

# Prison Rape Elimination Act (PREA) Audit Report

## Adult Prisons & Jails

☐ Interim      ☒ Final

**Date of Report**    May 19, 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> February 19-20, 2019    One Certified Auditor and Associate

### Agency Information

<b>Name of Agency:</b>		<b>Governing Authority or Parent Agency (If Applicable):</b>	
Georgia Department of Corrections		Click or tap here to enter text.	
<b>Physical Address:</b> 300 Patrol Rd.		<b>City, State, Zip:</b> Forsyth, GA 31029	
<b>Mailing Address:</b> PO BOX 1529		<b>City, State, Zip:</b> Forsyth, GA 31029	
<b>Telephone:</b> 478-992-2999		<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 type="checkbox"/> County	<input checked="" type="checkbox"/> State	<input type="checkbox"/> Federal
<b>Agency mission:</b> The Georgia Department of Corrections protects the public by operating secure and safe facilities while reducing recidivism through effective programming, education, and healthcare.			
<b>Agency Website with PREA Information:</b> dcor.state.ga.us			

### Agency Chief Executive Officer

<b>Name:</b> Timothy C. Ward	<b>Title:</b> Commissioner
<b>Email:</b> Timothy.Ward@gdc.ga.gov	<b>Telephone:</b> 478-992-2999

### 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	
<b>Facility Information</b>			
<b>Name of Facility:</b> COLQUITT COUNTY PRISON			
<b>ADDRESS:</b> 200 South Vandenberg Dr, Moultrie, GA 31768			
<b>Telephone Number :</b> 229-616-7490			
<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	
<b>Facility Mission:</b> The purpose of Colquitt County Prison is to house inmates according to the enforcement of court ordered confinement of offenders. Colquitt County Prison provides work and rehabilitation programs to prepare inmates for their return to society's mainstream. Programs are provided in the areas of counseling, academic education, library, chaplaincy, and recreation. We encourage inmates to use this time to start their process of change. <a href="#">Click or tap here to enter text.</a>			
<b>Facility Website with PREA Information:</b> dcor.state.ga.us			
<b>Warden/Superintendent</b>			
<b>Name:</b> William F. Howell		Warden	
<b>Email:</b> billy.howell@gdc.ga.gov			
<b>Facility PREA Compliance Manager</b>			
<b>Name:</b> James Stancil III		Deputy Warden of Care & Treatment	
<b>Email:</b> james.stancil@gdc.ga.gov		<b>Telephone:</b> 229-616-7490	
<b>Facility Health Service Administrator</b>			
<b>Name:</b> Brad Jones		<b>Title:</b> Nurse Practitioner	
<b>Email:</b> bjones@colquittregional.com		<b>Telephone:</b> 229-616-7490	

Facility Characteristics																															
Designated Facility Capacity: 190		Current Population of Facility: 186																													
Number of inmates admitted to facility during the past 12 months				313																											
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 30 days or more:				281																											
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:				281																											
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: 18-74																													
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:				12 Months																											
Facility security level/inmate custody levels:				Medium																											
Number of staff currently employed by the facility who may have contact with inmates:				25																											
Number of staff hired by the facility during the past 12 months who may have contact with inmates:				05																											
Number of contracts in the past 12 months for services with contractors who may have with inmates:				73																											
Physical Plant																															
Number of Buildings: 1		Number of Single Cell Housing Units: 12																													
Number of Multiple Occupancy Cell Housing Units:		0																													
Number of Open Bay/Dorm Housing Units:		4																													
Number of Segregation Cells (Administrative and Disciplinary):		14																													
<p><b>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.):</b> Colquitt County Prison has a total of 77 cameras in the facility. All are monitored by officers in Main Control. Cameras are located:</p> <table border="0"> <tbody> <tr> <td>(8) Isolation/segregation</td> <td>(1) Barber Shop</td> <td>(1) Front Entrance</td> </tr> <tr> <td>(1) Front Lobby</td> <td>(1) Front Parking Lot</td> <td>(1) Gate 1</td> </tr> <tr> <td>(1) Gate 2</td> <td>(2) Dining Area</td> <td>(4) Hallway</td> </tr> <tr> <td>(4) Dorm 1</td> <td>(4) Dorm 2</td> <td>(4) Dorm 3</td> </tr> <tr> <td>(4) Dorm 4</td> <td>(5) Visitation Area</td> <td>(5) Kitchen Area</td> </tr> <tr> <td>(5) Shakedown Area</td> <td>(1) Recreation Yard</td> <td>(4) Day Room Area</td> </tr> <tr> <td>(5) View Control Room</td> <td>(4) Laundry Room</td> <td>(1) Door #81/hallway</td> </tr> <tr> <td>(2) ISO Area/Exterior Door</td> <td>(1) View Maintenance Bld</td> <td>(3) Kitchen/outside loading</td> </tr> <tr> <td>(1) Outside Eating Area</td> <td>(4) Outside Perimeter Fence</td> <td></td> </tr> </tbody> </table>					(8) Isolation/segregation	(1) Barber Shop	(1) Front Entrance	(1) Front Lobby	(1) Front Parking Lot	(1) Gate 1	(1) Gate 2	(2) Dining Area	(4) Hallway	(4) Dorm 1	(4) Dorm 2	(4) Dorm 3	(4) Dorm 4	(5) Visitation Area	(5) Kitchen Area	(5) Shakedown Area	(1) Recreation Yard	(4) Day Room Area	(5) View Control Room	(4) Laundry Room	(1) Door #81/hallway	(2) ISO Area/Exterior Door	(1) View Maintenance Bld	(3) Kitchen/outside loading	(1) Outside Eating Area	(4) Outside Perimeter Fence	
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<b>Medical</b>	
Type of Medical Facility	: On Site Medical
Forensic sexual assault medical exams are conducted at:	Lily Pad, Albany, Georgia
<b>Other</b>	
Number of volunteers and individual contractors, who may have contact with inmates, currently authorized to enter the facility:	73
Number of investigators the agency currently employs to investigate allegations of sexual abuse:	2

## 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 Colquitt County Prison located in Moultrie, Georgia, was forwarded to the facility approximately six weeks prior to the onsite 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 observed the postings during the site review including postings in each of the dormitories and in common areas, but did not receive any correspondence from an offender, staff, contractor, volunteer or visitor.

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

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 frequently with the PREA Compliance Manager during the pre-onsite audit period.

The PREA Compliance Manager is the Deputy Warden of the facility and reports directly to the Warden of the Colquitt County Prison. He has a variety of jobs in this small facility, but indicated he has time to perform all his PREA related responsibilities and has the complete support of the Warden in implementing and maintaining the PREA Standards and culture of zero tolerance and reporting in the facility.

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. This facility is a medium/minimum security institution, housing male adult felon inmates who, for the most part, go out on details or work on details within the prison.

The Georgia Department of Corrections collects data from numerous sources. By requesting those reports prior to the PREA Audit, the auditor can identify certain targeted groups of inmates. Prior to the on-site audit the auditor requested and received the following reports for the facility, provided by the Department's PREA Unit:

- Perception Report (Inmate's perception of vulnerability)
- Special Needs Report
- Hotline Calls Report (for last 12 months)

**Outreach Prior to On-Site Audit:** The auditor reached out to the following advocacy organizations, one nationally, and one locally, to determine whether the organizations have had any communications or information regarding either Colquitt County Prison.

- Just Detention International

The facility provided documentation of their efforts to secure a MOU with Safe Haven in Valdosta however SAFE Haven would not enter into an MOU for outside advocacy services unless the facility agreed to use them for their forensic exams as well. The facility reached out to the Lily Pad Rape Crisis Center in Albany, Georgia and is currently awaiting approval of the MOU. This was confirmed through reviewed emails.

Just Detention International (JDI) provided documentation confirming that JDI examined their database to determine if they had ever had any complaints or reported issues regarding the facility. They documented via email that they have not had any complaints or issues regarding the Colquitt County Prison documented in their database.

The facility has made multiple efforts to secure the services of a Rape Crisis Center for advocacy services. This was confirmed through emails sent to the agency in Valdosta, Georgia. The auditor recommended the facility check with the Lily Pad Rape Crisis Center in Albany, Georgia for services. That agency has been very receptive to providing advocacy services to state facilities.

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

The auditor arrived at the facility at 0800 February 21, 2019 and concluded the audit on February 22, 2019. The auditor was met by the PREA Compliance Manager, Deputy Warden of Security, Warden's Administrative Assistant, and the Warden. Following a brief meet and greet with the team, the auditor selected staff and inmates to be interviewed. Because this facility is small, staff often perform overlapping functions.

The site review was postponed until later and the auditor began interviews with specialized staff and later with randomly selected staff.

**Selection of Staff and Inmates:** The auditor selected the inmates to be interviewed 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.

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

**(10) Randomly Selected Staff:**

10 Correctional Officer/Security Staff

**(21) Specialized Staff included the following:**

- (1) Agency Head Designee
- (1) Warden's Designee
- (1) Deputy Warden of Security (Incident Review Team)
- (1) PREA Coordinator
- (1) Assistant PREA Coordinator
- (1) ID Staff, assigning dorms on admission
- (1) Unannounced PREA Rounds
- (1) Staff Supervising Segregation
- (2) Facility-Based Investigator
- (1) Notification to Inmates
- (2) Intake Staff
- (1) Retaliation Monitor
- (1) Human Resources
- (1) Contractor
- (1) Volunteer
- (1) Chief Investigator – Colquitt County Sheriff's Office (MOU for investigating Criminal Allegations)
- (1) Teacher
- (1) Medical Staff
- (1) Grievance Officer

**(20) Total Inmate Interviews**

**(20) Randomly Selected Inmates**

**(01) Targeted Inmates (One inmate identifying as gay)**

## **(10) Inmates Informally Interviewed during On-Site Audit/Site Review**

The facility did not have any inmates who were youthful offenders, none in segregation as the result of being high potential for victimization, no transgender or intersex inmates, none reporting sexual abuse at this facility, none reporting prior victimization, no disabled or limited English proficient inmates. This was confirmed through interviews with staff, reviewed monthly PREA reports, reviewed grievances and incident reports, and reviewed Disability Reports from the Georgia Department of Corrections PREA Unit.

## **(10) Informally interviewed inmates during the site review**

The auditor informally interviewed/interacted with inmates (10) during the site review. The auditor was provided privacy while talking with the inmates. Those accompanying the auditor stepped away to provide privacy.

After explaining the auditor's role, offenders were asked about receiving Zero Tolerance and PREA related information at intake and then if they were advised of their rights during orientation and how they would choose to report sexual abuse and sexual harassment if it happened to them or someone else. 100% of the interviewed offenders affirmed they were told about Zero Tolerance. They indicated they have received PREA Information in all GDC Facilities they have been in. Those who came from the Georgia Diagnostic Prison in Jackson, Georgia stated they received PREA information there and watched the PREA video there as well as here. They indicated ways they could report and said they can report it on their tablets by emailing the GDC PREA Unit, call the PREA Hotline number or tell someone.

The auditor reviewed twenty (20) inmate files, randomly selected, to assess whether inmates were given information about the zero-tolerance policy and how to report upon admission and to determine if PREA Education was provided within 14 days. (See 115.33 for discussion)

The auditor also reviewed 20 files to determine when inmates received the initial PREA Assessments.

## **Documents and Files Reviewed:**

- (1) MOU with Colquitt County Sheriff's Office for conducting criminal investigations
- (1) Memo dated 10/16/18 regarding Supervision and Monitoring
- (1) Memo dated 10/16/18 Designating Sexual Assault Response Team Members
- (1) Daily Work Schedules for the past 12 months
- (12) Monthly PREA Reports to the Georgia Department of Corrections PREA Unit
- (40) PREA Assessments
- (40) Reassessments
- (40) Acknowledgments of Reassessments
- (10) PREA Intake Acknowledgments for 47 inmates -Auditor Reviewed 20 pages 2017-2019 in the Intake Search Building
- (40) Orientation Checklist
- (2) NIC Certificates documenting Specialized Investigations Training
- (1) MOU with the District Attorney for Advocacy Services
- (1) Staffing Plan 8/7/18

- (21) File Review of 21 out of 62 Contractors
- (1) Coordinated Response Plan
- (24) Personnel File Reviews (Background Checks, Applicant Verifications etc.)
- (3) Contract Food Service Staff Files
- (1) Contract Nurse File
- (1) Inmate Handbook

- **PREA Unit Reports from the GDC PREA Unit Analyst**

- 1) LGBTI Report
- 2) Prior Victimization Report
- 3) Disabilities Report
- 4) Hot Line calls for the Past 12 months (zero)

**There were no allegations of either sexual abuse or sexual harassment in the past 12 months and more.**

**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. The auditor provided an interim report to the facility April 17, 2019. The facility completed the corrective actions as required and the final report is being filed May 19, 2019.

## Facility Characteristics

*The auditor's description of the audited facility should include details about the facility type, demographics and size of the inmate, resident 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 Colquitt County Prison, located in Moultrie, Georgia's mission is to provide housing for state and county offenders and a general labor force supporting Colquitt County Government.

The prison is a medium security level county facility, housing both medium and minimum-security level offenders. The facility houses up to 190 adult male felony offenders for the Georgia Department of Corrections (GDC) through an interagency agreement with Colquitt County.

Offenders assigned by the GDC to county facilities have are generally toward the end of their sentences and are expected to be able to perform work in various details for the county, inside or outside the facility. Because of that expectation, offenders are generally not disabled to the point of preventing them from being able to work and are able to speak English. Sex offenders are not accepted into the program.

There are 23 details going out from the prison on a daily basis, Monday through Friday. Details include the following:



- Labor for road maintenance
- Skilled machine operators
- County Government Building Maintenance and Building Construction
- Georgia State Patrol

Inmates are also assigned details in the prison. These include:

- Barber Shop
- Building Maintenance
- Janitorial Services
- Kitchen
- Laundry

In addition to working on details, the facility also offers programs and services. These self-improvement programs include the following:

- General Education Diploma
- Counseling (Personal and Self-Growth; Motivation for Change)
- General Recreation
- Various Worship Services
- Vocational OJT (Food Service, Heavy Equipment Operation, Building and Auto Maintenance, Laundry)

The facility has 24 allotted positions, including Security, Administration, and Plant Operations. All positions are filled at this time and the facility, according to the Staffing Plan and Memo from the Warden, is adequately staffed to cover all priority one posts and the staffing analysis, with minimum deviations.

The facility operates three shifts, two security shifts, 11AM to 11PM and 11PM to 11AM and a split shift that operates Monday through Friday during normal/business hours. Minimum staffing levels on each are two officers and a supervisor, however the typical staffing is one shift supervisor and three correctional officers. One officer is assigned to the main control room. The other officers are rovers, making checks of each dorm throughout the shift.

Health care and food services are provided by contract. (See 115.13, Supervision and Monitoring)

The facility houses inmates in four open bay dorms housing up to 55 inmates in each dorm. The dorms and other areas are in view of the main control room, situated in the middle of the hall in the secured housing and functional areas. Each dorm has a day room with three (3) phones and there each has a total of 5 cameras, 4 inside the dorm and 1 in the day room. Each dorm has a Kiosk enabling inmates to email family and the Georgia Department of Corrections PREA Unit to report allegations for sexual abuse or sexual harassment. Showers and toilets provide minimal privacy with half walls.

The facility has twelve (12) segregation or isolation cells. These cells are used for inmate security, disciplinary segregation, medical segregation, and behavioral issues. The hall to segregation has a window for viewing. There are two cameras at each end of the hall and there are two showers, each with doors for privacy.

The facility is constructed in such a fashion that viewing inmates is facilitated by having a control room centrally located that enables the control room officer to view all the dormitories and other areas. The open bay dorms are easily viewed from the control room and from the halls because the front of the dorms is glass from top to bottom. Officers are required to make frequent checks of the dorms.

To aid in supervision and monitoring, the facility has 77 video cameras, all monitored by officers in the main control room. Cameras are located inside the dorms for viewing. There are five (5) cameras in each dorm. Four (4) cameras inside the open bay dorm and one (1) camera in the day room.

The facility is linear in design in that offices are located on either side of a long hall. Since the last PREA Audit the facility installed windows in all inside facility room doors, including counseling offices, laundry, and the medical unit.

**Security Levels are as follows:** Medium and Minimum

**Demographically the following is a breakdown of the population:**

Black: 111

White: 70

Hispanic/Latino: 02

Asian/Pacific Islander: 01

**Age Level Composition of the Facility:**

18-29: 72

30-39: 94

40-49: 58

40-59: 22

60-69: 00

Over 70: 0

Health care is provided through a licensed practical nurse with medical services available during normal duty hours. Sexual Assault Forensic Exams would be provided through the Southern Crescent Sexual Abuse Center.

The facility does not have mental health counselors as the mission of this facility is “work”.

General Population Counselors offer case management and conduct victim/aggressor assessments.

**Site Review:** The auditor was escorted on a complete site review of the entire facility by the by the Deputy Warden/PREA Compliance Manager and the Chief of Security.

Areas visited included the following:

- Front Lobby, Front lobby Entrance
- Administrative Area just off the Lobby Area with administrative offices and a Conference Room
- Medical Area, Offices and Exam Rooms
- Front Control
- Dining Hall
- Kitchen
- Food Service Office
- Dry Storage #1
- Dry Storage # 2
- Multipurpose Room
- GED Office
- Voice Recognition Registration Room
- Law Library
- Counselors Offices
- Chief of Security Office
- Sergeant's Offices
- Intake Area
- Library
- Isolation/Segregation
- Main Control
- "Side Pocket" Temporary Cell
- Four (4) Open Bay Dorms
- Barbershop
- ID Room
- Laundry Office
- Laundry
- Clothes Storage
- Deputy Warden of Care and Treatment Office
- Storage Room
- Shakedown Building

The facility's offices and functional areas are equipped with windows facilitating viewing.

Seventy-Seven (77) Cameras are strategically located throughout the facility to supplement staff supervision These cameras are viewed in Main Control 24/7.

PREA Posters were observed in each of the living areas and work areas. Each dorm had a Kiosk, enabling offenders to email anyone on their approved list, to email the PREA Unit. Each Dorm has phones enabling offenders to call family, attorney's if they have one, and to make calls to the Georgia Department of Corrections PREA Unit to report allegations of sexual abuse or sexual harassment.

Living units were open bay dormitories housing a maximum capacity of 55 offenders in double bunks. Each of the dorms has five cameras (four in the living area and one in the day room) that are monitored in the main control room. The dorms surround a rotunda main control room. The control room staff can view into each dorm and other functional areas. From the hall, anyone can view directly into each dorm.

Glass from top to bottom facilitates that viewing. Showers have a little more than half walls providing minimal privacy. Toilets are separated with ½ walls.

Offenders were informally interviewed in each dorm. A roving staff was observed making rounds.

## **CORRECTIVE ACTION**

**Issue # 1** – Inmates indicated in their interviews that they had not viewed the PREA Video. Interviews with staff confirmed the inmates do not see the PREA Video but are given a verbal explanation of PREA.

**Corrective Action:** It was recommended to ensure that all required items are covered during the orientation process, the facility consider using the PREA Video. The staff immediately contacted the GDC PREA Unit and received the PREA DVD and implemented viewing it as a part of the orientation process. The Warden issued a memo instructing staff to begin showing the PREA Video during the orientation to ensure offenders are educated regarding their rights to be free from sexual abuse, sexual harassment and retaliation. The facility provided acknowledgments signed by newly admitted inmates confirming the viewing.

**Issue # 2** – Staff were not aware of how they would access a qualified interpreter if they received an inmate who was limited English proficient. This facility is a “work” camp and it is unlikely that a limited English proficient inmate will be assigned to the prison however qualified interpreters for limited English proficient inmates and hearing impaired inmates must be available. The auditor suggested Language Line for interpretive services. Language Line provides interpretive services, including American Sign Language.

**Corrective Action:** The facility will secure an account with Language Line. On April 4, 2018, the facility provided confirming they have an account with Language Line. The pin number confirmed the account. Staff were trained how to access Language Line.

**Issue # 3** The facility had tried previously to secure a MOU with a Rape Crisis Center but that did not work out. The auditor recommended the facility contact the Lily Pad Rape Crisis Center in Albany, Georgia to discuss the possibility of providing emotional support services following a sexual assault and if they would provide the contact information and limits of confidentiality when contacting them.

**Corrective Action:** The Warden successfully entered into a MOU with the Lily Pad Rape Crisis Center for the provision of emotional support services to victims of sexual assault from the prison. The auditor reviewed the MOU dated March 29, 2019. The MOU provided the contact information for inmates and the limits of confidentiality. That information has been posted throughout the facility and accessible to inmates.

**Issue # 4-** GDC Policy and the PREA Standards require an inmate is reassessed within 30 days of arrival at the facility. A review of twenty (20) reassessment forms for randomly chosen offenders indicated that 12 of the 8 reassessments were completed within 30 days as required.

**Corrective Action:** The facility will retrain staff in GDC Policy and the PREA Standards. The facility will develop a written plan documenting how the Counselor(s) will manage their caseloads to ensure newly arriving offenders are reassessed in compliance with GDC Policy and within 30 days of admission. A quality assurance component will be described. Designated staff will be responsible for monitoring the reassessments ensure offenders are reassessed as required.

The Warden issued a Memo dated April 3, 2019, Re: PREA Standard 115.41, Screening for Risk of Victimization and Abusiveness, Assessing and Reassessing Inmates using the Scribe Victim/Aggressor Screening Form. That memo asserted that the newly revised procedure has been discussed with the Deputy Warden of Care and Treatment and the Counselor responsible for conducting the Victim/Aggressor Reassessments. The Memo asserts that all screening forms (Initial) will be placed in a tickler file binder numbered by weeks. The Deputy Warden and Counselor will use the file to pull all inmates within 30 days to reassess each inmate using the Scribe Victim/Aggressor Screening Instrument. Another Deputy Warden (name provided) will monitor both the Deputy Warden of Care and Treatment and Counselor by using a copy of the bussing order each week, check Scribe to ensure reassessments are being conducted in compliance with GDC policy. The Deputy Warden will document his findings and report the findings to the auditor for the next two weeks.

The Deputy Warden has provided quality assurance reports as required documenting reviewing counselor's reassessments for compliance with GDC Policy and the PREA Standards indicating that the counselors are conducting the reassessments as required.

Additionally, the Deputy Warden retrained the Deputy Warden of Care and Treatment and Counselor in 115.41, Screening for Risk of Victimization and Abusiveness. The procedure was provided as well as the signatures of both, documenting they were retrained in the local operating procedures that are consistent with the GDC Policy. This was provided April 10, 2019. A training roster, with signatures, was provided as well,

Issue # 5 The counselor was not aware of the requirement to offer a mental health follow-up with mental health for all inmates who disclosed prior victimization during the intake PREA Assessment.

Corrective Action: The Warden will inform the Deputy Warden and Counselor of the procedure for ensuring inmates disclosing prior victimization are offered a follow-up with mental health and develop procedures for a formal referral process. The facility does not have mental health staff and if a mental health referral is needed, the inmate will be transported to the facility's nearest State Facility with mental health counselors and in this case that would be Autry State Prison.

The procedures included the following:

- 1) Inmates who disclose victimization, either prior or recent will be offered a follow-up with mental health.
- 2) The inmate will sign a consent form stating they want or do not want to be referred to Autry State Prison for a mental health screening.
- 3) If the inmate requests a follow-up the prison Medical Staff will complete the appropriate referral form and Autry State Prison will be notified to schedule an appointment for the inmate.
- 4) The mental health referral form (the GDC Form) will be placed in the mental health section of the inmate's medical record.
- 5) Colquitt County Prison is responsible for the transportation to the prison.
- 6) Autry State Prison will ensure the inmate is housed appropriately with all necessary emergency interventions/suicide precautions are in place pending evaluation.
- 7) Following the mental health evaluation, a report will be documented on the lower half of the mental health referral form. This report will be filed in the mental health section of the medical record.
- 8) If the inmate is not returned to the Colquitt County Prison, a copy of the original referral form will be completed MH evaluation findings will be stamped "confidential" and returned to the Deputy

Warden of Care and Treatment at Colquitt County Prison to inform the Deputy of the outcome of the referral.

- 9) The mental health evaluation will be done in accordance with Georgia Department of Corrections MH/MR Standard Operating Procedure VH31-0001.

The facility also secured a Letter of Agreement with the Autry State Prison (effective March 26, 2019). The agreement signed by the Warden of the Autry State Prison and Warden of the Colquitt County Prison affirms that Autry State Prison will serve as the catchment facility for Colquitt County Prison and will provide Mental Health Evaluation and/or treatment for any incidents of sexual harassment/abuse at the facility. Autry will also be responsible for the Mental Health Evaluation and/or Treatment as clinically indicated.

*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:** 0

**Number of Standards Met:** 45

115.11; 115.12; 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; 115.51; 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; 115.87; 115.89; 115.401; 115.403

**Number of Standards Not Met:** 0

N/A

## PREVENTION PLANNING

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

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

#### 115.11 (a)

- Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment? ☒ Yes ☐ No

- Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment? ☒ Yes ☐ No

#### 115.11 (b)

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

#### 115.11 (c)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

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 comprehensive 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 agency's policy begins with a statement of policy and applicable procedures, followed by extensive sections on Prevention Planning, Responsive Planning, and Reporting with multiple



subsections addressing the GDC Procedures and the PREA Standards. The policy prohibits retaliation for reporting or participating in an investigation and mandates a zero tolerance for retaliation as well.

The GDC has developed the Office of Professional Standards Compliance Unit, with a full time Director overseeing compliance with PREA, American Correctional Association (ACA) Standards, and Americans with Disabilities Act Compliance. In addition, the Director of the Compliance Unit supervises the Policy Administrator and the agency's Auditing Component. The Auditing Component audits GDC facilities for compliance with policies and procedures.

The PREA Unit consists of the Statewide PREA Coordinator. The Statewide PREA Coordinator oversees all PREA related functions and has an Assistant Statewide PREA Coordinator. Additionally, the PREA Unit has a PREA Analyst who collects and analyzes data that is input into the GDC Database, called SCRIBE. The PREA Unit oversees the implementation of the PREA Standards and helps maintain compliance by periodically monitoring facilities and programs, by providing technical assistance, and by providing training. The Statewide PREA Coordinator is a certified Peace Officer Standards Training instructor enabling her to provide certified training to staff. The PREA Unit also collects PREA related data, review Sexual Assault Response Team Investigations (The Sexual Assault Response Team, SART, conduct the initial facility-based investigations). The Statewide PREA Coordinator reports to the Deputy Director of Compliance however she has unimpeded access to the Commissioner of the Georgia Department of Corrections with issues related to PREA. A recent interview with the Commissioner of the Georgia Department of Corrections confirmed his support for PREA, the PREA Coordinator and Compliance Director. The Commissioner receives message notifications of all sexual assaults in his facilities.

The agency has a Statewide Americans with Disabilities Act/Limited English Proficiency Coordinator who serves as a resource person for accessing interpretive services for disabled or limited English proficient detainees and inmates. The Statewide Coordinator has required each facility to designate an ADA Coordinator in each facility. This is relevant to PREA in that when any issue arises regarding the need for any kind of interpretive services, the facility ADA Coordinator and PREA Compliance Manager have access to the Statewide Coordinator who can expedite interpretive services beyond those offered by Language Line, and these services, provided through multiple statewide contracts, include telephone, video, and on-site interpretive services. For example, on a previous audit, the auditor needed to interview a deaf inmate to determine his awareness and knowledge of PREA including zero tolerance, his rights related to sexual assault, sexual harassment and retaliation. One call to the Statewide ADA Coordinator resulted in access to an interpreter, who used American Sign Language via video. The ADA Coordinator has provided access to multiple statewide contracts for interpretive services for hearing impaired, visually impaired, or limited English proficient.

The Warden of the Colquitt County Prison has designated the Deputy Warden of Care and Treatment to serve as the PREA Coordinator with the Warden's very knowledgeable secretary as PREA Coordinator/Compliance Manager Assistant.

The Facility's Organizational Chart identifies the Deputy Warden of Care and Treatment as PREA Coordinator and depicts him reporting directly to the Warden. Observed interactions and interviews with the Warden and Deputy Warden confirmed that they interact frequently. An interview with the Warden indicated he fully supports the PREA Standards and his Deputy Warden and Secretary, both of whom are implementing and maintaining the facility's efforts to prevent, detect, respond and report sexual abuse and sexual harassment.



The Interagency Agreement between the Georgia Department of Corrections and the Colquitt County Board of Commissioners requires the facility to comply with the Georgia Department of Corrections Policies, including PREA. Not only does the facility have to comply with Georgia Department of Corrections Standard Operating Procedures but the contract (interagency agreement) with the Department to house state offenders, requires the facility to comply with the PREA Standards and to acknowledge that they will be monitored for compliance.

The Georgia Department of Corrections PREA Policy (Standard Operating Procedures) 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 inmates for violating any agency sexual abuse or sexual harassment policy and the presumptive sanction for employees is dismissal/termination and banning contractors and volunteers from further contact with inmates and the facility, until the conclusion of an investigation. The ban is statewide, preventing the contractor or volunteer from entering any GDC facility until an investigation is completed.

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 towards all forms of sexual abuse, sexual harassment and retaliation for reporting or for cooperating with an investigation.

Zero Tolerance is referenced in multiple documents and publications including 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. 100% of the formally interviewed offenders and 100% of the informally interviewed offenders were familiar with the agency and facility's zero tolerance for sexual abuse, sexual harassment and retaliation. Offenders stated they have received this information in every state facility they have been assigned to. Those coming to the facility straight from the Georgia Diagnostic Facility stated they received information on zero tolerance at that facility, prior to coming to this facility, where they received it again.

**Policies and Documents Reviewed:** Georgia Department of Corrections (GDC) Policy 208.6, Prison Rape Elimination Act-PREA, Sexually Abusive Behavior Prevention and Intervention Program; Georgia Department of Corrections Organizational Chart; Statewide PREA Structure (Organizational Chart depicting lines of authority and responsibility for the PREA Unit)); Colquitt County Prison Organizational Chart; Previously reviewed Job Description Statewide PREA Coordinator; Prison Staffing Plan; PREA Brochures for Inmates and for Staff; Training Rosters documenting 2018 Day 1 Annual In-Service Training.

**Interviews:** GDC Commissioner; Warden; Deputy Warden/PREA Compliance Manager; Chief of Security; Agency PREA Coordinator-Previous Interview; Agency Assistant PREA Coordinator – Previous Interview; (10) Randomly Selected Staff; Twenty-One (21) Specialized Staff, Twenty (20) Randomly Selected Inmates; One (1) Targeted Inmate; (10) Inmates Informally Interviewed.

**Other:** Observed PREA related posters throughout the facility; phones with PREA Hotline dialing instructions were observed in all living units; Kiosks in each dorm

**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 strengthen the Department's efforts to prevent occurrences of this nature by implementing key 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 Colquitt County Prison takes sexual safety seriously. This is based on a number of factors. An interview with the GDC Commissioner indicated he believes he has put together a team (the Director of Compliance and the PREA Unit, led by the Statewide PREA Coordinator, who have effectively implemented PREA. He affirmed his support for PREA and the efforts of the PREA Unit. During the interview, he showed the auditor how he is notified of every sexual assault in the state via phone message and that he also receives follow-up on those via phone message as well.

The GDC appointed a Director of the Office of Professional Standards Compliance Unit, 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. She also supervises the agency's audit team consisting of a Statewide Senior Auditor and 8 security auditors and three physical plant auditors.

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 all the facilities in 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 now to the Compliance Unit's Deputy Director. Interviews confirmed she has direct access to the Commissioner of the Department with regard to any PREA issues if needed. A recent interview with the GDC Commissioner confirmed he is very familiar with the Director of Compliance and the Statewide PREA Coordinator. He asserted his confidence in them and the work they do and assured the auditor of his full and complete support. An interview with the PREA Coordinator indicated that the Director of Facilities is also actively supporting the PREA Coordinator and PREA in all facilities.

The PREA Coordinator is an exceptionally knowledgeable staff. She is not just knowledgeable of PREA, but also is experienced 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 resource staff for the GDC facilities and programs. Too, she is a Peace Officer Standards Training Certified Trainer and provides training related to PREA and PREA topics, for which the staff get credit by virtue of having a POST Certified Instructor presenting.

The PREA Unit now can 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 facility-based investigation process.

The Assistant PREA Coordinator is also experienced in corrections, having worked in both the state and private 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, among other things, is to collect and analyze the data that is submitted to the PREA Unit on a monthly basis, by each facility. 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. These statistics are used by the Department to analyze issues related to PREA and are used to compile the Agency's Annual Report. The analyst also has a system that populates information from reports onto the SSV Form. He also provides a check and balance in collecting accurate information about sexual assault. Facilities are required to report allegations to the PREA Unit.

The agency has a designated staff responsible for coordinating activities related to compliance with the American Disabilities Act. She has asked each facility to designate a facility-based ADA Coordinator, and has arranged for the GDC to utilize multiple statewide contracts for inmates with disabilities. These contracts provide for interpretive services via phone, video, and in person. This state level position, ADA Coordinator, also under the umbrella of the Office of Professional Standards, Compliance section, has 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. These included Just Detention International and the Moss Group. 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 assist in developing the agency's Transgender Policy. The DRAFT Policy has been completed and is being reviewed.

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

The Moss Group has provided Train the Trainer Classes to train trainers to go back into the facilities to train selected staff to serve as victim advocates. The Statewide PREA Coordinator and Assistant Statewide PREA Coordinator have been trained by the Moss Group to conduct this training.

The PREA Unit, realizing the quality of the Facility-Based investigations needed to be monitored, 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, prior to closure, for the investigation to be approved by the PREA Unit. This provides a quality assurance component to evaluate investigations. Plans, according to the PREA Coordinator, 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.

The Warden/Superintendent at each institution is charged with ensuring that all aspects of the agency's PREA Policy are implemented. The Warden 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. An interview with the PREA Compliance Manager, who is also the Deputy Warden, indicated he makes time to perform all his PREA related responsibilities. Assisting the Deputy Warden is the Warden's Secretary, who is also knowledgeable of the PREA standards and implementing and maintaining compliance with them in the facility. He also indicated that he has the complete support of the Warden. The Deputy Warden is an upper level staff member who has both the authority and responsibility for implementing the standards and for maintaining compliance with them. The Facility Organizational Chart depicts the Deputy Warden/PREA Compliance Manager as having direct access to the Warden.

The agency appears to be proactive in working towards preventing, detecting, responding and reporting PREA incidents. This 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, in the past, 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 inmates 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 appears to have been reinforced in the GDC prisons, Probation Detention Centers, Transitional Centers and contracted County Prisons, this auditor has audited. This observation is made based on the fact that inmates consistently 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. Offenders frequently tell the auditor they have seen the PREA Video multiple times in multiple GDC facilities. 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 facility, he has not been aware of any sexual assaults.

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. Acknowledgement Statements for Employees and Unsupervised Contractors and Volunteers affirms that they have received training on the Department's Zero Tolerance Policy on Sexual Abuse and Sexual Harassment and that they have read to GDC Standard Operating Procedure 208.06, Sexually Abusive Behavior Prevention and Intervention Program. They also acknowledge that violation of the policy will result in disciplinary action, including termination or being banned from entering any correctional institution.

The auditor reviewed over 20 PREA Acknowledgment Statements for employees and contractors that were in personnel files selected for review. These affirm zero tolerance and warn employees, contractors and volunteers of the consequences for violating the agency's PREA policies.

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 (previously provided and reviewed) and through interviews with SART members, the PREA Coordinator and Assistant PREA Coordinator.

Designated staff 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 and complete the NIC Training entitled, Medical Care for Victims of Sexual Abuse in a Confinement Setting. 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.

Offenders are provided PREA related information upon admission to the facility during the intake process. This is confirmed through reviewing multiple signatures of inmates upon arrival at the facility at

the back gate. During Intake and according to staff, inmates are provided information about zero tolerance and are provided the PREA Brochure. If not completed on the day of admission, inmates also receive an orientation in which they watch the PREA video, going over the PREA pamphlet, explaining zero tolerance and how to report. Following the PREA education during orientation, 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. These were confirmed through reviewing 20 inmate files randomly selected by the auditor.

**Interviews:** An interview with the Commissioner of the Georgia Department of Corrections confirmed he is knowledgeable of PREA, including some of the nuances of facility operation related to PREA. He also showed the auditor how he receives messages anytime there is a sexual assault in any of his facilities. He was very familiar with the Statewide PREA Coordinator and the Director of the Compliance Unit and indicated he was very aware of the good PREA Team he has.

The PREA Compliance Manager is the Deputy Warden. He indicated he performs a variety of overlapping functions and makes time for PREA. He indicated he coordinates the facility's efforts to prevent, detect, respond and report by ensuring staff are trained. He indicated staff are "triple trained". He also related he coordinates PREA efforts by ensuring staff are trained in updated Standard Operating Procedures and that inmates are assessed for potential for being a victim or an aggressor.

One-hundred percent (100%) of the 10 interviewed random staff and 21 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 are trained to and required to report all allegations of sexual abuse or sexual harassment including suspicions and staff actions that may have contributed to an incident or allegation.

The twenty (20) randomly selected inmates and targeted inmate affirmed they know there is a zero tolerance for all forms of sexual abuse, sexual harassment and retaliation.

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 said they would report "everything" regardless of how they received the information or regardless of whether it involved a staff, inmate, contractor or visitor.

Interviewed staff affirmed that they have been trained in each of the topics required by the PREA Standards and that those topics were covered in Pre-Service Training and each year in annual in-service training.

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 and how to report. Most of the informally interviewed inmates acknowledged they received information on admission and that they viewed the PREA Video. They also indicated they have received that information in every facility they have been assigned to. They also pointed out that the information is available all over the facility through posters.

**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.

Inmates at this facility have access to a KIOSK in each dorm from which they can report directly to the GDC PREA Unit via email. They may also email anyone on their approved visitors list.

The Department has designated a Statewide Compliance Director with overall responsibility for implementing PREA, the American Correctional Association Standards and ADA compliance.

Additionally, the Department has designated a Statewide PREA Coordinator and Assistant PREA Coordinator to oversee the implementation of PREA in the GDC facilities. Interviews with the Commissioner and Coordinators confirmed they have direct access to the Commissioner, if needed, with regard to PREA related issues. Observations of the work of the Statewide PREA Coordinator and the Assistant PREA Coordinator seemed to indicate that they are “hands on” and work with their facilities by monitoring and providing technical assistance. They are very knowledgeable of what was going on in their facilities. Either the PREA Coordinator or Assistant PREA Coordinator make themselves available throughout the on-site audits to provide additional information and/or clarification when needed. An interview with the Assistant PREA Coordinator confirmed he too is knowledgeable of PREA and with his institutional experience, is resourceful in helping the facilities with compliance issues. GDC has also provided the PREA Unit the position of “analyst” who collects data from monthly reports sent to the PREA Unit. He is also a valuable resource to auditors in that he can pull PREA reports from facilities; identify inmates who have called the PREA Hotline in the past twelve months; and can provide a roster identifying the disabled inmates in the prisons. The Agency has an Americans with Disabilities Coordinator who facilitates getting interpreters/translators for inmates. The state has multiple statewide contracts for interpretive services in addition to Language Line, a telephonic interpretive service.

PREA related posters are posted throughout the facility for viewing and keeping zero-tolerance in the forefront.

Staff and inmates are aware of the zero-tolerance policy and of the agency’s approach to preventing, detecting, responding and reporting all suspicions, allegations, knowledge, or reports of sexual abuse, sexual harassment or retaliation.

## **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); Reviewed Intergovernmental Agreement County Capacity with Colquitt County, Georgia (for the confinement of offenders); Pre-Audit Questionnaire.

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

An example of contract language was provided to the auditor previously and since then, the auditor reviewed contracts for housing inmates at the Harris County Prison, Coweta County Prison, Carroll County Prison, Columbus Consolidated Government and Colquitt County.



An example of the language in the Intergovernmental agreement between the Georgia Department of Corrections and 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. Counties acknowledge that failure to comply with PREA is a material breach of this Agreement and is a cause for termination of this Agreement."

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

The Agency PREA Coordinator previously provided the auditor two additional 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.

The auditor has reviewed contracts (known as intergovernmental agreements) for 5-6 county prisons. The agreements are between the Georgia Department of Corrections and the Governmental Entity responsible for operation of the county prison. Each of the reviewed contracts contained the same verbiage requiring the County adopt the PREA Standards and comply with them. They also acknowledged that the Department will monitor the facilities for compliance.

Discussion of Interviews: The Commissioner informed the auditor that GDC does not have any union employees and he is not involved in any form of collective bargaining. He asserted he can remove from contact, any staff, alleged to have violated an agency sexual abuse or sexual harassment policy.

## **Standard 115.13: Supervision and monitoring**

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

#### **115.13 (a)**

- Does the agency ensure that each facility has developed a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse? ☒ Yes ☐ No
- Does the agency ensure that each facility has documented a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse? ☒ Yes ☐ No
- Does the agency ensure that each facility's staffing plan takes into consideration the generally accepted detention and correctional practices in calculating adequate staffing levels and determining the need for video monitoring? ☒ Yes ☐ No

- Does the agency ensure that each facility's staffing plan takes into consideration any judicial findings of inadequacy in calculating adequate staffing levels and determining the need for video monitoring? ☒ Yes ☐ No
- Does the agency ensure that each facility's staffing plan takes into consideration any findings of inadequacy from Federal investigative agencies in calculating adequate staffing levels and determining the need for video monitoring? ☒ Yes ☐ No
- Does the agency ensure that each facility's staffing plan takes into consideration any findings of inadequacy from internal or external oversight bodies in calculating adequate staffing levels and determining the need for video monitoring? ☒ Yes ☐ No
- Does the agency ensure that each facility's staffing plan takes into consideration all components of the facility's physical plant (including "blind-spots" or areas where staff or inmates may be isolated) in calculating adequate staffing levels and determining the need for video monitoring? ☒ Yes ☐ No
- Does the agency ensure that each facility's staffing plan takes into consideration the composition of the inmate population in calculating adequate staffing levels and determining the need for video monitoring? ☒ Yes ☐ No
- Does the agency ensure that each facility's staffing plan takes into consideration the number and placement of supervisory staff in calculating adequate staffing levels and determining the need for video monitoring? ☒ Yes ☐ No
- Does the agency ensure that each facility's staffing plan takes into consideration the institution programs occurring on a particular shift in calculating adequate staffing levels and determining the need for video monitoring? ☒ Yes ☐ No ☐ NA
- Does the agency ensure that each facility's staffing plan takes into consideration any applicable State or local laws, regulations, or standards in calculating adequate staffing levels and determining the need for video monitoring? ☒ Yes ☐ No
- Does the agency ensure that each facility's staffing plan takes into consideration the prevalence of substantiated and unsubstantiated incidents of sexual abuse in calculating adequate staffing levels and determining the need for video monitoring? ☒ Yes ☐ No
- Does the agency ensure that each facility's staffing plan takes into consideration any other relevant factors in calculating adequate staffing levels and determining the need for video monitoring? ☒ Yes ☐ No

#### 115.13 (b)

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

### 115.13 (c)

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

### 115.13 (d)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

The Colquitt County Prison is a small, "work related" prison, housing adult male felons for the State of Georgia, who are medium or minimum-security level offenders and county inmates sentenced by the courts. State inmates are generally toward the end of their sentences and must have no more than 13 years remaining on their sentences. Sex offenders are prohibited from being placed in these programs because of the work component requiring inmates to work in the community. There are no disabled

inmates in the program, and this was confirmed through reviewing the agency's disability report and interviews with staff and inmates.

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 protect offenders from sexual abuse. This facility has developed and documented a staffing plan that provides for adequate levels of staffing to attempt to keep inmates safe. The staffing plan is documented in the Colquitt County Prison Facility Staffing Plan, dated 8/7/2018.

Staffing plans for all GDC Facilities and recommended staffing plans for county facilities and reviews of the staffing plan are guided by a template developed by the agency PREA Team. The template is designed to ensure each facility addresses each of the required items in the PREA Standards. These are developed with input from the agency PREA Coordinator and approved by the Warden and PREA Coordinator or Assistant Coordinator.

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

Staffing levels are essentially based on the mission of the facility, population served, security levels of offenders, special needs of offenders, programs, work details and the numbers of identified priority one posts. Priority one posts are those that are so critical they must be manned 24/7. The facility may also have other posts that need to be staffed for optimum operational conditions but are a lessor priority than the posts that must be manned 24/7. Priority two and three posts are needed for the optimal operation of the facility but lower priority posts and may be closed or "pulled" in order to staff higher priority level posts. Some posts may be closed because their function has ceased at a given time of day or night.

The staffing levels at Colquitt County Prison is predicated on a population of 220 adult male felony offenders, medium or minimum-security risk levels, who have met the criteria for being assigned to a county correctional facility, known as "work camps". Offenders assigned to this facility must be able to work because the mission involves offenders supplying labor to county and state organizations supplementing their work forces. Those offenders who do not work outside the facility on those details work on details within the facility.

**Physical Capacity:** 220

**Security Level:** Medium (with minimum and close security inmates)

**The staffing plan considers the programs the facility is offering:**

**Programs at this facility are consistent throughout most of the GDC facilities and includes the following:**

There are 23 details going out from the prison daily, Monday through Friday. Details include the following:

- Labor for road maintenance
- Skilled machine operators

- County Government Building Maintenance and Building Construction
- Georgia State Patrol

Inmates are also assigned details in the prison. These include:

- Barber Shop
- Building Maintenance
- Janitorial Services
- Kitchen
- Laundry

In addition to working on details, the facility also offers programs and services. These self-improvement programs include the following:

- General Education Diploma
- Counseling (Personal and Self-Growth; Motivation for Change)
- General Recreation
- Various Worship Services
- Vocational OJT (Food Service, Heavy Equipment Operation, Building and Auto Maintenance, Laundry)

To provide for the missions of the facility, the following staffing was determined to be the staffing needed:

**Total Staff: 21**

**Security Staff: 18**

- (1) Warden
- (1) Deputy Warden of Security
- (1) Deputy Warden of Care and Treatment
- (4) Sergeants
- (10) Correctional Officers
- (1) Cadet

**Counseling Staff: 1**

- (1) Counselor

**Administrative Staff: 2**

- (1) Administrative Secretary (Certified as a Correctional Officer)
- (1) Financial Secretary

**Contract Staff Supplement the Facility Staffing and Provide Vital Services.**

**Medical Staff: 1**

- (1) Nurse

## **Education: (1)**

- (1) GED Teacher

The staffing plan and deployment of officers is predicated on the population being served (adult, felon, non-sex offenders, not more than 13 years left on sentence, generally healthy physically and mentally, and capable of working), layout of the facility (linear with four open bay dorms), and if there had been any allegations of sexual abuse, an analysis of staffing needs, and other factors would occur to determine an appropriate plan of action. The facility has determined it can best meet the needs of the facility by having two (2), 13 hours shifts (11AM-11PM; 11PM-11AM) plus a split shift that overlaps with the day shift and overnight shift. The split shift generally performs duties like key control, chemical control, sanitation etc. Staff from the Split Shift can be used to cover priority one posts at the facility when there is a shortage of staff.

### **In considering the layout of the facility, the staffing plan describes the staffing and video deployment.**

The facility consists of one main building housing administration, programs, services, and housing units under one roof. After entering the lobby in the administrative area on the right is a conference room. On the opposite side of the lobby are a series of administrative offices, including the Warden's Office. Inmates who come into this area are inmates on sanitation details and are under observation by administrative staff while working in the area.

Front Control is not manned in this smaller facility. Staff in Main Control, in the rear of the building perform this function in addition to serving the rear portion of the facility.

Entering into the secured area of the facility, medical is on the left side of the corridor. There is a large window in this area to facilitate viewing into the medical area. The space in inside medical is open space, also facilitating viewing. There are no cameras in this area.

After entering a 2<sup>nd</sup> locked door, one enters into a long hall with offices. Offices, for the most part, have windows in the doors, facilitating viewing.

Food services are provided through a contract with Trinity Food Services, a private food service company. On the left is a dining hall. Cameras are deployed in opposite corners. There is a window from the dining hall into the kitchen. There are four (4) cameras in all four (4) corners of the kitchen. The food service offices have wrap around windows facilitating viewing the kitchen from this work station and facilitating viewing inside the office. There is a camera in the hall by the office. The dry storage area has cameras at the entrance and in the rear of the area. The cooler and dry storage area were observed to be locked. A second dry storage area has cameras inside and outside the storage area. Up to 8 inmates work in the kitchen on a given shift with a total of around 24 inmates assigned to this detail. This unit also provides meals for the Colquitt County Jail as well as for the prison.

The multipurpose room has cameras in all five (5) corners.

The Voice Recognition Room has a window in the office.

The GED Office has a window to the hall and to the multipurpose room.

The Law Library has a solid door but there is a camera at both ends of the hall to capture the entrance.

The Counselor's Office has a window.

The Chief of Security Office has a window in the door.

The Sergeant's Office has windows.

The library has one camera behind a solid door,

There were two (2) cameras observed in the hallway to segregation, one (1) camera on each end of the hallway. Segregation consists of 12 cells, double-bunked. Two showers have doors providing privacy while showering.

A camera in the hall to segregation covers the entrance into the boiler room.

The living units and other common and functional areas are situated around the main control room. Staff in the main control room can view inside each of the open bay dorms and other functional areas.

All four (4) of the dorms are configured the same. Each houses a maximum capacity of 55 each in an open bay arrangement. Potential victims would, according to staff, be placed in the bunks closer to the front of the dorm where they can be viewed by the control room. Each dorm has five (5) cameras; four (4) inside the living area and one (1) in the day room. Showers are group showers with half/walls to obstruct viewing inmates naked in full view of staff. Toilets as well are separated by half walls.

A barbershop has a camera in the corner and a shower is located here. The shower has a full wall obstructing direct viewing of inmates.

The ID Room has large windows in the doors.

The door from the ID Room goes into the laundry. The laundry has wrap around windows.

A storage area is covered by a camera.

The "shakedown shack"/building has two (2) cameras on both ends of the outside of the building. There are two (2) cameras inside the Gate Shack.

The staffing plan documented the deployment of video technology and asserted there are a total of 77 video cameras including the following areas:

Isolation/Segregation  
Front Lobby  
Gate 2  
Dorms 1,2,3 and 4  
Shakedown Area  
View Control Room  
ISO Area/Exterior Door  
Barber Shop  
Dining Area  
Visitation Area  
Rec Yard



Laundry Room  
Front Entrance  
Gate 1  
Hallways (4)  
Kitchen Area  
Day Rooms  
Kitchen Area  
Day Room Area  
Door to Hallway  
Kitchen/Outside Loading

The plan requires that unannounced PREA Rounds are conducted by all supervisory staff, including Sergeants, Captains, Deputy Warden and Warden. Staff are required to conduct three (3) unannounced PREA rounds per shift and document the rounds electronically. Other unannounced PREA rounds are required to be conducted by the Duty Officers.

Lastly the plan review addresses consideration of each of the items required in the GDC Policy and in the PREA Standards in developing and reviewing the staffing plan and staffing needs.

A review of the staffing plan was documented October 16, 2018.

**Policy and Documents Reviewed:** Colquitt County Prison Staffing Plan, 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; Staffing Plan Review Memo dated 10/16/2018; Department of Corrections SOP, 11A07-0012, Security Post Rotation/Security Rosters;

**Interviews:** Commissioner; Warden's Designee, Deputy Warden of Security; Chief of Security; PREA Compliance Manager; Shift Supervisor; Agency PREA Coordinator (previous interview); Assistant Statewide PREA Coordinator (previous interview), Leader of Sexual Assault Response Team, 10 Randomly selected staff; 10 Specialized Staff; 20 Randomly selected and Targeted offenders; 10 Inmates, Informally Interviewed

**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. Logbook reviews were documented above.



**Discussion of Interviews:** The Warden's Designee related the Georgia Department of Corrections (GDC) requires at least two (2) officers present on all shifts however this facility requires a minimum of three (3) officers on each shift. Interviewed staff indicated they usually have a shift supervisor and three officers. One officer is assigned to the control room, one to iso-seg when inmates are held there, and at least one "Floater" who is required to make rounds in each dorm at specified intervals. Random staff stated they consistently have a shift supervisor, a control room staff, and two officers making rounds and escorts. The Warden's Designee indicated the staffing levels are adequate for the mission of the facility and the population being served

## 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.*

Colquitt County Prison 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's Designee, Deputy Warden for Care and Treatment, and the Deputy Warden of Security and interview with staff and inmates.

**Policy and Documents Reviewed:** Georgia Department of Corrections PREA Policy 208.06, Colquitt County Prison; Pre-Audit Questionnaire; Burrus Training Center webpage.

**Interviews:** Warden; PREA Compliance Manager; 10 randomly selected staff; 21 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 inmate rosters, and interviews with staff. During the on-site audit the auditors did not observe any youthful offenders. Reviewed inmate files did not identify any youthful offenders.

**Discussion of Interviews:** Interviews with the Warden; Deputy Warden; 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) and the Colquitt County Prison 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 or when performed by medical practitioners. If this should occur, documentation is required via a GDC Incident Report. This is confirmed through the reviewed policies, annual in-service training lesson plan, reviewed training rosters dated January 2018, and interviews with both staff and inmates. In practice, interviews with staff and inmates confirmed that female staff do not conduct cross gender strip searches however both male and female officers conduct pat searches. 100% of the 20 interviewed inmates stated that male staff conduct the strip searches and male staff conduct the pat searches.

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, consistent with GDC Standard Operating Procedure, 226.01, Searches, Security Inspections, and Use of Permanent Logs, I.2, however practice is that if a male staff is available to conduct the pat search, the male conducts it. The practice at this facility, as confirmed through interviews with staff and with inmates, confirmed that female staff can and pat searches however if a male staff is available, the male staff 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. 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. Showers in this facility are equipped with shower curtains providing privacy while inmates shower. Colquitt County PREA Policy requires that the facility implements policies and procedures that enable inmates to shower, perform bodily functions and change clothing without nonmedical staff of the opposite gender viewing their buttocks or genitalia, except in exigent circumstances or when such viewing is incidental to routine dormitory checks.

17 of the 20 interviewed inmates confirmed that they have some privacy while showering and that they are never naked in full view of staff while showering, using the restroom or changing clothing. Inmates also consistently said they shower one inmate at the time out of respect for each other. The wall to the shower is a half wall and obstructs viewing from the front of the dorm but not from the rear of the dorm. Toilets also have half walls.

GDC policy and the Colquitt County Correctional Institute PREA Policy requires staff of the opposite gender to announce their presence when entering the housing units. The facility also requires the inmates to announce anytime the Warden, Deputy, or other administrative level staff enter the dorms as well. The Colquitt County PREA Policy requires that female officers are required to announce their presence to the dorm by loudly calling, "Female on Post" or "Female in the Dorm". Signs are also posted in each pod, explaining that female staff typically work in the pod. The sign does not negate the requirement to announce their presence and they indicated they do announce their presence. Fourteen (14) of the Twenty (20) interviewed inmates said female staff announce their presence when entering the living units.

GDC Policy and the Colquitt County Correctional Institute requires that the facility refrain 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.

100% of the interviewed staff affirmed they would not be allowed to search a transgender or intersex inmate for the sole purpose of determining the resident's genital status. There were no transgender offenders at the facility during the period of the audit and staff indicated they have never had a transgender offender at the facility.

Agency policy requires and the facility trains staff to conduct cross gender pat down searches in a professional and respectful manner. Staff related they receive this training at Basic Correctional Officers Training (BCOT). BCOT is the training that results in successful candidates becoming certified as a Correctional Officer by the Peace Officers Standards Training Committee. Staff indicated they also get the training in annual in-service training and, at times, during shift briefings. GDC Policy 208.6 and Standard Operating Procedure, 226.01, Searches requires this as well. Those same policies require 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. The reviewed in-service PREA training curriculum informs staff about searching transgender and intersex inmates in a professional and respectful manner. GDC staff are required to take the National Institute of Corrections on-line training, Communicating Effectively and Professionally with LGBTI Offenders. The auditor reviewed 20 sampled certificates documenting the National Institute of Corrections On-Line Training, Communicating Effectively and Professionally with LGBTI Offender and observed certificates documenting that training in personnel files while reviewing

background checks. All the interviewed staff stated they took the on-line National Institute of Corrections Training, "Communicating Effectively and Professionally with LGBTI Offenders".

**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, Colquitt County Correctional Institute PREA Policy; Training Module for In-Service Training for 2017; Pre-Audit Questionnaire; Reports from the PREA Analyst; SOP 11B-01-0013, Searches; Four (4) Pages of Training Rosters documenting Day 1 and Day 2 Annual In-Service Training

**Interviews:** 10 Randomly selected staff, 21 Specialized Staff; 20 inmates; 10 Informally interviewed offenders during the site review.

**Observations:** Showers are in the back of each dormitory. The showers have multiple shower heads. The design is typical of facilities this age. The showers have half walls that obstruct some viewing however if someone comes to the back of the dorm one can look over the half wall to see the inmates. Interviewed inmates indicated they are never naked in full view of staff while showering or using the restroom. Viewing would be further obscured by raising the wall a block in each of the dorm walls. Viewing inmates on the toilet is obscured by half walls. The showers in the open bay dorms are group showers however inmates indicated they shower one or two inmates at a time out of respect. The auditor did not observe any searches during the on-site audit. The toilets and showers could not be viewed from the control room rotunda.

**Policy and Documents Review:** Department of Corrections (DOC) Policy, 208.6, Prison Rape Elimination Act, Sexually Abusive Behavior Prevention and Intervention Program; Colquitt County Correctional Institute PREA Policy, 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 has been no cross-gender strip or body cavity searches during the past twelve months. All the interviewed staff confirmed that female staff are prohibited from conducting cross-gender strip or body cavity searches unless there were exigent circumstances that are documented.

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 are provided during search training. 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. Multiple pages of training rosters documenting Day 1 In-Service were provided for review. Staff

also affirmed, in their interviews, that they have been trained in how to conduct a proper pat search of offenders, 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 inmate. They referred to the back of their hands as the “blade: which is the term used in the training.

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. 100% of the interviewed staff confirmed they would not and would not be allowed to search a transgender or intersex offender for the sole purpose of determining the offender’s genital status.

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. Cross gender strip searches, should they be done in an exigent circumstance, are required to be documented on an incident report.

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. Observations of the showers in every dormitory confirmed that offenders have some privacy while showering. Toilets are separated by half wall stalls.

Interviews with staff and 20 offenders confirmed inmates can shower, perform bodily functions and change clothing without being viewed by staff. Interviews with inmates, informally, also confirmed privacy while showering, using the restroom, and changing clothes. They also affirmed males do the strip searches and that only male staff conduct pat search.

An additional measure required by policy is for staff of the opposite gender to announce their presence when entering an inmate housing unit. Signs are prominently posted in each pod informing inmates that female staff typically work in the pod. Interviewed staff, randomly selected as well as specialized staff, affirmed that staff consistently announce their presence before entering the housing area. 14 of 20 interviewed inmates asserted that female staff announce their presence when entering the housing units. They also said the inmates announce it as well.

**Discussion of Interviews:** Interviewed staff affirmed they are prohibited from conducting cross-gender strip searches except in dire emergencies and then only if a male staff is not available. They understood they would have to document those and justify the circumstances for conducting such a search.

They also stated they have been trained to conduct cross-gender pat searches and that female officers are authorized by policy to conduct pat searches of male offenders when a male staff is not available however 100% of the staff interviewed and 100% of the offenders who were interviewed said females at this facility do not conduct pat searches.

Staff indicated they are trained to conduct cross-gender pat searches and searches of offenders in professional and respectful manner. 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, during in-service training and demonstrated during

some shift briefings periodically. Staff also stated they have been trained to search a transgender and intersex inmate in a professional and respectful manner. Four training rosters documenting Day 1 and Day 2 Annual In-Service Training were provided and reviewed.

The reviewed training module 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.

100% of the interviewed inmates stated female officers do not conduct either strip or pat searches. 16 of 20 interviewed inmates indicated they are never naked in full view of staff while showering, using the restroom, or changing clothing.

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

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

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

- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who are deaf or hard of hearing? ☒ Yes ☐ No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who are blind or have low vision? ☒ Yes ☐ No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have intellectual disabilities? ☒ Yes ☐ No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have psychiatric disabilities? ☒ Yes ☐ No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have speech disabilities? ☒ Yes ☐ No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Other (if "other," please explain in overall determination notes)? ☒ Yes ☐ No



- Do such steps include, when necessary, ensuring effective communication with inmates who are deaf or hard of hearing? ☒ Yes ☐ No
- Do such steps include, when necessary, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary? ☒ Yes ☐ No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Have intellectual disabilities? ☒ Yes ☐ No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Have limited reading skills? ☒ Yes ☐ No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Are blind or have low vision? ☒ Yes ☐ No

#### 115.16 (b)

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

#### 115.16 (c)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

This facility is considered a “work camp” and offenders who are sent to this facility are those who can understand instructions and are able to work on work details either outside the facility or inside the facility. The auditor requested the disability report from GDC identifying any disabled or LEP inmates at Colquitt County Correctional Facility. The report indicated the facility has not disabled inmates or any LEP inmates at the facility during the audit period.

The agency and the prison appear 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. They also appear to be committed to ensuring inmates with limited English proficiency have access to interpretive services. These interpretive services may be accessible through a variety of statewide contracts that can be accessed by each GDC facility. Language Line Solutions, GDC Approved Bi-Lingual Staff, PREA Brochures in Spanish, GED Instructors at the facility, and closed caption PREA Video are provided to ensure all inmates have access to and the ability to participate in the agency's efforts at prevention, detection, responding and reporting sexual abuse and sexual harassment. GDC Standard Operating Procedure, 103.63, Americans with Disabilities Act (ADA), Title II Provisions, in a 20-page policy, addresses how the agency makes available interpretive services to disabled, challenged, and limited English proficient inmates.

The facility documented a response to 115.16, Inmates and Residents with Disabilities and Residents who are Limited English Proficient by providing a MOU with the Colquitt County Sheriff's Office to provide interpretive services to limited English proficient inmates at the facility.

The agency (GDC) has an Americans with Disabilities Coordinator who is responsible for overseeing and coordinating the agency's efforts to comply with the ADA requirements. The Coordinator works in direct collaboration with the State ADA Coordinator's Office and 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. Her position on the organizational chart is described as ADA/LEP (Limited English Proficiency) Coordinator. 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 contract must meet the professional qualifications required by the contract.

GDC Standard Operating Procedure 103.63, American's with Disabilities Act, B.2, indicates that inmates entering a Diagnostic Facility (Georgia Diagnostic State Prison and Coastal State Prison), will have an initial medical screening to determine any needs for immediate intervention. Efforts are made

at the diagnostic facility to identify offenders who may be qualified individuals under the ADA. Additionally, a mental health screening and evaluation is conducted at a GDC Diagnostic Facility to determine the level of care needs. Policy requires that during the intake and diagnostic process, staff, including security, education, medical, mental health, parole and classification will ask offenders with hearing/visual disabilities their preferred way of communication during the first interaction in the intake/diagnostic process. That determination will prompt the intake/diagnostic staff to secure a Qualified Interpreter or use the Video Remote Interpreting for those with hearing impairments, a reader or other assistive technology, for those with visual impairments, or other specified preferred ways of effective communication. The preferred way of communication will be use throughout the intake/diagnostic process and this information will be documented in the Department's Database.

When required, the ADA Coordinator will order live American Sign Language interpreting services. Policy requires the sending diagnostic facility to contact the receiving facility to ensure that necessary equipment or auxiliary aids are available, including "qualified interpreters". Qualified interpreters are defined as someone who can interpret effectively, accurately, and impartially, both receptively (understanding what the person with the disability is saying) and expressively (having the skill to convey the information back to the person) using any necessary specialized vocabulary.

In that same SOP, F. Effective Communication, paragraph a, requires that offenders with hearing and/or speech disabilities and offenders who wish to communicate with others who have disabilities will be provided access to a Telecommunications Device for the Deaf (TDD) or comparable equipment on the housing units. Public phones are required to have volume control for inmates with hearing impairments.

Auxiliary aids that include the following will be provided as a reasonable accommodation to offenders who qualify under ADA: Qualified Interpreters on site or through video remote interpreting services, note takers, real-time computer aided transcription services, written materials, exchange of written notes, telephone handset amplifiers, assistive listening devices, assistive listening systems, telephones compatible with hearing aids, closed caption decoders, voice, text, and video-based telecommunications, including text telephones (TTY), video phones, and closed caption phones or equally effective telecommunication devices.

The facility also has PREA documentation available for inmates that is in English and Spanish format.

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.

### **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; GDC Standard Operating Procedures, 101.63, Americans with Disabilities Act (ADA), Title II Provisions; Colquitt County Prison PREA Policy; PREA Brochures in English and Spanish; Georgia Department of Administrative Services Statewide Contracts for Provision of American Sign Language for Hearing; Agency Disability Report provided by the PREA Analyst

**Interviews:** Warden; PREA Compliance Manager; Georgia Department of Corrections ADA Coordinator in a previous interview; Education Staff; Intake and Orientation Staff; Randomly selected staff (10); Specialized Staff (21); Randomly Selected Inmates (10); Informally interviewed 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 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.

Colquitt County Prison PREA Policy addresses Inmates with Disabilities Who are Limited English Proficient. Policy requires the facility will 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 in accordance with Title II of the Americans with Disabilities Act. The following, according to the policy, will be made available on a case by case basis: 1) Interpreter services for hard of hearing inmates; 2) Interpreter services for limited English proficient inmates, and 3) Reading of the material by staff, to inmates.

This policy prohibits the use of inmate interpreters to interpret or translate the report of sexual abuse, except in circumstances where an extended delay in obtaining an effective interpreter could compromise the inmate's safety, the performance of first responder duties, or the investigation of the inmate's allegations.

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.

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. Each facility has an ADA Compliance Staff who can facilitate contact with the Statewide Coordinator in securing interpretive services.

The facility has GED teachers/Literacy Remedial teachers who can assist any literacy or cognitively challenged inmates in understanding the PREA information and how to report.

Counselors can assist inmates with mental health issues, although inmates who have mental issues are not appropriate for this program.

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 inmate 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.

Interviews with ten (10) randomly selected staff indicated that staff did not know who they would use for interpretive services. Most of the staff indicated they would not rely on an inmate, but most were unsure of how professional interpretive services would be accessed.

**Corrective Action:** The facility will retrain all staff in how to access interpretive services.

## **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.*

An interview with the HR staff at Colquitt County Prison indicated that the following items must be completed prior to employment:

- Interview by Warden of Colquitt County Prison
- Pass a complete background check
- Pass a Compass/Post entrance exam at Moultrie Technical College
- Pass a POST Physical and Drug Test
- Present a Valid Georgia Driver's License
- Answer all the PREA Questionnaire
- If a past institutional employee, clear a professional reference check

The auditor conducted a 100% file review of all 23 employees confirmed that staff at the facility and contract staff (food service and medical) have completed background checks as required. Background checks are reportedly run by the Colquitt County Sheriff's Office. Live scan fingerprints for security staff are also reportedly accomplished at the Sheriff's Office. Reviewed files contained the following:

- Valid Background Check
- Standards of Conduct Acknowledgments
- Applicant Verification Form documenting the PREA Prohibition Questions
- Multiple PREA Acknowledgment Statements
- NIC Certificates documenting the on-line training: Communicating Effectively and Professionally with LGBTI Offenders

Three of three food service staff, contracted staff, had completed background check documentation, PREA Acknowledgment Statements and NIC Certificates documenting the LGBTI on-line Training.

One of one medical staff had a completed background check, PREA Acknowledgment and NIC Training documentation, Communicating Effectively and Professionally with LGBTI Offenders.

Security Staff are required to have an annual background check prior to going to the firing range. This is a requirement to maintain the officer's POST Certification (Peace Officer Standards Training).

The Georgia Department of Corrections, as required in policy, prohibits the hiring or promotion of anyone and enlisting the 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; 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. The Department considers any incidents of Sexual Harassment in determining whether to hire or promote anyone who may have contact with offenders.

Policy requires every employee, as a continuing affirmative duty to disclose any such misconduct.

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.

Material omissions regarding misconduct or providing materially false information will not be grounds for termination.

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.

Additionally, 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. GDC Complies with the Federal Privacy Act and Freedom of Information Act, and all other applicable laws, rules and regulations.

Application Verification Forms document that the applicant has been asked the PREA related prohibition questions. 100% of the reviewed files documented a completed background check.

**Policy and Documents Reviewed:** 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 Standard Operating Procedures 104.09, Filling a Vacancy; 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, Reviewed Applicant Verification Forms; Reviewed Background checks for 100% of the 23 employees, 3 contracted food service employees and one contracted medical staff.

**Interviews:** Warden's Designee; PREA Compliance Manager; Human Resources Staff; (10) Randomly Selected Staff; (4) Contractors

**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. GDC 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 contactor 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 non-uniform 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.

As part of the interview process potential employees and employees being promoted are asked about any prior histories that may have involved PREA related issues prior to hire and approval to provide services.

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. Failure to disclose (omissions) that are material will result in the applicant not being considered.

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.*

The Warden's Designee and Deputy Warden related that since the last PREA Audit the facility has not had any modifications to the facility nor have there been any upgrades to the video monitoring system. In planning for any modifications to the facility as well as upgrades to the video monitoring system, the staff will be heavily involved in making decisions about the impact the modifications or upgrades would have on inmate safety and staff safety.

**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's Designee, Deputy Warden, PREA Compliance Manager; (10) Random Staff and (21) Specialized Staff (See above)

**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.

## 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.*

There have been no allegations of either sexual abuse or sexual harassment in the past 12 months. This was confirmed through reviewing 12 monthly PREA reports submitted by the facility to the Georgia Department of Corrections PREA Unit, calls to the hotline reports for the past 12 months, and interviews with the Warden's Designee, Deputy Warden, and 10 randomly selected staff and 20 inmates. However, the facility has policy and procedures related to responsive planning and that includes evidence protocol and forensic medical exams.

Colquitt County Prison PREA Policy addresses responsive planning and affirms the facility's responsive planning. Policy affirms the facility is responsible for conducting administrative and criminal sexual abuse investigations and that when conducting them the agency investigators follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions. The protocol, according to 5.1.2 of the PREA Policy, is based on the most recent edition of the US Department of Justice's Office on Violence against Women's publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adult/Adolescents" or similarly comprehensive and authoritative protocols developed after 2011. Investigations that appear to be criminal in nature may be conducted by the GDC's Special Agents or the Colquitt County Sheriff's Office. The prison has a Memorandum of Understanding between the prison and the Colquitt County Sheriff's Office that affirms the sheriff's office investigators agree to conduct criminal investigations of sexual abuse as needed. The reviewed memo affirms the Sheriff's Office will make available trained investigators at the time an incident is reported and with sufficient reason to proceed. An interview with the Chief Investigator confirmed the sheriff's office will conduct investigations of sexual assault at the prison and that he and another of his investigators has completed the National Institute of Corrections

On-Line Specialized training entitled, “Conducting Sexual Abuse Investigations in a Confinement Setting.”

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. Office of Professional Standards Investigators and Office of Professional Standards Special Agents attend a police academy in addition to any departmental training they receive. In addition to the eleven (11) weeks of police academy training, Special Agents attend another 13 weeks or more investigation training at the Georgia Bureau of Investigations Academy. An interview a Special Agent, confirmed that they attend 11 weeks of Basic Mandate Training at a Police Academy. Training includes basic law enforcement. They also attend 11-13 weeks at the Georgia Bureau of Investigations Academy where they are trained in the investigation process, crime scene preservation, interviewing victims of sexual abuse, intelligence technology, and other investigative courses. He also related Special Agents attend a three-day class related to PREA Investigations.

Special Agents are dispatched out of their Regional Office and cover a specific area with specific facilities however they may go elsewhere upon direction or assignment by the Special Agent in Charge. There are three regions: North, Southeast and Southwest. In the Southwest a special agent has been essentially designated as a PREA Investigator for that region, although he may be assigned elsewhere too. The PREA Coordinator indicated that a part of her strategic planning is to have a PREA investigator in each region.

Investigators are trained to follow a uniform process. Georgia Department of Corrections Standard Operating Procedures, 103.10, Evidence Handling and Crime Scene Processing (thirteen pages), provides extensive guidance in evaluating a crime scene, examining a crime scene, still/video photography, crime scene sketches, handling and collecting evidence (and storage of evidence), digital evidence, latent prints, collection of known samples, crime scene documentation, submission of evidence, equipment requirements and record retention.

An interview with the PREA Special Agent from the Southwest Region confirmed a specific and thorough process for conducting the investigation and in collecting evidence. He indicated that once notified, if the area has been secured, he will come to the facility and process the cell or crime scene while waiting on the Sexual Assault Nurse Examiner to arrive. Processing, he indicated, includes taking photos, using the alternative light source, review video, listen to phone calls, ask permission for swabs and secure search warrants if they don't consent, He related he will interview the victim but not right away, in an effort to not re-victimize them. Additional potential evidence may be clothing to be processed by the Georgia Bureau of Investigation Crime Lab. The SANE conducts the forensic exam and turns the Rape Kit over to the Special Agent or to security in the absence of the Special Agent. The chain of custody begins, and the evidence may be secured in an evidence locker until it is turned over to the Special Agent who gets it to the crime lab for examination. He indicated as well that the GBI crime lab does not have a backlog of rape kits anymore so the turnaround time should be improved, enabling the investigation to proceed and conclude. (See 115.71 for more details about the investigation 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 may serve 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. The auditor received and reviewed a memo from the Warden dated October 16, 2018, documenting the members of the Sexual Assault Response Team. These included the following”

- PREA Compliance Manager/Deputy Warden
- Nurse Practitioner
- Security Representative (Deputy Warden of Security)
- Security Representative (Sergeant)
- Retaliation Monitor

All inmate victims of sexual abuse are offered a forensic exam at no cost to the inmate/resident. This was confirmed through the reviewed prison policy, 5.1.3, stating all victims of sexual abuse will be offered access to forensic medical examinations and will be offered without financial cost to the victim.

The facility has a Memorandum of Understanding with the Moultrie Medical Center (Hospital). The MOU documents the hospital agrees to provide examination by a SANE when possible and if not available, performed by a qualified medical practitioner. The attending Emergency Department physician will decide if transfer to another facility that has a SANE is warranted and notify the prison when this is necessary. All reasonable efforts, the hospital agreed, will be made to provide a SANE at the hospital.

Upon learning of a sexual assault, the facility nurse is required to complete the Nursing Assessment Form for Alleged Sexual Assault. If the determination is that a possible sexual assault occurred, the Nurse completes the Plan portion of the form. This information documents notifying the Officer in Charge, SANE Nurse, and other notifications.

If an inmate refuses and exam or recants, the nurse completes another log, entitled, “Refusal/Recantment Medical PREA Log” documenting the refusal, recanting, and notifications to the SANEs.

Additionally, the SANEs follow Georgia Department of Corrections, 208.06, Procedure for SANE Evaluation/Forensic Collection covering the following:

- Initial Report of Sexual Abuse/Assault
- Collection of evidence by SANE Nurse on-site
- SANE Assessment/Forensic Collection
- Referrals for Mental Health Evaluation and Counseling
- Medical PREA Log and SANE Invoice

The facility has a Memorandum of Understanding (MOU) with the District Attorney’s Victim Advocacy Services for the provision of emotional support services. The facility agreed to provide contact information to inmates including phone numbers and mailing addresses. The facility also provided emails documenting their efforts to reach out to a sexual assault advocacy center in Valdosta Georgia however the Valdosta organization apparently wanted funds to pay for it. The auditor recommended reaching out the Lily Pad Sexual Assault Center in Albany, Georgia. This center has qualified advocates who will accompany an inmate during the forensic exam and any investigative proceedings or interviews when requested by the inmate. This agency also provides a 24/7 hotline for inmates wanting to report or to write to.

**Policy and Documents Reviewed:** GDC Policy, 208.6, Prison Rape Elimination Act Sexually Abusive Behavior Prevention and Intervention Program, B. Responsive Planning; Carroll County PREA Policies; GDC Standard Operating Procedure 508.22, Mental Health Management of Suspected Sexual Abuse or Sexual Harassment; Attachment 1, Medical Evaluation of Suspected Sexual Assault (Contract) with Attachment 1, Medical Evaluation of Suspected Sexual Assault; Medical Co-Pay for Sexual Assault; 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; IK01-0005; MOU with the Sexual Assault Support Center; National Protocol for Sexual Assault Medical Forensic Examinations, 2<sup>nd</sup> Edition, Major Updates"; MOUs with the Moultrie Medical Center, District Attorney's Victim Advocacy, and the Colquitt County Sheriff's Office.

**Interview:** Agency Head's Designee; Warden's Designee; PREA Compliance Manager; Facility Nurse; Sexual Assault Response Team Members; Facility Based Investigator, Previous Interviews with two (2) SANEs from Satilla Advocacy; Rape Crisis Center Staff ; Ten (10) Randomly selected staff; Twenty-One (21) Specialized Staff; Interviews with Twenty (20) Inmates; Chief Investigator, Colquitt County Sheriff's Office; One (1) Office of Professional Standards Investigators assigned to the prison; One Office of Professional Standards Investigators working out of Smith State Prison who was on-site; One (1) Special Agent. (previous interview)

**Discussion of Policy and Document Review:** GDC 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 Satilla Advocacy Center documented they follow a National Protocol for the Collection of Forensic Evidence and the National Protocol for Sexual Assault Medical Forensic Examinations, 2<sup>nd</sup> Edition, Major Updates.

Colquitt County PREA Policy, Evidence Protocol and Forensic Medical Examinations, requires that to the extent that Colquitt County Prison is responsible for investigating allegations of sexual abuse, the facility will follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions. It also affirms the facility follows a uniform evidence protocol in accordance with its policies as defined in Georgia Department of Corrections Standard Operating Procedure IK.1-0006. The facility documented, through a MOU, that the Colquitt County Sheriff's Office agrees to conduct sexual abuse investigations. This MOU asserted that the investigators are trained to conduct those investigations. Two certificates documenting specialized training through the NIC On-Line Course, entitled: "Conducting Sexual Abuse Investigations in a Confinement Setting" were provided and reviewed.



The facility does not house youthful offenders. This is confirmed through interviews with the Warden, Statewide PREA Coordinator, and interviews with inmates. The facility asserts it still would follow the National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents.

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 provided a Memo from the Health Services Administrator confirming inmates are not charged for forensic exams. 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 Warden and Duty Officer and the Warden or his designee contacts the Sheriff's Office or if needed to the Regional Office who will assign an Office of Professional Standards (OPS) Investigator (Special Agent) 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 SO or the OPS investigator may order a forensic exam. If a forensic exam is ordered, the facility's nurse or Warden/Designee follows GDC Protocol and takes the inmate to the Moultrie Medical Center for a forensic exam. The facility has a MOU with the hospital.

There were no allegations or cases involving penetration and requiring a forensic exam in the past 13 months. This was confirmed through reviewing the monthly PREA reports, calls to the PREA Unit in the past 12 months and interviews with the facility staff.

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 a MOU with the District Attorney's office and emails documenting attempts to enter into MOUs with outside rape crisis centers. The auditor recommended and the facility made contact with the Lily Pad Rape Crisis Center in Albany, Georgia for the provision of emotional supportive advocates and contact information enabling inmates to contact the organization.

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).

**Discussion of Interviews:** The interview with the Special Agent who serves in the Southwest Region as the PREA Investigator described the organizational structure of the Office of Professional Standards, Investigation Units and the evidence collection process. He supported the PREA Coordinator in wanting to request PREA Investigators because he said an individual agent may conduct a PREA Investigation but, like anything else, the more you do the more competent with that type of investigation one can become. He indicated having a specialized investigator makes sense. The facility-based investigator has completed the NIC On-Line Training, "PREA: Investigating Sexual Abuse in a Confinement Setting". He described the process for conducting investigations and indicated that once he was informed of an allegation, he would make sure all the SART members were notified and initiate the investigation. The process would include interviewing the alleged victim and alleged perpetrator as well as any witnesses, review any video footage, review any documentation including things like shift rosters and log books. Interviews with two (2) Office of Professional Standards Investigators also confirmed the investigation process, including evidence collection.

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 13 weeks of training by the Georgia Bureau of Investigation. An interview an advocate and the Program Director of the Southern Crescent Rape Crisis Center and the Executive Director of the Prevention and Advocacy Resources Center confirmed their agreement and ability to provide an advocate 24/7 to accompany the inmate providing emotional support services, during the forensic exams and investigative interviews and to provide the inmates with the 24/7 hotline enabling them to talk with an advocate if they needed to.

Interviews with the facility Nurse confirmed his role in responding to an allegation of sexual abuse as well as the process for contacting the contracted Sexual Assault Nurse Examiner. Apart from conducting an initial assessment of the offender to determine if there is evidence of trauma requiring immediate medical intervention, the nurse would assess the offender visually and make medical decisions, in accordance with good clinical judgment and in consultation with the on-call physician.

An interview with the Chief Investigator at the Colquitt County Sheriff's Office confirmed either he or his trained investigators would conduct investigations of allegations that appear criminal in nature.

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

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

#### **115.22 (a)**

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

#### 115.22 (b)

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

#### 115.22 (c)

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

#### 115.22 (d)

- Auditor is not required to audit this provision.

#### 115.22 (e)

- Auditor is not required to audit this provision.

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

The Georgia Department of Corrections Policy (208.06) requires that all reports of sexual abuse and sexual harassment will be considered allegations and will be investigated. The facility will ensure that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment. That included any sexual behavior that was observed, that staff have knowledge of, or have a received a report about, suspicions. Staff acknowledged that regardless of the source of the

allegation, the allegation is reported and referred for investigation and that they are to report “everything”. Staff acknowledged that they understood that failing to report would result in disciplinary action up to and including dismissal

GDC Policy requires investigations be referred to the agency with legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior. If an allegation appears criminal in nature the Warden will refer the allegation to the Colquitt County Sheriff's Department and the Department's Office of Professional Standards Regional Special Agent-in-Charge who will assign an investigator who is a Special Agent, trained extensively in conducting investigations and who has the power to effect an arrest of staff or inmates.

Another GDC Policy, 1K01-0006, Investigation of Allegations of Sexual Contact, Sexual Abuse, and Sexual Harassment of Offenders, asserts it is the policy of the GDC that allegations of sexual contact, sexual abuse, and sexual harassment filed by sentenced offenders against departmental employees, contractors, vendors, or volunteers be reported, fully investigated and otherwise treated in a confidential and serious manner.

The Agency's PREA Investigation Protocol requires that every allegation (sexual abuse and sexual harassment) must be referred immediately to the local Sexual Assault Response Team with the local SART protocol initiated and investigations handled promptly, thoroughly, and objectively, incident notification made to the GDC PREA Coordinator within 24 hours of initiating the SART Investigation.

The Colquitt County PREA Policy, 10.0 Investigations, asserts that the Sexual Assault Response Team (SART) is responsible for initial inquiry and subsequent administrative investigation of all allegations of sexual abuse or sexual harassment with limitations. 10.3 of that policy requires the Warden/Designee or the PREA Compliance Manager to report all allegations of sexual assault with penetration and those with immediate and clear evidence of physical contact to the Office of Professional Standards Special Agent-in Charge and the GDC PREA Coordinator immediately upon receipt of the allegation. If a decision is made to open an official investigation the Special Agent-in-Charge will dispatch a Special Agent who has received special training in sexual abuse investigations. (See 115.71 for a complete discussion of investigations)

The Georgia Department of Corrections (GDC) requires the facility have a Sexual Assault Response Team and the Colquitt County Correctional Institute has established a Sexual Assault Response Team (SART) according to policy. The Team consists of a Lead SART Member, facility investigator, medical staff, counseling staff, and advocate. The SART is responsible for the administrative investigation into all allegations of sexual abuse or sexual harassment. The Carroll County CI has a Sexual Assault Response Team that is responsible for conducting the initial sexual abuse investigations and sexual harassment investigations. The SART Facility Based Investigator is required to complete and has completed the National Institute of Corrections Specialized Training (online) entitled: “PREA: Investigating Sexual Abuse Investigations in Confinement Settings.”

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's Special Agent in Charge 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.

Additionally, other Office of Professional Standards Investigators, who have completed mandate Law

Enforcement Training and are empowered to arrest, are stationed in various facilities throughout the state. Their primary roles are related to gang activity and contraband, however they too, may be called on to investigate.

If an allegation is criminal, the SART may conduct the administrative investigation, parallel with the Special Agent or Office of Professional Standards Investigator, including allegations of sexual harassment. The SART's role in a criminal investigation is to provide support for the Special Agent and to complete the administrative part of the investigation but never interfering with the criminal investigation. Staff misconduct is investigated by the Office of Professional Standards Special Agent.

All investigations will be 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 is replete with information related to PREA. A section entitled: "Department Response to Sexual Assault or Misconduct Allegations" asserts that employees have a duty to report all rumors and allegations of sexual assault and sexual misconduct through the chain of command. Another paragraph, "Investigations of Sexual Assault and Misconduct" states that the GDC is dedicated to producing quality investigations of alleged sexual assaults and sexual misconduct incidents. A separate section, "How do I Report Sexual Abuse or Sexual Harassment?" affirms the GDC investigates all allegations of sexual abuse and sexual harassment promptly, thoroughly, and objectively. Multiple ways to report are then identified and contact information is provided.

The facility's website provides numbers for reporting allegations of sexual abuse and sexual harassment.

There were no allegations made during the past 12 months. This was confirmed through multiple sources, including reviewing monthly PREA reports, reports of calls to the PREA Unit Hotline, and interviews with staff and inmates.

**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; Colquitt County Prison PREA Policy; Pre-Audit Questionnaire; PREA Investigation Summary; Notification of Results of Investigation; NIC Certificates (National Institute of Corrections, PREA: Investigating Sexual Abuse in Confinement Settings); Georgia Department of Corrections Website; Colquitt County Prison Website

**Interviews:** 10 Randomly selected and 21 special category staff; informally interviewed staff during the audit; 20 Inmates, including 01 targeted inmates

**Discussion of Policy and Documents Reviewed:** This facility has an MOU with the Colquitt County Sheriff's Office confirming the office will provide trained investigators to conduct criminal investigations at the prison. 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 Special Agent in Charge 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, contractors, vendors or volunteers be reported, fully investigated and otherwise treated in a confidential and serious manner. Staff are required to cooperate with the investigation and GDC policy is to ensure that investigations are conducted in such a manner as to avoid threats, intimidation or future misconduct. Policy requires "as soon as an incident of, sexual contact, sexual abuse or sexual harassment (including rumors, inmate talk, kissing etc.) comes to the attention of a staff member, the staff member is required to immediately inform the Warden/Superintendent, and/or the Institutional Duty Officer, and/or the Office of Professional Standards Unit verbally and follow up with a written report. Failure to report allegations of sexual contact, sexual abuse or sexual harassment may result in disciplinary action, up to and including dismissal.

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 an interview with an OPS Special Agent and an interview with a facility based Sexual Assault Response Team Investigator. The Special Agent stated investigators must complete between 11-13 weeks of training provided by the Georgia Bureau of Investigations and this is in addition to mandate law enforcement training which is 11 weeks.

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. 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 resident or staff would, according to the investigator, as well as previous interviews of Office of Professional Standards investigators, 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, notifications are made up to the Warden/Designee, who then makes contact with the Sheriff's Office and the Regional Office Special Agent in Charge who may 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 as well as to conduct a parallel administrative investigation, while not interfering with the criminal investigation.

The investigator 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 inmate.

**Discussion of Interviews:** Interviews with ten (10) Randomly selected staff and twenty-one (21) 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. The auditor asked about having to document the report and staff stated they would be required to complete a written statement, or an incident report completed prior to the end of their shift. Also, when asked if they would take an anonymous report or a report from a third party, 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 were aware that the Sexual Assault Response Team is responsible for conducting sexual abuse investigations and most could name each member of the team. An interview with the SART Leader confirmed they are very knowledgeable of the investigation process.

Twenty (20) randomly selected inmates and informally interviewed during the site review and during the on-site audit period knew multiple ways to report sexual abuse and sexual harassment but have never reported sexual abuse or sexual harassment 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.*

Georgia Department of Corrections Policy 208.06 requires that staff are trained in the following:

- 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.

The reviewed lesson plan for annual in-service covers the required training topics.

Interviews with staff and contractors confirmed 100% of them had completed PREA Training covering all the topics required by GDC Policy and the PREA Standards. During staff interviews, staff are asked to review the topics outlined on the questionnaire and to explain where and how they received that training. Staff confirmed having been trained in all those topics at Basic Correctional Officer's Training (at the Georgia Department of Corrections Academy) and during annual in-service training.

Staff indicated they receive PREA information as newly hired employees and sign acknowledgments that they understand the zero tolerance, prohibitions against involvement with inmates, and consequences for violating agency sexual abuse policies. They also stated they received more PREA Training at Basic Correctional Officers Training, at Annual In-Service Training and through on-line training including the required National Institute of Corrections course, "Communicating Effectively and Efficiently with LGBTI Offenders". Four Pages of Training Rosters were provided documenting staff attending Day 1 and Day 2 of Annual Inservice Training. Day 1 of Annual Inservice has a block of training for PREA.

Training was confirmed through interviews with 10 randomly selected staff and 21 specialized staff. Staff were specifically asked if annual training included the topics described and enumerated on the questionnaire for randomly selected staff and each employee confirmed that the training included all the topics. Each interviewed staff also confirmed they completed the National Institute of Corrections On-Line Training, "Communicating Effectively and Professionally with LGBTI Offenders". This training was confirmed through reviewing training was also confirmed through reviewing 20 Certificates confirming the NIC. "Communicating Professionally and Effectively with LGBTI Offenders."

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, requires 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 auditor reviewed four (4) training rosters documenting Day 1 and Day 2 of annual in-service training. Rosters documented training for over 50 facility staff.

The auditor also reviewed over 23 Staff PREA Acknowledgments acknowledging staff are aware of the zero- tolerance policy and their mandate to report, as well as the consequences for becoming involved in sexual abuse or sexual harassment.

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; Four (4) Pages of Training Rosters – Annual In-Service Training, 2018; Reviewed Personnel files containing PREA Acknowledgment Statements; Previous Rosters documenting Sexual Assault Response Team Training; PREA Acknowledgment Statements; Multiple Certificates documenting NIC On-Line Training

**Interviews:** Warden's Designee; PREA Compliance Manager; Chief of Security; Agency PREA Coordinator (Previous Interview); Assistant PREA Coordinator (Previous Interview); 10 Randomly selected staff, 21 Special Category Staff.

**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 four (4) training rosters, with staff signatures confirming attendance, documenting Day 1 and Day 2 of Annual In-Service Training, 2017 and 2018 and over 23 PREA Acknowledgment Statements.

The auditor reviewed all 23 Personnel Files representing 100% of all employees. Every file contained PREA Acknowledgment Statements, and often multiple acknowledgment forms, indicating staff are PREA trained. 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.

In addition to the regularly scheduled PREA Training, 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 Educational posters are posted in numerous locations throughout this facility and in this facility the posters and notices are posted strategically throughout the facility.

The investigator on the SART completed the specialized training for investigators through the National Institute of Corrections 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.

All staff are required to complete the on-line training Communicating Effectively and Professionally with LGBTI Offenders. Reviewed Certificates of Training 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:** Interviewed staff stated they received their initial PREA Training when hired and prior to attending Basic Correctional Officer Training at the Georgia Department of Corrections Academy. A block of that training provides initial information related to PREA. Staff confirmed they also receive PREA Training annually during annual in-service training on Day 1. Each staff member interviewed reviewed each of the required training topics and confirmed they had been trained in Annual In-Service on each of those topics. They also 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. They also indicated they receive information on various topics during shift briefings.

100% of the interviewed staff were knowledgeable of the facility's zero tolerance for all forms of sexual abuse, sexual harassment and retaliation and indicated they take all allegations seriously. Staff were specifically asked if they had received PREA training in each of the identified PREA Standards training topics. 100% of the interviewed staff 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. If an inmate reported being at risk of imminent sexual abuse staff stated, they would act immediately and remove the inmate from the threat and report it to their immediate supervisor. 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.*

**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; GDC Standard Operating Procedure Local Management of Volunteer Services; Reviewed Power Point for Training; Contractor and Volunteer PREA Acknowledgement Statements;

**Interviews:** Warden; PREA Compliance Manager; Contracted Employees, State Director of Chaplaincy Services; Statewide Volunteer Coordinator; Facility 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. Training for volunteers is provided at the state office now. Contractors receive training at the facility and attend departmental annual in-service training like all other employees.

Colquitt County Prison PREA Policy asserts that the Colquitt County Correctional Institution will ensure that all volunteers and contractors who have contact with inmates are trained on their responsibilities under our sexual abuse and sexual harassment prevention, detection, and response policies and procedures

The GDC Policy (208.06) and the Colquitt County PREA Policy require that 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. Documentation was provided for three (3) Volunteers. The training included the following"

- PREA Acknowledgment Statements

Colquitt PREA Policy, 6.2.3, asserts that Colquitt County Correctional Institution will maintain documentation that volunteers, and contractors understand the training they have received. Contractors and volunteers will read and sign the Sexual Assault/Sexual Misconduct Acknowledgement Statement, confirming their understanding of the facilities zero tolerance policy.

The auditor reviewed PREA Acknowledgement Statements for contractors and volunteers. 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 them. They acknowledge the potential disciplinary actions and/or consequences for violating policy.

The facility had three contracted staff, including the Nurse and three (3) contracted food service employees. The facility provided documentation to confirm the following training:

- PREA Acknowledgment Statements
- NIC On-Line Training: "Communicating Effectively and Professionally with LGBTI Offenders"

An interview with a volunteer who provides religious programming confirmed having received information regarding the zero-tolerance policy and how to report allegations, including something they suspected. He said they would report immediately to the first correctional officer they saw. He also confirmed he had to have background checks prior to volunteering.

Interviewed contractors confirmed they are informed of the zero-tolerance policy, the requirement to report and sanctions for not reporting. Interviews with two volunteers stated they had been trained on the facility's zero tolerance policy, that they have also been trained to report anything he became aware of. Both confirmed they had to have a background check.

## **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 the inmate to understand and to participate fully in the Agency's prevention, detection, responding and reporting PREA efforts. If a limited English proficient resident was admitted, the facility has access to interpretive services through a MOU with the Colquitt County Sheriff's Office. The facility is also looking into an agreement with Language Line professional interpretive services. The State of Georgia Administrative Services has multiple statewide contracts for a variety of interpretive services. These contracts can reportedly be accessed by County Governments. Coordination of these services may possibly be expedited by the local ADA Coordinator contacting the Statewide ADA Coordinator or designee who can facilitate access to professional interpreters either on the phone, via video, or in person.

If, on admission, an inmate has literacy issues or is cognitively disabled, the initial intake information may be read to them. If needed, the facility has a GED/ teacher. If a teacher is available on site during the admission, the teacher may ensure the resident understands. The facility may also use a general population counselor or any staff to assist in communicating the information necessary to attempt to keep the inmate safe.

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 inmate upon arrival at the facility. In addition to the verbal notification, offenders will be given a GDC PREA Pamphlet. Arriving offenders are provided initial PREA information and are given the orientation the same day they arrive.

If an inmate is transferring in from another facility, she indicated they would still receive the same information over again, if they had it at another facility.

Newly admitted Inmates and inmates being transferred to this facility are given their initial PREA information at the back gate where they arrive. Inmates sign a PREA Intake Form documenting and acknowledging they have been informed that Colquitt County Prison has a zero tolerance for sexual abuse and that the prison will respond to all reports of sexualized behavior or abuse, regardless of whether the sex was consensual, perception, rumor, appearance or participant disclosure. The auditor reviewed 20 pages of signatures and retained 10 pages of signatures documenting inmates receiving this information.

Inmates then receive an orientation to the facility where they are provided the PREA Education. This is documented on the GDC Form, Orientation Checklist. A review of 20 inmate files indicated that inmates received information on admission and orientation within 72 hours of admission and signed the PREA Acknowledgment Statement.

A review of the inmate's responses to their interview questionnaires revealed the following:

- 17 of 20 stated they received information about the facilities rules against sexual abuse, sexual harassment and retaliation during intake
- 16 of 20 stated they received information "off the bus" when they entered the facility during the admission process
- 16 of 20 said they received the PREA information verbally and in writing off the bus

- 16 of 20 said staff explained zero-tolerance and how to report; one said no
- 18 of 20 said they were given information letting them know they have the right not to be sexual abused or sexual harassed and that they have the right not to be retaliated for reporting.
- 17 of 20 said they received all that information the next day, between 2-3 days and not more than 4 days after they arrived at the facility
- 17 of 20 said they did not watch the PREA Video (the facility was not showing the video but giving the information orally. They now have the video and will be showing it

All the orientation forms acknowledged inmates were allowed to ask questions if they had any.

Informal interviews with inmates during the site review indicated they were given information about the zero-tolerance policy and how to report on admission and then given more information later during orientation.

Inmates, whether formally or informally interviewed, stated they have received PREA Information and watched the video in every prison they have been housed in. Those coming from Georgia Diagnostic State Prison, the state's diagnostic facility, stated they received PREA Information and watched the PREA Video there as a part of their admission process at that diagnostic facility, prior to being assigned to a prison in the state.

For limited English proficient inmates, the facility has a MOU with the Colquitt County Jail to provide interpretive services. The facility is also looking in to an agreement 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. The GDC has an ADA Coordinator who may serve as a resource person for this county facility. The ADA Coordinator indicated the county government could access the statewide contract. Staff would read the information to inmates with literacy or developmental issues or the GED teacher can explain it to them in ways they can understand. Counselors could assist with inmates with mental health issues however the facility cannot generally house inmates with debilitating mental health issues because of the mission of the facility.

PREA related posters were observed throughout the facility and accessible in multiple areas to inmates. Posters were in English and Spanish.

**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 20 Inmate PREA Acknowledgment Forms and 40 GDC Orientation Checklists; 20 Inmate files, randomly selected; 20 Inmate Interview Questionnaires; 20 Pages of Initial PREA Acknowledgment at Back Gate; Previously reviewed statewide contracts for interpretive services

**Interviews:** Warden; Staff conducting intake; Staff conducting orientation (resident education); PREA Compliance Manager; Ten (10) Randomly selected staff; (21) Specialized Staff; (10) Informally Interviewed Offenders; Pre-Audit Questionnaire

**Discussion of 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, 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 resident 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 to be documented in writing by signature of the inmate. The auditor reviewed 20 pages of acknowledgments that inmates were advised of the zero-tolerance policy and how to report, upon admission and at the back gate, where they first arrive.

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 facility has MOU with the Colquitt County Sheriff's Office for interpretive services. They are also considering an agreement with Language Line. If an inmate has a disability, appropriate staff are to be used to ensure that the inmate understands the PREA policy. If an inmate requires signing (hearing impaired) the GDC ADA Coordinator may be called and assist the facility in securing the necessary translation services. The State Department of Administrative Services has multiple contracts with translation services. The facility has a MOU with the Colquitt County Sheriff's Office for interpretive services and is considering an agreement 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 inmates have a counselor who can assist them in understanding PREA and how to report.

**Discussion of Interviews:** The back-gate staff explained that he gives all newly admitted and inmates transferring to the facility information about the facility's zero tolerance policy and how they can report sexual abuse or sexual harassment. He provided a notebook with acknowledgment signatures. These documented that this practice has been in place for a long time and was not something just initiated for the audit. The intake/orientation staff asserted that all inmates receive all the required PREA information during the admissions process starting at the back gate and then receive PREA Education within 2-4 days of the inmate's being admitted to the facility. They explained the process for providing the information and explained that inmates have the opportunity to ask questions if they have any.

16 of 20 inmates stated they received PREA Information on admission. They also stated they were given information about their rights to be free from sexual abuse and sexual harassment, their rights not to be punished for reporting it and how to report it. Inmates stated they have seen the PREA Video and been given PREA information in every facility they have been in. Those inmates coming from GDC Diagnostic Facilities stated they received PREA information at the diagnostic facility and saw the PREA Video there as well. They also pointed out there are posters all over the facility explaining zero tolerance and how to report.

## **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) 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.

Special Agents assigned to the Regional Offices receive extensive training in conducting sexual abuse investigations. They attend mandate training for law enforcement officers at a regional police academy, followed by an additional 13 weeks of training at the Georgia Bureau of Investigation Academy. Special Agents are assigned to conduct criminal investigations.

Office of Professional Standards Investigators attend mandate law enforcement training and complete the on-line training provided by the NIC. These investigators have arrest powers and are assigned to a facility but work facilities for which they are responsible. These investigators are primarily involved in intelligence gathering, gang activity, and contraband however they too may conduct the criminal investigation.

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). A primary investigator, referred to as the facility-based investigator, leads the investigation. The facility-based investigator at the prison is the Deputy Warden of Care and Treatment. He has completed the required on-line training offered by the National Institute of Corrections, "PREA: Investigating Sexual Abuse in a Confinement Setting".

Allegations that appear criminal are investigated by either the Georgia Department of Corrections (GDC), Office of Professional Standards, Special Agent, assigned to the investigation by the Regional Special Agent in Charge or by an investigator from the Colquitt County Sheriff's Office. Special Agents receive extensive investigation training through attending the Police Academy and the Georgia Bureau of Investigations Training Academy (11-13 weeks); through the NIC online training, Conducting Sexual Abuse Investigations in Confinement Settings and through a two-day training provided by the GDC that trains staff in conducting investigations into sexual assaults in GDC facilities. 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.

The facility-based investigator explained the investigative process. He described a thorough process. He stated if an allegation appeared criminal the warden would refer the case either to the Colquitt County Sheriff's Office or to the Regional Office for the Special Agent in Charge to assign a Special Agent assigned to conduct the investigation. The facility has a MOU with the Colquitt County Sheriff's Office for the provision of investigators to conduct criminal investigations of sexual abuse.

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 have to complete the Specialized Training for conducting sexual abuse investigations in a confinement setting. In addition to the specialized training investigators must also complete the PREA Training required of all other employees and this incus attending annual in-service 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 5. Specialized Training Investigations; Certificate documenting specialized training provided by the National Institute of Corrections: Investigating Sexual Abuse in Confinement Settings; Previously Reviewed Training Rosters for SART Training

**Interviews:** Warden's Designee; Previous Interview with the Special Agent designated as the PREA Investigator in the Southwest Region; Previous interview with Agency PREA Coordinator; Previous

Interview with the Agency Assistant PREA Coordinator; PREA Compliance Manager/Facility Based Investigator; Office of Professional Standards Investigator-Facility-Based, 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.

The facility-based investigator has completed the online NIC course: PREA: Investigating Sexual Abuse in Confinement Settings. This was confirmed by reviewing the Certificate documenting the specialized training and through interviews with the investigator.

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:** An interview with a Special Agent assigned as the PREA Investigator for the Southwest Region in Georgia confirmed the extensive specialized training these Special Agents receive. He indicated his training consisted of attending the Police Academy followed by attending the Georgia Bureau of Investigations Academy that included extensive training in conducting investigations, including sexual abuse investigations, and training provided by the Department that included most recently a two-day training for investigating sexual assault in a confinement setting. He described the criminal investigation process in detail, including protecting crime scenes, collecting evidence (including swabs), using the Miranda Warning, collecting forensic exams (SANEs), chain of custody for rape kits, interviewing alleged victims and perpetrators and interviewing witnesses.

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 auditor also interviewed an OPS Investigator assigned to the prison and the Deputy Warden who was previously a Special Agent. These confirmed the extensive training an investigator with OPS goes through. Special Agents must complete police mandated training and 11-13 weeks of training conducted by the Georgia Bureau of Investigations and covering a wide array of investigations and investigation techniques.

The facility-based investigator confirmed receiving the NIC training and SART Training. The facility-based investigator described the investigation process. Although he has not had any allegations requiring an investigation in the past 12 months, he described the investigative process and responded appropriately to the questions from the questionnaire. He indicated the investigation would be initiated immediately and described evidence that would be reviewed and considered, 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 an inmate would not stop the investigation and that he would judge the credibility of a witness based solely on the evidence. (See 115.71 for further discussion)

## **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.*

This facility is what is known as a "work camp" meaning that eligibility for placement in this program is that the offender is essentially health enough to perform work on details outside and inside the facility. Because of that mission, health care services are limited to one staff, a Nurse Practitioner. The clinic is open only during normal duty hours however after hours if the facility needs access to a health care practitioner, they can be accessed from the Colquitt County Jail.

An interview with the nurse and the reviewed National Institute of Corrections Certificate of training documenting the on-line specialized training, Medical Care for Victims of Sexual Abuse in a Confinement Setting, confirmed he has completed the required specialized training. Additionally, the nurse must complete the same annual in-service training, that includes PREA, as all other employees.

Additionally, the nurse has completed the following training:

- Communicating Effectively and Professionally with LGBTI Offenders

There are no mental health staff at the Colquitt County Prison.

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.

The facility does not perform forensic exams. The agency has a MOU with Colquitt Medical Center. The hospital agrees to attempt to provide a sexual assault nurse examiner to conduct a forensic exam and if they cannot, to provide a qualified medical practitioner to conduct it.

Medical staff, in addition to completing the specialized training, "Medical Care for Victims of Sexual Abuse in a Confinement Setting, also complete the same training provided for all employees. This training is provided during annual in-service training.

**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 Certificate documenting specialized training: Medical Health Care for Sexual Assault Victims in Confinement Setting (01)

**Interviews:** Previous interview with the Agency PREA Coordinator; Warden's Designee; PREA Compliance Manager; Nurse Practitioner; Sexual Assault Nurse Examiner (two previous interviews with the contracted SANEs); 20 Inmates

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

**Discussions of Policy and Documents:** The facility has one medical practitioner, a Nurse Practitioner. The Nurse has completed the specialized training for medical staff. 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 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 medical staff at the facility would not conduct the forensic exam. The exam would be conducted at the Colquitt Medical Center as per the MOU with the hospital.

Staff are trained in PREA as newly hired employees and through annual in-service, just as any other employee of the facility. That training 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 Nurse Practitioner indicated that he has completed the NIC Specialized Training, Medical Care for Victims of Sexual Abuse in a Confinement Setting. The nurse also affirmed the regular PREA Training staff received during annual in-service and refreshers.

## 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

*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 now rated as "meets standard" after the facility has provided follow-up quality assurance reports confirming reassessments are now being done within 30 days of admission as required. The Deputy Warden has provided that documentation as required and continues to monitor for compliance.

**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) and Reassessments; Case Note Examples

**Interviews:** Warden's Designee, PREA Compliance Manager/Deputy Warden; Counselor; Interviews with Twenty (20) inmates

#### **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; Colquitt County Prison PREA Policy, 7.0, Screening for Risk of Victimization and Abusiveness.

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. The Colquitt County Prison PREA Policy 7.1, asserts that all inmates will be assessed during the intake screening for their risk of being sexually abused by other inmates or sexually abusive towards other inmates.

The counselor responsible for conducting the initial PREA Assessments indicated she completes them during the admission process and documents them in SCRIBE, the offender database. All the reviewed assessments including another 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 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 (in both GDC Policy and Colquitt County Prison PREA Policy) 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

developed a bedroom area off from the laundry room, with 6 double bunked beds to serve as the safest housing area for potential victims.

The Staff at the facility stated in their interviews the facility will make individualized determinations about how to ensure the safety of each offender.

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. The initial PREA Assessment is conducted by the facility's counselor. The counselor related that she conducts these assessments in private and behind closed doors and that she asks each question on the Agency's PREA Assessment Instrument.

When asked what things she considers in that assessment she stated she considers things like their age, whether they have ever been in prison before, their offender history including violent offenses, and any flags that are already set up in SCRIBE. She stated she asks each question on the agency's instrument.

If the offender scores out as a risk for victimization, the counselor indicated she lets the staff making moves know, so an appropriate housing assignment can be made. She also enters the information into SCRIBE, enabling staff making moves to see if and inmate has been flagged as either a potential victim or predator. There have been no inmates disclosing prior victimization she said however if an inmate disclosed prior victimization or abuse, the counselor would arrange a follow-up with mental health.

The information in the victim/aggressor assessment is limited to Counselors and Deputy Warden of Care and Treatment.

Reassessments, staff said, are conducted within 30 days of admission. The facility provided 40 reassessments documenting reassessments within 30 days of admission.



If the facility had a transgender, they would reassess the transgender inmate every six months. The facility does not have any transgender inmates and rarely, if ever, has housed a transgender or an intersex inmate. If they did have a transgender or intersex inmate, the facility is required to conduct a reassessment of the inmate every 6 months.

Information from the PREA Assessment is used in an effort to house the inmate appropriately and to place him in programs and on details that are conducive to his safety and risk. The classification committee meets weekly and following admission, the classification committee reviews the available information on the inmate, including the PREA Assessment.

### **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.

If an inmate endorses the 1<sup>st</sup> question regarding being a victim previously in an institutional setting, the resident is identified as a Risk for Victimization. If a resident endorses the first question on the abusive scale, he is designated as at Risk for Abusiveness.

Reassessments, according to staff, are required to be completed, within 30 days after the initial assessment.

Inmates in this facility are long term inmates and most of the interviewed inmates had been in the facility for years and could not recall being asked the questions on the risk screening assessment however those who were at the prison within 12 months could remember being asked some of the questions on the PREA Assessment Instrument.

If an inmate discloses prior victimization or abuse, the inmate, according to the counselor, would be referred to the nurse who would arrange a follow-up with mental health. There have been no inmates who have disclosed prior victimization.

## **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.*

Policy requires 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.

The staffing plan identified an area the Warden and staff developed away from the other dorms. This little unit is a 6 bed, double bunked, area located just off the laundry room. It houses a maximum of 12 offenders.

The sergeants make the housing assignments. Victim/Aggressor Assessments are conducted as part of the admission process on the same day the offender is admitted into the facility. Once the assessment is completed, the assessment is documented in SCRIBE and is accessible to the Sergeant making the dorm and bed assignments. If an offender has been previously identified as either a potential victim, the offender is housed in an area off the laundry room, a bedroom housing only 6 bunk beds, double-bunked.

When inmates are moved, the staff making the move are required to go into SCRIBE and see if there are any "no contact" messages preventing moving the inmate close to the "no contact" inmate.

Housing assignments are made initially at intake and with input from the Staff conducting the initial victim/aggressor assessments. The classification committee, then meets weekly and reviews the offender's history to determine program assignments, details, and whether or not the offender's housing needs to be changed. They also decide the best detail to place the inmate on as well as any mandated and other programming for the offender. The Victim/Aggressor information would be used to keep inmate's safe on work details and in programs.

**Policy and Documents Reviewed:** GDC Policy 208.6, D. Screening for Risk of Victimization and Abusiveness, Paragraph 2. Use of Screening Information; (40) Reviewed Assessments and Reassessments

**Interviews:** Warden; PREA Compliance Manager/Deputy Warden; Chief Counselor; Intake Officer; Members of the Classification Committee; ID Officer

**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 the safe beds in the laundry room annex mini-dorm. The dorm, as stated earlier, houses only 6 offenders in double bunks.

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

The Classification Committee, according to the Chief Counselor, would have a face to face meeting with each transgender coming into the facility and the offender would be asked if they felt vulnerable and if so, what the committee might do to make them feel safer. Staff indicated the offender's views for their own safety would be given serious consideration. They also stated if the inmate requested to shower separately because of safety and personal issues, the facility would strive to arrange that. Housing assignments for each transgender inmate would be made, according to staff, based on the PERA Assessment and the inmate's feelings regarding safety.

## **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.*

The Pre-Audit Questionnaire documented that there have been no inmates at risk of sexual victimization who were held in involuntary segregated housing in the past 12 months for one to 24 hours awaiting completion of an assessment. It also affirmed there have been no inmates who were held in involuntary or segregated housing in the past 12 months for longer than 30 days while awaiting alternative placement. There have been no inmates placed in involuntary segregation as the result of having a high potential for victimization or for being at risk of imminent sexual abuse. This was confirmed through reviewing the Pre-Audit Questionnaire, sampled inmate files, and interviews with the Warden's Designee, PREA Compliance Manager, Staff Supervising Segregation, and randomly selected and targeted inmates.

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

**Interviews:** Warden's Designee, PREA Compliance Manager; Staff supervising segregation; Randomly selected staff (10); Randomly selected; (21) Specialized staff; (20) Inmates, including those randomly selected inmates and targeted Inmates

**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 inmate/resident. Inmates identified as having a risk for victimization would be housed in the 6-bed living unit off the laundry room.

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.

If an inmate is 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 like those of the general population, including access to medical care, mental health, recreation/exercise, education, and the phone.

<input type="checkbox"/>	<input type="checkbox"/>
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**Discussion of Interviews:** Interviews with the Warden's Designee and staff supervising segregation 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 as a last resort 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.

Staff supervising segregation indicated staff would try not to put an offender in segregation but if there were no options, the inmate may be placed there until an investigation is completed and/or the inmate can be transferred to a facility where he feels safer. Offenders placed in involuntary protective custody would have access to the teacher, for education, counselors, recreation, and medical.

## 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 facility and the agency (Georgia Department of Corrections) provides multiple ways the agency and facility provide for inmates to report allegations of sexual abuse and sexual harassment. The agency and the Colquitt 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 facility is waiting on an MOU with the Lily Pad Rape Crisis Center in Albany, Georgia. The Lily Pad has a 24/7 hotline number for inmates to call. The agency does have a MOU with the District Attorney's Victim Advocate Services.

This facility is a medium security prison and holds adult male offenders who have been convicted of felony crimes and are serving incarceration in the prison. The prison does not house any inmates who are being detained solely for civil immigration purposes.

Staff at this facility, in compliance with GDC Policy, and the PREA Standards, indicated in their interviews, that they accept reports from all sources, including those from third parties and reports made anonymously. Policy requires that they report these allegations, reports, knowledge, or suspicions 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 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 kite or call the PREA hotline.

Inmates at this facility also have access to reporting via the KIOSKs located in each dormitory. On the KIOSK an offender can report an allegation directly to the Georgia Department of Corrections PREA Unit via email. They can also email family members and anyone on their approved visitors list.

Offenders also have access to phones enabling them to report to the Georgia Department of Corrections PREA Unit. They may do this anonymously, as well. Offenders do not have to enter a pin number to contact the PREA Unit. Phones were observed in every dormitory.

Most of the inmates have access to the community on details on a daily basis where they can report.

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 and Duty Officer, who then determines who else needs to be notified. Typically, only the Sexual Assault Response Team, Georgia Department of Corrections PREA Coordinator, and the Georgia Department of Corrections 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 Georgia Department of Corrections Tip Line (and remain anonymous) and write or call the GDC PREA Coordinator; and tell a family member or their attorney by phone, letter or during visitation. Within the facility they can report to a staff member, write a note, send a request, tell medical, send a "kite" or file a grievance.

Staff who fail to report allegations of sexual abuse or sexual harassment will be held accountable and sanctioned through dismissal. Allegations must result in staff reporting verbally immediately and filing an incident report or witness statement prior to the end of the shift.

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 multiple ways to report. A review of the inmate interviews confirmed the following ways inmates named as ways they could report:

- (20) Family
- (20) Said they could report anonymously
- (17) Hotline
- (11) Staff
- (05) Request Form
- (02) KIOSK
- (01) Letter – Write Staff

100% of the 20 interviewed inmates stated, when asked if they believed staff would take their reports seriously, said they believed they would. None of the interviewed inmates said they did not think they would take their reports seriously.

**Policy and Documents Reviewed:** Policy, 208.6, Prison Rape Elimination Act, Sexually Abusive Behavior Prevention and Intervention Program, E. Reporting, 1. Inmate Reporting; Carroll County PREA Policy; 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 calls to the PREA Hotline in the past 12 months; Staff Guide on the Prevention and Reporting of Sexual Misconduct

**Interviews:** Twenty (20) Inmates, both randomly selected and special category; Ten (10) randomly selected staff representing a cross section of positions; and Twenty-One (21) specialized staff; Warden’s Designee; Deputy Warden/PREA Compliance Manager

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

**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 resident is provided contract information, including dialing instructions for reporting via the GDC Tip Line. The instructions tell the resident the Tip Line is for anonymous reporting of staff and inmate suspicions and illegal activity.

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 Grievance Policy has designated allegations of sexual assault or sexual harassment as not grievable, however the policy requires that in the event an inmate files a grievance alleging sexual abuse or sexual harassment it is immediately turned over to the SART to begin an investigation into the allegation. Reviewed investigation reports indicated inmates still do use the grievance to report.

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.

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:** Inmate interviews were addressed above and a breakdown of ways the inmates may report were documented. Formal interviews with 20 inmates and informal interviews with inmates during the site review (10) confirmed that they understand and are aware of how to report sexual assault/abuse or sexual harassment. Staff related multiple ways inmates could report and stated they would take every allegation seriously regardless of the source of the allegation. When asked if they would take an anonymous report and report it, 100% said they would and that they would

document it in writing after verbally reporting it. They also indicated they would take a third-party report, report it verbally, and follow-up with a written statement prior to the end of the shift.

## 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, 10% of the Grievances filed in 2018-, There were no allegations of either sexual abuse or sexual harassment made in 2018 via a grievance in the grievances reviewed; 10% of the incident reports for the past 12 months.

**Interviews:** Warden's Designee; Deputy Warden/ PREA Compliance Manager; Grievance Officer; Due Process Officer; Ten (10) Randomly selected staff; Twenty (20) inmates formally interviewed; (10) Inmates informally interviewed.

**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.

None of the reviewed grievances documented sexual abuse or sexual harassment allegations.

## **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 District Attorney's Victim Advocacy Unit. In addition, the facility provided emails documenting that they have tried and continue to try to enter into a MOU with the Lily Pad Rape Crisis Center after having provided emails trying to establish a MOU with a Rape Crisis Center in Valdosta, Georgia. The facility is optimistic they will have a MOU with the Lily Pad Rape Crisis Center soon.

The facility also has a trained advocate who can provide emotional support for an inmate victim of sexual assault if requested. Documentation in the form of a certificate of training was provided to confirm the advocacy training through the On-Line training.

**Policy and Documents Reviewed:** GDC Policy 208.6, PREA, Pre-Audit Questionnaire; GDC Policy IIA234-0001, PREA Related Posters; Advocacy Training Certificate: On-Line Training; Emails attempting to secure MOUs with the Rape Crisis Center in Valdosta, GA. and the Lily Pad Rape Crisis Center in Albany, GA.; MOU Completed with the Lily Pad Rape Crisis Center

**Interviews:** Warden's designee; PREA Compliance Manager, Twenty (20) inmates;

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

The agency provided emails documenting attempts to enter into MOUs with both the Rape Crisis Center in Valdosta, GA and the Lily Pad Rape Crisis Center in Albany, GA. The auditor recommended attempting a MOU again with the Lily Pad Rape Crisis Center and conversations with the Warden's Secretary, who provides support to the PREA Compliance Manager, indicated she has had contact with the Lily Pad, and they are reportedly sending a MOU. The Lily Pad provides a 24/7 hotline number and trained advocates to accompany an inmate during a forensic exam and to provide emotional support.

The facility, in the absence of being able to secure an outside advocate, after multiple efforts had one of the staff at the facility trained as a victim advocate. The training was provided on-line.

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 communicate via email with family members and others on their approved visitor's list and to conduct video visitation with family members.

The majority of offenders at the facility work outside the facility and have access to the community on an almost daily basis.

Contact information for the Lily Pad will be made available once a MOU has been signed.

**Discussion of Interviews:** The auditor interviewed the Executive Director of the Lily Pad Rape Crisis Center previously. The Lily Pad will offer a hotline for inmates to report sexual abuse and to talk to an advocate as well as being provided mailing addresses so the inmate can correspond with the organization if they so choose. Interviewed inmates obviously were not aware of outside agencies who deal with sexual abuse if they ever needed it. They indicated, in their interviews, that non-consensual sex does not happen at this prison and that inmates are generally glad to be here and have the opportunity to serve out the rest of their time in a facility like this.

The facility will inform the inmates again on the outside advocacy services of the Lily Pad when the MOU is signed. The facility will provide documentation as to how the information was provided and how it will be provided on an ongoing basis. The facility has secured a MOU with the Lily Pad Rape Crisis Center for providing an outside emotional support advocate who will meet the inmate and provide those support services if requested by the inmate. The auditor was provided documentation to confirm the contact information, including the phone number, mailing address, and limitation of confidentiality when contacting the center is posted and a brochure about the rape crisis center is handed out to each arriving inmate at the Colquitt County Prison.

## **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 Colquitt County Prison have established ways for third parties to report. 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 Georgia Department of Corrections Website provides a lot of information about PREA and in addition to including the Policy on PREA, the website has a section entitled: "How do I Report Sexual Abuse or Sexual Harassment". The section advises the viewer that GDC investigates all allegations of sexual abuse and sexual harassment promptly, thoroughly, and objectively. Then it provides ways for third parties to report allegations of sexual abuse and sexual harassment. These include the following:

- Call the PREA Confidential Reporting Line (toll free number provided and advises that these reports are recorded, and messages are checked Monday through Friday.
- Report via email to: [PREA.report@gdc.ga.gov](mailto:PREA.report@gdc.ga.gov)
- Send correspondence to Georgia Department of Corrections, ATTN: Office of Professional Standards PREA Unit, (Address provided)
- Contact the Ombudsman and Inmate Affairs Office (number provided)

- Contact the Pardons and Parole Victim Services office (number provided or via email-address provided)

The instructions tell the viewers they do not have to give their name, but they are encouraged to provide as many details as possible and the site lists the items requested to be reported to facilitate the investigation.

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)

The Colquitt County Prison website provides for third party reports and asserts that any information regarding the sexual abuse or harassment of an inmate can be reported to the following:

- Ombudsman's Office (number provided)
- State Board of Pardons and Parole, Office of Victim Services, address provided

The facility's website asserts that third parties can make reports of sexual abuse or harassment on behalf of inmates and that any report can be made anonymously.

The website also provided the Colquitt County Prison's phone number and viewers are asked to ask for the PREA Compliance Manager.

**Policy and Documents Reviewed:** Georgia Department of Corrections Policy, 208.6, PREA; The Colquitt 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?"; Colquitt County Correctional Institute 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's Designee, Deputy Warden/PREA Compliance Manager; Twenty (20) inmates, randomly selected and targeted offenders; informally interviewed offenders; Ten (10) Randomly Selected Staff; Twenty-One (21) Special Category Staff, PREA Compliance Manager;

**Observations:** Review of the Agency's Website (Georgia Department of Corrections ( ; Review of the Colquitt County Prison's Website.

**Discussion of Policy and Documents:** The Georgia Department of Corrections and Colquitt County Correctional Institute 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 inmates and to third parties.

The Georgia Department of Corrections Home page provides the phone numbers of multiple departments/offices third party could call if they needed to.

The Colquitt County Correctional Institute Website provides contact information for viewers to contact the Ombudsman's Office (number provided) and the Board of Pardons and Parole, Office of Victim Services (address provided). The website also informs viewers that they can call the facility and ask for the PREA Compliance Manager.

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.

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

**Discussion of Interviews:** Staff were asked to name ways inmates can make reports or allegations 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, they said they could, and they would take those reports seriously like any other report and that they would report it verbally and complete a witness statement before the end of their shift. Inmates named ways they could report and when asked if there was someone who did not work at the facility that could report for them and report for them so they did not have to give their name, 100% indicated that family could. 20 of 20 inmates reported that they believed staff would take reports of sexual abuse and sexual harassment seriously.

## 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 Policy (SOP 208.06) and the Colquitt County Correctional Institute PREA Policy mandates that all staff, contractors and volunteers report any knowledge, suspicion, or information they may receive concerning sexual assault or sexual harassment. They are also 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. Staff are trained and policy requires that any information they obtain or become aware of is limited to a need-to-know basis and only for the purpose of treatment, security and management decisions, such as housing, work, education, and programming assignments. Interviews with staff confirmed the agency and facility's expectations regarding reporting. They indicated they are required to report everything, including suspicions. They also affirmed they would be terminated for failing to report. Interviews also confirmed that inmates can report in writing, verbally, through third parties and anonymously.

GDC Policy requires that medical staff are required to report all allegations of sexual abuse that comes to their attention. 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. This was confirmed through interviews with the Nurse Practitioner. The facility does not have mental health staff.

Policy also requires staff ensure the confidentiality of the victim in incidents of sexual abuse is not compromised. Policy asserts staff must treat all incidents or prohibited conduct seriously and ensure that known suspected acts or allegations of sexual misconduct are reported immediately and referred to the proper authorities.

There are no youthful offenders at this facility under the age of 18. Youthful offenders are housed at the GDC's Buruss Training Center in Forsyth, GA. This is confirmed through reviewing the Buruss Training Center Website and interviews with the agency's PREA Coordinator, Warden's Designee, staff and observations of inmates being interviewed and throughout the site review.

Policies require 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 are required to be reported to the staff's immediate supervisor who then notifies the Sexual Assault Response Team. The Warden/designee then will notify the GDC Statewide PREA Coordinator and the Regional Office whose Special Agent in Charge will provide and assign a GDC Office of Professional Standards Investigations Unit Investigator/ Special Agent, with arrest powers and extensive training in conducting investigations, to respond to the prison and begin the criminal investigation. 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, having a culture of 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 Assistant Director of Compliance, who reports to the Assistant Director of the Compliance in 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 auditor, in a recent interview with the Commissioner of the Department of Corrections confirmed he supports all the efforts of the PREA Unit and is accessible to the Director of Compliance and the PERA Coordinator, whenever needed.

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.

Staff receive initial PREA Information as a newly hired employee. They sign an acknowledgment that they understand the zero-tolerance policy and the requirement to report. Correctional staff receive PREA training at Basic Correctional Officer's Training (BCOT) while attending the Peace Officers Standards BCOT Academy. All employees and contractors are required to attend Day 1, Annual In-Service Training that includes a block on PREA and includes all the topics required by the PREA Standards. The reviewed curriculum for annual in-service covered the topics outlined in the PREA Standards. Training rosters documenting over 50 staff completing Annual In-Service Training, Day 1 and Day 2, that includes PREA training. 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 as soon as possible but always 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 Inmate to the Supervisor's Office. Interviewed staff confirmed they are going to keep the reports limited to their immediate supervisor and anyone else only on a need to know basis.

GDC Policy and Colquitt County PREA Policy requires the Agency PREA Coordinator be notified as well, of reports or allegations of sexual abuse.

While interviewing the GDC Commissioner, the Commissioner showed the auditor how he is notified via message on his phone anytime a sexual assault occurs.

**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; Colquitt County Correctional Institute PREA Policy; the reviewed Sexual Assault/Sexual Misconduct Prison Rape Elimination Act (PREA) Education Acknowledgment Statement; Agency and Staff Reporting, Staff and Agency Reporting Duties; Staff Guide on the Prevention and Reporting of Sexual Misconduct with Offenders



**Interviews:** Commissioner; Warden's Designee; PREA Coordinator (previous interview); Assistant PREA Coordinator (previous interview) PREA Compliance Manager/SART Leader; Special Agent/PREA Investigator for the Southwest Region; Facility Based Investigator; Office of Professional Standards Investigator; Former Special Agent; Ten (10) Random Staff; Twenty-One (21) Special category staff; Twenty (20) Inmates

**Discussion of Policy and Documents Reviewed:** Department of Corrections Policy, 208.6, Sexually Abusive Behavior Prevention and Intervention Program, F. Official Response Following and Inmate Report, 1. Staff and Department Reporting Duties, requires staff who witness or receive a report of sexual assault, sexual harassment, or who learn of rumors or allegations of such conduct, must report information concerning incidents or possible incidents of sexual abuse or sexual harassment to the supervisor on duty and write a statement, in accordance with the Employee Standards of Conduct. The highest-ranking supervisor on duty who receives a report of sexual assault or sexual harassment, is required to report it to the appointing authority or his/her designee immediately. The supervisor in charge is required to notify the PREA Compliance Manager and/or SART Leader as designated by the Local Procedure Directive. Appointing authorities or his/her designee may make an initial inquiry to determine if a report of sexual assault, sexual harassment, is a rumor or an allegation. Allegations of sexual assault and sexual harassment are major incidents and are required to be reported in compliance with policy. Once reported, an evaluation by the SART Leader/Team of whether a full response protocol is needed will be made. Appointing authorities or designee(s) are required to report all allegations of sexual assault with penetration to the Office of Professional Standards (OPS) Special Agent In-Charge and the Department's PREA Coordinator immediately upon receipt of the allegation. The Special Agent in Charge in the Regional Office will determine the appropriate response and assign a Special Agent to conduct the criminal investigation as indicated.

Staff, failing to comply with the reporting requirements of GDC 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 not house youthful offenders; however, policy requires if the victim was under the age of 18, the Field Operations Manager, in conjunction with the Director of Investigations, or designee, is required to report the allegation to the Department of Family and Children Services, Child Protective Services Section. Also, if the victim is considered a vulnerable adult under Georgia Law, the Director of Investigations or designee, will make notification to the appropriate outside law enforcement agency. Multiple examples of staff acknowledgement statements were provided.

100% of the 20 interviewed inmates affirmed that they believed the staff would take allegations of sexual abuse and sexual harassment seriously.

**Discussion of Interviews:** The Department and the facility requires that staff report all knowledge or information they have regarding an incident of sexual abuse or sexual harassment. That also includes reporting anything suspected. Randomly selected staff, both security and non-security staff affirmed that they must report "everything". When pressed about "everything" they consistently said they would report anything they knew, saw, or heard of. When asked about something they just suspected, they

said they would have to report that as well. When asked if they would take an “anonymous” report and report it, they said they did not know how that would help but they would report it. Asked about another inmate reporting for another, they said they would take that seriously and report it too. They also affirmed they would be required to write a statement following an immediate report to their shift supervisor/Officer in Charge. When asked about a time frame for completing a written report they said within 24 hours was policy they thought but they could not leave the shift until the statement was written. Staff indicated they are trained to and will take all things seriously even if the inmate had been known to “cry wolf”. When asked about reporting staff negligence that may have contributed to an incident of sexual abuse, they said they would report that as well. When asked if they would report their supervisor if they witnessed or heard of the supervisor violating the zero- tolerance policy, they said they would. When asked about any sanctions for failing to report, staff said they would be disciplined and most likely terminated from employment. 100% of the 20 Interviewed inmates stated they believed staff would take reports of sexual abuse and sexual harassment seriously. One inmate said, the report would be taken seriously, and it would be a “big deal”.

## Standard 115.62: Agency protection duties

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

#### 115.62 (a)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

The facility has not had any inmates who were at substantial risk of imminent sexual abuse during the past 12 months or more. This was confirmed through reviewing the Pre-Audit Questionnaire; monthly PREA Reports, reviewed grievances and incident reports and interviews with staff and inmates.

Staff consistently stated, if an inmate was subject to a substantial risk of sexual abuse, they would take that report seriously, remove that inmate immediately from the dorm or threat and keep the inmate

either with them or placed in a holding cell, until the supervisor could make a decision about what to do with the inmate. When asked if they had any idea where the supervisor would keep them, they stated the inmate could be placed in another dorm but most likely would be placed in protective custody while an investigation was conducted and if the inmate did not feel safe in this facility, a transfer to another facility could be arranged expeditiously. Some recognized that to put someone in involuntary protective custody might seem like punishment but it was not; that is was only for their protection until someone could investigate.

The staff supervising segregation indicated that an inmate placed in involuntary protective custody would have access to programs and services like those of the general population. He indicated they could receive educational materials, have access to their counselor, access to medical, to a phone, and visitation.

Staff could not recall any inmate being placed in involuntary protective custody as the result of being at risk of imminent sexual abuse.

None of the interviewed inmates disclosed they had ever been at any risk of sexual abuse.

**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; Colquitt County PREA Policy, the Pre-Audit Questionnaire; Reviewed Grievances; Reviewed Incident Reports; Monthly PREA Reports; Reports of Calls to the PREA Unit

**Interviews:** Warden's Designee; PREA Compliance Manager; Staff Supervising Segregation; Ten (10) Randomly selected staff; Twenty-One (21) Special Category Staff; Twenty (20) Inmates, random and targeted; (10) informally interview offenders.

**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 Colquitt County PREA Policy, requires that when the facility learns an inmate is subject to a substantial risk of imminent sexual abuse, the facility will take immediate action to protect the inmate. The facility policy requires the following:

- Separate the alleged victim and abuser
- Ensure the alleged victim has been placed in safe housing (which may be protective custody in accordance with Georgia Department of Corrections SOP 11B09-0001, Administrative Segregation
- If placed in SCRIBE, ensure a SCRIBE case note indicating the reason for placement has been completed
- If the inmate remains in Administrative Segregation for 72 hours, ensure that SART has again evaluated the victim within 72 hours.
- Ensure another note has been entered into SCRIBE documenting the reason for continued placement.

The alleged perpetrator will be placed in Administrative Segregation in accordance with GDC SOP. The same procedures, as described above are required.

If the alleged perpetrator is a staff member, the staff will be separated during the period of investigation by the following or combination of the following;

- Reassigning the staff to other duties
- Reassigning the staff to another work area
- Suspending the staff
- Temporarily banning the employee from the facility

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. This was also confirmed through reviewing Monthly PREA Reports, Grievances, Incident Reports and interviews with the Warden's Designee, PREA Compliance Manager, Deputy Warden of Security; randomly selected and specialized staff and randomly and targeted inmates.

**Discussion of Interviews:** Interviews with the Warden's Designee, PREA Compliance Manager, random and special category staff and Inmates, 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, they would immediately take action and remove the inmate from the alleged threat, place him in a safe place or escort him to the supervisor's office, or place him temporarily in a segregation cell with single occupancy and notify their supervisor.

When asked where they would place the inmate or where they thought he would be placed, they indicated the inmate would be probably 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 and when pressed to see what they themselves would do with an inmate making such an allegation, they often said they'd take him to a safe place, to the security office, or elsewhere until the supervisory staff made a decision about where to house him.

Supervisory and administrative staff indicated they would not want to place an inmate in segregation because of being at risk but it may be necessary to protect him until an investigation could be conducted and the inmate transferred if necessary, to help him feel safe. If the inmate cannot be safely housed in this facility, he would be transferred to another facility.

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 has not received any allegations from other facilities that an inmate formerly housed at Colquitt County Prison was sexually abused while at Colquitt County Prison nor have they had an inmate allege that they were abused at another facility. This was confirmed through the reviewed Pre-Audit Questionnaire, reviewed grievances and incident reports, the reviewed Calls to the Hotline Report for the past 12 months, and interviews with staff and inmates.

**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; Colquitt County Prison PREA Policy; Pre-Audit Questionnaire; Reviewed Incident Reports and Grievances filed during the past 12 months;

**Interviews:** Warden's Designee; PREA Compliance Manager, Facility-Based Investigator; SART Members, Ten (10) Random Staff; Twenty-One (21) Specialized Staff; Twenty (20) Inmates, Randomly Selected and Targeted; and (10) informally interviewed 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 and the Colquitt County Prison, 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.

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 facility's Pre-Audit Questionnaire (PAQ) documented and staff confirmed there have been no allegations during the past 12 months in which an inmate at this facility alleged sexual abuse at another facility nor were there any allegations an inmate at another facility was abused while at Colquitt County Prison.

The administrative described how they would handle receiving a report from another facility that an inmate residing in the new facility was sexual abused while at Colquitt County Prison or vice versa. After receiving the report or allegation, 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 an offender had been sexually 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 Warden's Designee confirmed he is aware of the GDC Policy and PREA Standards relating to reporting allegations in which an inmate alleged sexual abuse at another facility. The Designee indicated he would contact the head of the facility where an inmate was received from when an inmate alleged sexual abuse at another facility. He indicated this occurs as soon as he becomes aware and not later than 72 hours after becoming aware of it. He also said he and his staff will cooperate with any investigation. The PREA Compliance Manager and Warden's Designee 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. None of the interviewed inmates alleged sexual abuse at another facility.

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

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

#### **115.64 (a)**

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

#### **115.64 (b)**

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

## Auditor Overall Compliance Determination

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

## Instructions for Overall Compliance Determination Narrative

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

Policy requires that when staff, volunteers or contractors receive a report or allegation of sexual misconduct they are required to notify the shift supervisor and complete an incident report. The shift supervisor is required to notify the institution investigator and the SART Team. The shift supervisor ensures the alleged victim and aggressor are physically separated. The victim is to be advised not to shower or clean themselves in any way, not to eat, drink brush their teeth or take any other action that would damage or destroy evidence. The scene must be secured as soon as possible, and video footage of that area must be secured as well. The victim is required to be taken to medical immediately for an initial evaluation and any immediate first aid. The role of medical, as first responders, is described. Policy requires the victim be visible to staff always and be transported to Georgia Diagnostic and Classification Prison or Tanner Emergency Room to be examined by a SANE. Reporting procedures are identified. Policy requires in every case where the alleged aggressor is a staff, volunteer or contractor, there will be no contact with the alleged victim under any circumstances.

Colquitt County Prison Policy requires that all staff, volunteer's and contractors have an affirmative duty to report to the PREA Coordinator and the Administration, any knowledge, suspicion, or information regarding sexual misconduct involving an inmate and/or any retaliation or neglect in violation of this policy.

The Warden issued a memo to provide written guidance to staff to allegations and occurrences of sexual abuse within the facility. The memo requires immediate action to protect the alleged victim; report and respond to all allegations; and assume all reports, regardless of the source of the report, are credible and respond accordingly. The memo limits who should have knowledge of the allegation and requires all allegations be handled in a confidential manner. It then describes the following regarding first responder duties:

- Intervene in any in-progress assaults
- Separate the alleged victim and abuser
- Detain the abuser
- Call for emergency medical care if necessary



- Notify the Shift Supervisor
- Remain on the scene until relieved
- Preserve and protect the crim scene
- Request the alleged victim not take any actions that could destroy evidence
- Ensure the alleged abuser not take any actions that could destroy physical evidence
- Actions if the first responder isn't a security staff
- Not reveal any information related to the incident to anyone other than to staff involved with investigating the allegations
- Document a description of the victim and abuser's locations and affect, wounds and anything reported to the officer

Georgia Department of Corrections requires that all staff and contractors having contact with inmates attend, minimally, Day 1 of Annual In-Service Training. Staff at facility, including a cross section of interviewed staff, attend Annual In-Service Training and Day 1 of that training includes PREA. That training includes a refresher on first responding. The facility provided training rosters documenting over 50 staff and contractors completing Day 1 Annual In-Service Training in 2018.

Georgia Department of Corrections Policy and the Local Policy Directive for Colquitt County Prison, PREA: Local Procedure Directive and Coordinated Response Plan identifies the actions required of first responders.

Interviewed staff consistently identified their responsibilities in responding to an allegation of sexual abuse. They indicated they would separate the victim and aggressor, contact the shift supervisor, tell the victim not to do anything that could destroy potential evidence, including not eating, drinking, brushing teeth, washing and taking a shower and require the alleged abuser not to do the same. They also indicated they would get the alleged victim to medical as well. Their explanations were consistent with the GDC Policy (208.06) and the Local Procedure Directive and Coordinated response Plan.

Medical staff explained what their roles would be as non-security first responders. They indicated they would do essentially the same as a security first responder. 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. They would conduct a visual assessment of the inmate but would take all precautions possible to protect the evidence.

The inmate would be taken to the Moultrie Medical Center for a 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 or to the Colquitt County Sheriff's Office as indicated.

**Policy and Documents Review:** Georgia DOC Policy, 208.6; local protocol, "PREA Reporting Process"; Colquitt County Correctional Institute PREA Policy; Pre-Audit Questionnaire; Local Operating Directive Procedure, Memo from the Warden, October 2018, re: First Responding/Coordinated Response; Colquitt County PREA Incident Response Checklist; Monthly PREA Reports to the PREA Unit

**Interviews:** Ten (10) Randomly selected staff; Twenty-One (21) Specialized staff; Facility-Based Investigator; Special Agent/PREA Investigator for the Southwest Region; Special Agent (Previous Interview); Office of Professional Standards Facility-Based Investigators (2) and PREA Compliance

Manager. Informal Interviews with staff first responders and non-uniform first responders 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 a resident 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 identified in a memo from the Warden in October 2018. The local protocol, PREA Local Operating Directive and the Colquitt County Correctional Institute Written Guidance to Staff to Allegations and Occurrences of Sexual Abuse Within the Facility, describe in detail the responses to an allegation of sexual abuse.

Staff are trained in first responding at Basic Correctional Officers Training as Cadets (newly hired) and during annual in-service training, with refreshers in shift 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. Medical Staff could describe the steps they would take in response to being informed a resident had been sexually assaulted. They stated step by step the same procedures as correctional staff. The Nurse Practitioner stated that, in addition to conducting a visual assessment on the alleged victim would be to attempt to protect the evidence.

There were no occasions in which either a security or a non-security staff was the first responder because there were no allegations of sexual abuse in the past 12 months. There were no allegations of sexual harassment in the past 12 months.

**Discussion of Interviews:** Interviews with 10 randomly selected staff, representing both uniform and non-uniform staff and 21 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.*

This prison is one of those small and compact facilities in which all departments are located in close proximity to each other and where staff and contractors communicate regularly on a daily basis. Housing units all centrally located around a rotunda control room. The Officer in the Main Control Room can view into all dormitories and into common and functional areas. Communications in this facility are easily facilitated and interactions with each other is frequent.

The facility is a "work camp" and is minimally staffed and staffed with very few other than security staff. The facility has one medical staff, a Nurse Practitioner who also works for the Colquitt County Jail. Medical services at this facility are provided during normal duty hours on-site and after hours, the nurse from the Colquitt County Jail, can provide assistance, when needed. If an emergency occurred after hours the inmate may be taken to the local hospital. The Facility's on-call physician may make the determination regarding movement of an inmate victim.

The facility's coordinated response plan is documented and detailed in the Prison's PREA Local Procedure Directive and in their Coordinated Response Plan, in a Memo from the Warden, 10/16/2018, written to provide guidelines to staff in responding to allegations of sexual abuse within the facility. This very detailed document describes actions to take as first responders, actions of the shift supervisor, medical assessment, crime scene preservation, collection of evidence, notifications to key staff, and evidence protocol.

The Coordinated Response Plan serves as the Emergency Plan, like other emergency plans required for secure facilities and the GDC Sexual Assault Response Checklist as well as the Colquitt County PREA Incident Checklist for Incidents of Sexual Abuse and Harassment, serve as a coordinated response plan as well.

**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

Operating Directive, Colquitt County Correctional Institute PREA Policy; Memo from the Warden (10/18/2018), Guidance to Staff in responding to allegations of sexual abuse; GDC Sexual Abuse Response Checklist (GDC 208.06, Attachment 6); PREA Monthly Reports

**Interviews:** Warden's Designee; Deputy Warden/PREA Compliance Manager, ten (10) Randomly Selected Staff; Twenty-One (21) Specialized Staff (including medical)

**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 Procedure Directive for the Colquitt County Correctional Institute and the memo from the Warden in October 2018, serves as the facility's Coordinated Response Plan. These documents identify 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.

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

**Discussion of Interviews:** All the interviewed staff articulated their roles in responding to an allegation of sexual assault. The facility is small, and all staff are located within very close proximity to each other facilitating communications and response in a timely manner.

## **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.

An interview with the Warden's Designee confirmed that his facility is not involved in any form of collective bargaining and he can remove any staff from contact during an investigation and can remove them from employment for violating an agency sexual abuse or sexual harassment policy.

**Interviews:** Commissioner of the Georgia Department of Corrections; Warden's Designee as the Agency Head's Designee; Warden's Designee; 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's Designee as the Agency Head and as the Warden's Designee, 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.

Colquitt County Prison PREA Policy, 9.6, Protection Against Retaliation, asserts that anyone who retaliates against a staff member or an inmate who has reported in good faith an allegation of sexual abuse or sexual harassment will be subject to disciplinary action. It also asserts that the Georgia Department of Corrections and the Colquitt County Prison will protect inmates and staff who report sexual abuse, sexual misconduct or sexual harassment from retaliation.

The Warden, in compliance with the Colquitt County Prison Policy, has designated a staff to monitor retaliation, in an effort to prevent it and to respond to it if it occurred. The facility's counselor serves as the facility's Retaliation Monitor.

Colquitt County Prison PREA Policy, 9.6.2, provides for multiple protection measures and these include inmate housing changes, transfers, removal of alleged staff or inmate abusers from contact with victims

and emotional support services for inmates or staff who fear retaliation for reporting or for cooperating with investigations.

An interview with the retaliation monitor indicated she would try to prevent retaliation by changing the inmate's housing units, ensuring if it was inmate on inmate abuse, ensure the inmates are not on the same details and if staff, ensure they are on no contact with the inmate. She understands and is knowledgeable of the prevention measures the facility might take in a given situation to prevent retaliation in the first place. The Counselor stated she would meet with the inmate or staff to ensure they are not being harassed. She indicated this contact would take place within 48-72 hours after the allegation and she would explain her role and tell the inmate or staff, if they feel they are experiencing any retaliation, she is the person to talk to. Following an initial meeting she indicated she will be monitoring the items required and will sit down with the inmates at 30, 60, and 90 days as well.

As a part of the monitoring process, she indicated she would monitor things like DRs, dorm changes, detail changes and for staff, shift changes, performance reports and write-ups. She also stated she would monitor all the items on the GDC Retaliation Monitoring Forms.

Monitoring would continue for increments of 30, 60 and 90 days and beyond, if needed.

**Policy and Documents Reviewed:** GDC Policy 208.6, Prison Rape Elimination Act, Sexually Abusive Behavior Prevention and Intervention Program; Colquitt County Prison PREA Policy; 90 Day Offender Sexual Abuse Review Checklist (GDC Form);

**Interviews:** Facility Staff Designated as the Facility's Retaliation Monitor/Counselor; Warden's Designee; PREA Compliance Manager; Ten (10) Randomly selected staff; Twenty-One (21) Specialized Staff; Twenty (20) Inmates including those randomly selected and targeted.

**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

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 monitor for the facility is the counselor. She described her role in preventing retaliation and monitoring retaliation and explained to the auditor that she looks at things like housing assignments, programming assignments, and detail changes. Retaliation monitoring is documented on the GDC Retaliation Monitoring Form. For staff he would review post assignments, changes in shifts, performance reports and write ups.

There have been no occasions or allegations of sexual abuse or sexual harassment. This was confirmed through reviewed monthly PREA reports to the Department's PREA Unit, reviewed grievances and incident reports and interviews with the Warden's Designee and PREA Compliance Manager. None of the interviewed inmates reported that they were sexually abused or sexually harassed at this facility.

## 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; Colquitt County Prison PREA Policy, 7.3 Protective Custody; Monthly PREA Reports

**Interviews:** Warden's Designee; PREA Compliance Manager; Staff Supervising Segregation; Randomly Selected Staff (10); Special Category Staff (21); Randomly Selected and Special Category Inmates (20).

**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.

Colquitt County Prison PREA Policy, 7.3, Protective Custody, requires that inmates at high risk for sexual victimization will not be placed in involuntary segregated housing unless an assessment of all available alternative has been made and a determination has been made that there is no available alternative means of separation from likely abusers.

The reviewed Pre-Audit Questionnaire, reviewed monthly PREA reports to the GDC PREA Unit, reviewed grievances and incident reports, documented that there were no inmates who alleged to have suffered sexual abuse who were held in involuntary segregated housing in the past 12 months for one to 24 hours awaiting completion of assessment; none for longer than 30 days while awaiting alternative placement. If an involuntary segregated housing assignment is made, the facility provides a review at least every 30 days to determine whether there is a continuing need for separation from the general population. This was also confirmed through interviews with staff and inmates.

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. Generally, inmates at high risk for victimization will be placed in one of the dorms identified as providing a safer environment with no aggressors assigned to the dorm. They are not placed in segregated housing and would not be placed there unless there were no other options for safely housing the detainee/resident. The Warden has developed a small living unit for trustees. This 6 bed, double bunked, area also is designated to house more safely, inmates who are at risk of sexual abuse.

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 where he could feel safe.

If an inmate is 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 like those of the general population, including access to medical care, mental health, recreation/exercise, education, and the phone. Colquitt County Prison Policy requires is an inmate is placed in involuntary protective custody for the purpose of protecting the inmate, the inmate will have access to programs, privileges, education and work opportunities to the extent possible and if any of these are restricted staff are required to document the opportunities being restricted, reasons for restricting them, and the duration of the restrictions. Again, policy requires that the facility would only assign an inmate to involuntary segregated housing until an alternative means of separation can be arranged.

Individual Records are required and will document, among other required things, all activity such as bathing, exercise, medical visits, program participation and religious visits. It should also include documentation of unusual occurrences.

**Discussion of Interviews:** The Warden's Designee, 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 resident.

Staff indicated that if there was no other available means to keep the inmate safe, he may be placed temporarily in involuntary protective custody until an investigation into the allegation could be made. If the inmate could not be safely housed in the facility, he could be transferred to another prison.

The 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 an inmate was placed in involuntary segregation, they would be placed there with the reasons documented on GDC Form 1. He also stated the inmate would have access to programs, including education (even if brought to him) and other programs, have access to visitation, recreation, to phones, medical and mental health services.

## 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.*

The Colquitt County Prison, like all other facilities has a Sexual Assault Response Team (SART), composed of a facility-based investigator who has received specialized training in conducting sexual abuse investigations in a confinement setting, a representative from medical and a counselor. The SART is charged with conducting an investigation of all allegations of sexual abuse or sexual harassment regardless of how the allegation was received. If there is an indication that the allegation appears criminal in nature, the SART notifies the Warden/Designee, who contacts either the Colquitt County Sheriff's Office to investigate and/or the Georgia Department of Corrections Regional Office, Special Agent-in-Charge who may, after initial review, assign a Special Agent to investigate. In those cases, the SART serves in a supportive role and in conducting the Administrative portion of the investigation, as indicated.

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. Policy requires 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.

GDC Policy 1K01-0006, Investigation of Allegations of Sexual Contact, Sexual Abuse, and Sexual Harassment of Offenders requires that allegations of sexual contact, sexual abuse, and sexual harassment filed by sentenced offenders, against departmental employees, contractors, vendors or volunteers be reported, fully investigated, and treated in a confidential and serious manner. It requires staff attitudes and conduct towards such allegations will be professional and unbiased, and staff members are required to cooperate with investigations into those matters. Policy also requires that investigations are conducted in such a manner as to avoid threats, intimidation, or future misconduct.

The investigations policies and procedures require that as soon as an incident of sexual contact, sexual abuse, or sexual harassment, comes to the attention of staff, the staff receiving the information is required to immediately inform the Warden and/or the Institutional Duty Officer, and/or Internal Investigations, now known as the Office of Professional Standards Investigators, verbally and followed up with a written report to the Warden. Incidents, according to the procedures, VIA., include rumors, inmate talk", and all kissing, sexual abuse and sexual harassment.

This policy, along with GDC Policy 208.06, require that failure to report may result in disciplinary action, up to and including dismissal.

The Office of Professional Standards Investigators have the responsibility, power, and authority to investigate allegations of sexual abuse and the power to arrest. The Warden of the facility where the incident allegedly happens contacts the Regional Office's Special Agent-in-Charge to have a special agent assigned to investigate the criminal allegation.

The Georgia Department of Corrections has several layers of investigators. An Office of Professional Standards investigator may be assigned to a specific facility and may conduct investigations related to contraband, use of force, gang related activity, and if needed, sexual abuse. The Office of Professional Standards Investigator has completed mandated training. Mandated training is that training required by the state for any law enforcement officer and that training is 11 weeks. These staff have that authority to arrest.

Special Agents are also Office of Professional Standards assigned to one of the three Regional Offices in the state and are assigned by the Special Agent in Charge. Special Agents have completed mandated law enforcement training and an additional 13 weeks of training provided by the Georgia Bureau of Investigations at the GBI Academy. The Special Agent has had extensive training in conducting investigations, including investigations of sexual abuse in a confinement setting, has arrest powers, and conducts investigations into allegations that appear to be criminal in nature.

At the facility level, investigations are initiated by the local Sexual Assault Response Team. These include a primary facility-based investigator and a member from medical and counseling and/or mental health. The facility-based investigator has completed the on-line training entitled: "PREA: Conducting Sexual Abuse Investigations in a Confinement Setting."

If the allegation appears criminal and in all cases of penetration, the allegation is referred by the Warden or Duty Officer, in his absence, to the Special Agent in Charge, who will assign a criminal investigator (Special Agent). Investigations into allegations of sexual abuse may be documented locally as unsubstantiated but may be referred on to the Special Agent for investigation for investigation into the alleged criminal conduct.

Department staff, the Sexual Assault Response Team and those receiving the initial allegations, are required by policy to take appropriate steps to ensure the preservation and protection of all evidence, including crime scene in accordance with another SOP (SOP 1K01-005).

Policy (1K01-0006) discusses general guidelines for conducting the investigation and these included:

- OPS will keep the Warden apprised of the status of the case.
- All interviews may be recorded by video or audio
- All documents, videos, polygraph results, and all other evidence will be treated as confidential
- Names of complainant and/or alleged victim will be confidential as required by the statutes
- A trained counselor will be made available to counsel the alleged victim before he is first interviewed by the investigator

These may be included in the investigation:

- Conducting video or audio recorded interviews

- Taking witness statements from all witnesses and all other parties
- All known documents
- All known photos
- All known physical evidence

According to policy (1K01-0005) the investigation continues even if the following occur:

- Alleged victim or complainant refuses to cooperate with the investigator
- Whether local, state, or federal agency conducts its own investigation, subject to binding limitations or restrictions imposed by the courts or the agency
- If the accused employee resigns during the investigation

Investigations must be completed within 45 calendar days from the date of the assignment. When there is a backlog in testing rape kits in the State's Crime Lab, the investigation may take longer. An interview with a Special Agent indicated that the lab does not have a backlog at this time.

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, previous and current interviews with an Office of Professional Standards Investigator, two interviews with Officer of Professional Investigators assigned to facilities, and a previous interview with the Deputy Warden of Security who was a Special Agent prior to his promotion and an 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 facility-based investigator also 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



Administrative and Criminal Investigations are documented in reports. Administrative Investigations conducted by the Sexual Assault Response Team typically include an Incident Report, Supplemental Report, Witness Statements, Video, if applicable, and an Investigation Summary.

Special Agent Reports, which are criminal investigations, are much more thorough and include the following: 1) Case Report Face Sheet; 2) Executive Summary; 3) Exhibit List; 4) Investigative Case Summary; 5) Personal Demographics Summary; 6) Offender Store History; 7) Personal Data Summary; 8) Witness Statements; 9) Photos; 10) Waiver of Rights; 11) Consent to Search; 12) Videos; 13) Oath of Office; 14) Warrant for Arrest.

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 the investigation was appropriate, the PREA Unit approves the submission. This provides an additional measure of quality assurance in the investigative process.

The facility has not had any allegations of either sexual abuse or sexual harassment during the past 12 months. This was confirmed through multiple sources, including reviewing 12 months of PREA Reports to the GDC PREA Unit, reviewed grievances, reviewed incident reports, reviewed Calls to the Agency Hotline Reports, and interviews with staff and inmates.

**Policy and Documents Reviewed:** Georgia Department of Corrections Policy, 208.6, G. Investigations; GDC Standard Operating Procedure, 1K01-0006, Investigation of Allegations of Sexual Contact, Sexual Abuse, and Sexual Harassment of Offenders; Colquitt County Prison PREA Policy, 10.0 Investigations; Investigation Summary; PREA Initial Notification Form; GDC Incident Report; Reviewed NIC Certificates; Reviewed Special Agent Criminal Investigation Report; Coordinated Response Plan; Pre-Audit Questionnaire

**Interviews:** Warden's Designee, Agency PREA Coordinator; PREA Compliance Manager; SART Members; Special Agents (2); Facility-Based Investigator; Two (2) Office of Professional Standards Investigators; Ten (10) Random Staff; Twenty-One (21) Specialized Staff; (20) Inmates, both randomly selected and targeted; inmates informally interviewed

**Discussion of Policy and Documents Reviewed:** Georgia Department of Corrections Policy, 208.6, G. Investigations and 1K01-0006, Investigation of Allegations of Sexual Contact, Sexual Abuse, and Sexual Harassment of Offenders asserts that the 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. All of the Sexual Assault Response Team Members have completed the National Institute of Corrections Specialized Training, "PREA: Investigating Sexual Abuse in a Confinement Setting".

At the conclusion of each sexual abuse investigation, the PREA Team meets and discusses the allegations and findings of the investigator and essentially reviews the incident in compliance with the GDC Policy related to Incident Reviews.

The GDC PREA Unit has implemented a system in which staff enter the investigation into the GDC data system enabling the PREA Unit to review investigations for quality assurance purposes. If the PREA Unit believes the investigation needs additional information, the facility investigator is notified. The PREA Coordinator indicated that either she or the Assistant PREA Coordinator or the PREA Analyst must approve an investigation prior to closure.

**Discussion of Interviews:** An interview with the Warden's Designee confirmed his expectation that all allegations are taken seriously and are referred to the agency with the responsibility for conducting criminal investigations, when applicable. He affirmed the facility's Sexual Assault Response Team conducts an initial investigation into all allegations and when an allegation appears criminal, the Duty Officer and Warden are notified, and they contact the Regional Office Special Agent who assigns a Special Agent to investigate. Any allegation of penetration must be referred on to the OPS Special Agent in Charge. The Colquitt County Sheriff's Office will also be notified.

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 articulated and explained and described the steps he would take in initiating and conducting an investigation.

An interview with the Chief Investigator for the Colquitt County Sheriff's Office confirmed the facility has a MOU with the Sheriff's Office for conducting sexual abuse investigations in the prison. He also indicated that he and another investigator were trained through the National Institute of Corrections specialized training, "Conducting Sexual Abuse Investigations in a Confinement Setting". Certificates confirming that training were also provided.

Interviews with the Facility Based Investigator, Special Agents, and Office of Professional Standards Investigators confirmed the credibility of the victim, alleged perpetrator and witnesses based on the evidence and not on the offender's status or identity or any other factors including how many times the offender has alleged sexual abuse or sexual harassment. The investigation, they 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**

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

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

**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 and Carroll County PREA Policy 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 Facility-Based Investigator affirmed in an interview, 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 resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer posted within the inmate’s unit? ☒ Yes ☐ No
- Following an inmate’s allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer employed at the facility? ☒ Yes ☐ No
- Following an inmate’s allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility? ☒ Yes ☐ No

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

#### 115.73 (d)

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

#### 115.73 (e)

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

#### 115.73 (f)

- Auditor is not required to audit this provision.

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

The agency's standard operating procedure, 208.06, Reporting to Inmates and Carroll County PREA Policy, 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.

Colquitt County Prison PREA Policy, 10.15 requires notification to an inmate as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded. Policy requires the SART team leader or PREA Coordinator to make the notification that is documented by sending the inmate a form letter and documenting the notification in SCRIBE.

If the allegations involved a staff member, the staff making the notification will, using the GDC Inmate Notification Form, 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.

The facility has not had any allegations of sexual abuse or sexual harassment in the past 12 months. This was confirmed through multiple sources, including reviewed Monthly PREA reports to the PREA Unit, reviewed grievances, reviewed incident reports, reviewed Calls to the Agency Hotline Report; and interviews with staff and inmates.

The investigator is knowledgeable of the investigative process and the requirements that inmates are notified at the conclusion of the investigation of the results of the investigation.

**Policy and Documents Reviewed:** GDC Policy 208.06, Prison Rape Elimination Act – PREA, Sexually Abusive Behavior Prevention and Intervention Program, G.15; Colquitt County Prison PREA Policy; Reviewed GDC Notification Form, Attachment 5, GDC 208.6; Pre-Audit Questionnaire; Reviewed Investigation Packages, including notification forms

**Interviews:** Warden’s Designee, PREA Compliance Manager; Facility-Based Investigator; Sexual Assault Response Team Leader; (10) Randomly selected staff; (21) Specialized Staff; (20) Inmates

**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 resident of the outcome of the investigation.

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

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

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

The reviewed investigation packages contained the notifications to inmates following the conclusion of the investigation.

**Discussion of Interviews:** Interviews with the Facility-Based Investigator/PREA Compliance Manager indicated that he or 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 will use the required GDC Notification Form, Attachment 5, GDC 208.6, and the interviewed investigator confirmed that is the document used to notify the inmate.

## DISCIPLINE

### Standard 115.76: Disciplinary sanctions for staff

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

#### 115.76 (a)

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

#### 115.76 (b)

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

#### 115.76 (c)

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

#### 115.76 (d)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

The GDC PREA Policy and the Colquitt County Prison PREA Policy affirms the facility has a zero-tolerance for sexual misconduct between inmates and any staff members. The GDC Policy and the Colquitt County Correctional Institute PREA Policy 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 obviously, from this facility and subject to disciplinary sanctions up to and



including termination and GDC Policy and the facility's PREA Policy asserts that termination is the presumptive sanction. If the allegation was criminal in nature, recommendations may be made 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. Final decisions on these matters will be approved by the Colquitt County Human Resources along with GDC input.

The Facility PREA Policy requires all terminations for violations of GDC and Colquitt County Prison sexual abuse and sexual harassment policies, or resignations by staff that would have been terminated if not for their resignation will be reported to law enforcement agencies, unless the act was clearly not criminal. These are also required to be reported to the Georgia Peace Officers Standards and Training Council (POST). It also requires that all substantiated cases of nonconsensual between offenders or sexual contact between a staff and an offender will be referred for prosecution.

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. This was confirmed through interviews with the Warden and PREA Compliance Manager. Staff interviews confirmed the likely sanction for violating a sexual abuse or sexual harassment policy would be termination.

Failure to report is cause for disciplinary action up to and including termination.

The Georgia Department of Corrections and Colquitt County Correctional Institute 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. 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. Multiple examples were observed in a review of 100% of the staff personnel files.

Staff and contractors 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. This was confirmed through reviewing the monthly PREA reports to the GDC PREA Unit, reviewed investigation packages, and interviews with staff.

**Policy and Documents Reviewed:** Department of Corrections Policy, 208.6, Prison Rape Elimination Act, H. Discipline, 1. Disciplinary Sanction for Staff; Colquitt County Prison PREA Policy, 11.0, Disciplinary Sanctions for Staff; GDC Sexual Assault/Sexual Misconduct Prison Rape Elimination Act (PREA) Education Acknowledgment Statement for Employees and Unsupervised Contractors and Unsupervised Volunteers; Termination letter; Reviewed Pre-Audit Questionnaire;

**Interviews:** Warden's Designee; PREA Compliance Manager, Human Resources, Volunteer Coordinator, Contractors

**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. This is also required by the Colquitt County Prison PREA Policy, 11.1, Disciplinary Sanctions for Staff.

The presumptive disciplinary sanction for sexual touching and violation of sexual abuse policies 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. If an allegation is substantiated by the Special Agent conducting the sexual abuse investigation, the Agent will consult with the local District Attorney and a warrant for the staff's arrest will be taken if warranted and approved by the District Attorney.

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 (Special Agent) unless the activity was clearly not criminal. These cases are also reported to the Georgia Peace Officers Standards and Training Council (POST) for uniformed staff.

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, PREA Compliance Manager/SART Leader, and interviews with Special Agents and Office of Professional Standards Investigators.

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's Designee, PREA Compliance Manager, 10 randomly selected staff and 21 specialized staff, indicated that the facility has a zero-tolerance for all forms of sexual activity. If a staff was involved in an allegation of sexual abuse the staff would most likely be placed on no-contact with that resident and could possibly be placed on administrative leave, with pay, while an investigation was being conducted. If the allegations were substantiated, the staff would be banned from all GDC facilities and most likely the employee would be terminated and referred for prosecution by the OPS Investigator after consulting with the District Attorney.

## **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 and the Colquitt County Correctional Institute 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 and reported to law enforcement. 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.

**Policy and Documents Reviewed:** GDC Policy, 208.06, Prison Rape Elimination Act, Sexually Abusive Behavior Prevention and Intervention Program, Paragraph #2. Contractors and Volunteers; Colquitt County Correctional Institute PREA Policy; GDC Sexual Assault/Sexual Misconduct Prison Rape Elimination Act (PREA) Education Acknowledgment Statement for Employees and Unsupervised Contractors and Unsupervised Volunteers; Pre-Audit Questionnaire

**Interviews:** Warden's Designee; Deputy Warden/PREA Compliance Manager; SART Members; Medical and Medical and Education Contracted Staff

**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. Colquitt County PREA Policy requires they 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 or supervisor personnel.

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's Designee; PREA Compliance Manager; SART Team, a contracted instructor and nurse and a reviewed Monthly PREA Reports to the GDC PREA Unit confirmed that there no allegations made against any volunteer or contractor. If there had been, the Warden's Designee indicated the volunteer or contractor would be prohibited from coming into the facility while the investigation is being conducted. If the investigation determined the allegation was substantiated, the volunteer local law enforcement would be notified, and a recommendation would be made to refer the volunteer for prosecution. Interviews with a volunteer and two contractors 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' Colquitt County Prison PREA Policy, 11.3, Disciplinary Sanctions for Inmates; Pre-Audit Questionnaire;

**Interviews:** Warden's Designee; PREA Compliance Manager/SART Leader; SART Members; Due Process Officer

**Discussion of Policy and Documents Reviewed:** GDC Policy and Colquitt County Prison PREA 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. The Colquitt County Prison PREA Policy states that GDC Sop 11B02-0001 requires that sanctions will be 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. The PREA Policy also asserts the disciplinary process will consider whether an inmate's mental disabilities or mental illness contributed to his behavior when determining what type of sanction, if any, should be imposed.

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.

## 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 or whether in a jail, 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.

During the initial PREA Assessment (Victim/Aggressor) if the inmate endorses the question about having been a previous victim of sexual abuse, the counselor offers the inmate a referral to mental health. The inmate may choose to refuse. If the inmate wants to have a follow-up with mental health, the counselor makes the referral.

The facility's counselor indicated if an inmate disclosed prior victimization, she would get with mental health staff at a sister facility, Autry State Prison, where there are qualified mental health staff.

20 of 20 interviewed inmates stated they have not been the victims of previous sexual abuse nor have they reported to the authorities that they were sexually abused at this facility.

**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 Assessments

**Interviews:** Nurse Practitioner; SART Leader/PREA Compliance Manager, Staff who administer the Victim/Aggressor Assessments; (20) Randomly Selected and Targeted Inmates

**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

If an inmate discloses prior victimization during the initial intake victim/aggressor assessment, the offender 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.

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.



The interviewed staff stated if an inmate disclosed a previous history of sexual abuse during the initial PREA Assessment, the inmate will be offered a follow-up with mental health. The follow-up would occur at Autry State Prison because the Colquitt County Prison is a “work camp” and does not have mental health staff.

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. Inmates sign a consent for evaluation and a consent for treatment.

There were no mental health referrals to review because the facility reported they have not had any of the offenders reporting prior sexual abuse whether in the community, in jail, or in an institutional setting.

**Discussion of Interviews:** Interviews with counselor who conducts the victim/aggressor assessment f indicated if an inmate disclosed prior sexual abuse, she would contact Autry State Prison, a GDC facility that has qualified mental health staff to conduct the follow-up. She related the inmate would be seen within 14 days of the referral. None of the 20 interviewed inmates reported having been victimized previously or at this facility. 40 reviewed assessments documented that none of the assessed inmates had disclosed prior sexual abuse. Interviewed staff stated that any disclosure of sexual abuse in an institutional setting would be treated with confidentiality and disclosed only on a need to know basis.

## **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 requires 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.

Colquitt County Prison PREA Policy, 12.0, Medical and Mental Health Care asserts the Colquitt County Prison will ensure that sexual abuse and sexual assault victims will be receive prompt and appropriate medical and mental health care through the SANE nurse and counselors at Colquitt Regional Medical Center and liaison with Autry State Prison, as needed.

This facility's medical care staff are only on duty during normal business hours because this facility is a work prison. Inmates sent to this facility are sent to work on details outside and inside the facility, so they must be physically able to work. After hours, the facility may use the on-duty nurse, where medical staff are on duty 24/7. This would be at the Colquitt County Jail. The facility and jail also have access to an "on-call" physician who will tell staff what to do.

GDC Policy requires that when an inmate makes an allegation of sexual abuse, the inmate will be interviewed in private to determine the nature and timing of the assault and extent of physical injuries. First Aid and emergency treatment will be provided in accordance with good clinical judgment. If the assault occurred within the previous 72 hours, the inmate will be counseled regarding need for a medical evaluation to determine the extent of injuries and testing and treatment for sexually transmitted infections. If the inmate needs emergency care beyond the capability of the facility, he will be transported to the local hospital.

Interviewed health care staff indicated that if there was a sexual assault, their role would be to assess the extent of injuries the inmate may have sustained and if there were no serious injuries requiring the inmate being sent to the emergency room for treatment, the nurse would preserve the evidence and assist with arranging transportation of the inmate to Moultrie Medical Center, the local hospital where, according to a Memorandum of Understanding between the hospital and the prison, the inmate would receive a forensic exam by a SANE or, in the absence of a SANE, a qualified health care practitioner. The MOU also affirms the hospital will provide services to an inmate within their scope of care.

The SANE and health care staff 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.

If the assault occurred more than 72 hours prior to being reported, the decision as to where the medical evaluation will occur is made on a case by case basis.

Inmate victims of sexual assault would be offered STI prophylaxis at the hospital. If additional testing or treatment were a part of the inmate's hospital discharge orders, the facility has that capability.

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.

Although mental health services are not available at the Colquitt County Prison, the inmate would receive mental health services at Autry State Prison where there are mental health professionals.

**Policy and Documents Reviewed:** GDC Policy, 208.6, Prison Rape Elimination Act, Sexually Abusive Behavior Prevention and Intervention Program; Colquitt County Prison PREA Policy; GDC Standard Operating Procedures, VH85-0002; Medical Management of Suspected Sexual Assault, Abuse or Harassment; GDC Standard Operating Procedure, VH85-0001; Forensic Information; Procedure for SANE Evaluation/Forensic Collection; Medication Guidelines for Sexual Assault Patients; National Protocol for Sexual Assault Medical Forensic Examinations, 2<sup>nd</sup> Editions, Major Updates; Coordinated Response Plan;

**Interviews:** The Wardens Designee; PREA Compliance Manager; Nurse Practitioner; Facility-Based Investigator; 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 are required to 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. This was confirmed through interviews with medical and mental health providers. The facility has not had any allegations of sexual abuse or allegations of any form of penetration. This was confirmed through reviewing the monthly PREA reports to the GDC's PREA Unit, reviewed investigations for the past 12 months, and interviews with staff and inmates.

Health care services at the Prison are not available 24/7 but are on site during normal duty hours. After hours services are available through the nurse at the Colquitt County Jail. The jail has health care 24/7. There is a medical doctor who is on call for after hour consultation.

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. The facility has a MOU with the Moultrie Medical Center. The MOU agrees to provide health care services within the scope of the capability of the hospital. The MOU also agrees to provide a forensic exam conducted by a SANE and if a SANE is not available, conducted by a qualified medical practitioner.

A forensic exam 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.

## **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.*

In compliance with Georgia Department of Corrections SOP 208.96 and Colquitt County Prison PREA Policy, the facility offers medical and mental health evaluation and, if needed and appropriate, treatment to all inmates victimized by sexual abuse in a prison, jail, lockup or juvenile facility and as appropriate, the facility offers appropriate follow-up services and mental health evaluation, including referrals for continued care following transfer or placement in other facility or their release from custody.

The evaluation and treatment of such victims are required to include, as appropriate, follow-up services, treatment plans, and when necessary, referrals for continued care following their transfer to another GDC facility or their release from custody. While incarcerated, the services will be provided by the Colquitt Regional Medical Center and/or Georgia Department of Corrections Mental Health staff at a mental health facility.

The Colquitt County Prison PREA Policy also asserts that the facility will provide victims with the above-referenced medical and mental health services consistent with the level of care provided in the community.

This facility has limited medical services and ongoing medical services, if beyond the scope of services offered at the Correctional Institute, the inmate would be placed in a more appropriate GDC facility, capable of providing those services. The same is true with mental health services. Mental health services are not available in the County Prisons under contract with the GDC because these are considered work camps where inmates perform work details out of and inside the facility, so inmate with mental health needs are not sent to these facilities and when treatment is needed, the inmate is sent to a more appropriate facility providing mental health services.

Victims of sexual assault are assessed following an allegation to determine the presence and extent of any injuries. Nursing staff, responding to an incident of sexual assault do a visual exam to assess injuries and if there are no injuries requiring care at the hospital, the Sexual Assault Nurse Examiner is called and meets the inmate at the Georgia Diagnostic and Classification Prison to perform the forensic exam.

At the conclusion of the exam, the SANE (in a previous interview) stated she recommends the STI Prophylaxis and testing for STIs. These may occur at the facility or be provided at an appropriate GDC facility. The recommendations still must be approved by the physician. However, sexual assault forensic exams, according to the MOU with the Moultrie Regional Medical Center, will be conducted at the hospital by a SANE and if a SANE is not available, by a qualified medical practitioner.

The facility does not have mental health staff, therefore mental health services are provided either at Autry State Prison or at another appropriately identified facility.

Mental Health assessments are conducted on victims of sexual abuse and they are either offered services or are continued in care on the caseload, if appropriate.

Medical and mental health staff 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. The facility would follow-up on any discharge orders ensuring continuity of care.

**Policy and Documents Reviewed:** GDC "Procedure for Sane Nurse Evaluation/Forensic Collection: GDC Policy 208.6, PREA. Reviewed Pre-Audit Questionnaire;

**Interviews:** Warden's Designee; PREA Compliance Manager; Nurse Practitioner; Previous interviews with two Sexual Assault Nurse Examiners; Warden; 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. The facility has a MOU with the Moultrie Regional Medical Center. The MOU affirms the medical center will provide a forensic exam conducted by a SANE and if a SANE is not available, by a qualified medical practitioner. STI prophylaxis is typically offered at the hospital. The facility's discharge orders would require the facility to provide the follow-up in the orders. If the inmate was not offered Sti prophylaxis at the hospital for some unusual reason, the facility, with orders from the physician, would have access to the prophylaxis and it could be provided at the facility.

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 resident on resident abusers within 60 days of becoming aware of such history and offer treatment as appropriate.

There have been no sexual assaults at this facility therefore the facility has not had to respond to an incident of sexual assault.

**Discussion of Interviews:** The Nurse Practitioner described his role in responding to a sexual assault. He indicated his role would be to visually assess the inmate for serious injuries, protect the evidence, and send the inmate to the Moultrie Regional Medical Center for a forensic exam. Follow-up care and treatment, as appropriate, would be consistent with the discharge orders from the hospital. Additional follow-up can be conducted at another GDC facility providing that level of care.

## 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 Colquitt County Prison PREA Policy 13.1, Sexual Abuse Incident Reviews, asserts that the facility will conduct a sexual abuse incident review within 30 days after the conclusion of every sexual abuse investigation, substantiated and unsubstantiated. Reviews are not required for unfounded allegations.

The PREA Policy requires that the incident review team include the Sexual Assault Response Team and will include input from upper management as well as input from line supervisors and other staff, where practical.

Using the GDC Incident Review Form, the team will consider (1) whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse. (2) Consider whether the allegation or incident was motivated or otherwise caused by the perpetrator's or victim's race, ethnicity, gender identity, gay, bisexual, transgender, or intersex identification, status or perceived status; or gang affiliation, or was motivated by other group dynamics at the facility; (3) Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area enabled the abuse; (4) Assess the adequacy of staffing levels in the area during different shifts; (5) Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff; (6) Prepare a report of its finding including, but not limited to, determinations regarding all of the above, and any recommendations for improvement, and submit such report to the Warden and PREA Compliance Manager; (7) Our facility will implement the recommendations for improvement, or will document our reasons for not doing so

This facility has no had any allegations of sexual abuse in the past 12 months. This has been verified by reviewing Monthly PREA reports to the Department's PREA Unit, reviewed grievances, reviewed incident reports, and interviews with staff and inmates.

Interviews indicated that although the facility has not had any allegations of sexual abuse in the past 12 months, 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 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 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; Colquitt County PREA Policy; Monthly PREA Reports; Pre-Audit Questionnaire; Calls to the PREA Unit Hotline in the past 12 months; Sampled Incident Reports and Grievances for the past 12 months

**Interviews:** Warden's Designee; PREA Compliance Manager; SART Members; Facility Investigator

**Discussion of Policies and Documents:** Colquitt County Prison PREA 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 input from representatives from upper level management.

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 required by policy to be conducted at the end of the investigation. Interviews with team members confirmed the reviews are required to be conducted within 30 days of the conclusion of the investigation and that the team would consider, what motivated the incident (identification, status, gang related etc.), where it happened, blind spots, the presence of cameras, staffing and other items included on the Incident Review Checklist (Sexual Abuse Incident Review Checklist).

There were no allegations of sexual abuse in the past 12 months. Staff are knowledgeable of the process however and were able to describe procedures consistent with the Standard Operating Procedures.

## **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.*

The facility collects sexual abuse data including data related to staff on inmate sexual abuse, staff on inmate sexual harassment, inmate on inmate sexual harassment, and inmate on inmate sexual abuse. This data is collected and reported each month, as required, in the Monthly PREA Report that is submitted to the Georgia Department of Corrections's PREA Unit, where a PREA Analyst collects data from each facility and aggregates that data at least annually. This facility just has not had any sexual abuse or sexual harassment data to report in the past 12 months.

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 Department 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.

The facility reported the sexual abuse/sexual harassment data in a comprehensive Annual Report on the Facility's Website.

**Policies and Documents Review:** GDC Policy 208.06, Prison Rape Elimination Act, Sexually Abusive Behavior Prevention and Intervention Program, J.3; Colquitt County Correctional Institute PREA Policy; Georgia Department of Corrections Annual Report; Monthly PREA reports to the GDC PREA Unit; Reports from the GDC PREA Analyst

**Interviews:** Statewide PREA Coordinator (previous interview); Assistant Statewide PREA Coordinator (previous interview); PREA Compliance Manager; Warden's Designee

**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 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.

The Department's PREA Unit now has access to investigations through a module that allows staff in the unit to review investigations for quality. Reviewing staff may instruct the facility investigator to conduct additional inquiry or investigation and will not authorize the closure of that investigation until the PREA Unit reviews and approves the investigation.

Interviews with the PREA Compliance Manager and Warden's Designee 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 facility has not had any allegations of either sexual abuse or sexual harassment in the past 12 months. This was confirmed through reviewing the facility's Monthly PREA Reports to the GDC PREA Unit, reviewed grievances, reviewed incident reports and interviews with both staff and inmates. The agency and facility reviews data collected and aggregated in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including identifying problem areas and taking corrective action as necessary on an ongoing basis.

The GDC requires each facility to maintain PREA related data and to report to the GDC PREA Unit, monthly the number of allegations of sexual abuse and sexual harassment, including inmate on inmate and staff, contractor, volunteer on inmate. The auditor reviewed the Facility PREA Reports 12 months prior to the on-site audit. The agency collects the data for each facility and aggregates it at least annually and provides comparisons from previous years as well as actions the Department has taken as a result of analysis of the data. The annual reports are comprehensive and informative.

**Policy and Documents Reviewed:** Georgia Department of Corrections 2017 Annual Report; Agency Website; Monthly Facility PREA Reports' Compstat Reports

**Interviews:** Warden's Designee; 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.

Likewise, the agency collects data from each facility and reviews the aggregated 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.

## 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; Colquitt County Correctional Institute PREA Policy

**Interviews:** Statewide PREA Coordinator (previous interview); Assistant Statewide PREA Coordinator, PREA Compliance Manager; Warden's Designee; PREA Compliance Manager

**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.

Colquitt County PREA Policy requires that the facility ensure that data collected pursuant to 115.87 are securely retained and will be treated according to GDC Standard Operating Procedure 208.06. The records are treated as confidential and sensitive and before making aggregated sexual abuse data publicly available, all personal identifiers are removed and not released but prepared in accordance with GDC SOP 208.06.



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 either sexual abuse or sexual harassment in the past 12 months. 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.*

The Georgia Department of Corrections ensures that 1/3 of their prisons are audited each year for compliance with the PREA Standards each year so that at the end of the 3-year cycle, all prisons have been audited.

The Colquitt County Prison was previously audited within the past three years for compliance with the PREA Standards and found to be in compliance 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; Colquitt County PREA Audit Report; Colquitt County Prison.

The Georgia Department of Corrections contracts with county and private facilities. Policy requires that county facilities and privately operated on behalf of the Department (housing state offenders) must meet the same audit requirements. These entities are responsible for scheduling and funding their

audits. All audits are required to be certified by the Department of Justice and each facility will bear the burden of demonstrating compliance with the federal standards. A copy of the final report will be submitted to the Department's PREA Coordinator upon completion of the audit and must be conducted every three years.

The facility 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. These were observed in living units and other areas accessible to staff, inmates, contractors, volunteers and visitors. Thirty (30) days prior to the onsite audit the auditor and PREA Compliance Manager communicated via email to discuss the audit process. Communications with the PREA Compliance Manager were productive.

The auditor received the flash drive more than 30 days prior to the onsite audit. The information contained on the flash drive contained the GDC policies applicable to the standards as well as documentation to help the auditor understand the mission of the facility, and facility operations, including the staffing required for the population of medium security adult male inmates. The auditor provided the facility and extensive list of documents that the auditor would be asking for on-site. The facility was always responsive and helpful and complied with any request.

During the on-site audit the facility was requested to provide documentation and the documentation was readily available to and easily provided.

During the on-site audit, the auditor was provided complete and unfettered access to all areas of the facility and to all the staff and inmates. The auditors were free to move about the facility any time they needed to. The auditor was provided a comfortable conference room to conduct interviews with complete privacy. During the on-site review, the auditor freely walked around the facility, making observations and interviewing informally, staff, inmates, contractors and volunteers without impediment.

The Notice of PREA Audit was observed posted throughout the facility and in the living units. The notice contained contact information for the auditor. During the site review of the facility the auditor informally talked with inmates and staff. None of the inmates requested to talk with the auditor in private.

Interviews were conducted in complete privacy and every resident chosen for interviews participated. A total of 20 inmates were selected to be interviewed. These included those randomly selected and targeted inmates. The auditors were free to move about the facility at will, providing the opportunity for any resident to communicate with the auditor, if they needed to. Auditors were allowed access to inmate files, personnel files and other documentation without question or hesitation.

The auditor reviewed inmate files, made observations throughout the on-site audit, thoroughly reviewed large samples of documentation, tested processes (including checking victim/aggressor assessment time periods) and interviewed staff, contractors and inmates. Multiple personnel files were reviewed to assess the hiring process and background checks. An exit briefing was conducted with the PREA Compliance Manager. The Warden had a previous obligation and was not present for the exit briefing.

Preliminary findings were discussed, and corrective actions were identified. The auditor and the PREA Compliance Manager continued to work together following the on-site audit when additional information was needed.

## 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 \_\_\_\_\_

May 19, 2019

**Auditor Signature**

**Date**

<sup>1</sup> See additional instructions here: <https://support.office.com/en-us/article/Save-or-convert-to-PDF-d85416c5-7d77-4fd6-a216-6f4bf7c7c110>.

<sup>2</sup> See *PREA Auditor Handbook*, Version 1.0, August 2017; Pages 68-69.