure Directive. Appointing authorities or his/her designee may make an initial inquiry to determine if a report of sexual assault, sexual harassment, is a rumor or an allegation. Allegations of sexual assault and sexual harassment are major incidents and are required to be reported in

compliance with policy. Once reported, an evaluation by the SART Leader/Team of whether a full response protocol is needed will be made. Appointing authorities or designee(s) are required to report all allegations of sexual assault with penetration to the Office of Professional Standards (OPS) Special Agent In-Charge and the Department's PREA Coordinator immediately upon receipt of the allegation. OPS will determine the appropriate response. Staff, failing to comply with the reporting requirements of DOC Policy, may be banned from correctional facilities or will be subject to disciplinary action, up to and including termination. If an alleged victim is under the age of 18, the Department reports the allegation to the Department of Family and Children Services, Child Protection Services Section. Staff are not to disclose any information concerning sexual abuse, sexual harassment or sexual misconduct of an offender, including the names of the alleged victims or perpetrators, except to report the information as required by policy, or the law, or to discuss such information as a necessary part of performing their job.

This facility does house youthful offenders; however, policy requires if the victim was under the age of 18, the Field Operations Manager, in conjunction with the Director of Investigations, or designee, is required to report the allegation to the Department of Family and Children Services, Child Protective Services Section. Also, if the victim is considered a vulnerable adult under Georgia Law, the Director of Investigations or designee, will make notification to the appropriate outside law enforcement agency. Multiple examples of staff acknowledgement statements were provided.

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

**Discussion of Interviews:** All the interviewed staff, both those randomly selected and special category staff stated they are trained to and required to report everything. They stated they would report it to the shift supervisor immediately. When asked if they would report something they suspected, they all said yes. When asked if they would take a report from the third party such as another inmate, relative or friend, they said yes, they would. When asked about a report made anonymously, they said they would report it to their shift supervisor or Officer in Charge. All of them stated they would also have to put the report in writing in the form of an incident report or a witness statement.

Non-Uniform staff said they would report it to the first security staff they saw and to the shift supervisor. The non-uniform staff said they would have to put the allegation in writing and before they left the facility.

When asked about observing staff negligence resulting in a sexual assault, if they would have to report that, they said it is mandatory and they would do it anyway. The auditor asked staff if they would be expected to report something they suspected. 100% of them said they would report that, as well. When asked what would happen if they failed to report they indicated there would be an investigation and they would be fired.

## **Standard 115.62: Agency protection duties**

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

#### **115.62 (a)**

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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The Pre-Audit Questionnaire reviewed monthly PREA Reports, reviewed grievances and incident reports and interviews with staff confirmed there have been no inmates at risk of imminent sexual abuse during the past 12 months. None of the 26 interviewed detainees indicated they had ever been at risk of imminent sexual abuse.

Staff consistently, in their interviews, affirmed they take any information related to an inmate being threatened or at risk seriously, and they would act immediately to remove him from the potential threat. Although they were not sure where the administration would decide to place the inmate, they indicated they would respond immediately and keep the inmate safe until the administration decided where to safely house them. They also could not recall anyone alleging they were at risk of imminent sexual abuse. They surmised that the inmate may be placed in another dorm or in administrative segregation until an investigation could be conducted.

The Warden and Deputy Warden indicated they expect staff to take all allegations seriously and to take immediate action to protect the inmate. They also indicated the safest place for the inmate at the moment would be in a single administrative segregation cell apart from all other inmates and that the justification documenting that there were no other alternative means of separation would be written on the authorization for segregation.

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

### Interviews:

Warden; PREA Compliance Manager; Staff Supervising Segregation; Fourteen (14) randomly selected staff; Twenty-Four (24) Special Category Staff; Twenty-Six (26) Inmates, random and targeted

**Discussion of Policy and Documents:** GDC Policy 208.06, Prison Rape Elimination Act- PREA, Sexually Abusive Behavior Prevention and Intervention Program, Paragraph 2., Facility Protection Duties, requires that upon learning of a sexual abuse, staff are to separate the alleged victim and abuser and ensure the alleged victim has been placed in safe housing which may be protective custody in accordance with SOP 209.06, Administrative Segregation. If the inmate victim is placed in administrative segregation, a note is placed in SCRIBE indicating the reason for the placement. If the offender remains in Administrative Segregation for 72 hours, ensure that the Sexual Assault Response Team has again evaluated the victim within 72 hours. Again, a note is to be entered SCRIBE indicating the reason for continued placement. The care and treatment member of SART is responsible for documenting the reasons in SCRIBE. If the alleged perpetrator is an offender and if the alleged perpetrator has been placed in Administrative Segregation in accordance with SOP 209.06, Administrative Segregation, again, a case note documenting the reason for placement is completed and documented in SCRIBE. If the offender remains in Administrative Segregation for 72 hours, the SART evaluates the offender again within 72 hours and if continued placement is required, the reasons are documented in SCRIBE. The care and treatment staff from the SART are responsible for the documentation. If the alleged perpetrator is a staff member, the staff member and alleged victim are separated during the investigation period. The staff member may be reassigned to other duties or other work area; transferred to another institution, suspended with pay pending investigation or temporarily banning the individual from the institution, whichever option the appointing authority deems appropriate. Staff are instructed, if applicable, they are to consult with the SART, Regional Director, the Department's PREA Coordinator or the Regional SAC within 72 hours of the reported incident to determine how long the alleged victim or perpetrator should remain segregated from the general population and document the final decision in the offender's file with specific reasons for returning the offenders to the general population or keeping the offenders segregated and ensure the SART has evaluated the victim within 24 hours of the report. Once a determination has been made that there is sufficient evidence of sexual assault, staff ensure closure of the matter by serving notice of adverse action or banning the staff member, making housing and classification changes if the perpetrator is an offender, and update the victim's offender file with incident information.

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

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

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

Other interviewed staff, including the Warden, PREA Compliance Manger, and Staff Supervising Segregation stated they have not received any reports or grievances alleging a detainee was at risk of imminent sexual abuse. They indicated they would not want to place an inmate in segregation because of being at risk but it may be necessary to protect him.

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

## Standard 115.63: Reporting to other confinement facilities

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

#### 115.63 (a)

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

#### 115.63 (b)

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

#### 115.63 (c)

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

#### 115.63 (d)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

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

The Warden and PREA Compliance Manager indicated, in their interviews, that they have not had an inmate alleging abuse at another facility nor have they had an inmate alleging sexual abuse at another facility that they were sexually abused or sexually harassed at this facility. In their interviews, they indicated, that they would initiate an investigation immediately of any allegation received from another facility and if they received an allegation that an offender was abused at another facility, the Warden related he would contact the sending facility to determine if the incident had been reported and if not to ensure an investigation was initiated and to cooperate with the investigation.

**Policy and Documents Reviewed:** GDC Policy, 208.6, Prison Rape Elimination Act, Sexually Abusive Behavior Prevention and Intervention Program, 3. Reporting to other Confinement Facilities; Pre-Audit Questionnaire; Reviewed Incident Reports and Grievances filed during the past 12 months.

**Interviews:** Warden; PREA Compliance Manager, SART Members, Twenty-Six (26) Inmates

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

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

Although there have been no allegations received from another facility, the administrative staff knew and described the steps they would take in reporting to the sending facility and ensuring that if an investigation had not been initiated, starting an investigation. They also indicated if they received an allegation from another facility that a detainee had been sexual abused while at this facility, they would cooperate with an investigation and conduct interviews or provide any additional information they might have. They indicated they would make the report immediately but were aware that the policy required notification within 72 hours.

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

## Standard 115.64: Staff first responder duties

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

### 115.64 (a)

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

### 115.64 (b)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

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

Georgia Department of Corrections Policy and the Local Policy Directive for the Muscogee County, a memo from the Warden, and 11A2101, LOP, PREA identifies the actions required of first responders.

The Memo from the Warden specifies the steps to be taken by Staff first responders and these included:

- Separate the alleged victim from alleged abuser
- Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence
- If the abuse occurred within a time period that allows for the collection of physical evidence, request the alleged victims not take any actions that could destroy physical evidence, request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate washing, brushing teeth, changing clothes, urinating, defecating, drinking, or eating
- Ensure the alleged abuser does not take any actions that could destroy physical evidence, including all the above
- Non-Security First Responders will request the alleged victim not take any actions that could destroy physical evidence and then notify the security staff.

The LOP (11A2101) is very specific and actions of first responders include the following and serves as a coordinated response plan as well.

Staff carry a first responder card to refresh them if they need it in responding to an allegation or incident of sexual assault. The agency initiates a Sexual Assault Response Protocol serving as a checklist of actions to take.

Interviewed staff, including non-uniformed staff explained the steps required as a first responder. They were consistent in their responses and the responses were consistent with the LOP and the memo from the Warden. Medical explained they would do the same if they were the first person to become aware of an allegation or incident of sexual abuse. They explained their role would be to separate the inmate from the alleged aggressor and report the allegation and to assess the inmate but attempt to protect evidence that may be on the person or his clothing.

The Sexual Assault Nurse Examiner would be called to conduct the forensic exam, collecting potential forensic evidence. A chain of custody would be started, and the sexual assault kit turned over to the security staff at the facility, who would in turn, turn it over to the GDC Office of Professional Standards, Special Agent.

There were no occasions in which an inmate was allegedly sexually assaulted with any form of penetration.

**Policy and Documents Review:** Georgia DOC Policy, 208.6; local protocol, "PREA Reporting Process"; Pre-Audit Questionnaire; SANE's List; Muscogee County Prison Local Operating Procedure, 11A2101. PREA; Memo from the Warden, 115.64, Staff first responder duties; Sexual Assault Response Protocol/List; Monthly PREA Reports to the PREA Unit.

**Interviews:** Two (2) SART Members; Fourteen (14) Randomly selected staff; Twenty-Four (24) Specialized staff; Facility-Based Investigator; Special Agent (Previous Interview) and PREA Compliance Manager. Informal Interviews with staff randomly selected during the site review

**Discussion of Policy and Documents:** Georgia DOC Policy, 208.6, describes, in detail, actions to take upon learning that an inmate has been the victim of sexual abuse. Actions described included the expectations for non-security first responders. Policy and local operating procedures require that upon learning of an allegation that an inmate was sexually abused, the first security staff to respond to the report is to respond in the following manner: 1) Separate the alleged victim and abuser 2) Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence, in compliance with SOP IK01-0005, Crime Scene Preservation; 3) If the abuse occurred within 72 hours request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking or eating; 4) If the abuse occurred within 72 hours ensure that the alleged abuser does not take any actions that could destroy physical evidence, including washing, brushing teeth, changing clothes, urinating, defecating, smoking or eating; 5) If the first responder is not a security staff, the responder is required to request that the alleged victim not take any actions that could destroy physical evidence, and notify security staff immediately.

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

The local protocol, PREA Local Operating describes in detail the responses to an allegation of sexual abuse. Additionally, the memo from the Warden, 115.64, Staff first responder duties details the actions required of uniformed and non-uniformed staff.

Staff are trained in first responding during annual in-service training, with refreshers in shift briefings and from the PREA Compliance Manager in meetings and briefings. This information was provided by staff during their interviews.

Non-custody staff have been trained in first responding. They receive the same annual in-service training during Day 1, that includes PREA. They could describe the steps they would take in response to being informed an inmate had been sexually assaulted. They sated step by step the same procedures as correctional staff. The nurse stated that, in addition to conducting an assessment on the alleged victim would be to attempt to protect the evidence.

There were no allegations of any form of penetration during the past 12 months.

**Discussion of Interviews:** Interviews with 14 randomly selected staff and 24 specialized staff, including medical staff, confirmed they are knowledgeable of their roles as first responders. They detailed the steps they would take if they were the first person to be alerted that an inmate had been sexually assaulted/abused.

## **Standard 115.65: Coordinated response**

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

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

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

The Muscogee County Prison is a smaller facility; however, it is the largest county prison in the state. Housed under one roof enables the leadership, investigators, first responders, medical, and mental health, all housed in close proximity to each other to respond to incidents, including allegations of sexual assault/abuse. The facility has a Coordinated Response Plan to ensure that during an emergency, the Coordinated Response Plan serves as the Emergency Plan, similar to other emergency plans required for secure facilities. The reviewed Coordinated Response Plan is documented in the Muscogee County Prison PREA Local Operating Procedure, 11A2101, PREA.

The LOP begins with the Responsibilities of the first responders, both uniform and non-uniform. Upon notification, the shift OIC's duties are described, including notifying the Warden or Deputy Warden of Security and the Warden or designee notifies the Sexual Assault Response Team. The Warden reports to the Field Operations Manager, the Mayor, and the GDC PREA Coordinator and if sexual assault is confirmed, the Warden notifies the OPS to secure a Special Agent to conduct the investigation. The SART arranges for an immediate medical exam followed by a mental health exam. The crime scene is secured, and alleged victim and abuser notified of the actions they should not take and in the case of the abuser, that he must take to preserve potential evidence. The alleged victim is taken the Columbus Medical Center for a forensic exam.

There have been no allegations of sexual assault with penetration during the past 12 months.

**Policy and Documents Reviewed:** GDC Policy 208.06, Prison Rape Elimination Act-PREA, Sexually Abusive Behavior Prevention and Intervention Program, Paragraph 5, Coordinated Response; local protocol, "PREA Reporting Process"; GDC Sexual Abuse Response Checklist (GDC 208.06, Attachment 6); Local Operating Directive; PREA Monthly Reports; Memo from the Warden, 115.65, Coordinated Response; Muscogee County Prison LOP, 11A2101, PREA.

**Interviews:** Warden, Deputy Warden/PREA Compliance Manager, Fourteen (14) Randomly Selected Staff; Twenty-Four (24) Specialized Staff

**Discussion of Policies and Documents:** GDC Policy 208.06, Prison Rape Elimination Act-PREA, Sexually Abusive Behavior Prevention and Intervention Program, Paragraph 5, Coordinated Response, requires each facility to develop a written institutional plan to coordinate actions taken in response to an incident of sexual abuse, among staff first responders, medical and mental health practitioners, investigators and facility leadership. The plan must be kept current and include names and phone numbers of coordinating parties.

The Local Operating Procedures, 11A2101, PREA identifies actions to be taken by various components of the facility in response to an allegation of sexual abuse. If there was a sexual assault allegation, the facility, complying with GDC Policy will initiate the Sexual Abuse Response Checklist that also identifies actions taken by staff in response to a report of sexual abuse or of sexual misconduct and sexual harassment.

In addition to the Local Procedure Directive, the Warden issued a memo entitled, "115.65 Coordinated Response, and provides step by step process for responding to sexual abuse.

The facility also uses the GDC Sexual Abuse Response Checklist (GDC 208.06, Attachment 6) to coordinate the actions and responses of first responders. This document becomes a part of the investigation package.

None of the interviewed inmates reported sexual abuse or sexual harassment while at this facility.

This facility is small, compact, with offices very close to each other and communication is not an issue here.

**Discussion of Interviews:** All the interviewed staff articulated their roles in responding to an allegation of sexual assault.

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

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

### **115.66 (a)**

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

### **115.66 (b)**

- Auditor is not required to audit this provision.

## **Auditor Overall Compliance Determination**

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

### Instructions for Overall Compliance Determination Narrative

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

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

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

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

## Standard 115.67: Agency protection against retaliation

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

#### 115.67 (a)

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

#### 115.67 (b)

- Does the agency employ multiple protection measures, such as housing changes or transfers for inmate victims or abusers, removal of alleged staff or inmate abusers from contact with victims, and emotional support services for inmates or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations?  Yes  No

#### 115.67 (c)

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

#### 115.67 (d)

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

### 115.67 (e)

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

### 115.67 (f)

- Auditor is not required to audit this provision.

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

The Georgia Department of Corrections has a zero tolerance toward retaliation against any inmate/detainee or staff who report an allegation of sexual abuse or sexual harassment. This is expressed and documented in GDC Policy 208.06, Prison Rape Elimination Act, Sexually Abusive Behavior Prevention and Intervention Program. The Warden has designated a staff to serve as the Retaliation Monitor. One staff, a general population counselor has been designated to serve as retaliation monitor for inmates and the Deputy Warden of Security, is designated as the retaliation monitor for staff.

A memo from the Warden, Muscogee County Prison, Proactive and Zero Tolerance Procedures, 115.67, Agency protection against retaliation, requires that Muscogee County Prison personnel will protect inmates and staff who report sexual abuse and sexual misconduct, or sexual harassment from retaliation. It requires that staff are designated to monitor for retaliation. It also asserts that anyone who retaliates against a staff member or inmate who has reported in good faith will be subject to disciplinary action.

The memo, consistent with the GDC Standard Operating Procedures, affirmed that multiple protection measures, including inmate housing changes or transfers, removal of alleged staff or inmate abusers from contact with victims, and emotional support services for inmates and staff who fear retaliation.

Monitoring, according to the Memo, is required for at least 90 days and will include monitoring the treatment and conduct of inmates and staff to see if there are any changes that may suggest possible

retaliation and will act promptly to remedy the retaliation. Monitoring must include reviewing inmate disciplinary reports, housing or program changes, or negative performance reviews of reassignments of staff. The monitoring will continue beyond 90 days if there is a continuing need. Periodic status checks are also required.

**Policy and Documents Reviewed:** GDC Policy 208.6, Prison Rape Elimination Act, Sexually Abusive Behavior Prevention and Intervention Program; 90 Day Offender Sexual Abuse Review Checklist (GDC Form); Memo from the Warden, 115.67, Agency Protection Against Retaliation.

**Interviews:** Facility Staff Designated as the Facility's Retaliation Monitor; Warden; PREA Compliance Manager; Fourteen (14) Randomly selected staff; Twenty-Four (24) Specialized Staff; Twenty-Six (26) Inmates including (26) Random and Four (4) Targeted inmates.

**Discussion of Policy and Documents Review:** GDC Policy 208.6, Prison Rape Elimination Act, Sexually Abusive Behavior Prevention and Intervention Program, affirms the agency has a zero tolerance for any form of retaliation and is committed to protecting inmates or staff who report sexual abuse and sexual misconduct or sexual harassment from retaliation. Policy requires that anyone who retaliates against a staff member or an offender who has reported an allegation of sexual abuse or sexual harassment in good faith is subject to disciplinary action. Policy requires a staff be identified to monitor for retaliation. Additionally, policy provides multiple protection measures including: housing changes for inmates, transfers, removal of alleged staff or inmate abusers from contact with victims and emotional support for inmates or staff who fear retaliation. Monitoring is required to be conducted for at least 90 days following a report of abuse. Monitoring will include monitoring the conduct and treatment of inmates and staff to see any changes to indicate possible retaliation and to remedy any retaliation. Monitoring includes: review of inmate disciplinary reports, housing or program changes, negative performance reviews or reassignments of staff etc. Monitoring may continue beyond 90 days if the initial monitoring indicates the need for it. Periodic status checks of inmates will be conducted. The obligation for monitoring terminates if the allegation is unfounded. Policy requires that monitoring is documented on the GDC Form 90 Day Offender Sexual Abuse Review Checklist. The checklist is completed for each inmate being monitored.

The Georgia Department of Corrections 90 Day Offender Sexual Abuse Review Checklist includes documenting the reviews of the following at 30, 60 and 90 days:

- Offender Disciplinary Report(s) History
- Offender Housing Unit Placement Reviewed
- Offender Transfer(s) Placement Review
- Offender Program(s) History Review
- Offender Work Performance Review
- Offender Schedule History Review
- Offender Case Note(s) Review

The retaliation monitor for inmates is a general population counselor while the retaliation monitor for staff is the Deputy Warden of Security. The agency employs multiple protection measures to protect inmates from retaliation.

The facility's living units (12 Dorms) are open bay configuration with two tiers with bunkbeds on the upper and lower tier. Each one has a maximum capacity of 48 inmates. There are two pods of 6 dorms

in each pod. There is an elevated control room with all six dorms in the pod situated around the control room enabling the control room operator to view into each dormitory in the pod. Too, the control room staff can monitor the dorms with the video cameras in each dorm. Those cameras can “zoom” in to provide close-ups of anything going on in the dorm that appears to be suspicious.

Upon learning of an allegation, whether staff on inmate or inmate on inmate, the alleged victim and alleged aggressor will be separated. For an inmate that may mean placing either the alleged victim or alleged aggressor or both, temporarily, in administrative segregation. If a staff is involved the staff will be separated from the alleged victim by placing the staff either on a post away from the inmate or placing the staff on administrative paid leave while an investigation is going on and placing a staff on administrative leave with pay is the most likely scenario according to the Warden.

The Retaliation monitors would meet with the alleged victim following an allegation to let him/them know they are the staff responsible for monitoring them for retaliation and they are the contact person if the inmate or staff experience any form of retaliation. The Retaliation Monitors indicated they have had no cases or allegations requiring monitoring however if they did, they would use the GDC Retaliation Monitoring Form and documents reviewing things like DRs, Dorm Changes, Detail Changes etc. and for staff, reviewing post assignments, changes in shifts, performance reports and write ups.

There were no allegations made during the past 12 months. This was confirmed through the reviewed Pre-Audit Questionnaire, reviewed grievances, reviewed incident reports, reviewed monthly PREA reports to the PREA Unit and interviews with staff and inmates.

**Discussion of Interviews:** The Retaliation Monitors described possible prevention measures including changing dorms, changing detail assignments, changing programs, etc. and for staff, placing them on “no-contact” and that they would use the GDC Form guiding the items to check that might indicated retaliation. She indicated she meets with the inmate each 30, 60 and 90 days. The inmate monitor indicated she would be checking things like DRs, Dorm Changes, Work Detail Changes etc. Monitoring occurs every 30, 60, and 90 days and is documented on the GDC Retaliation Monitoring Form.

The monitor indicated that any alleged victim will be immediately removed and separated from the alleged perpetrator and placed in a safe environment. He indicated the inmate may be placed in another dorm if that can be safely accomplished and if not, the inmate can be transferred to another facility. If protective custody is needed, that is available at the host facility. If an officer was involved in an allegation, the officer would be placed on “no contact” and depending on the nature of the allegation, would be placed on a post away from contact with the detainee.

The Warden, Chief of Security and PREA Compliance Manager indicated if a staff is alleged to have been involved in an allegation of sexual abuse, the staff would be placed on no contact and transferred if necessary. Inmates could be placed in another dorm, if that could be accomplished safely and keep the inmate safe or even another facility, if needed.

## **Standard 115.68: Post-allegation protective custody**

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

#### **115.68 (a)**

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

**Policy and Documents Reviewed:** Department of Corrections Policy, 208.6, Prison Rape Elimination Act, Sexually Abusive Behavior Prevention and Intervention Program, D. Screening for Risk of Sexual Victimization and Abusiveness, 3. Protective Custody;

**Interviews:** Warden; PREA Compliance Manager; Staff Supervising Segregation; Randomly Selected and Special Category Staff (38); Randomly Selected and Special Category Inmates (27).

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

The reviewed Pre-Audit Questionnaire, the reviewed investigation package, and interviews with staff documented that there were no detainees placed in involuntary segregation during the past 12 months.

**Discussion of Interviews:** Interviews with the Warden, PREA Compliance Manager, and staff supervising segregation, indicated that placing someone in involuntary protective custody would be a last resort and may be used only in the absence of any other safe place to house the inmate. Potential

Victims of sexual abuse are not housed in a dorm designated solely for potential or actual victims. The facility does not discriminate and houses them in general population dorms but assigns them to the bunks closer to the front of the dorm, enabling the rear control room staff to observe what is going on the dorms, providing supplemental supervision.

If the detainee could not be safely housed in the facility, the detainee could be transferred to another probation detention center.

The Warden, PREA Compliance Manager, and Staff Supervising Segregation indicated, in their interviews, that there have not been any inmates involuntarily placed in segregation or protective custody during the past 12 months.

An interview with staff supervising segregation indicated if a detainee was placed in involuntary segregation, they would be placed there with the reasons documented on GDC Form 1. He also stated the detainee would have access to programs, attend groups if it was safe, if comfortable let him work on a detail, visitation, recreation, to phones, and access to medical.

None of the interviewed inmates had been placed in involuntary Protective Custody.

## INVESTIGATIONS

### Standard 115.71: Criminal and administrative agency investigations

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

#### 115.71 (a)

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

#### 115.71 (b)

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

#### 115.71 (c)

- Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data?  Yes  No

- Do investigators interview alleged victims, suspected perpetrators, and witnesses?  
 Yes  No
- Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator?  Yes  No

#### 115.71 (d)

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

#### 115.71 (e)

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

#### 115.71 (f)

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

#### 115.71 (g)

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

#### 115.71 (h)

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

#### 115.71 (i)

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

#### 115.71 (j)

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

### 115.71 (k)

- Auditor is not required to audit this provision.

### 115.71 (l)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

Georgia Department of Corrections Policy (208.06) requires that all reports of sexual abuse or sexual harassment will be considered allegations and will be investigated. Investigations are conducted promptly, thoroughly and objectively. It also requires, and staff confirmed, that allegations or reports, including any knowledge, information or suspicions are taken seriously and are investigated. These include reports made verbally, in writing, from third parties and from anonymous sources.

A memo from the Warden, 115.71, Criminal and Administrative Agency Investigations, asserts that all initial abuse and harassment allegation investigations will be conducted by the facility Sexual Assault Response Team (SART). Substantiated investigations are then immediately referred to the Georgia Department of Corrections (GDC) OIC Criminal Investigations Division and unsubstantiated SART investigations will be referred to the Office of Professional Standards for an administrative review.

The Deputy Warden of Care and Treatment, the Lead Nurse (SART Member) and the Facility Based Investigator as well as three other staff have completed the specialized training for conducting investigations of sexual abuse in confinement settings. The SART Team Members also attend the specialized training put on by the Agency PREA Coordinator and Assistant PREA Coordinator

The Warden's memo and interviews with the Facility-Based Investigators indicated the Muscogee County Prison follows the procedures set forth in Policy Number 208.06. The facility will follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions. The response to sexual assault follows the US Department of Justice's Protocol for Sexual Assault Medical Forensic Exams, Adults/Adolescents, dated April 2013 or the most recent version. SANE Protocols and SART investigation procedures are initiated.

If there is an allegation of sexual abuse, staff trained as first responders separate the alleged victim and alleged aggressors and ensure that the crime scene, including the bodies of the alleged victim and perpetrator as well as the area where the alleged offense occurred, are treated as crime scenes and actions are taken to protect the evidence that may be on them. If during the initial investigation by the SART, the allegation appears to be criminal in nature, the Warden or designee will contact the Regional Office to secure a Special Agent, who has arrest powers and extensive investigatory training at the Georgia Bureau of Investigations Academy.

The Special Agents, the staff who will conduct investigations of allegations that appear criminal in nature, will consult with the district attorney to consider referral for prosecution when the evidence appears to support criminal prosecution and compelled interviews are conducted only after consulting with the prosecutors to ensure the interviews may not be an obstacle for subsequent criminal prosecution.

A previous interview with a Special Agent and the interview with the facility-based investigator indicated that they would assess the credibility of an alleged victim, suspect or witness on an individual basis and not on the basis of identify, status and would make the determination on an individual basis and that it would be based only on the evidence.

The investigators confirmed they would not put an alleged victim on a polygraph or other truth telling device as a condition for proceeding with the investigation and that under these circumstances the investigation would continue:

- When the victim recants
- When an employee involved in an investigation terminates his/her employment prior to the conclusion of an investigation
- When an alleged victim or alleged abusing inmate departs the facility prior to a completed investigation

There were no allegations of either sexual abuse or sexual harassment in the past 12 months. This was confirmed through multiple sources including reviewing the following: Hotline Call Report from the GDC PREA Unit; Monthly PREA Reports; Compstat Reports; 10% of all Incident Reports for the past 12 months; all 9 grievances for the past 12 months; interviews with the Warden, Deputy Warden of Care and Treatment/PREA Compliance Manager; Deputy Warden of Security; and randomly selected and specialized staff; and interviews with 26 inmates.

Although there have been no allegations during the past 12 months, if there is one, the Agency Facility-Based Investigator/SART enters the alleged incident and notifications into the agency's database, enabling the Agency's PREA Coordinator and Assistant PREA Coordinator to review the investigations in a computer-based program. Investigators upload their investigation packages into the program where they can be viewed and reviewed. If additional information should have been looked at the PREA Unit requires the investigator to go back and secure the information requested. Upon satisfaction that they

investigation was appropriate, the PREA Unit approves the submission. This provides an additional measure of quality assurance in the investigative process.

**Policy and Documents Reviewed:** Georgia Department of Corrections Policy, 208.6, G. Investigations; PREA Investigation Summary; Sexual Abuse Incident Review Checklist; Notification of Results of Investigation; Referrals to Medical and Mental Health (including the statements made by medical and counseling staff); PREA Initial Notification Form; Forms documenting SART receiving grievances alleging sexual abuse or sexual harassment; GDC Incident Report; Reviewed NIC Certificates; Coordinated Response Plan; Pre-Audit Questionnaire; Warden's Memo Re: 115.71, Criminal and Administrative Agency Investigations' Memo from the Warden, October 31, 2018, Criminal and Administrative Investigations and Evidentiary Standards for Administrative Investigations. **Interviews:** Warden, Agency PREA Coordinator; PREA Compliance Manager; SART Members; Special Agent; Facility-Based Investigator; Fourteen (14) Random Staff; Twenty-Four (24) Specialized Staff; Twenty-Six Inmates (26), both randomly selected and targeted.

**Discussion of Policy and Documents Reviewed:** Georgia Department of Corrections Policy, 208.6, G. Investigations, describes the investigative process. Appointing authorities or his/her designee may make the initial investigation inquiring to determine if a report of sexual abuse or sexual harassment is a rumor or an allegation. The Local Sexual Assault Response Team is responsible for initially inquiring and subsequent investigation of all allegations of sexual abuse or sexual harassment with limitations. In cases where allegations are made against staff and the SART deems the allegation is unfounded or unsubstantiated by evidence of facility documentation, video monitoring systems, witness statements, or other investigative means, the case can be closed at the facility level. The Appointing Authority or designee(s) are required to report all allegations of sexual abuse with penetration and those with immediate and clear evidence of physical contact, to the OPS Special Agent In-Charge and the Department's PREA Coordinator immediately upon receipt of the allegation. If an investigation cannot be cleared at the local level, the Special Agent In-Charge determines whether to open an official investigation and if so, dispatches an investigator who has received special training in sexual abuse investigations. When criminal investigations involving staff are completed, the investigation is turned over to the Office of Professional Standards to conduct any necessary compelled administrative reviews. After each SART investigation, all substantiated cases are referred to the OPS Criminal Investigations Division while all unsubstantiated SART investigations are referred to the Office of Professional Standards for an administrative review. The Department follows a uniform protocol for obtaining usable physical evidence for administrative proceedings and criminal prosecution. Investigations are required to be prompt and thorough, including those reported by third parties or anonymously. Administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse. Reports are documented and include descriptions of physical and testimonial evidence, reasoning behind the credibility of assessments and investigative facts and findings. Criminal investigations are documented in written reports that contain thorough descriptions of physical, testimonial, and documentary evidence and copies of all documentary evidence when feasible. Substantiated allegations of conduct that appears to be criminal are referred for prosecution.

The departure of the alleged abuser or victim from the employment or control of the Department does not provide a basis for termination of the investigation.

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

**Discussion of Interviews:** An interview with the facility -based investigator indicated he has completed the on-line specialized training, "PREA: Conducting Sexual Abuse Investigations in Confinement Settings". He also explained and described the steps he would take in initiating and conducting an investigation. The PREA Compliance Manager, Registered Nurse and others have completed the course as well. The investigator described most of the content of the course and with additional prompting responded to the other topics. In initiating an investigation, she indicated he would start the investigation as soon as he received the report and that this would be immediately depending on the nature of the allegation and within 24 hours unless it was an emergency.

If the alleged incident appeared criminal, the investigator indicated the Warden will be notified and the Warden would contact the appropriate Regional Office, to let them assign an Office of Professional Standards Special Agent to conduct the criminal investigation. In those cases, he would provide whatever support or evidence collection was needed in consultation with the Special Agent.

The credibility of the victim, alleged perpetrator and witnesses based on the evidence. The investigation, he related would continue even if the victim recanted, if a staff involved terminated his employment prior to a completed investigation, or if an inmate victim or abuser departed the facility prior to the completed investigation.

The investigation would include witness statements from the alleged victim, perpetrator and any potential or actual witnesses. The investigator would also look at staff rosters, assignments for that shift, and review any camera footage that may be available. Interviews with the SART members confirmed the investigation process.

Interviews with facility staff, both those randomly selected and special category, confirmed that most of them knew the SART conducts sexual abuse investigations in this facility and could name each member of the SART and their specific roles.

## Standard 115.72: Evidentiary standard for administrative investigations

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

#### 115.72 (a)

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

#### Auditor Overall Compliance Determination

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

## Instructions for Overall Compliance Determination Narrative

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**Policy and Documents Reviewed:** The Georgia Department of Corrections Policy 208.06, Prison Rape Elimination Act-PREA, Sexually Abusive Behavior Prevention and Intervention Program, Section G. 14.

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

**Discussion of Policy and Documents Reviewed:** The Georgia Department of Corrections Policy 208.06, Prison Rape Elimination Act-PREA, Sexually Abusive Behavior Prevention and Intervention Program, Section G. 14, requires that there shall be no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated.

The Warden issued a memo, re: 115.72, Evidentiary Standard for Administrative Investigations, requires the agency will impose no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated. The memo asserts that Muscogee County Prison complies with the standard by following policies and procedures as outlined in GDC Standard Operating Procedure 208.06 with regard to PREA Investigations concerning internal investigations and criminal prosecutions.

The Facility-Based Investigator affirmed that the standard of evidence to substantiate an allegation of sexual abuse is "the preponderance of the evidence".

## Standard 115.73: Reporting to inmates

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

### 115.73 (a)

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

### 115.73 (b)

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

### 115.73 (c)

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

#### 115.73 (d)

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

#### 115.73 (e)

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

#### 115.73 (f)

- Auditor is not required to audit this provision.

#### Auditor Overall Compliance Determination

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

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

### Instructions for Overall Compliance Determination Narrative

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

This facility has not had any allegations in the past 12 months and reportedly there have been no allegations for a number of years. This is confirmed through review of the Hotline Call Report from the PREA Unit; Monthly PREA Report sent to the PREA Unit, Compstat Reports; Reviewed Incident Reports' Reviewed Grievances; and interviews with the Warden, PREA Compliance Manager, and Interviews with Inmates

The agency's standard operating procedure, 208.06, Reporting to Inmates, requires that inmates who are in custody of the Georgia Department of Corrections are entitled to know the outcome of the investigation. The inmate must be notified whether the allegation was determined to be substantiated, unsubstantiated, or unfounded. All notifications or attempted notifications are documented.

If the allegations involved a staff member, the staff making the notification will inform the inmate whenever:

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

If the allegation involved another inmate, staff are required to inform the alleged victim when the alleged abuser has been"

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

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

This information is corroborated in a Warden's Memo Re: 115.73, Reporting to Inmates.

**Policy and Documents Reviewed:** GDC Policy 208.06, Prison Rape Elimination Act – PREA, Sexually Abusive Behavior Prevention and Intervention Program, G.15; Reviewed two (2) investigation packages; Reviewed GDC Notification Form, Attachment 5, GDC 208.6; Pre-Audit Questionnaire; Muscogee County Prison, Local Operating Procedure, 208.06; Warden's Memo, re: 115.73, Reporting to Inmates

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

**Discussion of Policy and Documents Review:** Following an investigation into an allegation of sexual abuse, within 30 days, the facility is required, by policy, (208.6), to notify the inmate of the results of the investigation as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded. GDC Policy 208.06, Prison Rape Elimination Act – PREA, Sexually Abusive Behavior Prevention and Intervention Program, G.15, requires that following the close of an investigation into an offender’s allegation that he/she suffered sexual abuse in a Department facility, the facility is required to inform the offender as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded. Policy requires the notification be completed by a member of the local SART unless the appointing authority delegates to another designee under certain circumstances. Notifications are required to be documented. If an inmate is released from the Department’s custody the Department’s obligation to “notify” the inmate of the outcome of the investigation is terminated. Notifications are required to comply with the PREA Standards and GDC Policies.

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

A member of the SART is required to notify the inmate when a 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. The agency would also notify the inmate when the agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility; or the agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility.

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

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

There were no cases requiring notification to an inmate of the outcome of the investigation.

**Discussion of Interviews:** Interviews with the Facility-Based Investigator indicated that a member of SART would be responsible for notifying the inmates of the outcome of the investigation. Staff who were interviewed were knowledgeable of the items listed on the notification. The SART has not had to use the required GDC Notification Form, Attachment 5, GDC 208.6, however the interviewed investigator confirmed that is the document used to notify the detainee.

# DISCIPLINE

## Standard 115.76: Disciplinary sanctions for staff

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

### 115.76 (a)

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

### 115.76 (b)

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

### 115.76 (c)

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

### 115.76 (d)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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The GDC Policy and Warden's Memo, 115.76, Disciplinary sanctions for staff, requires that staff who engage in sexual abuse with offenders and violate and agency sexual abuse and sexual harassment are banned from all Georgia Correctional Institutions and subject to disciplinary sanctions up to and including termination and termination is the presumptive sanction. If the allegation was criminal in nature, recommendations for referral for prosecution. Special Agents work with the District Attorneys to determine if, and when, they have enough evidence to refer for prosecution. Administrative investigations in which staff violate policy, may result in a staff member being disciplined up and including dismissal.

If an offense was less than sexual abuse the appropriate sanction would be commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories

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

The Georgia Department of Corrections has a zero tolerance for sexual abuse and sexual harassment and if there is a substantiated case of sexual abuse, the presumptive sanction is termination from employment and possible referral for prosecution. The Department requires each facility to have a "Wall of Shame" that contains the photos of staff who have been arrested for issues including contraband and staff misconduct, including staff misconduct with an inmate. Staff acknowledge in the PREA Acknowledgment the potential sanctions, including arrest and referral for prosecution and the punishment if found guilty. Staff also sign a Code of Conduct/Ethics Acknowledgement as well.

The Warden's Memo, 115.76, Disciplinary Sanctions for Staff, requires that disciplinary sanctions will be commensurate with the nature of the circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories.

Staff and contractors, according to the memo, indicated that staff found to have engaged in sexual misconduct/abuse will be banned from correctional institutions or subject to disciplinary sanctions up to and including termination and staff may be referred for criminal prosecution. Contractors and volunteers will be banned from any contact with inmates and reported to law enforcement agencies, unless the activity was not criminal. Appropriate licensing agencies and/or the Georgia Peace Officer Standards and Training Council will be notified.

There have been no substantiated allegations against any staff or contractor at the facility.

**Policy and Documents Reviewed:** Department of Corrections Policy, 208.6, Prison Rape Elimination Act, H. Discipline, 1. Disciplinary Sanction for Staff; GDC Sexual Assault/Sexual Misconduct Prison Rape Elimination Act (PREA) Education Acknowledgment Statement for Employees and Unsupervised Contractors and Unsupervised Volunteers; Reviewed Pre-Audit Questionnaire; Muscogee County Prison, LOP 208.06; Warden's Memo, Re: 115.76, Disciplinary sanctions for staff

**Interviews:** Warden; PREA Compliance Manager

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

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

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

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

Staff, as a part of their PREA training sign a GDC Sexual Assault/Sexual Misconduct Prison Rape Elimination Act (PREA) Education Acknowledgment Statement for Employees and Unsupervised Contractors and Unsupervised Volunteers contains a warning that any violation of the policy will result in disciplinary action, including termination, or that they will be banned from entering any correctional institution. Furthermore, it asserts that staff understand that in accordance with Georgia Law, O.C.G.A. 16-6-5.1, certain correctional staff members who engage in sexual contact with an offender commit sexual assault, a felony punishable by imprisonment of not less than one nor more than 25 years, a fine of \$100,000.00 or both. Staff acknowledge that an offender cannot consent to sexual activity. The auditor reviewed 40 PREA Acknowledgment Statements signed by employees and contractors.

**Discussion of Interviews:** Interviews with the Warden and PREA Compliance Manager indicated that if a staff was involved in an allegation of sexual abuse the staff would be placed on no-contact with that inmate or placed on administrative leave. If the allegations were substantiated, the staff would be banned from all GDC facilities and the presumptive disciplinary action is termination. Referral for prosecution was also likely depending on the outcome of the OPS investigation. Interviews with staff confirmed they understand the sanctions that may be imposed for violating any agency sexual abuse or sexual harassment policies.

## **Standard 115.77: Corrective action for contractors and volunteers**

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

#### **115.77 (a)**

- Is any contractor or volunteer who engages in sexual abuse prohibited from contact with inmates?  Yes  No

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

### 115.77 (b)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

GDC has a zero tolerance for any form of sexual abuse or sexual harassment. Contractors and Volunteers are advised of that policy and explained the consequences for violations. Any contractor or volunteer who violates any agency sexual abuse or sexual harassment will be immediately barred from the facility and placed on a ban for entering any GDC facility. Pending investigation, the contractor or volunteer will not be allowed entry into this facility or any other GDC facility. The local law enforcement will be notified, and a recommendation will be made to refer the contractor or volunteer for prosecution.

If the contractor or volunteer is a licensed person, the licensing agency will also be notified.

The Warden issued a memo, 115.77, Corrective action for contractors and volunteers requires that any Muscogee County Prison Staff will immediately remove any contractor or volunteer from the facility if they engage in sexual abuse. The contractor or volunteer will be banned from contact with inmates and will be reported to the appropriate law enforcement agency and relevant licensing boards, as applicable. It further asserts that volunteers and contractors that do not adhere to the PREA Standards set forth in the Georgia DOC SOP 208.06, will be subject to disciplinary standards as defined by that same policy. Remedial measures may include prohibiting contact with inmates and reporting the incident to the appropriate law enforcement agency.

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

**Interviews:** Warden; Deputy Warden/PREA Compliance Manager; SART Members; Medical and Food Service Contracted Staff; Volunteer Chaplain

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

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

Contractors and Volunteers, as a part of their PREA training sign a GDC Sexual Assault/Sexual Misconduct Prison Rape Elimination Act (PREA) Education Acknowledgment Statement for Employees and Unsupervised Contractors and Unsupervised Volunteers contains a warning that any violation of the policy will result in disciplinary action, including termination, or that they will be banned from entering any correctional institution. Furthermore, it asserts that staff understand that in accordance with Georgia Law, O.C.G.A. 16-6-5.1, certain correctional staff members who engage in sexual contact with an offender commit sexual assault, a felony punishable by imprisonment of not less than one nor more than 25 years, a fine of \$100,000.00 or both. Staff acknowledge that an offender cannot consent to sexual activity. The auditor reviewed 10 PREA Acknowledgment Statements for Volunteers and Contractors.

The Pre-Audit Questionnaire documented that there were no allegations of sexual abuse or sexual harassment against any contractor or volunteer during the past 12 months.

**Discussion of Interviews:** Interviews with the Warden; PREA Compliance Manager; SART Team, Contracted Medical and Food Service Staff; indicated that they have not had any allegations made against a volunteer of a contractor in the past twelve (12) months or that they can remember. The Warden confirmed any volunteer or contractor would be prohibited from coming into the facility and if an investigation was substantiated the volunteer would be referred for prosecution. The volunteer confirmed understanding zero tolerance and potential sanctions for violating GDC Policies.

## Standard 115.78: Disciplinary sanctions for inmates

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

### 115.78 (a)

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

#### 115.78 (b)

- Are sanctions commensurate with the nature and circumstances of the abuse committed, the inmate's disciplinary history, and the sanctions imposed for comparable offenses by other inmates with similar histories?  Yes  No

#### 115.78 (c)

- When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether an inmate's mental disabilities or mental illness contributed to his or her behavior?  Yes  No

#### 115.78 (d)

- If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to require the offending inmate to participate in such interventions as a condition of access to programming and other benefits?  Yes  No

#### 115.78 (e)

- Does the agency discipline an inmate for sexual contact with staff only upon a finding that the staff member did not consent to such contact?  Yes  No

#### 115.78 (f)

- For the purpose of disciplinary action does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation?  Yes  No

#### 115.78 (g)

- Does the agency always refrain from considering non-coercive sexual activity between inmates to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between inmates.)  
 Yes  No  NA

#### Auditor Overall Compliance Determination

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

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

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

*compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

**Policy and Documents Reviewed:** GDC Policy, 208.6, Sexually Abusive Behavior Prevention and Intervention Program, H. Discipline, Paragraph 3. Disciplinary Sanctions for Offenders, Pre-Audit Questionnaire; Reviewed Incident Reports; Memo from the Warden

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

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

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

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

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

The Warden's Memo, Disciplinary Sanctions for Inmates, asserts that the Muscogee County Prison will subject inmates to disciplinary sanctions pursuant to a formal disciplinary process following an administrative finding that the inmate engaged in inmate-on-inmate sexual abuse or a criminal finding of guilt. Sanctions will be imposed in compliance with the GDC Standard Operating Procedure. The disciplinary process will consider whether an inmate's mental disabilities or mental illness contributed to his or her behavior when determining the type of sanction. GDC SOP HB02-0001 requires staff to consider an inmate's mental disability or mental illness. Therapy, counseling or other interventions can be offered to address and correct the underlying reasons or motivations for the abuse, the facility will consider whether to offer the same to the offending inmate and whether to require participation or other

interventions to require the offending inmate and whether to require such participation in such interventions as a condition of access to programming or other benefits.

The facility provided the auditor with the Offender Disciplinary Code Cheat Sheet documenting that high severity offenses, that include sexual assault or soliciting sexual activity, may be sanctioned by 1) Isolation one to fourteen days; 2) Referral to Classification Committee for review; 3) Disciplinary transfer; 4) Removal from specified programs; 5) Affect issuance of a warrant for violation of law; 6) Prisons restriction on privileges for up to 90 days; 7) Impound personal property for days; 8) Change in work or quarters assignment; 9) Extra duty for two hours/day up to 90 days and 13 other sanctions. If the allegation of sexual assault is substantiated, the Special Agent may consult with the district attorney and refer the inmate for prosecution.

There were no allegations of sexual abuse or sexual harassment during the past 12 months. The Pre-Audit Questionnaire documented there were no inmates subject to disciplinary action during the past twelve (12) months.

## MEDICAL AND MENTAL CARE

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

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

##### 115.81 (a)

- If the screening pursuant to § 115.41 indicates that a prison inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening?  Yes  No

##### 115.81 (b)

- If the screening pursuant to § 115.41 indicates that a prison inmate has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison.)  Yes  No  NA

##### 115.81 (c)

- If the screening pursuant to § 115.41 indicates that a jail inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening?  Yes  No

##### 115.81 (d)

- Is any information related to sexual victimization or abusiveness that occurred in an institutional setting strictly limited to medical and mental health practitioners and other staff as necessary to inform treatment plans and security management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law?  
 Yes  No

### 115.81 (e)

- Do medical and mental health practitioners obtain informed consent from inmates before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the inmate is under the age of 18?  Yes  No

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

GDC Policy ,208.06, asserts that if an inmate's intake assessment indicated the inmate has experienced any prior victimization or has perpetrated any sexual abuse, whether in an institutional setting or in the community, the inmate will be offered a follow-up meeting within 14 days of the intake screening. This will be documented on the inmate's intake screening instrument. Any information related to sexual victimization or abusiveness that occurred in an institutional setting is required to be strictly limited to necessary staff maintaining strict confidentiality.

If an allegation of sexual abuse occurs, the inmate will be taken to the Emergency Room to be seen by a SANE nurse without financial cost to the inmate.

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

**Interviews:** Lead/Registered Nurse; Deputy Warden/PREA Compliance Manager, Staff who administer the Victim/Aggressor Assessments; Randomly Selected and Targeted Detainees,

**Observations:** Intake Process; Victim/Aggressor Assessment Process

**Discussion of Reviewed Policy and Documents:** GDC Medical Policies are specific and voluminous regarding health care. Health Care services are provided through a contract. The GDC Policy, 208.06, Sexually Abusive Behavior Prevention and Intervention Program I, Medical and Mental Health Care requires that the GDC provide prompt and appropriate medical and mental health services in compliance with 28 CFR 115 and in accordance with the GDC Standard Operating Procedures; Muscogee County Prison, Local Operating Procedure, 208.06, T., Medical and Mental Care.

Inmates are screened upon admission to the facility by medical staff. During the initial health screening upon intake, detainees are asked about previous sexual abuse. If the detainee discloses that he was a prior victim, the detainee must be offered a follow-up with mental health. Two interviewed inmates who disclosed prior victimization indicated they were offered but declined a mental health follow-up.

Additionally, if an inmate discloses prior victimization during the initial intake victim/aggressor assessment, the detainee will be offered a follow-up with either medical or a mental health practitioner. This follow-up is offered and will be completed within 14 days of the intake screening. The inmate may choose to refuse the offer and if so, the refusal will be documented. The auditor reviewed twenty Victim/Aggressor Assessments. None of the reviewed files or instruments documented an inmate disclosing prior victimization.

If the screening process indicates an offender has previously perpetrated sexual abuse whether it occurred in an institutional setting or in the community, staff ensure that the offender is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening. None of the reviewed files or instruments documented having perpetrated prior sexual abuse.

Staff reported that an inmate disclosing either prior victimization or prior abuse would be seen by mental health at Rutledge State Prison. Rutledge State Prison is a mental health facility and is staffed with licensed professional counselors.

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

**Discussion of Interviews:** Interviews with medical, counseling staff, and the PREA Compliance Manager and general population counselor who conducts the victim/aggressor assessments of incoming detainees confirmed that each of them conducts a screening that asks the detainees about prior victimization and prior abuse. They all are aware that this disclosure must result in a referral to a medical or mental health practitioner within 14 days. Detainees can refuse the referral. Interviewed detainees who reported having been victims of previous sexual abuse indicated they were offered mental health services and follow-up.

## **Standard 115.82: Access to emergency medical and mental health services**

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

### **115.82 (a)**

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

#### 115.82 (b)

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

#### 115.82 (c)

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

#### 115.82 (d)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

GDC Policy and Practice ensures that inmate victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services and the services are within the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment. This was confirmed through reviewed policies and procedures, reviewed

monthly PREA reports, Monthly PREA Meeting Minutes; Interviews with staff, inmates, PREA Compliance Manager, the facility's Lead Nurse (RN) and a previous interview with the Agency's Contracted SANE.

Medical care is provided on-site through an onsite Registered Nurse and staff consisting of 4 Licensed Practical Nurses, a lead nurse (RN) and doctor on site once a week, a Nurse Practitioner via tele-med and another physician via tele-med during normal business hours.

The Warden issued a Memo, Re: 115.83, Ongoing medical and mental health care for sexual abuse victims and abusers. That memo asserts that in providing medical treatment services, Muscogee County Prison will utilize the service of Georgia Department of Corrections medical staff and in providing on-going mental health services Muscogee County Prison will utilize the services of Rutledge State Prison mental health professionals. These services are provided at no cost to the inmate in the case of sexual abuse victims.

The Registered Nurse, Lead Nurse and member of SART indicated, in an interview, that her role would be to provide an initial assessment and if the inmate needed any first aid, she would render that and if there were serious injuries, bleeding etc., the inmate would be taken to the Piedmont Hospital, Columbus, GA for emergency treatment and for the forensic examinations. She also asserted the contracted SANE would go to the emergency room to conduct the exam.

After business hours, staff will move the alleged victim away from the other inmates and immediately notify emergency medical and/or mental health providers on call. The SANE and SART will be utilized to provide the victim with information about access to emergency prophylactic treatment of sexually transmitted infections. Inmates are not charged for PREA related issues and treatment.

Sexual Assault Nurse Examiners are provided through a contract. Previous interviews with both Sexual Assault Nurse Examiners confirmed their role in responding to a sexual assault and conducting the forensic exam.

Security and non-security staff are trained as first responders and their roles are to separate the alleged victims from alleged perpetrators, try to protect any evidence, suggesting the victim not eat, drink, use the restroom or change clothes, and require the alleged perpetrator not do those things as well that could destroy evidence. Interviewed staff articulated their roles as first responders and non-uniform staff responded with all the elements of first responding just as the uniformed staff did.

If a detainee does not have "bleeding" or life-threatening injuries, the detainee will be transported to the Emergency Room.

Policy requires that the Forensic Exam is provided at no cost at all to the victim. Interviews confirmed that as well.

Mental Health treatment services can be provided by the Rutledge State Prison or alternate West Georgia Prevention and Advocacy Center to the victim at no cost, regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.

The Facility has not had any allegations during the past 12 months of any form of penetration or sexual assault. This is confirmed through reviewed Hotline Call Reports for the past 12 months; Monthly PREA Reports to the PREA Unit; and interviews with staff and detainees.

**Policy and Documents Reviewed:** GDC Policy, 208.6, Prison Rape Elimination Act, Sexually Abusive Behavior Prevention and Intervention Program; PREA Medical Logs; Coordinated Response Plan;

**Interviews:** The Warden; Registered Nurse; Facility-Based Investigator; PREA Compliance Manager; Previous interviews with two Sexual Assault Nurse Examiners; Sexual Assault Response Team Leader; Randomly Selected Staff; Security and Non-Security First Responders;

**Discussion of Reviewed Policies and Documents:**

Inmate victims of sexual abuse receive timely and unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment.

Health care services at the facility are available during essentially normal duty hours. The facility does not have a medical doctor on contract and uses doctors in the community. After hours health care could be available 24/7 at the local hospital or at Piedmont Hospital.

GDC Policy, 208.6, Prison Rape Elimination Act, Sexually Abusive Behavior Prevention and Intervention Program requires the facility to provide prompt and appropriate medical and mental health services in compliance with this standard. It requires the SART to arrange for immediate medical examination of the alleged victim, followed by a mental health evaluation within 24 hours. One of the SART Members is the health services administrator. Medical Staff are required to contact the appropriate Sexual Assault Nurse Examiner, who will respond as soon as possible, but within 72 hours of the time the alleged assault occurred to collect forensic evidence. Medical staff are charged with conducting an initial assessment of the offender to determine if there is evidence of physical trauma requiring immediate medical intervention in accordance with good clinical judgment. Medical staff immediately initiate all necessary urgent/emergent treatment for bleeding, wounds and other traumas. They then complete the Nursing Protocol Assessment form for alleged sexual assault. Facility clinicians document physical examinations in the progress notes. When medically indicated, medical staff are required to arrange transfer the offender (if no SANE's is available on site) to the designated emergency facility for continued treatment and collection of forensic evidence. If an alleged assault occurred within 72 hours of the reported incident and the offender does not require transport to the emergency room, the designated facility SANE Nurse (from the list of SANE Nurses) shall be immediately notified and an appointment scheduled for the collection of forensic evidence. The facility provided the auditor with a list of SANEs who can be called to come to the facility to conduct the Sexual Assault Forensic Exam. This will occur only if there has been penetration, including oral penetration, reported by the patient. Otherwise no rape kit will be collected. If the sexual assault occurred more than 72 hours previously, the decision on whether the evaluation is done by a local hospital, by the SANE Nurse, or facility staff will be made on a case by case basis. The decision is made by the Health Authority in consultation with the facility investigator and in accordance with GDC PREA Policy requires that If the facility does not have a designated SANE Nurse, the offender is sent to the designated emergency room for collection of forensic evidence.

When an inmate has been the victim of sexual abuse, medical staff assess the inmate to ensure there are no life threatening or emergency needs, and if stable, initiate the Nursing Protocol, contact the SANE or Doctor and, if needed, be taken to the local or other Hospital to be stabilized.

There have been no allegations of sexual abuse or allegations of any form of penetration at the facility during the past twelve months that required the inmate to have a forensic exam.

**Discussion of Interviews:** The lead nurse stated the facility does not perform forensic exams. She indicated if the inmate had injuries beyond first aid, she would send them to the local hospital (Piedmont in Columbus) emergency room. Her role, she indicated would be to conduct an initial assessment and if there were no serious injuries, she would protect potential evidence.

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

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

### **115.83 (a)**

- Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all inmates who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility?  Yes  No

### **115.83 (b)**

- Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody?  Yes  No

### **115.83 (c)**

- Does the facility provide such victims with medical and mental health services consistent with the community level of care?  Yes  No

### **115.83 (d)**

- Are inmate victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if all-male facility.)  Yes  No  NA

### **115.83 (e)**

- If pregnancy results from the conduct described in paragraph § 115.83(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if all-male facility.)  Yes  No  NA

### **115.83 (f)**

- Are inmate victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?  Yes  No

### **115.83 (g)**

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

### 115.83 (h)

- If the facility is a prison, does it attempt to conduct a mental health evaluation of all known inmate-on-inmate abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners? (NA if the facility is a jail.)  
 Yes  No  NA

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

Warden's Memo, 115.83, Ongoing medical and mental health care for sexual abuse victims and abusers; affirms that in providing ongoing medical treatment services, Muscogee County Prison, utilizes medical services of the Georgia Department of Corrections medical staff and in providing ongoing mental health services, the prison will use the services of Rutledge State Prison mental health professionals. These services, according to the memo will be provided at no cost to the inmate victim,

The prison, according to the memo and interviews with medical staff, asserted that in providing follow-up medical and mental health services, that the prison medical staff and GDC medical staff will use treatment plans, referrals and if necessary, placement in other facilities, including facilities outside GDC upon the victim's release from custody.

The Lead Nurse confirmed in an interview that the services provided inmate victims of sexual abuse would be "better" than the community level of care. Medical and mental health staff will provide services consistent with the community level of care, consistent with the GDC Policy, VH-08-0002.

There are no female inmates at this prison therefore inmates obviously are not offered pregnancy tests nor is the substandard regarding providing timely and comprehensive information about and timely access to all lawful pregnancy related medical services.

Inmates would be offered STI prophylaxis either at the hospital or in the facility, and as recommended by the Sexual Assault Nurse Examiner and ordered by the Doctor and if the inmate requested it after it is offered.

Inmate victims of sexual abuse are provided mental health assessment and follow-up if requested. The mental health services would be provided by staff at the Rutledge State Prison, a mental health facility, staffed with licensed professional counselors. Inmate abusers, upon being identified as an abuser.

The memo also asserts that inmates identified as inmate abusers will be referred for mental health treatment immediately.

The memo affirms inmate victims of sexual abuse while incarcerated, will be offered tests for sexually transmitted infections at no cost to the inmate.

Lastly, the memo, states that inmates who have been identified as having PREA concerns are interviewed by the local PREA Coordinator as part of the intake process. Any known inmate on inmate abusers will be referred to mental health treatment immediately. This treatment is at no cost to the inmate if the mental health professional deems it necessary.

**Policy and Documents Reviewed:** GDC "Procedure for Sane Nurse Evaluation/Forensic Collection: GDC Policy 208.6, PREA. Reviewed Pre-Audit Questionnaire; Memo from the Warden, 115.83, Ongoing Medical and Mental Health Care for Sexual Abuse Victims and Abusers.

**Interviews:** Lead Nurse; Previous interviews with two Sexual Assault Nurse Examiners; Warden; PREA Compliance Manager; SART Team; Randomly selected and targeted inmates

**Discussion of Policy and Documents Reviewed:** The agency's "Procedure for Sane Nurse Evaluation/Forensic Collection" provides specific actions required when an inmate alleges sexual abuse/assault. It also requires that following a SANE Examination, the facility provider or designee is responsible for ordering prophylactic treatment for STIs. A follow up visit by a clinician is required three working days following the exam. The facility has a facility specific coordinated response plan (Local Procedure Directive) that specifies the actions for first responders; Sexual Assault Response Team, Medical and Mental Health. GDC Policy requires that victims of sexual abuse are provided health care services, including the forensic exam at no cost to the victim. This is confirmed through review of the GDC PREA Policy as well as interviews with medical staff. GDC Policy requires that the facility attempt to conduct a mental health evaluation of all known inmate on inmate abusers within 60 days of becoming aware of such history and offer treatment as appropriate.

If an inmate had to go to the hospital for a forensic exam, the hospital would offer the inmate STI prophylaxis. The MD would then issue an order and the Nurses could provide it. Any follow-up as the result of a sexual assault would be provided by the facility.

**Discussion of Interviews:** The lead nurse confirmed the process for providing ongoing physical and mental healthcare services. Inmate victims of sexual abuse, identified as potential victims as well as any inmate who becomes a victim, is offered a follow-up with mental health.

## DATA COLLECTION AND REVIEW

### Standard 115.86: Sexual abuse incident reviews

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

### 115.86 (a)

- Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded?  Yes  No

### 115.86 (b)

- Does such review ordinarily occur within 30 days of the conclusion of the investigation?  Yes  No

### 115.86 (c)

- Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?  Yes  No

### 115.86 (d)

- Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse?  Yes  No
- Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility?  Yes  No
- Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse?  Yes  No
- Does the review team: Assess the adequacy of staffing levels in that area during different shifts?  Yes  No
- Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff?  Yes  No
- Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.86(d)(1) - (d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager?  Yes  No

### 115.86 (e)

- Does the facility implement the recommendations for improvement, or document its reasons for not doing so?  Yes  No

## Auditor Overall Compliance Determination

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

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

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

The facility has not had any allegations of sexual abuse or sexual harassment in the past 12 months. This was confirmed through reviewed monthly PREA Reports to the GDC PREA Unit, Reviewed Grievances, Calls to the GDC Hotline Report, and interviews with staff and inmates. Interviews indicated staff understand the Incident Review Process and that they would conduct incident reviews within 30 days of the conclusion of the investigation. In conducting the incident reviews the members described the process and indicated they would use the GDC Incident Review Form. The team consists of upper-level management with input from supervisors, investigators, and medical staff. Members include the PREA Compliance Manager, Facility Based Investigator, Counselor, and Sexual Assault Response Team Members.

Using the GDC Incident Review Form, the following are a part of the review process:

- Consider whether the allegations or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse whether the incident or allegation was motivated by race, ethnicity, gender identity, gay, lesbian, bisexual, transgender or intersex identification status or perceive status, gang affiliation or was motivated or otherwise caused by other group dynamics at the institution.
- Examine the area where the incident allegedly occurred to assess any physical barriers in the area that may enable abuse
- Assess the adequacy of staffing levels in that area during various shifts

The review team, in compliance with policy and confirmed in interviews, then will prepare a report of its findings to the Warden and PREA Compliance Manager/Deputy Warden of Care and Treatment who are authorized to implement the recommendations for improvement or document the reasons for not doing so.

**Policy and Documents Review:** GDC Policy 208.06, Prison Rape Elimination Act-PREA, Sexually Abusive Behavior Prevention and Intervention Program J. Data Collection and Review, 1. Monthly Sexual Abuse and Sexual Assault Program Review; Monthly Sexual Abuse and Sexual Assault Program Review; Pre-Audit Questionnaire; Calls to the PREA Unit Hotline in the past 12 months; Monthly PREA Reports; Compstat Reports; Sampled Incident Reports and Grievances for the past 12 months

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

**Discussion of Policies and Documents:** The facility has not had any allegations of either sexual abuse or sexual harassment during the past 12 months. This was confirmed through reviewed monthly PREA reports to the GDC PREA Unit; the Hotline Call Report for the past 12 months; reviewed incident reports, reviewed grievances and interviews with staff and with inmates.

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

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

Team members consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect or respond to sexual abuse; whether the allegation was motivated by the perpetrator's or victim's race, ethnicity, gender identity, gay, lesbian, bisexual, transgender or intersex identification, status or perceived status, or gang affiliation, or was motivated by other group dynamics at the facility; to examine the area where the incident allegedly occurred to assess whether physical barriers in the area enabled the abuse; to assess the adequacy of staffing levels in the area during different shifts; assess whether monitoring technology should be deployed or augmented to supplement supervision by staff and prepare a report of findings, including, but not limited to , determinations regarding all of the above and any recommendations for improvements, and submit the report to the Warden or PREA Compliance Manager.

The reviews are conducted at the end of the investigation, as required. Interviews with team members confirmed the reviews are conducted within 30 days of the conclusion of the investigation and that the team would consider, what motivated the incident (identification, status, gang related etc.), where it happened, blind spots, the presence of cameras, staffing and other items included on the Incident Review Checklist (Sexual Abuse Incident Review Checklist).

**Discussion of Interviews:** Interviews with the Warden; Deputy Warden/PREA Compliance Manager; Deputy Warden of Security; Medical; Counselors; SART members; and inmates as well as reviewed documentation confirmed they have not had any allegations of sexual abuse in the past twelve months and before. The team is aware of the review process and described the things the team would consider following the conclusion of an investigation.

## **Standard 115.87: Data collection**

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

### **115.87 (a)**

- Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions?  Yes  No

#### 115.87 (b)

- Does the agency aggregate the incident-based sexual abuse data at least annually?  Yes  No

#### 115.87 (c)

- Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice?  Yes  No

#### 115.87 (d)

- Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews?  Yes  No

#### 115.87 (e)

- Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its inmates? (N/A if agency does not contract for the confinement of its inmates.)  Yes  No  NA

#### 115.87 (f)

- Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.)  Yes  No  NA

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

This standard is rated exceeds because of the sophisticated reports the GDC PREA Analyst generates in support of the PREA Audit process. In addition to the monthly reports of sexual abuse/sexual harassment submitted to the PREA Unit from which the Annual Report is compiled, the PREA Analyst secures a report of disabled inmates/inmates for the auditor prior to each audit, enabling the auditor to identify inmates who are hearing or visually impaired or otherwise disabled. Also, prior to each audit the PREA Analyst provides the auditor with a report of all calls to the PREA Hotline during the past twelve (12) months. Where names are associated with the hotline calls, these are provided to the auditor. At each facility the auditor collects the Monthly COMSTAT Reports submitted to the GDC, documenting multiple areas of facility operations, including major incidents. Too, each facility maintains color coded Monthly PREA Reports documenting the allegations received during a given month.

Data, if any, is collected, reviewed annually and maintained from all available incident-based documents, including reports, investigation files and sexual abuse reviews.

Upon request all data from previous calendar years will be provided to the Department of Justice.

The aggregated sexual abuse data will be readily available to the public at least annually through the Georgia Department of Corrections. Before making the data available, the Muscogee County Correctional Institute will remove all personal identifiers. Some information may be redacted from the reports when publication would present a clear and specific threat to the safety and security of the institution, but it will but, the nature of the material redacted will be indicated.

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

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

**Discussion of Policies and Documents:** The Georgia Department of Corrections collects accurate and uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions and aggregates the incident-based sexual abuse data at least annually. The incident-based data collected is based on the most recent version of the Survey of Sexual Violence conducted by the US Department of Justice. The department maintains, reviews and collects data as needed from all available incident-based documents, including reports, investigation files and sexual abuse incident reviews. Information is also secured from every facility, including private facilities with whom, DOC contracts for the confinement of inmates. Upon request, DOC provides data from the previous calendar year to the US Department of Justice no later than June 30<sup>th</sup>.

GDC Policy 208.06, Prison Rape Elimination Act, Sexually Abusive Behavior Prevention and Intervention Program, J.3, requires each facility to submit to the Department's PREA Analyst, each month, a report, using the electronic spreadsheet provided from the PREA Coordinator's office. The form is submitted by email the fifth calendar day of the month following the reporting month. It requires that allegations occurring within the month will be included on this report along with the appropriate disposition. The monthly report is to be completed in accordance with the Facility PREA Log User Guide.

The auditor reviewed the most recent Georgia Department of Corrections Annual Report. The Agency issues annual PREA reports and posts them on the GDC Website. The auditor reviewed the 2017

Georgia Department of Corrections Prison Rape Elimination Annual Report. The thirteen-page report was detailed and comprehensive. The report indicated that the Georgia DOC has 34 prisons, 13 Transition Centers, 9 probation detention centers, 5 substance abuse and integrated treatment facilities and 4 private prisons. Data is collected from each of the facilities and aggregated. Georgia DOC compiles and investigates PREA allegations in 4 major categories including 1) Staff on inmate Abuse, 2) Staff on Inmate Harassment, 3) Inmate on Inmate Abuse, and 4) Inmate on Inmate Harassment. The report provided data regarding the total number of allegations from all facilities and then it breaks the allegations down into those that were substantiated, unsubstantiated and unfounded. A chart then breaks down the data by facility. The 2017 report indicated there was a 21% increase in allegations reported and this was attributed to and the addition of county and private facility allegations, the improvement in reporting as well as the effect of increased staff and inmate education. The substantiated cases remained constant and an increase in the total number of allegations is influenced by process improvements and prevention training.

The report included initiatives by the Department. In 2017 the PREA Unit implemented a database for all allegations. The database records all reported PREA incidents that are sorted into queues including Pending SART Investigator, Pending PREA Coordinator Review, and Completed Cases. This enhanced the PREA Coordinator's ability to be more involved in the investigative process as allegations are reported. The PREA Coordinator reviews provide a check and balance system to ensure the dispositions are in compliance with the investigation standards. Beginning in 2018 the PREA became able to ensure all allegations are accompanied by an incident report and all federal-related data recorded as the cases occur. This is accomplished through the SCRIBE Module.

Statistics are provided for each GDC facility.

The GDC PREA Unit has a dedicated staff person, an analyst, who collects and analyzes the data. Based on the data reviewed the GDC can track allegations and investigations and findings from each facility and assess the need for any corrective actions. The PREA Compliance Manager related the facility sends a monthly PREA report (208.06, Attachment 2), to the Agency's PREA Analyst. This report, according to the compliance manager, consists of the numbers of PREA Cases, victims and predators, statistics on allegations of sexual abuse, assaults, grievances filed, the results of investigations and a response to the question, "was the investigation or allegations sent to the OPS investigators.

In addition to the monthly PREA statistical report submitted by each facility; the facility also submits to GDC, a Monthly Operational Report, providing statistics on a multitude of topics, including PREA incidents. The monthly PREA Report documents all allegations/incidents of sexual abuse or sexual harassment. The auditor reviewed all twelve months of reports to the PREA Unit.

The PREA Analyst provides the auditor, prior to each audit; reports documenting the disabilities of inmates; lists of inmates disclosing prior victimization (when available), as well as an email documenting the names of inmates contacting the PREA Hotline during the past twelve (12) months. The disability report enables the auditor to identify inmates/inmates who are hearing or visually impaired or who have some other form of disability.

Interviews with the PREA Compliance Manager and Warden confirmed the facility provides the required data, if any, to the GDC PREA Unit by reporting immediately any allegations or incidents of sexual abuse at the facility as well as monthly in the monthly PREA Report sent to the GDC PREA Coordinator.

## Standard 115.88: Data review for corrective action

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

#### 115.88 (a)

- Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas?  Yes  No
- Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis?  Yes  No
- Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole?  Yes  No

#### 115.88 (b)

- Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse?  Yes  No

#### 115.88 (c)

- Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means?  Yes  No

#### 115.88 (d)

- Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility?  Yes  No

### Auditor Overall Compliance Determination

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

## Instructions for Overall Compliance Determination Narrative

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

The agency has annual reports for 2015, 2016, and 2017 and these indicated there have been no allegations of either sexual abuse, sexual harassment or retaliation. The reports are posted on the Muscogee County Prison website. The fact that the facility has had no allegations during the past 12 months was confirmed through the reviewed monthly PREA reports to the GDC PREA Unit, reviewed incident reports, reviewed grievances, reviewed monthly PREA Meeting Minutes, and interviews with the administration, line staff and inmates.

The report, if applicable, would include a comparison of the current year's data and corrective actions with those from the prior years and provide an assessment of the facility's progress in addressing sexual abuse. The report will be approved by the Warden and made available to the public through the county website.

**Policy and Documents Reviewed:** Georgia Department of Corrections 2017 Annual Report; Agency Website; Reviewed Muscogee County Prison Website; Annual Reports on Muscogee County Prison Website

**Interviews:** Warden; Deputy Warden/PREA Compliance Manager; Members of Incident Review Team; Previous interview with the Agency's Statewide PREA Coordinator and Agency Assistant Statewide PREA Coordinator

**Policy and Document Review:** The Georgia Department of Corrections requires each facility to conduct incident reviews after each sexual abuse allegation investigation if the allegations are founded or unsubstantiated. The purpose of this is to determine what the motivation for the incident was and to assess whether there is a need for corrective actions including additional staff training, staffing changes or requests for additional video monitoring technology or other actions to help prevent similar incidents in the future. There were no allegations of sexual abuse, sexual harassment, or retaliation during the past 12 months.

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

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

## Standard 115.89: Data storage, publication, and destruction

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

### 115.89 (a)

- Does the agency ensure that data collected pursuant to § 115.87 are securely retained?  
 Yes  No

### 115.89 (b)

- Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means?  Yes  No

### 115.89 (c)

- Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?  Yes  No

### 115.89 (d)

- Does the agency maintain sexual abuse data collected pursuant to § 115.87 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise?  Yes  No

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

**Policies and Documents Reviewed:** GDC Policy 208.06, Prison Rape Elimination Act -PREA, Sexually Abusive Behavior Prevention and Intervention Program, VI. Record Retention of Forms Relevant to this Policy

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

**Discussion of Policies and Documents:** Georgia Department of Corrections makes all aggregated sexual abuse data from all facilities under its direct control and private facilities with whom it contracts, readily available to the public through the Georgia GDC Website. GDC Policy requires all reports are securely retained and maintained for at least 10 years after the date of the initial collection unless the Federal, State or local laws require otherwise.

GDC Policy 208.06, Prison Rape Elimination Act -PREA, Sexually Abusive Behavior Prevention and Intervention Program, VI. Record Retention of Forms Relevant to this Policy, requires that the retention of PREA related documents and investigations will be securely retained and made in accordance with this policy and policy in VI.1, Sexual abuse data, files and related documentation requires they are retained at least 10 years from the date of the initial report.

Criminal investigation data, files and related documentation is required to be retained for as long as the alleged abuser is incarcerated or employed by the agency, plus five years or 10 years from the date of the initial report, whichever is greater. Administrative investigation data files and related documentation is to be retained for as long as the alleged abuser is incarcerated or employed by the agency, plus five years; or 10 years from the date of the initial report, whichever is greater.

The facility has not had any allegations of sexual abuse or sexual harassment in the past 12 months and in the past 3 years. The PREA Compliance Manager related that data collected will be securely retained. All sexual abuse data will be available to the public on the prison's website and in annual reports. All personal identifiers will be removed as it pertains to confidentiality. All data collected will be maintained no less than 10 years from the initial date of collection.

## AUDITING AND CORRECTIVE ACTION

### Standard 115.401: Frequency and scope of audits

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

#### 115.401 (a)

- During the three-year period starting on August 20, 2013, and during each three-year period thereafter, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (N/A before August 20, 2016.)  
 Yes  No  NA

#### 115.401 (b)

- During each one-year period starting on August 20, 2013, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited?  Yes  No

#### 115.401 (h)

- Did the auditor have access to, and the ability to observe, all areas of the audited facility?  
 Yes  No

#### 115.401 (i)

- Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)?  Yes  No

#### 115.401 (m)

- Was the auditor permitted to conduct private interviews with inmates, inmates, and detainees?  
 Yes  No

#### 115.401 (n)

- Were inmates permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel?  Yes  No

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

This is the only facility operated under the auspices of the Columbus Consolidated Government (City and County Government Consolidated). The facility was audited May 2, 2016 and again December 17-18, 2018 by a Certified Auditor and an associate. The 2016 PREA Report was posted on the Agency's Website. The facility received three exceeds, 37 meets and 3 non-applicable. The facility is aware they are required to have a PREA Audit every three years. The GDC Interagency Agreement with the Consolidated Government in Columbus/Muscogee County requires the facility to adopt and comply with the PREA Standards.

**Policy and Documents Reviewed:** GDC Policy, 208.06, Prison Rape Elimination Act-PREA, Sexually Abusive Behavior Prevention and Intervention Program, K. Audits; Notices of PREA Audit; GDC Policy, 208.06, Prison Rape Elimination Act-PREA, Sexually Abusive Behavior Prevention and Intervention Program, K. Audits, asserts that the Department will conduct audits pursuant to 28 C.F.R/

114.401-405. Each facility operated by the Department will be audited every three years or on a schedule determined by the PREA Coordinator; Warden Memo, Frequency and Scope of Audits.

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

The facility provided documentation that they posted the Notices of PREA Audit in areas of the facility accessible to inmates, staff, contractors, volunteers and visitors six weeks prior to the on-site audit. Thirty (30) days prior to the onsite audit the auditor and PREA Compliance Manager communicated via email to discuss the audit process and to clarify policies, procedures and other documents.

The auditor received the flash drive more than 30 days prior to the onsite audit. The information contained on the flash drive was not complete and contained some outdated information. The auditor provided the facility and extensive list of documents needed and the facility was always responsive and helpful and complied with any request.

The Pre-Audit questionnaire was missing some information and the auditor requested the facility go back and provide that information. Communications between the auditor and the PREA Compliance Manager were effective and productive. When additional information was requested, the information was provided expeditiously. During the on-site audit the facility was requested to provide documentation and the documentation was readily available to and easily provided.

The on-site audit of the Muscogee County Prison was conducted by an auditor and an assistant. The assistant is an experienced corrections staff person who works in the state office of the Department of Juvenile Justice and who is knowledgeable of PREA. Her role was to conduct the interviews of the inmates. During the on-site audit, the auditors were provided complete and unfettered access to all areas of the facility and to all the detainees. The auditors were free to move about the facility any time they needed to. Space in two offices were provided for the auditors to conduct interviews with complete privacy. During the on-site review, the auditor freely walked around the facility, interviewing informally, staff and probationers.

The Notice of PREA Audit was observed posted throughout the facility and in the living units. The notice contained contact information for the auditor. The auditor received one letter from an inmate who did not allege any abuse or harassment but was concerned about searches and staff not responding to his concerns about being searched. The inmate was interviewed during the onsite audit. During the tour of the facility the auditor informally talked with inmates and staff. None of the detainees requested to talk with the auditor in private.

Interviews were conducted in complete privacy and every inmate chosen for interviews participated in the interviews. The auditors were free to move about the facility at will, providing the opportunity for any inmate to communicate with the auditor, if they needed to.

The auditor thoroughly reviewed large samples of documentation and interviewed staff, contractors and inmates. Multiple personnel files were reviewed to assess the hiring process and background checks. Thirty-five inmate files were reviewed to assess intake, orientation, Victim/Aggressor Assessments and

PREA Acknowledgments. Too, processes were tested during the on-site audit. During the exit briefing, the PREA Compliance Manager preliminary findings were discussed and corrective actions were identified.

## Standard 115.403: Audit contents and findings

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

#### 115.403 (f)

- The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports within 90 days of issuance by auditor. The review period is for prior audits completed during the past three years PRECEDING THIS AGENCY AUDIT. In the case of single facility agencies, the auditor shall ensure that the facility's last audit report was published. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or in the case of single facility agencies that there has never been a Final Audit Report issued.)  Yes  No  NA

#### Auditor Overall Compliance Determination

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

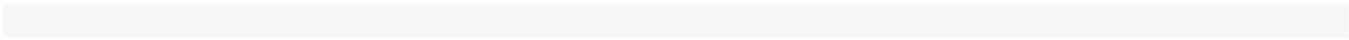
#### Instructions for Overall Compliance Determination Narrative

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

The Warden and the PREA Compliance Manager ensures that all PREA Reports are published on the agency's website within 90 days of the completion of the report. Reports for all facilities for all reporting periods are posted on the agency's website and easily accessible to the public.

The auditor reviewed the Agency's website and reviewed the previous PREA reports as well as annual reports that were posted on the website.

Interviewed administrators indicated the PREA Report as well as annual reports are posted for public viewing and reviewing and the PREA Report, like the last PREA Report, will be posted within 90 days of issuing the final report to the facility.



## AUDITOR CERTIFICATION

I certify that:

- The contents of this report are accurate to the best of my knowledge.
- No conflict of interest exists with respect to my ability to conduct an audit of the agency under review, and
- I have not included in the final report any personally identifiable information (PII) about any inmate or staff member, except where the names of administrative personnel are specifically requested in the report template.

### Auditor Instructions:

Type your full name in the text box below for Auditor Signature. This will function as your official electronic signature. Auditors must deliver their final report to the PREA Resource Center as a searchable PDF format to ensure accessibility to people with disabilities. Save this report document into a PDF format prior to submission.<sup>1</sup> Auditors are not permitted to submit audit reports that have been scanned.<sup>2</sup> See the PREA Auditor Handbook for a full discussion of audit report formatting requirements.

Robert Lanier

February 1, 2019

**Auditor Signature**

**Date**

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

<sup>2</sup> See *PREA Auditor Handbook*, Version 1.0, August 2017; Pages 68-69.