

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

Interim       Final

Date of Report **September 5, 2018**

## Auditor Information

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Company Name: Diversified Correctional Services, LLC	
Mailing Address: PO Box 452	City, State, Zip: Blackshear, GA 31516
Telephone: 912-281-1525	Date of Facility Visit: July 30, 2018

## Agency Information

Governing Authority or Parent Agency (If Applicable): Effingham County Prison		Effingham County Commissioners	
Physical Address: 321 Hwy 119 South		City, State, Zip: Springfield, GA 31329	
Mailing Address P.O. Box 235		City, State, Zip: Springfield, GA 31329	
Telephone: 912-754-2108		Is Agency accredited by any organization? <input type="checkbox"/> Yes <input type="checkbox"/> No	
The Agency Is:		<input type="checkbox"/> Military	<input type="checkbox"/> Private for Profit
<input type="checkbox"/> Municipal	<input type="checkbox"/> County	<input checked="" type="checkbox"/> State	<input type="checkbox"/> Private not for Profit
Agency mission: ECP has mandated zero-tolerance towards all forms of sexual abuse and sexual harassment; to include inmate on inmate sexual abuse or harassment as well as employee on inmate sexual abuse or harassment.			
Agency Website with PREA Information: <a href="http://www.effinghamcounty.org/262/Prison">http://www.effinghamcounty.org/262/Prison</a>			

## Agency Chief Executive Officer

Name Steve Davis	Title: County Administrator
Email: sdavis@effinghamcounty.org	Telephone: 912-754-2111

## Agency-Wide PREA Coordinator

Name: Grace Atchison	Title: Statewide PREA Coordinator
Email: Grace.Atchison@gdc.ga.gov	Telephone: 478-319-3726

PREA Coordinator Reports to: Janet M. Robere	Number of Compliance Managers who report to the PREA Coordinator 1
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### Facility Information

<b>Name of Facility:</b> Effingham County Prison
<b>Physical Address:</b> 321 Hwy 119 South, Springfield, GA 31329
<b>Mailing Address (if different than above):</b> P.O. Box 235, Springfield, GA 31329
<b>Telephone Number:</b> 912-754-2108

<b>The Facility Is:</b>	<input type="checkbox"/> Military	<input type="checkbox"/> Private for profit	<input type="checkbox"/> Private not for profit
<input type="checkbox"/> Municipal	<input checked="" type="checkbox"/> County	<input type="checkbox"/> State	<input type="checkbox"/> Federal
<b>Facility Type:</b>	<input type="checkbox"/> Jail	<input checked="" type="checkbox"/> Prison	

**Facility Mission:** The mission of Effingham County Prison is to provide housing, care and treatment, effective programming, and a labor force that supports our local government. Under contract with the Georgia Department of Corrections, Effingham County Prison houses 192 nonviolent inmates that have a sentence ranging from a few months to a few years.

**Facility Website with PREA Information:** <http://www.effinghamcounty.org/262/Prison>

### Warden/Superintendent

<b>Name:</b> Victor Walker	<b>Title:</b> Warden
<b>Email:</b> vwalker@effinghamcounty.org	<b>Telephone:</b> 912-754-2108

### Facility PREA Compliance Manager

<b>Name:</b> Janet M. Robere	<b>Title:</b> Senior Counselor
<b>Email:</b> jrobere@effinghamcounty.org	<b>Telephone:</b> 912-754-2108

### Facility Health Service Administrator

<b>Name:</b> Marilyn Spikes	<b>Title:</b> Nurse
<b>Email:</b> mspikes@effinghamcounty.org	<b>Telephone:</b> 912-754-2108

### Facility Characteristics

<b>Designated Facility Capacity:</b> 192	<b>Current Population of Facility:</b> 187
<b>Number of inmates admitted to facility during the past 12 months:</b> 98	
<b>Number of inmates admitted to facility during the past 12 months whose length of stay in the</b>	<b>87</b>

<b>facility was for 30 days or more:</b>				
<b>Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:</b>				98
<b>Number of inmates on date of audit who were admitted to facility prior to August 20, 2012:</b>				5
<b>Age Range of Population:</b>	<b>Youthful Inmates Under 18:</b> 0	<b>Adults:</b> 192		
<b>Are youthful inmates housed separately from the adult population?</b>		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/>
<b>Number of youthful inmates housed at this facility during the past 12 months :</b>				0
<b>Average length of stay or time under supervision: 2 years to 10 years</b>				
<b>Facility security level/inmate custody levels: Medium &amp; Minimum</b>				
<b>Number of staff currently employed by the facility who may have contact with inmates:</b>				35
<b>Number of staff hired by the facility during the past 12 months who may have contact with inmates:</b>				3
<b>Number of contracts in the past 12 months for services with contractors who may have contact with inmates:</b>				2
<b>Physical Plant</b>				
<b>Number of Buildings:</b> 3		<b>Number of Single Cell Housing Units:</b> 0		
<b>Number of Multiple Occupancy Cell Housing Units:</b>		3		
<b>Number of Open Bay/Dorm Housing Units:</b>		3		
<b>Number of Segregation Cells (Administrative and Disciplinary):</b>		6		
<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> <u>Video monitoring equipment with DVR in housing units, central control, front entry, perimeter, food service area, and maintenance</u>				
<b>Medical</b>				
<b>Type of Medical Facility:</b>		Nurses station		
<b>Forensic sexual assault medical exams are conducted at:</b>		Statesboro Rape & Crisis Center		
<b>Other</b>				
<b>Number of volunteers and individual contractors, who may have contact with inmates, currently authorized to enter the facility:</b>				19
<b>Number of investigators the agency currently employs to investigate allegations of sexual abuse:</b>				1

# Audit Findings

## Audit Narrative

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

### Pre-Audit Activities

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

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

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

Additionally, the auditor requested and received, a list of inmates listed by housing units to enable the auditor to select inmates from each living unit. Additional list identifying inmates who were transgender, disabled inmates, inmates who were sexually abused either at the facility or who disclosed prior victimization during their initial vulnerability assessment or at any other time, inmates who identified as being gay, bisexual, or lesbian, and those who were identified as mentally challenged inmates were requested. The facility reported there were no special category inmates. The auditor later confirmed this through interviews with the Warden, PREA Compliance Manager, Deputy Warden and Chief of

Security, reviewed grievances, reviewed incident reports, reviewed PREA Assessments and interviews with staff and inmates.

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

By prior arrangement the auditor arrived at the Effingham County Prison at 0830 on 7/30/2018. Entrance into the facility is gained through entering an exterior gate controlled by the main control room and walking to the facility entrance door leading into a reception area with a conference room on one side and a security office on the other side. The auditor signed in on a visitor's log and was greeted by the PREA Compliance Manager. After conducting a brief entrance briefing with the Compliance Manager, the auditor met with the Warden and discussed the process and logistics for conducting the audit on-site.

### **Facility Characteristics**

The mission of Effingham County Prison is to provide housing, care and treatment, effective programming, and a labor force that supports our local government. Under contract with the Georgia Department of Corrections, Effingham County Prison houses 192 nonviolent inmates that have a sentence ranging from a few months to a few years. The facility's mission is also to provide safe and secure prisoner housing primarily for state inmates under contract with the Georgia Department of Corrections, and for a limited number of county inmates; to provide an inmate labor force working daily for county departments including public works, solid waste, recreation and facilities management, and for other agencies on request.

This facility is used as a work camp primarily for state prisoners. Additional costs for these inmates are allocated through other budget divisions where correctional officers supervise their work. Therefore, this budget division principally reflects the costs for basic housing, in-house supervision and facility care. However, the camp does place additional focus on anti- recidivist behavior. These activities include the transport of prisoners, substance abusers and mental patients to and from medical care facilities. Such transport is mandated by the criminal justice system, as is the cost of inmate medical care. According to an internal inmate labor study, like the county jail, there are also increasing cost impacts related to inmate medical care.

It is the duty of the facility to protect the citizens of this County and the State of Georgia, while providing a safe and secure environment for staff and inmates. We accomplish this with a dedicated team of professionals who supervise inmates in the most effective manner possible. The Staff at Effingham County Prison has developed core values that we believe in and will abide by and they are as follows:

The facility is primarily a "work facility" preparing inmates for re-entry back into the community. There are approximately 38 work details outside the facility and about 10 details within the facility.

Staffing includes an experienced Warden, retired from a full career with the Georgia Department of Corrections as a Warden. His Deputy Warden is also an experienced correctional professional who also served as a facility head.

The PREA Compliance Manager serves as the Senior Counselor and is experienced in working with inmates in the county prison and is knowledgeable of PREA.

The counseling team consist of a Senior Counselor and Counselor. In addition to providing individual case management services the counselors also conduct some of the programs required by the Georgia Department of Corrections. Programs (some by the counselors and some by the Technical College) provided at the facility include the following:

- GED Preparation
- Re-Entry
- Moral Recognition Therapy
- Motivation for Change
- AA and NA
- Religious Services

Food service is provided by contract and consists of a supervisor and approximately three additional food service workers. Inmates are assigned to the kitchen detail to assist.

The Human Resources Staff handles personnel matters, including background checks for regular employees (annually for corrections staff and every five years for regular staff, for contractors and volunteers).

The remaining staff are correctional staff. Noteworthy is the fact that the staff at the Effingham County Prison consists largely of correctional officers who previously had worked in the nearby state facility, Coastal State Prison.

The facility was quiet and orderly during the audit period and inmates and staff were frequently observed interacting in a positive manner. Informal interactions with inmates during the audit period indicated inmates were relaxed and virtually every inmate interviewed either formally or informally stated they were happy to be at this facility after having served time in the state.

## **Site Review**

The Effingham County Prison was observed to be one of the cleanest and well- maintained older facilities the auditor has audited.

The rated capacity of the facility is 192 inmates. The population on the first day of the on-site audit was 194.

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

The auditor was led by the Warden and PREA Compliance Manager on a complete site review of the prison. The prison was observed to be well-maintained, exceptionally clean, and freshly painted. Although the living units are dormitory style, the floors were clean, painted and bunks were neatly arranged. Newly purchased clothes lockers were added enabling the inmates to have more room for storing their personal clothing and possessions. Showers and restroom areas were exceptionally clean and not one lavatory or shower was observed leaking. Day areas were attractive and bulletin boards

were neatly maintained with relevant information posted. The dorms were well illuminated and equipped with air conditioning.

The site review began in the administrative area, housing administrative offices and a spacious conference room used for daily leadership team meetings.

Entering the secured area from the administration area, staff and/or visitors must be granted entry by the control room. Just inside the secured area on either side of the long hall are offices. These include the Lieutenant's Office, Senior Counselor's Office and the medical unit. Entrance into these offices is covered by a camera at the end of the hall.

The medical unit consists of an open area for reception and screening of inmates. This space is wide open and facilitates viewing the other exam rooms in the unit. Camera coverage is provided. The two exam rooms have small windows in the doors enabling viewing into the rooms. A bulletin board in medical contained PREA related posters and in one of the exam rooms painted on the wall was a statement, "Sexual Abuse is not a Part of Your Sentence." A TTY machine is available in medical for any hearing-impaired inmates.

Further down the hall is the restricted housing unit/segregation. Viewing into the unit is easily facilitated by a huge window. There are six (6) cells in this unit. Toilets are inside the double-occupancy cells. A small window in the door enables staff to view inside the cell. There are two single-occupancy secured showers. The door to each shower is made of expanded metal. Staff have installed a "PREA metal curtain" to obstruct the inmate from being seen naked while showering. Inmates in segregation have access to a KIOSK. There are two (2) cameras in the unit, in the front of the unit and in the back of the unit.

Four (4) dorms are located around a main control room, with two dorms on each side, enabling staff from the control room to enhance supervision of inmates by having control staff being able to view inmates in the dorms. The control room contains equipment and supplies common to control rooms. A video monitor is in the control room as well. The quality of the pictures is not good. The Warden related the facility was and still is slated to receive between \$30,000 to \$40,000 for an upgrade to the video monitoring system and to install additional cameras. Each dorm contains doubled bunks and can house 64 inmates. The other dorms are configured the same.

A Dorm was the first dorm to be viewed. The PREA Audit notice was posted in the unit. The floor of the unit was recently painted, and the dorm appeared almost immaculate. The day room portion of the dorm contained eight (8) phones with lines that are left on 24/7 enabling inmates to place calls at any time. PREA Posters were observed in the unit and dialing instructions for accessing the GDC PREA Hotline are posted at each phone. The auditor tested the phone in the unit by calling the PREA Unit and leaving a message for the PREA Analyst to email confirmation to the auditor. A KIOSK in the unit contains a streaming message on reporting via the PREA Hotline. The inmate handbook is also on the KIOSK. There were five (5) shower heads for the dorm. A half-wall obscured viewing inmates who were showering. Interviewed inmates indicated they shower one at a time before the details come in and then usually no more than two (2) inmates shower to provide respect for privacy. There are two toilets and two urinals on each side of the back of the dorm. Stalls separate them with ½ block walls.

Dorm B is configured the same as Dorm A and contained the same numbers of showers and toilets. The wall into the showers in Dorm B is one block higher than those in Dorm A and it was recommended

the facility consider raising the walls in the other dorms to the height of this dorm by adding an additional one block level. The current walls in the dorms provide a degree of privacy and assure the inmate is not naked in full view of staff, however a greater degree of privacy while enabling staff to maintain security was suggested. The Warden concurred and indicated he would make plans to do that.

Dorms A and B are on one side of the main control room.

Just down the hall on this side is a barbershop. The barbershop has a window enabling viewing inside and a camera inside the shop. A shower providing complete privacy is located in the shop and is the shower designated for any transgender or intersex inmate who asks or prefers to shower separately from the other inmates.

There is a small laundry manned by one inmate. Camera coverage is in the laundry. Inside the laundry is a small library. On the door to the library is a posted notice designating who is authorized to gain access into the library.

The kitchen was a fairly wide-open space and was observed to be organized and clean. The food service office has windows around the office enabling the supervisor to view areas of the kitchen where inmates may be. A dry storage room does not have camera coverage but remains locked when not in use and contained a Memo on the door designating those who have authorization to enter the room. A cooler secured with a padlock was observed and the padlock was secured. The mop room door has been removed and makes this area visible to anyone in that hall. A mirror has been installed to facilitate viewing around a blind spot. x

Dorm C is secured and windows blacked out. This unit is operated by the Effingham County Sheriff's Office and neither the Warden or other staff have access to that unit.

Dorm D is configured and furnished the same as the other dorms.

Lastly there is a large multipurpose room. This is a wide-open space used for a variety of functions. While viewing is not such an issue in this area, the facility has installed three (3) cameras here

### **Staff Interviews:**

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

Using the current staffing roster, the auditor selected 10 random staff, ensuring that those selected represented a variety of positions, housing units, details, and shifts.

#### **Specialized Staff: (17)**

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

- Warden/Agency Head
- Agency PREA Coordinator (Previous Interview)
- Assistant Agency PREA Coordinator (Previous Interview)
- PREA Compliance Manager
- Intake Staff
- Staff Conducting Orientation

- Facility-Based Investigator
- Special Agent (Previous Interview)
- Incident Review Team Member
- Medical Staff (LPN)
- Staff supervising segregation
- Staff conducting the victim/aggressor assessments
- Upper level staff conducting unannounced rounds- (3)
- Human Resources Manager
- Contractor
- Retaliation Monitor
- First Responder

### **Randomly Selected Inmates: (26)**

A total of 26 randomly selected inmates were interviewed. These inmates were randomly selected from the facility's inmate alpha roster, by housing units. Care was taken to include young and old, all housing units, and racial and ethnic groups.

Although Notices of PREA Audit were posted throughout the facility and in every dorm, the auditor did not receive any letters from any staff, inmate, contractor, volunteer or visitor.

Inmates had free access to the auditor during the audit however there were no requests to talk privately with the auditor.

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

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

### **Documents and Files Reviewed**

- Facility Organizational Chart
- Effingham County Prison Staffing Plan
- Local Operating Directive
- Twenty (20) PREA Acknowledgment Statements Staff
- Twenty (20) Inmate PREA Acknowledgments
- Forty (40) Victim/Aggressor Assessments
- Forty (40) Reassessments
- Investigation Packages
- NIC Certificates of Completion; "PREA Medical Health Care for Sexual Assault Victims in a Confinement Setting
- Volunteer PREA Acknowledgment Statements
- Incident Reports
- Six (6) Monthly PREA Reports to the GDC PREA Unit

## Testing of Processes

During a site review of the facility, the auditor tested access to the PREA Hotline by using phones in one of the active dormitories. Instructions were posted on the phone and the call went directly to the GDC PREA Unit. The auditor requested the PREA Analyst email the auditor to confirm receipt of the call. The email was sent to the auditor the next morning.

The auditor requested to view the KIOSK with the streaming notice of how to report via the PREA Hotline. Streaming across the screen continuously was information telling inmates how to report allegations of sexual abuse.

**Post Audit Activities:** The auditor communicated with the facility requesting additional information and clarifying information was requested and provided expeditiously.

*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:        3**

115.11; 115.34; 115.51;

**Number of Standards Met:                42**

115.12, 115.13, 115.14, 115.15, 115.16, 115.17, 115.18, 115.21, 115.22, 115.31; 115.32; 115.33; 115.35; 115.41; 115.42; 115.43; 115.52; 115.53; 115.54; 115.61; 115.62; 115.63; 115.64; 115.65; 115.66; 115.67; 115.68; 115.71; 115.72; 115.73; 115.76; 115.77; 115.78; 115.81; 115.82; 115.82; 115.86; 115.87; 115.88; 115.89; 115.401; 115.403

**Number of Standards Not Met:            0**

## Summary of Corrective Action:

### Issue #1

- 1) The PREA Standards require that inmates receive notification of the Zero Tolerance Policy and how to report upon admission to the facility during the intake process. This is also required by the Georgia Department of Corrections PREA Policy.

**Corrective Action:** The facility agreed to have the Sergeant on duty on Intake Days, Tues and Thursday explain the Zero Tolerance Policy and to explain to inmate's ways

they can report allegations of sexual abuse and sexual harassment. The facility will develop a process for documenting that this information has been given to all inmates arriving at the facility.

The facility provided documentation confirming the practice. Additionally the facility provided the newly developed intake PREA form advising inmates of the zero tolerance policy and how to report allegations of sexual abuse and sexual harassment. (This is a county prison and intakes are minimal, however the facility provided nine (9) intake documents signed by inmates confirming receiving information on the zero tolerance policy and how to report.

## Issue #2

- 1) The PREA Standards and GDC Policy require that a vulnerability reassessment will be conducted 30 days following admission. Although there were some of the reassessments completed, all of them were not.

**Corrective Action:** The Facility agreed to develop a process for ensuring that reassessment dates are monitored effectively to ensure inmates are reassessed as required. The facility also agreed to consider the Counselor as a staff who might be designated to conduct the reassessments.

## Issue #3

- 1) Background checks are not being conducted on promoted staff. The GDC Employment Verification Form (or the facility form designated to ask the three PREA related questions) is not completed prior to promoting any staff.

**Corrective Action:** The facility will conduct and provide documentation of background checks for all staff promoted in the past 12 months and will have the PREA related questions asked of each staff who was promoted within the past 12 months and implement procedures to ensure background checks and asking the PREA related questions are accomplished prior to promoting any staff, as required by GDC Policy and the PREA Standards.

The facility provided documentation to confirm completed background checks for the newly promoted staff as well as employment verification forms for them as well.

- 2) A five-year background check for the contract nurse was not available. Nor were they available for Food Service Staff, who are also contracted.

**Corrective Action:** The facility agreed to provide copies of background checks for all contracted staff documenting their five-year checks and to provide documentation these contracted staff have been asked the PREA related questions as well, as required.

- 3) Professional Reference Checks are required of all staff considered for hire who have been employed in an institutional setting previously.

Corrective Action: The facility will develop procedures to ensure professional reference checks are conducted in compliance with GDC policy and the PREA Standards and provide those written procedures to the auditor.

- 4) Volunteer background checks could not be provided. Documentation that volunteers have been trained in the Zero Tolerance Policy and how to report, and the consequences for becoming involved with an inmate could not be provided.

**Corrective Action:** The facility agreed to provide background checks of all volunteers providing services in the facility and to train all volunteers on PREA, the Zero-Tolerance Policy, how to report, consequences for failing to report and for becoming involved with an inmate. Also provide a PREA Acknowledgement Statement for each volunteer. Volunteer background checks were provided for the volunteers.

#### Issue # 4

- 1) Although there have been no inmates disclosing prior victimization, the facility does not have a formal and written procedure for ensuring these inmates are offered a follow-up with a medical or mental health practitioner. Staff verbalized having talked to inmates in the past when they disclosed prior victimization but did not document their declination of the follow-up.

**Corrective Action:** Staff will develop written procedures describing how inmates will be offered mental health follow-up and how to document that the referral was offered and how to document the inmate's refusal for the follow-up. If the follow-up will be at Autry State Prison, that should be included in the written procedures.

The formal procedure was provided and included sending inmates who disclose prior victimization during the initial PREA Assessment process. Inmates will be sent to Coastal State Prison, located in nearby Garden City, GA. Coastal State Prison is a mental health facility. It should be noted that the facility has been used previously by Effingham. Documentation confirmed that the only inmate alleging sexual abuse in the past 12 months was also referred to and taken to Coastal for a follow-up with mental health at the prison.

#### Issue #5

- 1) Although information is posted in the facility regarding how to contact the outside advocacy organization, none of the 22 inmates who were interviewed were aware of the organization, the nature of the services they provide and the limitations of confidentiality for contacting the services.

**Corrective Action:** The facility agreed to retrain all inmates in the outside advocacy organization, how to contact them, the nature of their services, and the limits of confidentiality when contacting them.

The facility provided written confirmation of retraining inmates in how to contact the Rape Crisis Center located in Statesboro, Georgia.

## Issue #6

- 1) Interviews with the staff indicated that about half of them would allow another inmate to interpret for another inmate in making an allegation of sexual abuse and were unaware of any interpretive services other than a staff who was bilingual.

**Corrective Action:** The facility agreed to attempt to secure an agreement with Language Line Telephone Interpretive Services and to train staff in the availability of that service and how to access it. Documentation will be provided to confirm efforts to secure Language Line services and to confirm staff have been trained in how to access the services.

The facility provided documentation that they will use the interpretive services provided by Language Line. A memo from the Warden as well as documentation showing staff how to access the services was provided.

# PREVENTION PLANNING

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

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

### 115.11 (a)

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

### 115.11 (b)

- Has the agency employed or designated an agency-wide PREA Coordinator?  Yes  No
- Is the PREA Coordinator position in the upper-level of the agency hierarchy?  Yes  No
- Does the PREA Coordinator have sufficient time and authority to develop, implement, and

oversee agency efforts to comply with the PREA standards in all of its facilities?

Yes  No

### 115.11 (c)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

**Policy and Documents Reviewed:** Georgia Department of Corrections (GDC) Policy 208.6, Prison Rape Elimination Act-PREA, Sexually Abusive Behavior Prevention and Intervention Program; PREA Brochures; Effingham County Prison PREA Policy; PREA Posters;

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

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

**Policy Review:** Georgia Department of Corrections (GDC) Policy 208.6, Prison Rape Elimination Act-PREA, Sexually Abusive Behavior Prevention and Intervention Program, is a comprehensive PREA Policy that not only details the agency's approach to prevention, detection, reporting and responding to allegations of sexual abuse and sexual harassment but also integrates this information in a manner that flows logically and is easily understood. The policy affirms that the Department will not tolerate any form of sexual abuse or sexual harassment of any offender. Policy states that the Department has a zero tolerance for all forms of sexual abuse, sexual harassment and sexual activity among inmates. It further

indicates the purpose of the policy is to prevent all forms of sexual abuse, sexual harassment and sexual activity among inmates by implementing provisions of the PREA Standards to help prevent, detect and respond to sexual abuse in confinement facilities.

Effingham County Prison PREA Policy 115.11, Purpose, (a)-(d) affirms it is the policy of the Effingham County Prison to provide a safe, humane, and secure environment for all inmates. The ECP has a zero-tolerance policy regarding illegal sexual acts, sexual harassment, or sexual misconduct in either the Prison, places of business, and in the community where work details are assigned or operated by the department. The agency has a zero-tolerance toward all forms of sexual abuse and sexual harassment in facilities it operates directly or under contract.

The reviewed PREA Policy addresses the facility's approach to preventing, detecting, responding to and reporting sexual abuse and sexual harassment.

Paragraph (b) asserts the ECP will provide an environment that is free from sexual violence, misconduct, harassment, or retaliation by establishing guidelines of reporting and definitions of prohibited conduct and maintaining a program of prevention, detection, investigation, response and tracking of all alleged and substantiated sexual misconduct.

Prison policy prohibits any sexual contact or personal sexual dealings or harassment by any inmate or by any staff member, contractor, or volunteer as defined by the Federal PREA standards.

Policy provides for violators to be subject to criminal prosecution, Administrative sanctions up to and including the termination of the employee and the reporting of the nature of the violation to their licensing board or certifying agency.

The PREA related definitions are enumerated and explained. These definitions are consistent with the requirements of the Standard.

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

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

The PREA Coordinator is one of the most knowledgeable PREA Coordinators I have had the pleasure of working with. She is not just knowledgeable of PREA, but she brings to the table experience working in adult facilities prior to her appointment. She has been responsible for ensuring that the prisons and facilities are in compliance with the PREA Standards and that they maintain compliance. To that end she serves as a resource person for the GDC facilities and programs and visits her facilities often.

Those visits are working visits during which she often sits with the facility's investigators and reviews each investigation of allegations of sexual abuse and sexual harassment. A previous interview with the PREA Coordinator and the Assistant Statewide PREA Coordinator confirmed that they have sufficient time to perform their PREA related duties.

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

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

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

Reviewed contracts and an interview with the agency contract director confirmed the presence of that language in agency contracts for housing offenders for the Department.

DOC and ECP Policies require that staff is trained on the Zero Tolerance Policy during new employee orientation and in their annual training.

The agency's organizational chart identifies the Facility PREA Coordinator and the ECP Organizational chart indicates that the PREA Compliance Manager/Coordinator reports to the Warden of the facility.

The PREA Coordinator/Compliance Manager is the Senior Counselor, who has years of experience working in corrections facilities. Although she performs multiple functions within the facility, she has the time to perform her PREA related duties. She has access to the Warden on a daily basis during morning leadership team meetings and has his complete support in implementing and maintaining the PREA Standards. The Compliance Manager reports directly to the Warden.

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

Interviews confirmed that the facility has a zero-tolerance for all forms of sexual abuse, sexual harassment, and retaliation.

The PREA Compliance Manager confirmed she has other duties but has sufficient time and support to perform her PREA related duties. This facility is small, and communication is easily facilitated. Each morning the leadership team meets with the Warden. Interviews with staff confirmed they understand the zero-tolerance policy, that they have been trained in PREA, that they are required to report all allegations of sexual abuse or sexual harassment.

100% of those interviewed said they would report all reports, knowledge, and suspicion of sexual abuse and would document the report prior to the end of the shift.

Twenty (20) of twenty (20) interviewed inmates confirmed they received PREA information upon arrival at the facility and that they were informed about the zero-tolerance policy as well as how to report, however they indicated they received that information during orientation rather than during the intake process. They did state orientation was conducted the next day. They also indicated they saw the PREA video informing them of zero-tolerance and their rights related to sexual abuse, sexual harassment and retaliation.

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

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

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

#### **115.12 (a)**

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

#### **115.12 (b)**

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

### **Auditor Overall Compliance Determination**

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

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

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

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

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

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

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

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

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

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

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

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

### 115.13 (a)

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

- Does the agency ensure that each facility's staffing plan takes into consideration the prevalence of substantiated and unsubstantiated incidents of sexual abuse in calculating adequate staffing levels and determining the need for video monitoring?  Yes  No
- Does the agency ensure that each facility's staffing plan takes into consideration any other relevant factors in calculating adequate staffing levels and determining the need for video monitoring?  Yes  No

### 115.13 (b)

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

### 115.13 (c)

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

### 115.13 (d)

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

### Auditor Overall Compliance Determination

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

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

### Instructions for Overall Compliance Determination Narrative

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

**Policy and Documents Reviewed:** Effingham County PREA Policy, 115.13, Prevention Planning, Effingham County Facility PREA Staffing Plan; Georgia Department of Corrections Policy, 208.6, Prison Rape Elimination Act, Sexually Abusive Behavior Prevention and Intervention Program, A. Prevention Planning, Paragraph 3,

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

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

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

The EFP PREA Policy, 115.13, Staffing Plan, requires the prison to make every effort to comply with an adequate staffing plan, and in calculating adequate staffing levels and determining the need for video monitoring, takes into account/consideration the following:

- Generally accepted detention and correctional practices
- Findings of inadequacy from Federal investigative agencies
- Findings of inadequacy from internal or external oversight bodies
- All components of the facility's physical plant
- The number and placement of supervisory staff
- Activities occurring during the shift
- Any applicable State or local laws, regulations and standards
- The prevalence of substantiated and unsubstantiated sexual abuse
- Any other factors that could impact the safety and security of the institution
- Any deviations that occur from the staffing plan (must be documented along with justification)

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

The ECP PREA Policy requires that intermediate-level or higher-level staff conduct unannounced rounds are required to identify and deter staff sexual abuse and sexual harassment. The facility prohibits staff from alerting other staff of the conduct of the rounds, unless an announcement of supervisor presence is related to a legitimate operational function of the institution.

Lastly, this section of ECP Policy requires the practice of announcing “female on the range” will not be excluded the staff member making the rounds is female. Unannounced rounds are required on each shift and will be documented in the PREA unannounced rounds log located in the control room. PREA rounds conducted in segregation are also required to be documented and these are documented in the Segregation/Isolation housing log.

Staffing at the Effingham County Prison is predicated upon the designed Facility capacity of 192 inmates. The facility direct care/custody staffing is based on Facility Rated Capacity.

The reviewed Employee Roster included thirty-three (33) staff, two (2) part-time staff; one (1) medical staff, and three (3) food service staff.

In addition to the Warden the facility has a Deputy Warden, Chief of Security (Lieutenant), and Senior Counselor, and other correctional officers. Medical services include a contracted Licensed Practical Nurse with a physician and nurse practitioner who come once a week and alternate weeks. Food services is contracted.

The facility’s minimum staffing requires one Shift Supervisor and three Correctional Officers. There are three dorms housing the inmates at the facility. One staff is generally assigned to the control room and the other two officers are essentially rovers making checks of the dorms every 30 minutes. Interviews with staff and inmates indicated staff consistently make 30-minute checks and walk-throughs of the dorms. Staffing on the day shift is consistently more on the day shift when there are more activities going on.

Supervision of inmates is enhanced and supplemented by video monitoring. Cameras are in each of the dorms and strategically located throughout the facility. Additional cameras and an upgraded system have been approved.

The main control room is located in the middle of the hall and is surrounded by the dorms, dining area and multipurpose room, enabling the control room staff to provide another “set of eyes” on the inmates in the dorms, dining area and in the multipurpose room.

The facility makes its best efforts to comply on a regular basis with the presented staffing pattern that provides for adequate levels of staffing with the use of video monitoring, to protect Effingham County Prison offenders again abuse. Policy requires each time the staffing pattern is not complied with, the facility documents and justifies in the log books and by incident report.

The staffing, according to the Warden, for each shift is a shift supervisor (a sergeant) and two or three custody staff. There are three dorms with maximum capacities of 64 each and a segregation unit with eight (8) cells.

The facility currently has 35 staff member who may have contact with inmates. The average daily number of inmates during the audit period was 194 inmates.

Once per year the facility, or when deemed necessary the PREA Compliance Manager and the executive staff will assess, determine and document whether adjustments are needed to ensure compliance with staffing plans, video monitoring systems and resources to ensure the staffing plan is adhered to. The facility considers all of the elements required by the State DOC Policy in conducting their annual staffing plan review.

The ECP PREA Policy requires that intermediate or higher-level staff conduct unannounced rounds to identify and deter sexual abuse and sexual harassment. Policy prohibits staff from alerting other staff when unannounced rounds are conducted. ECP Policy requires that unannounced rounds are implemented every shift and are documented in the control room logbook with rounds made in segregation documented in the segregation. The auditor reviewed 74 pages of PREA rounds logged into the PREA Round Logbook.

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

**Discussion of Interviews:** The facility operates with a day shift and overnight shift. Both are 12- hour shifts. Interviews indicated the minimum staffing is a Shift Supervisor and three Correctional Officers. In addition to a staff assigned to the main control room, two to three other staff provide supervision of inmates by making checks in each dorm every thirty minutes.

Staff related that shift supervisors conduct unannounced PREA rounds. Interviews with these indicated the rounds are made in those areas that are blind spots in addition to the housing units and other areas such as the kitchen, visitation and other areas. Staff stated they do not even tell the control room they are about to make those rounds.

## Standard 115.14: Youthful inmates

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

### 115.14 (a)

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

### 115.14 (b)

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

### 115.14 (c)

- Does the agency make its best efforts to avoid placing youthful inmates in isolation to comply with this provision? (N/A if facility does not have youthful inmates [inmates <18 years old].)  Yes  No  NA

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

**Auditor Overall Compliance Determination**

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

**Instructions for Overall Compliance Determination Narrative**

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

**Policy and Documents Reviewed:** Georgia Department of Corrections PREA Policy, Effingham County Prison PREA Policy, 115.14, Youthful Inmates; Pre-Audit Questionnaire, Reviewed Description of Burrus Training Center, where youthful inmates are housed.

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

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

**Discussion of Policy and Documents Reviewed:** The Georgia Department of Corrections PREA Policy requires that youthful offenders will not be placed in a housing unit in which the youthful offender will have sight, sound, or physical contact with any adult offender through the use of a shared dayroom or other common space, shower area of sleeping quarters. It also requires that in areas outside the housing units, staff must either maintain sight and sound separation between youthful offenders and adult offenders or provide direct staff member supervision when youthful offenders and adult offenders have sight and sound or physical contact. Policy requires efforts to be made by the institution to avoid placing youthful offenders in isolation to comply with this provision. Absent exigent circumstances, youthful offenders will not be denied large-muscle exercise and any legally required special education services to comply with this provision. They are also required to have access to other programs and work opportunities to the extent possible.

Effingham County Prison Local Operating Procedure, 115.14, Youthful Inmates (a) through (c), requires that a youthful inmate at ECP will not be placed in a housing unit where the youthful inmates will have signed, sound, or physical contact with any adult offender through the use of a shared dayroom or other common space, shower area, or sleeping quarters. It also affirms that in areas outside the housing units, staff will either maintain sight and sound separation between youthful inmates and adult offenders or staff/the facility will provide direct staff member supervision when youthful inmates and adult offenders have sight, sound, or physical contact. Policy requires efforts to be made by the institution to avoid placing youthful offenders in isolation to comply with this provision. Absent exigent circumstances, youthful offenders will not be denied large-muscle exercise and any legally required special education services to comply with this provision. They are also required to have access to other programs and work opportunities to the extent possible.

The Pre-Audit Questionnaire documented that youthful offenders are not housed at the Effingham County Prison. Information provided related to Mission of Burrus Correctional Training Center on the GDC website affirms that Burrus has a housing capacity for 94 offenders sentenced as adults between the ages of 14-16 years of age. The Burrus Correctional Training Center also houses "At Risk Youthful Offenders between the ages of 17-24.

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

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

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

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

#### 115.15 (a)

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

#### 115.15 (b)

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

#### 115.15 (c)

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

#### 115.15 (d)

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

#### 115.15 (e)

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

#### 115.15 (f)

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

#### Auditor Overall Compliance Determination

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

## Instructions for Overall Compliance Determination Narrative

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

**Policies and Documents Reviewed:** Effingham County Prison PREA Policy, 115.15, Searches (Limits to cross-gender viewing and searches); Pre-Audit Questionnaire; Georgia Department of Corrections (GDC) Policy 208.6, Prison Rape Elimination Act, Sexually Abusive Behavior Prevention and Intervention Program; GDC Policy 226.01, Searches, 1.d; Training Module for In-Service Training for 2017; In-Service Training Records Documenting PREA Training;

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

### Observations:

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

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

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

ECP Policy asserts that the ECP does not conduct cross-gender strip or cross-gender visual body cavity searches of inmates. The facility does not permit cross-gender pat-down searches of male inmates by female staff except in cases of exigent circumstances. In the event of a circumstance that would require a cross-gender pat-down or a female staff member being present during a strip search, an incident report will be generated detailing the circumstances that required the action to be taken.

The shift-supervisor would then ensure the Deputy Warden of Security would be notified as promptly as possible of the incident.

ECP Policy requires the prison to conduct training on the search policy annually.

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

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

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

Policy requires that at all times female staff will have their presence announced when entering a dormitory or any area where inmates are present. Inmates have a partition in the housing area as well as shower curtains that allow them to shower, perform bodily functions, and change clothing without non-medical 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 and this includes viewing via the video cameras.

The Pre-Audit Questionnaire for the prison documented that there have not been any cross-gender searches, either strip, body cavity or pat searches during the reporting period. The reviewed training module for annual in-service training deals with search procedures in Paragraph C., Search Procedures. The following are required, as explained in the training module: 1) Staff must conduct searches in a professional and respectful manner (and never with the intent to harass or degrade the offender); 2) Male offenders may be pat searched by both male and female security staff; 3) Male offenders will only be searched by male security staff, except under exigent circumstances and are documented by an Incident Report, and 4) Transgender and intersex offenders' gender designation will coincide with the prison assignment made during classification. Pat search techniques are then discussed and the use of the back of the hand is described for the trainee.

Staff are trained to conduct cross-gender searches in exigent circumstances. Search training occurs during Basic Correctional Officers Training (BCOT), as newly hired correctional officers and in annual in-service training. Staff could demonstrate how to conduct a pat search using the back of the hand.

Observations: Dorms are open bay design with toilets and showers located in the rear of the sleeping area. A half wall separates each of the toilets providing some privacy. A half-wall in two dorms and a ¾ wall in another dorm prevent staff from viewing inmates in the shower. Should a staff have to go into the toilet or shower area for any reason they could see inmates. Staff and inmates stated that female staff never come into the toilet or shower area and even during counts, they related staff would go back to the area and simply say, “hands up” to enable them to count anyone in the area.

#### **Interviews:**

Effingham County Prison houses adult male offenders only. One-hundred percent (100%) of the interviewed random staff affirmed that the male residents are strip-searched by male staff, unless there were emergency situations requiring it. Staff stated female staff may conduct pat searches and that they were trained to conduct cross-gender pat searches however only two inmates said they had ever been pat searched by a female staff. They all said they have never been strip searched by a female staff. 100% of the interviewed inmates stated said they are not naked in full view of staff while changing clothing, showering or using the restroom. Inmates stated that female staff consistently announce their presence however they also stated the huge top to bottom glass enables them to see a female coming into the unit.

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

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

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

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

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

#### 115.16 (b)

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

#### 115.16 (c)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

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

Georgia Department of Corrections Policy, 208.6, Prison Rape Elimination Act, Sexually Abusive Behavior Prevention and Intervention Program, A. Prevention Planning, Paragraph 6; Effingham County Prison PREA Policy, 115.16, Inmates with Disabilities and Inmates who are Limited English Proficient; Account with Language Line Solutions; PREA Brochures in English and Spanish; Statement of Fact from the Warden.

**Interviews:** Randomly selected staff Effingham County Prison (12); Specialized Staff Effingham County Prison (20); Randomly Selected Inmates Effingham County Prison (22); (Previously) State ADA Coordinator; Warden; PREA Compliance Manager; Medical Staff

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

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

Effingham County Prison Policy, 115.16, Inmates With Disabilities and Inmates Who are Limited English Proficient, advises that the Effingham County Prison is a county Work Camp and each inmate entering into the institution is required to be able to perform a variety of physical tasks as well as take basic instructions in order to complete any number of assigned tasks. If it is determined by the facility's medical provider that the inmate is unable to perform the needed tasks, then the facility classification committee would be required to request that the inmate be transferred to an appropriate facility.

The policy also states that the Effingham County Prison will ensure that inmates who are limited English proficient will receive the product of efforts of the ECP to prevent, detect, and respond to sexual

abuse and sexual harassment by providing translated copies of inmate right, grievance procedures, PRE policy and PREA pamphlets addressing zero tolerance.

Policy prohibits the use of inmate interpreters, inmate readers, or other types of inmate assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the inmate's safety, the performance of the first responder's duties, or the investigation of the inmate's allegations. In the event that an inmate interpreter is needed a detailed report shall be generated detailing the circumstances that required the action to be taken.

The policy also requires that the facility will use Language Line Solutions (number provided) for communications with inmates with language barriers. A reference guide is required to be located in the control room and the counselor's office.

**Interviews:**

Staff consistently indicated they would allow an inmate to interpret for another inmate making a report or allegation of sexual abuse or sexual harassment. They were also not aware of any outside entity that could provide telephonic interpretive services. Some staff related they would get a bilingual staff but were not sure what they could do for an inmate who did not speak Spanish. An interview with the PCM indicated the facility did not have the account with Language Line at the time.

**Corrective Action:** The facility agreed to set up an account with Language Line Interpretive Services and to make the contact information available to staff who need to know and to train all staff in the availability of these services and how to access them.

## Standard 115.17: Hiring and promotion decisions

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

#### 115.17 (a)

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

the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?  Yes  No

- Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the question immediately above?  Yes  No

#### 115.17 (b)

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

#### 115.17 (c)

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

#### 115.17 (d)

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

#### 115.17 (e)

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

#### 115.17 (f)

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

### 115.17 (g)

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

### 115.17 (h)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

**Policy and Documents Review:** Department of Corrections Policy 208.6, Prison Rape Elimination Act, Sexually Abusive Behavior Prevention and Intervention Program, A. Prevention Planning, Paragraph 7, Hiring and Promotion Decisions; Effingham County Prison PREA Policy, 115.17, Hiring and Promotion Decisions; GDC Applicant Verification form; Form SOP IV00312, Attachment 1), to a Criminal Background Check and a Driver History Consent; "Georgia Department of Corrections, Professional Reference Check, IV003-0001, Attachment 5; Reviewed (27) Applicant Verification Forms; ( 10 ) Background Checks for Newly Hired Employees; ( 15 ) Background Checks for Regular Employees; . and ( 3 ) Promoted Staff.

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

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

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

in 42USC 1997; who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent; of who has been civilly or administratively adjudicated to have engaged in the activity described in the above.

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

The ECP PREA Policy, 115.17, Hiring and Promotion Decisions, requires the following:

(a) Effingham County Prison will not hire or promote anyone who may have contact with inmates, and shall not enlist the services of any contractor who may have contact with inmates, who:

(1) 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),

(2) Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or

(3) Has been civilly or administratively adjudicated to have engaged in the activity described in paragraph (a)(2) of this section.

The agency, according to policy, will 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.

Before hiring new employees who may have contact with inmates, ECP is required by policy by:

:

- (1) Perform a criminal background records check; and
- (2) 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.
- (3) ECP will also perform a criminal background records check before enlisting the services of our contractors who will have contact with inmates.
- (4) ECP will conduct criminal background records checks at least every five years of current employees and contractors who will have contact with inmates.
- (5) ECP has asked all applicants and employees who will have contact with inmates directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions and in any interviews or written self-evaluations conducted as part of reviews of current employees.
- (6) ECP will also impose upon employees a continuing affirmative duty to disclose any such misconduct.

- (7) Material omissions regarding such misconduct, or the provision of materially false information, will be grounds for termination;
- (8) Policy also requires unless prohibited by law, the ECP 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.

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

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

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

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

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

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

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

A Statement of Fact from the Warden affirms the newly hired employees are background checked and that criminal background checks are conducted every five (5) years. The statement also affirms that the Effingham County Prison will not hire or promote anyone who may have contact with inmates and shall not enlist the services of contractors or volunteers who have engaged in sexual abuse or sexual harassment towards others in the community or prisons.

The Inter-Office Memo from the Office Manager, dated June 11, 2018, documented that all full-time employees, two part time employees, one medical employee, and three food service staff.

Background checks are not being conducted on promoted staff. The GDC Employment Verification Form (or the facility form designated to ask the three PREA related questions; Effingham County Correctional Institution) is not completed prior to promoting any staff.

Corrective Action: The facility will conduct and provide documentation of background checks for all staff promoted in the past 12 months and will have the PREA related questions asked of each staff who was promoted within the past 12 months and implement procedures to ensure background checks and asking the PREA related questions are accomplished prior to promoting any staff, as required by GDC Policy and the PREA Standards.

- 2) A five-year background check for the contract nurse was not available. Nor were they available for Food Service Staff, who are also contracted.

Corrective Action: The facility agreed to provide copies of background checks for all contracted staff documenting their five-year checks and to provide documentation these contracted staff have been asked the PREA related questions as well, as required.

- 3) Professional Reference Checks are required of all staff considered for hire who have been employed in an institutional setting previously.

Corrective Action: The facility will develop procedures to ensure professional reference checks are conducted in compliance with GDC policy and the PREA Standards and provide those written procedures to the auditor.

- 4) Volunteer background checks could not be provided. Documentation that volunteers have been trained in the Zero Tolerance Policy and how to report, and the consequences for becoming involved with an inmate could not be provided.

Corrective Action: The facility agreed to provide background checks of all volunteers providing services in the facility and to train all volunteers on PREA, the Zero-Tolerance Policy, how to report, consequences for failing to report and for becoming involved with an inmate. Also provide a PREA Acknowledgement Statement for each volunteer.

## Standard 115.18: Upgrades to facilities and technologies

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

### 115.18 (a)

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

## 115.18 (b)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

**Policy and Documents Reviewed:** Pre-Audit Questionnaire; Department of Corrections Policy 208.6, Prisons Rape Elimination Act, Sexually Abusive Behavior Prevention and Intervention Program, A, Prevention Planning, Paragraph 6.5;

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

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

**Policy and Documents Review:** Department of Corrections Policy 208.6, Prisons Rape Elimination Act, Sexually Abusive Behavior Prevention and Intervention Program, A, Prevention Planning, Paragraph 6.5, requires all new or existing facility designs and modifications and upgrades of technology will include consideration of how it could enhance the Department's ability to protect inmates against sexual abuse. The PREA Coordinator must be consulted in the planning process. The Pre-Audit Questionnaire indicated there were no modifications to the existing facility.

**Interviews:** An interview with the Warden and the PREA Compliance Manager confirmed the facility has not had any additions or modifications to the facility since the last PREA audit. Nor have any cameras been added since the last audit. In the event modifications were to be planned, the Warden and his team would actively participate. The same is true for any enhancements to monitoring technology. The Warden and Chief of Security stated the facility had been approved for an upgrade to the video monitoring system in the amount of approximately \$30,000 and are awaiting permission to proceed.

## RESPONSIVE PLANNING

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

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

#### 115.21 (a)

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

#### 115.21 (b)

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

#### 115.21 (c)

- Does the agency offer all victims of sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate?  Yes  No
- Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible?  Yes  No
- If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)?  Yes  No
- Has the agency documented its efforts to provide SAFEs or SANEs?  Yes  No

#### 115.21 (d)

- Does the agency attempt to make available to the victim a victim advocate from a rape crisis center?  Yes  No

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

#### 115.21 (e)

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

#### 115.21 (f)

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

#### 115.21 (g)

- Auditor is not required to audit this provision.

#### 115.21 (h)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

**Policy and Documents Reviewed:** DOC Policy, 208.6, Prison Rape Elimination Act Sexually Abusive Behavior Prevention and Intervention Program, B. Responsive Planning; in Standard Operating Procedure 103.10 Evidence Handling and Crime Scene Processing and SOP 103.06, Investigations of Allegations of Sexual Contract, Sexual Abuse, Sexual Harassment of Offenders; GDC Policy VH07-001 Health Services, E., Medical Services Deemed Necessary Exempt from Fee; Effingham County Prison PREA Policy, 115.21, Responsiveness Planning; MOU with the Statesboro Rape Crisis Center;

**Interviews:** Sexual Assault Response Team Members; PREA Compliance Manager; Healthcare Staff; Facility Based Investigator, Previous interviews with Special Agents with OPS.

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

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

The Effingham County Prison, 115.21, Responsiveness Planning, states the prison is responsible for conducting administrative or criminal investigations. If the investigation requires additional assistance of another law enforcement agency, the ECP Investigator will request aid from the Effingham County Sheriff's Office, the Georgia Bureau of Investigation, or the Georgia Department of Corrections (GDC). GDC is the primary point of contact when advisement is required to move forward with any investigation, or if the investigation needs to be taken over from the Administration of the ECP.

Policy also requires facility to follow a uniform protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions. It also asserts the facility's response will follow the US Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations", April 2013, or the most current version.

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

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

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

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

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

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

The ECP entered into a Memorandum of Understanding with the Statesboro Sexual Assault Center. The Sexual Assault Center agreed to respond to requests for accompaniment by a victim advocate for an inmate victim of sexual abuse.

Interviews: The Warden confirmed that all allegations are investigated. The initial investigation, unless it is immediately believed the allegation is criminal, begins with the Sexual Assault Response Team headed up by the Facility-Based Investigator. An interview with the Facility-Based Investigator confirmed he is knowledgeable of the investigation process. He has also completed the specialized training for investigating sexual abuse in confinement settings offered by the National Institute for Corrections. During the initial investigation, if the Facility-Based Investigator and SART Team determine the allegation requires investigation beyond their level of authority and expertise, the Warden may call in the Georgia Department of Corrections OPS Investigators or the Effingham County Sheriff's Office. If a forensic exam is required the inmate would go either to the local hospital or to the Statesboro Rape Crisis Center.

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

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

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

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

#### **115.22 (b)**

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

#### 115.22 (c)

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

#### 115.22 (d)

- Auditor is not required to audit this provision.

#### 115.22 (e)

- Auditor is not required to audit this provision.

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

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

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

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

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

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

If the allegation appears to be criminal in nature, the allegation is referred to the Effingham County Sheriff's Office for investigation or to the Georgia Department of Corrections Office of Professional Standards..

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

GDC Standard Operating Procedure, IK01-0006, Investigation of Allegations of Sexual Contact, Sexual Abuse and Sexual Harassment, thoroughly describes the expectations for reporting allegations including initial notifications, general guidelines for investigations and investigative reports. This policy asserts that allegations of sexual contact, sexual abuse and sexual harassment filed by sentenced offenders against departmental employees, contractors, vendors or volunteers be reported, fully investigated and otherwise treated in a confidential and serious manner. Staff are required to cooperate with the investigation and GDC policy is to ensure that investigations are conducted in such a manner as to avoid threats, intimidation or future misconduct. Policy requires "as soon as an incident of, sexual contact, sexual abuse or sexual harassment (including rumors, inmate talk, kissing etc.) comes to the

attention of a staff member, the staff member is required to immediately inform the Warden/Superintendent, and/or the Institutional Duty Officer, and/or the Office of Professional Standards Unit verbally and follow up with a written report. Failure to report allegations of sexual contact, sexual abuse or sexual harassment may result in disciplinary action, up to and including dismissal.

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

**Discussion of Interviews:** Twelve (12) of twelve (12) randomly selected staff and twenty (20) of twenty (20) specialized staff indicated that they would report allegations of sexual abuse or sexual harassment regardless of how they became aware of the allegation. This would include suspicions. They stated they would report it immediately to their immediate supervisor and when asked if they would have to make a written report, they stated they would have to make a written report as soon as possible and always before they left the facility at the end of their shift. The facility-based investigator confirmed the reporting and investigation process.

## TRAINING AND EDUCATION

### Standard 115.31: Employee training

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

#### 115.31 (a)

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

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

#### 115.31 (b)

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

#### 115.31 (c)

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

#### 115.31 (d)

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

#### Auditor Overall Compliance Determination

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

## Instructions for Overall Compliance Determination Narrative

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

**Policy and Document Review:** Georgia DOC Policy, 208.6, Prison Rape Elimination Act, Sexually Abusive Behavior Prevention and Intervention Program, C. Training and Education; Effingham County Prison Local Operating Procedure;

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

**Interviews:** Warden; PREA Compliance Manager; Randomly selected staff from the prison (12), Special category staff from the prison (17); Warden; PREA Compliance Manager; Previous Interviews with the Agency PREA Coordinator and Assistant PREA Coordinator.

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

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

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

Effingham County Prison PREA Policy, 115.31, Training and Education requires the following:

- (a) All employees will receive information related to this policy in the following critical areas:
- The institution's zero tolerance policy for sexual misconduct
  - How employees should fulfill their responsibilities under the institutions sexual misconduct, prevention, detection, reporting and response policies and procedures
  - Inmate/Resident right to be free from sexual harassment and misconduct

- The right of employees and inmates to be free from retaliation when reporting sexual misconduct
- The Dynamics of sexual abuse and sexual harassment in confinement
- The common reactions of sexual misconduct in victims
- How to detect and respond to signs of threatened and actual sexual misconduct/abuse
- How to avoid inappropriate relationships with inmates
- How to communicate effectively and professionally with all inmates
- How to comply with relevant laws related to mandatory reporting of sexual abuse outside authorities
- Consent is NEVER a legal defense, there is no consensual sex in a custodial and supervisory relationship

(b) Training is tailored to the gender of the inmates housed at the **ECP**.

(c) Employees who are hired from facilities housing the opposite gender are given additional training if it is requested or appears to be needed other than that which is posted in the S.O.P. and POST orders.

(d) Between training sessions that the **ECP** provides employees who may have contact with inmates are encouraged to read and study the local operating Procedure, the Georgia Department of Corrections Policy and the Federal Standards as they relate to the Prison Rape Elimination Act.

(e) Employees will receive training upon their initial hiring and through yearly refresher training thereafter.

(f) Documentation through signature of each employee will be maintained by the institution Training Department

The facility was asked to provide 40 acknowledgement statements for employees documenting their PREA Training. The reviewed acknowledgement statement acknowledges that the staff has received training on the Department's Zero Tolerance Policy on sexual abuse and GDC Standard Operating Procedure 208.06, Sexually Abusive Behavior Prevention and Intervention Programs, and the requirements for reporting allegations of sexual abuse, sexual harassment and sexual misconduct. They also acknowledge that they agree to comply with the GDC Policy on sexual abuse, sexual harassment and sexual misconduct as well as the penalties and consequences for violating those policies. These penalties include being banned from all correctional facilities and punishment up to and including imprisonment of not less than one nor more than 25 years, a fine of \$100,000, or both.

Staff also took the initiative to complete various on-line training offered by the National Institute of Corrections (NIC). For example, one counselor completed the following:

- PREA: Your Role in Responding to Sexual Abuse
- Medical Health Care for Sexual Assault
- Investigating Sexual Abuse in Confinement Settings
- PREA Coordinator Roles and Responsibilities
- PREA Auditing and Process
- Communicating Effectively with LGBTI Offenders

- Communicating Effectively with LGBTI Youth

The PREA Coordinator/PREA Compliance Manager completed the following and certificates were provided:

- PREA Coordinator’s Roles and Responsibilities
- PREA Auditing Process
- Behavioral Health Care for Sexual Abuse Victims in a Confinement Setting
- Investigating Sexual Abuse in Confinement Settings
- Medical Care for Sexual Assault Victims in a Confinement Setting

The facility reported that newly hired staff receive an initial orientation and if a correctional staff, attend Basic Correctional Officer Training (BCOT). AT BCOT, staff receive PREA Training as a component of the curriculum. All staff receive Annual In-Service Training and Day 1 of that training includes PREA related topics. Annual In-Service Training for Effingham County Prison is reportedly conducted at nearby Coastal State Prison.

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

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

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

PREA Related posters were observed in numerous locations throughout this facility.

**Interviews:** 100% of the interviewed staff stated, after reviewing each of the required topics of training required by the PREA Standards, stated that they have been trained on all of the topics required by the standards. Staff stated they are trained as new employees, that they attend Basic Correctional Officer Training conducted by the Georgia Department of Corrections, and that they attend annual in-service training where they receive PREA training again.

## Standard 115.32: Volunteer and contractor training

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

### 115.32 (a)

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

### 115.32 (b)

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

### 115.32 (c)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

**Policy and Documents Reviewed:** DOC Policy, 208.6, Prison Rape Elimination Act, Sexually Abusive Behavior Prevention and Intervention Program, C. Training and Education, Paragraph 3, Volunteer and Contractor Training; Effingham County Prison PREA Policy, 115.32, Volunteer and Contractor Training.

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

**Discussion of Policies and Documents that were reviewed:** DOC Policy, 208.6, Prison Rape Elimination Act, Sexually Abusive Behavior Prevention and Intervention Program, C. Training and Education, Paragraph 2, Volunteer and Contractor Training, and Effingham County Prison, PREA Policy, 115.32, Volunteer and Contractor Training requires volunteers and contractor who have contact with inmates are trained in the agency's zero tolerance policy and how to report. This training is based on the services being provided and the level of contact with inmates, however all volunteers and contractors who have contact with offenders/inmates are required to be notified of the Department's zero-tolerance policy and informed how to report such incidents. Participation must be documented and indicates understanding the training they received.

The level and type of training provided to volunteers and contractors is based on the services they provide and level of contact they have with the residents. All volunteers and contractors who have contact with offenders are notified of the Department's Zero Tolerance policy regarding sexual abuse

and sexual harassment and informed on how to report such incidents. Documentation of that training is on the Contractor/Volunteer Acknowledgment Statement.

The auditor reviewed PREA Acknowledgment Statements documenting training for contractors and volunteers. PREA Acknowledgment Statements documented that the volunteer or contractor has received the appropriate training in accordance with the Department's zero-tolerance policy and their obligation and responsibility to report. They acknowledge they are prohibited from engaging in any behavior of a sexual nature with an offender. They understand they are required to comply with the Department's PREA Policy on sexual abuse and sexual harassment. Sanctions for violating those policies are identified and the volunteer or contractor acknowledge them.

**Interviews:** Interviews with contracted staff confirmed receipt of PREA Training. Those contracted staff working inside the facility, including the nurse and food service staff, acknowledged they have to attend annual in-service training like any other employee and that training includes annual PREA refresher.

## Standard 115.33: Inmate education

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

### 115.33 (a)

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

### 115.33 (b)

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

### 115.33 (c)

- Have all inmates received such education?  Yes  No

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

#### 115.33 (d)

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

#### 115.33 (e)

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

#### 115.33 (f)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

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

**Policy and Documents Reviewed:** DOC Policy 208.6, Prison Rape Elimination Act, Sexually Abusive Behavior Prevention and Intervention Program, C. Training and Education, Paragraph 4, Offender Education; Effingham County Prison, PREA Policy, 115 .33, Inmate Education, Posters throughout the facility; PREA related information painted on walls; PREA Acknowledgment sheet (documenting receipt of PREA Brochure/Pamphlet on admission during intake).

**Interviews:** Warden, PREA Compliance Manager/Coordinator, Twenty (20) Inmates

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

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

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

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

The PREA Education must include:

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

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

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

Residents confirm their orientation on several documents

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

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

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

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

Intake occurs Tuesday and Thursdays. Interviews with twenty (20) inmates indicated that they are not receiving PREA related information at Intake. The intake officer does not inform the incoming inmates on the zero tolerance policy and how to report allegations of sexual abuse or sexual harassment. Although 100% of those interviewed related they have received PREA information at every facility they have been housed in, policy and the PREA Standards require they receive it during intake, followed by comprehensive education not later than 15 days following admission. Interviews with inmates confirmed they did receive orientation generally the next day following admission.

Corrective Action: The facility has designated the Sergeant on Tuesday and Thursday, to meet the incoming inmates and explain the zero tolerance policy and how to report allegations of sexual abuse and sexual harassment. Inmates will sign an acknowledgment stating they have received that information.

All of the inmates except two said they received orientation and watched the PREA Video, which each inmate said, they had watched multiple times.

.If an inmate should be limited English proficient, language line or a bilingual staff is used to interpret.

**Interviews:** Almost 100% of the inmates who were interviewed stated they did not receive any PREA information at intake however they said they did not need because they had received it at other facilities on numerous occasions. They acknowledged ways they could report and when asked specifically if they could report in a particular manner, they acknowledged they could. They all affirmed they were told they have the right not to be sexually abused or sexually harassed, how to report it if it occurred, and that they have the right not to be punished or retaliated against for reporting. They said that information is posted all over the facility and that it is streaming on the KIOSK.

## Standard 115.34: Specialized training: Investigations

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

#### 115.34 (a)

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

#### 115.34 (b)

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

#### 115.34 (c)

- Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? [N/A if the agency does

not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).]  
 Yes  No  NA

### 115.34 (d)

- Auditor is not required to audit this provision.

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

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

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

**Observations:** N/A

**Discussion of Policies and Documents:** DOC Policy 208.6, Prison Rape Elimination Act, Sexually Abusive Behavior Prevention and Intervention Program, C. Training and Education, Paragraph 4 Specialized Training Investigations and Effingham County Prison PREA Policy, 115.34 requires all staff investigating sexual abuse/sexual harassment allegations must be specially trained in conducting sexual abuse/sexual harassment investigations in confinement settings.

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

This specialized training, required in policy, consists of being appropriately trained in conducting investigations in confinement settings. The training includes techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity Warnings, sexual abuse evidence collection in confinement

settings, and the criteria and evidence required to substantiate a case for administrative action or prosecution referral. The Department is required to maintain documentation of that training.

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

The auditor reviewed two (2) Certificates documenting the specialized training provided by the NIC online.

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

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

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

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

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

### **115.35 (a)**

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

### **115.35 (b)**

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

### 115.35 (c)

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

### 115.35 (d)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

**Policy and Documents Reviewed:** Pre-Audit Questionnaire, Department of Corrections Policy, 208.6, Prison Rape Elimination Act, Sexually Abusive Behavior Prevention and Intervention Program, C. Training and Education, Paragraph 6, Specialized Training: Medical and Mental Health Care; Pre-Audit Questionnaire; (1) National Institute of Corrections Certificates documenting specialized training: Medical Health Care for Sexual Assault Victims in Confinement Settings;(2) National Institute of Corrections Certificates documenting specialized training for Behavioral Health Care for Victims of Sexual Abuse.

**Interviews:** Licensed Practical Nurse, PREA Compliance Manager, Warden; Counselor

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

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

There is one nurse at this facility. She has completed the National Institute of Corrections on-line Specialized Training Course, PREA Medical Care for Sexual Assault Victims in a Confinement Setting.

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

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

The nurse at this facility do not conduct forensic examinations.

Both counselors at the facility have completed the NIC On-Line Specialized Training, Behavioral Health for Victims of Sexual Abuse in Confinement Facilities.

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

The interviewed medical staff confirmed medical staff attend annual in-service training and receive the same PREA Training as all other employees. Additionally; staff attend specialized training in response to sexual assault, including training in the Nursing Protocols.

## **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.*

**Policy and Documents Reviewed:** Department of Corrections Policy 208.6, Prison Rape Elimination Act, Sexually Abusive Behavior Prevention and Intervention Program, D. Screening for Risk of Sexual Victimization and Abusiveness, Paragraph 1. Screening for victimization and abusiveness; GDC Policy 208.06, Attachment 4; Policy 208.06, Prison Rape Elimination Act-PREA, Sexually Abusive Behavior Prevention and Intervention Program in paragraph 9; Effingham County Prison PREA Policy, 115.41, Screening for Risk of Victimization and Abusiveness; 40) Victim/Aggressor Instruments; (40) Victim/Aggressor Reassessment Instrument; Pre-Audit Questionnaire.

**Interviews:** Staff conducting the victim/aggressor assessments; Classification Staff who make housing assignments; Warden; PREA Compliance Manager; (20) Inmates (Random and Targeted)

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

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

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

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

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

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

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

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

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

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

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

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

The reviewed instrument and an interview with the staff conducting the vulnerability assessments indicated the screening process considers minimally, the following criteria to assess inmate's risk of sexual victimization: Whether the inmate has a mental, physical, or developmental disability; the age of the inmate; the physical build of the inmate; whether the inmate has been previously incarcerated; whether the inmate's criminal history is exclusively nonviolent; whether the inmate has prior conviction for sex offenses against an adult or child; whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex or gender nonconforming; whether the inmate has previously experienced sexual victimization; the inmate's own perception of vulnerability and whether the inmate is detained solely for civil immigration purposes. It also considers prior acts of sexual abuse, prior

convictions for violent offenses and history of prior institutional violence or sexual abuse, as known by the Department, Other factors considered are: physical appearance, demeanor, special situations or special needs, social inadequacy and developmental disabilities.

The auditor reviewed (40) Victim/Aggressor Assessments. The instrument used was the GDC's Victim/Aggressor Survey. Assessments were consistently documented the same or next day following admission.

Policy requires offenders whose risk screening indicates a risk for victimization or abusiveness is required to be reassessed when warranted due to an incident disclosure of sexual abuse or harassment and for all offenders within 30 days of arrival at the institution. A case not shall be entered inscribe to indicate this review has been conducted.

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

Policy 208.06, Prison Rape Elimination Act-PREA, Sexually Abusive Behavior Prevention and Intervention Program in paragraph 5, requires the Warden to designate a safe dorm or safe beds for offenders identified as highly vulnerable to sexual abuse. The location of these safe beds must be identified in the Local Procedure Directive, Attachment 9 and the Staffing Plan. The facility has designated beds closest to the front of the open bay dorm in each of the dorms as safe beds. These beds are more easily observed by staff walking by the dorm as well as the staff in the main control room who have a view inside each of the dorms.

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

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

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

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

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

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

Offenders placed in segregation will receive services in compliance with GDC Policy, 209.06, Administrative Segregation. The facility will assign such offenders to involuntary segregated housing until an alternative means of separation from likely abusers can be arranged, and such an assignment will not ordinarily exceed 30 days.

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

**Discussion of Interviews:** An interview with the staff conducting the victim/aggressor assessment described the process. This staff indicated the items he considers in conducting the assessment. Staff also related they check SCRIBE for information about the inmate to ensure credible responses on some of the questions and to determine if there are any flags or prior assessments.

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

Inmates consistently stated they recalled being asked the PREA related questions. They said they were asked these in private in an office and that this information was requested either the same or next day following admission.

## Standard 115.42: Use of screening information

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

#### 115.42 (a)

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

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

#### 115.42 (b)

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

#### 115.42 (c)

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

#### 115.42 (d)

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

#### 115.42 (e)

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

#### 115.42 (f)

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

#### 115.42 (g)

- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing:

lesbian, gay, and bisexual inmates in dedicated facilities, units, or wings solely on the basis of such identification or status?  Yes  No

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

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

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

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

Wardens are required to designate a safe dorm (s) for those inmates (residents) identified as vulnerable to sexual abuse. Facilities will make individualized determinations about how to ensure the

safety of each inmate. Locations of safe dorms must be identified in the facility's Local Procedure Directive and Coordinated Response Plan and in the staffing plan.

The Warden at Effingham County Prison has designated the front 4-6 beds in each dorm as safe beds. The rationale for that is these beds are closest to the front where anyone passing by can see because of the large top to bottom glass windows in each dorm. Too, the main control room is centrally located like a hub surrounded by each dorm enabling the control room staff to easily see what is going on in each dorm.

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

Housing assignments are made initially by the counselor who is required to review the offender's information in SCRIBE or that came with him and to look for previous flags indicating the offender has already been identified as a potential victim or aggressor. The classification committee meets and assigns offenders to programming and details, some of which are mandatory for specific offenders. Information is reportedly reviewed to make those decisions with the goal of keeping inmates safe from sexual abuse and sexual harassment.

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

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

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

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

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

**Discussion of Interviews:** The PREA Compliance Manager stated the Counselor makes initial housing assignments which are, in the absence of other factors requiring something different, generally

made on beds available. Safe beds are available in each dorm and would be used for inmates at higher risk for sexual abuse. These beds are not identified to enable any inmate to know why an inmate is bedded there. The classification committee meets and considers, once again, all known and available factors in the inmate's records and make detail and programming assignments based on the available information as well as vulnerability with the goal of keeping all inmates safe.

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

## Standard 115.43: Protective Custody

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

#### 115.43 (a)

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

#### 115.43 (b)

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

- If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document: The reasons for such limitations?  Yes  No

#### 115.43 (c)

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

#### 115.43 (d)

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

#### 115.43 (e)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

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

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

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

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

The Effingham County Prison prohibits the placement of 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.

There were no inmates housed in segregated housing during the period of the audit. This was confirmed through interviews with staff and reviewed documentation for inmates currently in segregated housing.

#### **Interviews:**

The Warden, in an interview, related that he prefers that victims not be placed in involuntary segregation. He stated that he would talk with the inmate and see if he would feel more comfortable in another facility and if so he would arrange that. He stated that the perpetrator would be moved to another facility. Any use of segregation would be temporary and only until alternative safe housing were available. Staff supervising protective custody/segregated housing stated inmates have access to the KIOSK for reporting, sending requests to counselors, the warden, deputy warden and others, and for filing grievances, access to medical services, recreation and education would be carried to the inmate if he was enrolled in a facility educational program.

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

None of the interviewed inmates reported having been in segregated housing or protective custody.

## REPORTING

### Standard 115.51: Inmate reporting

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

#### 115.51 (a)

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

#### 115.51 (b)

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

#### 115.51 (c)

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

#### 115.51 (d)

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

## Auditor Overall Compliance Determination

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

## Instructions for Overall Compliance Determination Narrative

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

**Policy and Documents Reviewed:** Policy, 208.6, Prison Rape Elimination Act, Sexually Abusive Behavior Prevention and Intervention Program, E. Reporting, 1. Inmate Reporting; The GDC policy (208.06, 2. Offender Grievances); Standard Operating Procedure 227.02, Statewide Grievance Procedures; brochure entitled, "Sexual Assault, Sexual Harassment, Prison Rape Elimination Act (PREA); 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; Effingham County Prison Policy, 115.51, Inmate Reporting;.

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

**Observations:** Five (5) Phones in each dorm with dialing instructions; Testing One(1) PREA Phone, Multiple Posters related to PREA, including how to and to whom to report allegations of sexual abuse; Streaming PREA Information on KIOSK re: Reporting via the Hotline, and Kiosk for inmates in segregation.

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

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

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

Reports are required to be promptly documented.

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

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

Effingham PREA Policy, 115.51, Inmate Reporting, asserts that the Effingham County Prison (ECP) provides several different ways for an inmate to report any incidents of sexual abuse and sexual harassment, any retaliation by other inmates or staff for reporting sexual abuse and sexual harassment and any type of staff neglect or violations of responsibilities that may have contributed to such incidents. Inmates are able to report either verbally, in writing and/or confidentially through anonymous communication of any incident concerning sexual misconduct to a staff member, medical personnel, any non-employee or the Warden. In addition, the inmates may contact the Georgia Department of Corrections Sexual Assault/Abuse Hotline (1-888-992-7849) on the phones in the dormitories.

Inmates in the facility who wish to report an allegation in writing but choose not to hand a statement to a staff member or volunteer may place their statement in any one of the administrative boxes that are in the main hallway in the prison. The boxes will be checked regularly. The recipient of the statement will then forward the statement to the SART team for investigation.

Grievances are permitted to be submitted by inmates at any time.

Third parties are permitted to make reports of sexual abuse and sexual harassment of inmates. The reports will be reviewed immediately, and standard procedure will be followed upon receipt of the report. All reports will be documented.

Staff have been instructed and trained to accept reports made both verbally and in writing from third parties and promptly document them. Inmates may file grievances as well. Once a grievance is received and determined to be PREA related, the grievance process ceases, and an investigation begins. Third Party reports may be made to the Ombudsman's Office or in writing to the State Board of Pardons and Paroles, Office of Victim Services (address provided). Interviews with staff, both random and specialized confirmed staff are required and trained to accept all reports, regardless of how they are made and regardless of the source, to notify their supervisor and write either an incident report or a statement as directed by the supervisor to document receipt of verbal reports, third party reports, anonymous reports etc.

The GDC policy (208.06, 2. Offender Grievances), requires that the facility allow offenders a full and fair opportunity to file grievances regarding sexual abuse to as to preserve their ability to seek judicial redress after exhausting administrative remedies. The procedures governing grievances are addressed

in Standard Operating Procedure 227.02, Statewide Grievance Procedures. All grievances received are to be forwarded to the local SART for handling in accordance with the local response protocol.

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

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

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

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

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

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

**Discussion of Observation and Testing Processes:** Five (5) Phones were observed on the walls of each dorm. Posted at the phones were instruction for dialing the PREA Hotline. The auditor tested a PREA Phone in one of the dormitories to see if an inmate could contact the PREA Unit with the posted instructions. The phone worked as stated and the auditor was able to leave messages that were later confirmed by the PREA Unit Operations Analyst via an email.

Multiple PREA related posters were observed posted throughout the facility keeping PREA information continuously available to inmates. Zero Tolerance Posters, located throughout the facility, as well as other PREA related posters, explain that residents have the right to report, stressing the facility wants to

keep the resident safe and that an investigation will be conducted for reported incidents and the perpetrator will be held accountable. Multiple ways to report are listed on the poster.

**Discussion of Interviews:**

Interviews with 20 inmates at the prison confirmed that they understand and are aware they have a right to report allegations of sexual abuse and sexual harassment and the right not to be retaliated for making such reports. They all were aware of ways to report sexual assault/abuse or sexual harassment. The majority of those interviewed named at least two ways to report and most frequently staff or call the PREA Hotline. When asked if they had anyone outside the facility they could report they most often said family. Visitation is offered on the weekends and holidays and inmates stated they can all their families daily if they have money on the books. They also said the phones at this facility are left on, so they can make calls just about any time they wanted to. Inmates consistently stated sexual abuse and sexual harassment do not occur in this facility.

**Standard 115.52: Exhaustion of administrative remedies**

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

**115.52 (a)**

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

**115.52 (b)**

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

**115.52 (c)**

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

### 115.52 (d)

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

### 115.52 (e)

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

### 115.52 (f)

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

- After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.)  
 Yes  No  NA
- Does the initial response and final agency decision document the agency's determination whether the inmate is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)  Yes  No  NA
- Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)  Yes  No  NA
- Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)  Yes  No  NA

### 115.52 (g)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

**Policy and Documents Reviewed:** The Effingham County Prison Pre-Audit Questionnaire; Effingham County Prison PREA Policy, 115.53, Exhaustion of Administrative Remedy;

**Interviews:** Grievance Officer; Twelve (12) Randomly selected staff; Twenty (20) Randomly selected inmates; PREA Compliance Manager, Warden; Twenty (17) Special category staff.

### Discussion of Policies and Documents:

GDC Policy 208.6, E.3, Offender Grievances and Decatur County Prison Local Operating Procedure, 11.53, Sexually Abusive Behavior Prevention and Intervention, states that all allegations of sexual

abuse and sexual harassment are not issues that are grievable. These should be reported in accordance with methods outlined in the policy.

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

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

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

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

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

#### **115.53 (a)**

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

#### **115.53 (b)**

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

#### **115.53 (c)**

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

## Auditor Overall Compliance Determination

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

## Instructions for Overall Compliance Determination Narrative

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

**Policy and Documents Reviewed:** GDC Policy 208.6, PREA, Effingham County Prison PREA Policy 115.53, Inmate Access to Outside Confidential Support Services; Pre-Audit Questionnaire; GDC Policy IIA234-0001, Consular Notification, Memo designating staff advocates; Posters with outside reporting numbers and addresses; Inmate Handbook; MOU with the Statesboro Regional Sexual Assault Center

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

### Discussion of Policies and Documents Review:

Effingham County Prison PREA Policy, provides that anytime an inmate alleges that a sexual assault or abuse has occurred, the SEXUAL ASSAULT SUPPORT CENTER INC, (SASCI) in Statesboro GA, will be notified as soon as possible to provide an outside Victim Advocate who provides emotional support services related to sexual abuse.

Effingham County Prison has obtained a memorandum of understanding with the Regional Sexual Assault Center in Statesboro GA, to provide outside advocacy services to a person who is the victim of a sexual assault.

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

The facility has entered into an agreement with the Statesboro Regional Sexual Assault Center, in Statesboro, Georgia. The agreement provides for the following from the Center:

- Provide accompaniment for inmates
- Provide a hotline for inmates
- Provide on-call counselors

- Respond to requests from the Facility to provide a Forensic Exam by a SANE
- Provide prophylaxis treatment for inmates when requested
- Maintain confidentiality as required
- Provide training to staff of the facility as requested

The agreement is signed by the Warden of the Effingham County Prison and the Regional Sexual Assault Center Executive Director.

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

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

**Interviews:** Warden, PREA Compliance Manager, Twenty (20) Inmates

**Discussion of Interviews:** The facility management and PREA Compliance Manager discussed the services and MOU with the Statesboro Regional Sexual Assault Center. Interviews with all twenty of the inmates indicated that although the information about how to contact the Statesboro Regional Sexual Assault Center is posted in each dormitory, inmates could not remember if they were told about the center and/or the services they provide, how to contact them, and the the limits of confidentiality when contacting them. Documentation was later provided during the corrective action period confirming inmates were retrained in the services and how to access them.

## Standard 115.54: Third-party reporting

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

### 115.54 (a)

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

### Auditor Overall Compliance Determination

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

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

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

**Policy and Documents Reviewed:** Georgia Department of Corrections Policy, 208.6, PREA; The Decatur County Prison Pre-Audit Questionnaire; One (1) Reviewed Investigation Package; PREA Related Posters

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

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

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

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

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

Inmates at the Effingham County Prison have access to third parties, including family members, volunteers and other staff or inmates. Inmates have access to phones to call home or to their attorney's, if they have one. Inmates stated, the unlike other prisons, this facility leaves their phones on 24/7 for inmates to access.

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

## OFFICIAL RESPONSE FOLLOWING AN INMATE REPORT

### Standard 115.61: Staff and agency reporting duties

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

#### 115.61 (a)

- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether 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

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

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

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

**Discussion of Policy and Documents Reviewed:** Department of Corrections Policy, 208.6, Sexually Abusive Behavior Prevention and Intervention Program, F. Official Response Following and Inmate Report, 1. Staff and Department Reporting Duties, requires staff who witness or receive a report of sexual assault, sexual harassment, or who learn of rumors or allegations of such conduct, must report information concerning incidents or possible incidents of sexual abuse or sexual harassment to the supervisor on duty and write a statement, in accordance with the Employee Standards of Conduct. The highest-ranking supervisor on duty who receives a report of sexual assault or sexual harassment, is required to report it to the appointing authority or his/her designee immediately. The supervisor in charge is required to notify the PREA Compliance Manager and/or SART Leader as designated by the Local Procedure Directive. Appointing authorities or his/her designee may make an initial inquiry to determine if a report of sexual assault, sexual harassment, is a rumor or an allegation. Allegations of sexual assault and sexual harassment are major incidents and are required to be reported in compliance with policy. Once reported, an evaluation by the SART Leader/Team of whether a full response protocol is needed will be made. Appointing authorities or designee(s) are required to report all allegations of sexual assault with penetration to the Office of Professional Standards (OPS) Special Agent In-Charge and the Department's PREA Coordinator immediately upon receipt of the allegation. OPS will determine the appropriate response. Staff, failing to comply with the reporting requirements of DOC Policy, may be banned from correctional facilities or will be subject to disciplinary action, up to and including termination. If an alleged victim is under the age of 18, the Department reports the allegation to the Department of Family and Children Services, Child Protection Services Section. Staff

are not to disclose any information concerning sexual abuse, sexual harassment or sexual misconduct of an offender, including the names of the alleged victims or perpetrators, except to report the information as required by policy, or the law, or to discuss such information as a necessary part of performing their job.

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

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

The Effingham County Prison PREA Policy, 115.61, Staff and Agency Reporting Duties require that all staff of the Effingham County Prison must Immediately report any known or suspected act or allegation of sexual misconduct or retaliation to the Administration through the appropriate chain of command (Contact shift supervisor) all staff must also ensure the confidentiality of the victim(s) in incidents of sexual misconduct is not compromised.

Staff are required to treat all reported 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.

They are to provide complete cooperation and full disclosure during any inquiry or investigation into an alleged act of sexual misconduct or retaliation.

All reports of sexual misconduct, sexual contact or sexual abuse must be considered credible and promptly investigated without regard to whether:

- a. The inmate named in the allegation is in custody or not
- b. Staff members named in an allegation are currently employed or not
- c. The report of the allegation was made in a timely manner or not
- d. The inmate reporting the allegation is known to have made past false allegations
- e. The source of the allegation recants the allegation
- f. The employee receiving the complaint believes or does not believe the allegations

Upon receiving any allegation of sexual abuse, the PREA Coordinator will promptly report the allegation to the Georgia Department of Corrections.

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

Staff are trained to report all allegations, including suspicions. They receive this training in multiple venues including pre-service training, Basic Correctional Officer Training, Annual In-Service Training, periodic refresher trainings during shift briefing, and specialized training opportunities for the SART,

investigators, medical and mental health staff. The auditor reviewed 40 PREA Acknowledgment Statements and three (3) training rosters.

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

**Discussion of Interviews:** All of the interviewed staff, including twelve (12) randomly selected staff and twenty (20) specialized staff, confirmed they are required to report all allegations of sexual abuse and sexual harassment, including retaliation. They related they would report any suspicious behavior as well as information gained directly or through third parties. They said they would not make the allegation known to anyone but the shift supervisor and the report made via phone to keep things more confidential or do it in person and never broadcast it over radio. When asked if they would accept third party reports or anonymous reports they said they would and that all reports would be followed up with a written statement or incident or other report immediately, if possible, and always prior to leaving the shift.

## Standard 115.62: Agency protection duties

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

#### 115.62 (a)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

**Policy and Documents Reviewed:** GDC Policy 208.06, Prison Rape Elimination Act- PREA, Sexually Abusive Behavior Prevention and Intervention Program, Paragraph 2., Facility Protection Duties; SOP 209.06, Administrative Segregation; the Pre-Audit Questionnaire; Effingham County Prison PREA Policy, 115.62, Agency Protection Duties;

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

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

Effingham County Prison PREA Policy, 115. 62, Agency Protection Duties requires that when an inmate is identified as being at risk for sexual abuse on his current housing unit, the screening staff will request that the supervisor on duty immediately move the inmate to an alternate unit. If alternative placement cannot be arranged, the Warden and/or PREA Coordinator will develop a written plan of action that will provide a safe and secure environment for the victim and ensure the plan is implemented. The Pre-Audit Questionnaire documented that there have been no cases in which an inmate has been determined to be or who has alleged to be at risk of imminent sexual abuse.

The Warden has identified the first four (4) beds in the front of each dorm as the safe beds for inmates who have been determined to be vulnerable. These beds are in the front of the open bay dorms and

anyone waling by the dorm can easily see the beds through the top to bottom glass walls/windows as well as viewable by staff in the main control room.

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

**Discussion of Interviews:** Interviews with the Warden, PREA Compliance Manager, random and special category staff, inmates, and reviewed incident reports for the past 12 months confirmed there were no inmates at risk of imminent sexual abuse in the past 12 months. Staff indicated, in their interviews, that if an inmate told them or they found out an inmate was at risk of imminent sexual abuse, they would remove him immediately from the threat, if known, and if not known, would move him to a safe area, security office or elsewhere to keep him safe until the supervisors decided where to house him. None of the twenty (20) interviewed inmates had ever reported that they felt at risk of any type of sexual assault or sexual harassment.

## Standard 115.63: Reporting to other confinement facilities

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

#### 115.63 (a)

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

#### 115.63 (b)

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

#### 115.63 (c)

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

#### 115.63 (d)

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

### Auditor Overall Compliance Determination

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

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

### Instructions for Overall Compliance Determination Narrative

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

**Policy and Documents Reviewed:** DOC Policy, 208.6, Prison Rape Elimination Act, Sexually Abusive Behavior Prevention and Intervention Program, 3. Reporting to other Confinement Facilities; Effingham County Prison PREA Policy, 115.63, Reporting to Other Confinement Facilities; Pre-Audit Questionnaire;

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

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

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

The Effingham County Prison PREA Policy, 115.63, Reporting to Other Confinement Facilities, requires that upon receiving an allegation that an inmate was sexually abused while residing at another facility, the Warden will notify the Administrator of the institution where the alleged abuse occurred and will also notify the Georgia Department of Corrections.

Notification will be provided as soon as possible but no later than 72 hours after receiving the allegation. The institution will document that it has provided such notification. Any report filed by another agency to the Effingham County Prison will be investigated the same as any other incident that pertains to the PREA policy and procedures.

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

**Discussion of Interviews:** Interviews with the PREA Compliance Manager, Warden and Facility-Based Investigator confirmed they are aware of the policy requiring reporting to other facilities upon receiving an allegation of sexual abuse that occurred in another facility. They also indicated if they received an allegation from another facility that an inmate, while assigned to their facility was sexually abused at this prison, they would initiate an investigation and cooperate with any investigation. They also indicated, in their interviews, that they have not received any allegations of sexual abuse or sexual harassment occurring in another facility nor have they received any reports from another facility that an inmate now at another facility was sexually abused or sexually harassed while at this 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 and Documents Review:** Georgia DOC Policy, 208.6; local protocol, "PREA Reporting Process"; Effingham County Prison PREA Policy, 115.64, Staff First Responder Duties, Pre-Audit Questionnaire; Monthly PREA Reports; One Reviewed Investigation (Documenting the only allegation made during the past 12 months and the allegation was of sexual harassment).

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

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

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

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

Effingham County Prison Policy, 115.64 Staff first responder duties, requires the following:

- (a) Upon learning of an allegation that an inmate was sexually abused, the first security staff member to respond to the report shall be required to:
- (1) Separate the alleged victim and abuser;
  - (2) Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence;
  - (3) If the abuse occurred within a time period that still allows for the collection of physical evidence, request that the alleged victim not take any actions that could destroy physical evidence, including, as

appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating; and

(4) If the abuse occurred within a time period that still allows for the collection of physical evidence, 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.

(b) If the first staff responder is not a security staff member, the responder shall be required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff.

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

There have been no occasions requiring first responding regarding an allegation of sexual abuse.

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

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

#### **Standard 115.65: Coordinated response**

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

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

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

#### **Auditor Overall Compliance Determination**

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

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

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

**Policy and Documents Reviewed:** GDC Policy 208.06, Prison Rape Elimination Act-PREA, Sexually Abusive Behavior Prevention and Intervention Program, F. Official Response Following and Offender Report; Coordinated Response; local protocol, Effingham County PREA Policy, 115.65, Coordinated Response Plan; GDC Sexual Abuse Response Checklist (GDC 208.06, Attachment 6); PREA Monthly Reports

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

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

The Effingham County Prison PREA Policy affirms that the Effingham County Prison has developed 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.

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

The SART Leader arranges for immediate medical examination. Medical conducts an initial assessment to determine if the inmate needs immediate medical intervention and to treat these. Medical staff contact the SANE if needed.

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

**Discussion of Interviews:** All the interviewed staff described the actions they would take if they were the first staff to become aware of an allegation of sexual abuse. The prison staff is small and the SART includes medical, counseling, retaliation monitor and the facility-based investigator. Interviews with each of these entities confirmed their roles.

## 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. Effingham County employees are not members of a union. The County is not involved in any form of collective bargaining with regard to the staff at the prison.

**Interviews:** Warden; PREA Compliance Manager

#### Discussion of interviews:

Interviews indicated that employees are all non-union and the facility is 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 residents or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff?  Yes  No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of inmates who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff?  Yes  No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation?  Yes  No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor any inmate disciplinary reports?  Yes  No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate housing changes?  Yes  No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate program changes?  Yes  No

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor negative performance reviews of staff?  Yes  No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor reassignments of staff?  Yes  No
- Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need?  Yes  No

#### 115.67 (d)

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

#### 115.67 (e)

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

#### 115.67 (f)

- Auditor is not required to audit this provision.

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

**Policy and Documents Reviewed:** DOC Policy 208.6, Prison Rape Elimination Act, Sexually Abusive Behavior Prevention and Intervention Program; GDC Policy1K01-0006, Paragraph 5; SART Contact List with Retaliation Monitor

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

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

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

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

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

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

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

**Discussion of Interviews:** The Warden has designated the Deputy Warden as the facility's retaliation monitor. The retaliation monitor is a part of Sexual Assault Response Team (SART) that investigates allegations of sexual abuse. In this capacity the monitor is aware of allegations. He indicated he would make contact with either the inmate or staff. Measures he would take include placing the alleged offender in segregation during the investigation, changing dorms or possibly transferring the offending inmate if an inmate and if staff were involved the staff would be placed on no contact until the investigation was over. Staff measures would include changing shifts or changing assignments. He would monitor such things as DRs, detail assignments, dorms changes or anything else out of the ordinary that would indicate possible retaliation. If staff, he would similarly watch for any discipline against the staff, changing details, or putting him/her on an undesirable job or shift and performance reports. He would monitor for retaliation beyond 90 days if needed.

## Standard 115.68: Post-allegation protective custody

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

### 115.68 (a)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

**Policy and Documents Reviewed:** Department of Corrections Policy, 208.6, Prison Rape Elimination Act, Sexually Abusive Behavior Prevention and Intervention Program, D. Screening for Risk of Sexual Victimization and Abusiveness, 3. Protective Custody; Effingham County Prison PREA Policy Statement, 115.68; Pre-Audit Questionnaire

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

### Discussion of Policy and Documents:

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

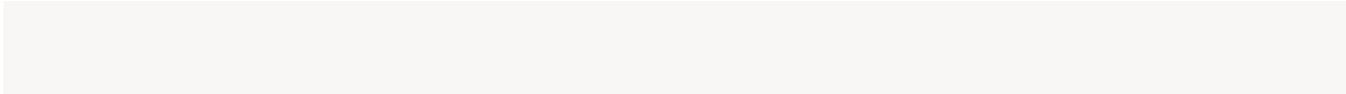
days. Reviews are required to be conducted every 30 days to determine whether there is a continuing need for separation from the general population. Inmates in involuntary segregation will receive services in accordance with SOP HN09-0001, Administrative Segregation.

The Effingham County Prison Policy statement affirms that the facility ensures that 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. Inmates, according to staff, including the Warden are placed in a safe bed in another dorm while the alleged perpetrator is placed in segregation pending investigation. If the inmate cannot feel safe in this facility, the Warden would facilitate a transfer to another facility where the inmate would feel safe.

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

**Discussion of Interviews:**

Interviews with staff, including the Warden, Deputy Wardens, PREA Compliance Manager and other staff indicated inmates are placed in Protective Custody when requested by the inmate. All the interviewed staff believed involuntary protective custody would be used only as a last resort and if there was not another place to safely house the inmate. Staff stated inmates could be placed in another dorm. Staff did indicate an inmate may initially be placed in a single cell temporarily in involuntary segregation while the SART attempts to determine what happened and how extensive the threat may be. But POST allegation, the inmate would not be placed in segregated housing unless there was not other place in this facility to safely house the inmate. Reasons would be documented and entered into SCRIBE in accordance with GDC policy.



**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

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

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

**Discussion of Policy and Documents Reviewed:** This facility conducts the initial investigations into allegations of sexual abuse. Investigations are conducted by the Sexual Assault Response Team. If the allegation appears to be criminal the case is referred to the Georgia Department of Corrections Office of Professional Standards to be investigated by a Special Agent or the case may be referred to the Effingham County Sheriff's Office. However, in any case, when the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, it does so promptly, thoroughly, and objectively.

Investigations are conducted as the result of any allegation, including those made by third parties and those made anonymously. Staff are required to report allegations received through any means, including third party and those made anonymously.

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

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

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

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

Credibility of the victim, suspect and witnesses is to be assessed on an individual basis and not determine by the person's status as an offender or staff member. An offender who alleges sexual abuse will not be required to submit to a polygraph exam or other truth-telling device as a condition for proceeding with the investigation of such an allegation.

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

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

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

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

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

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

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

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

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

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

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

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

## **Standard 115.72: Evidentiary standard for administrative investigations**

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

### 115.72 (a)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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**Policy and Documents Reviewed:** The Georgia Department of Corrections Policy 208.06, Prison Rape Elimination Act-PREA, Sexually Abusive Behavior Prevention and Intervention Program, Section G. 13; Effingham County Prison PERA Policy,

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

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

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

**Discussion of Interviews:** An interview with the facility-based investigator confirmed that the standard used to substantiate an allegation of sexual abuse or sexual harassment is the preponderance of the evidence, which he described as being 51%.

### 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

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**Policy and Documents Reviewed:** GDC Policy 208.06, Prison Rape Elimination Act – PREA, Sexually Abusive Behavior Prevention and Intervention Program, G.15; Reviewed (1) investigation package; Reviewed GDC Notification Form, Attachment 3, GDC 208.6; Effingham County Prison PERA POLICY, 115. 73, Reporting to Inmates; Pre-Audit Questionnaire.

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

**Discussion of Policy and Documents Review:** Following an investigation into an allegation of sexual abuse, within 30 days, the facility is required, by policy, (208.6) and Effingham County Prison PERA Policy requires that the facility notify the inmate of the results of the investigation as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded or unsubstantiated or substantiated -forwarded to OPS.

Policy requires the notification be completed by a member of the local SART unless the appointing authority delegates to another designee under certain circumstances. Notifications are required to be documented. If an inmate is released from the Department's custody the Department's obligation to "notify" the inmate of the outcome of the investigation is terminated. Notifications are required to comply with the PREA Standards and DOC Policies.

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

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

learns that the staff member has been convicted on a charge related to sexual abuse within the facility. The agency would also notify the resident when the agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility; or the agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility.

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

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

There was only one allegation made during the past 12 months. According to the Chief of Security, the Lieutenant, the inmate was notified however the notification was not documented. Staff described the process and the requirements of the policy and it was suggested the notifications be made using the GDC Notification Form.

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

## DISCIPLINE

### Standard 115.76: Disciplinary sanctions for staff

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

#### 115.76 (a)

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

#### 115.76 (b)

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

#### 115.76 (c)

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

#### 115.76 (d)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

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

**Discussion of Policy and Document Review:** Department of Corrections Policy, 208.6, Prison Rape Elimination Act, H. Discipline, 1. Disciplinary Sanction for Staff and Decatur County Prison Local

Operating Procedure, 11.53, Sexually Abusive Behavior Prevention and Intervention, requires that staff who engage in sexual abuse with an offender will be banned from correctional institutions or subject to disciplinary action, up to and including, termination, whichever is appropriate. Staff may also be referred for criminal prosecution when appropriate. The LOP states that termination will be the presumptive disciplinary sanction for staff members who have engaged in sexual touching.

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

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

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

Effingham County Prison PREA Policy, 115.76, Disciplinary Sanctions for Staff, confirms that the Effingham County Prison has a zero tolerance for sexual misconduct between inmates and any staff members. Sexual misconduct perpetrated by staff is contrary to the policies of this institution and professional ethical principles that all employees are bound to uphold. Any such conduct is cause for disciplinary action up to and including termination.

There is no consensual sex in a custodial or supervisory relationship as matter of law. A sexual act with an inmate by a person in a position of authority over the inmate is a felony and subject to criminal prosecution.

Retaliation against an inmate who refuses to submit to sexual activity or retaliation against individuals (including witnesses) because of their involvement in the reporting or investigation of sexual misconduct is also prohibited and grounds for disciplinary actions including termination and criminal prosecution.

Failure of employees to report incidents of sexual misconduct is cause for disciplinary action up to and including termination.

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

There were no allegations of either sexual abuse or sexual harassment resulting in disciplinary action against staff during the past 12 months. The only allegation made during the past 12 months involving a staff was determined to be unsubstantiated.

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

## Standard 115.77: Corrective action for contractors and volunteers

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

#### 115.77 (a)

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

#### 115.77 (b)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

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

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

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

Effingham County Prison PREA Policy asserts that any contractor or volunteer who engages in sexual abuse will be prohibited from contact with the inmate, Effingham County Prison and staff. Contractors and volunteers are subject to be reported to the Effingham County Sheriff's Department for further investigation pursuant to criminal charges.

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

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

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

## Standard 115.78: Disciplinary sanctions for inmates

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

### 115.78 (a)

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

**115.78 (b)**

- Are sanctions commensurate with the nature and circumstances of the abuse committed, the inmate's disciplinary history, and the sanctions imposed for comparable offenses by other inmates with similar histories?  Yes  No

**115.78 (c)**

- When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether an inmate's mental disabilities or mental illness contributed to his or her behavior?  Yes  No

**115.78 (d)**

- If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to require the offending inmate to participate in such interventions as a condition of access to programming and other benefits?  Yes  No

**115.78 (e)**

- Does the agency discipline an inmate for sexual contact with staff only upon a finding that the staff member did not consent to such contact?  Yes  No

**115.78 (f)**

- For the purpose of disciplinary action does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation?  Yes  No

**115.78 (g)**

- Does the agency always refrain from considering non-coercive sexual activity between inmates to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between inmates.)  
 Yes  No  NA

**Auditor Overall Compliance Determination**

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

## Instructions for Overall Compliance Determination Narrative

*compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

**Policy and Documents Reviewed:** GDC Policy, 208.6, Sexually Abusive Behavior Prevention and Intervention Program, H. Discipline, Paragraph 3. Disciplinary Sanctions for Offenders, Decatur County Local Operating Procedure, 11.53, Sexually Abusive Behavior Prevention and Intervention; GDC Standard Operating Procedure, VG34-0001, MH/MR Discipline Procedures; Pre-Audit Questionnaire; Reviewed Incident Reports; Reviewed Investigation Reports.

**Interviews:** Warden; PREA Compliance Manager; SART Leader; SART Members; Staff Supervising Segregation

**Discussion of Policy and Documents Reviewed:** GDC Policy and Decatur County Prison Local Operating Procedure prohibits all consensual sexual activity between offenders and offenders may be subject to disciplinary action for such activity. Consensual sexual activity between offenders does not constitute sexual abuse but is considered a disciplinary issue. Paragraph b. requires that offenders are subject to disciplinary sanctions pursuant to a formal disciplinary process following an administrative finding that the offender engaged in offender-on-offender sexual abuse or a criminal finding of guilt for offender-on-offender sexual abuse. The sanctions that may be imposed are prescribed in Standard Operating Procedures 209.01, Offender Discipline.

Policy requires that the disciplinary process consider whether an offender's mental disabilities or mental illness contributed to behavior when determining what type of sanction, if any, will be imposed. SOP VG34-001, establishes procedures for various levels of challenge when charged with a disciplinary violation to ensure the inmate understands the process and that his challenges are taken into consideration in the process.

And if the facility offers therapy, counseling or other interventions to address and correct underlying reasons or motivations for the abuse, the facility is required to consider whether to offer the offending offender to participate in such interactions as a condition of access to programming or other benefits.

Policy affirms that an offender may be disciplined for sexual contact with a staff member only upon a finding that the staff member did not consent to such contact.

Reports made in good faith upon a reasonable belief that the alleged conduct occurred shall not constitute false reporting or lying, even if the investigation does not establish sufficient evidence to substantiate the allegation. However, following an administrative finding of malicious intent on behalf of the offender making the report, then the offender will be subject to disciplinary sanctions pursuant to a formal disciplinary process in accordance with SOP 209.01, Offender Discipline.

Effingham County Prison PREA Policy, 115.78, Disciplinary Sanctions for Inmates requires the following:

(a) Inmates shall be subject to disciplinary sanctions pursuant to a formal disciplinary process following an administrative finding that the inmate engaged in inmate-on-inmate sexual abuse or following a criminal finding of guilt for inmate-on-inmate sexual abuse.

(b) Sanctions shall 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.

(c) The disciplinary process shall consider whether an inmate’s mental disabilities or mental illness contributed to his or her behavior when determining what type of sanction, if any, should be imposed.

(d) **ECP** does not offer therapy, counseling, or other interventions designed to address and correct underlying reasons of motivations for the abuse, **ECP** will transfer inmate so he can participate in therapy and or counseling.

(e) **ECP** may discipline an inmate for sexual contact with staff only upon a finding that the staff member did not consent to such contact.

(f) For the purpose of disciplinary action, a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred shall not constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegations.

(g) **ECP** may, in its discretion, prohibit all sexual activity between inmates and may discipline inmates for such activity. **ECP** may not, however, deem such activity to constitute sexual abuse if it determines that the activity is not coerced.

There were no allegations against another inmate during the past twelve (12) months. This was confirmed through the reviewed Pre-Audit Questionnaire, reviewed incident reports, reviewed grievances, and interviews with staff and inmates.

**Discussion of Interviews:** Interviews confirmed that if an inmate had been involved in a violation of any agency sexual abuse policy, the inmate could be subjected to possible criminal prosecution and depending on the charge or violation, the inmate will be disciplined according to the inmate disciplinary code. This was confirmed through an interview, as well, with the facility due process officer.

## MEDICAL AND MENTAL CARE

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

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

#### 115.81 (a)

- If the screening pursuant to § 115.41 indicates that a prison inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening?  Yes  No

#### 115.81 (b)

- If the screening pursuant to § 115.41 indicates that a prison inmate has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison.)  Yes  No  NA

#### 115.81 (c)

- If the screening pursuant to § 115.41 indicates that a jail inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening?  Yes  No

#### 115.81 (d)

- Is any information related to sexual victimization or abusiveness that occurred in an institutional setting strictly limited to medical and mental health practitioners and other staff as necessary to inform treatment plans and security management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law?  Yes  No

#### 115.81 (e)

- Do medical and mental health practitioners obtain informed consent from inmates before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the inmate is under the age of 18?  Yes  No

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

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

**Policy and Documents Reviewed:** GDC Policy 208.06, Sexually Abusive Behavior Prevention and Intervention Program, I., Medical and Mental Health Care; Effingham County Prison PREA Policy, 115.81, Medical and Mental Health Screenings; Pre-Audit Questionnaire; (40) Victim/Aggressor Assessments

**Interviews:** Licensed Practical Nurse, Staff Conducting Victim/Aggressor Assessments; Warden; PREA Compliance Manager

**Discussion of Reviewed Policy and Documents:** GDC Medical Policies are specific and voluminous regarding health care. Health Care services are provided through a contract. The GDC Policy, 208.06, Sexually Abusive Behavior Prevention and Intervention Program I, Medical and Mental Health Care requires that the GDC provide prompt and appropriate medical and mental health services in compliance with 28 CFR 115 and in accordance with the GDC Standard Operating Procedures. The auditor reviewed referrals to mental health for inmates alleging sexual abuse or sexual harassment, including prior victimization. The referral process is expedited by the fact the mental health staff conduct the victim/aggressor assessments during the intake process. Prior to the provision of services, based on referrals, documentation, including Informed Consent/Confidentiality Forms, are explained and signed by inmates.

If the screening process indicates an offender has previously perpetrated sexual abuse whether it occurred in an institutional setting or in the community, staff ensure that the offender is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening.

Effingham County PREA Policy, Medical and Mental Health Care, requires that If an inmate's intake assessment indicates that he has experienced any prior victimization or has perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, the inmate will be offered a follow-up meeting within 14 days of the intake screening. Documentation of such will be noted on the inmate's intake screening instrument. Any information related to sexual victimization or abusiveness that occurred in an institutional setting will be strictly limited to necessary staff maintaining strict confidentiality.

Any time an allegation of sexual abuse occurs, the inmate will be seen by a SANE nurse without financial cost to the inmate.

The institution nurse is to assess for any lingering acute or non-acute physical injuries as well as any psychological impact of the victimization. Follow up medications, treatment, testing, etc. will be completed as ordered. This may include repeat HIV/STD testing and follow-up medication as needed/ordered for HIV/STD. All findings must be documented in the inmate's medical record and strict confidentiality will be maintained at all times.

Care is taken to protect reported information. Information reported by offenders related to prior victimization or abusiveness that occurred in an institutional setting is limited to medical and mental health practitioners and other staff, as necessary, to inform treatment plans and security and management decisions, including housing, bed, work, education and program assignments or as otherwise required by Federal, State or local law.

Interviews with medical staff indicated that they obtain and document informed consent from offenders before reporting information about prior sexual victimization that did not occur in an institutional setting.

There have been no disclosures during the intake vulnerability assessment. The auditor reviewed 40 assessments and 40 reassessments and none of them documented a report of prior victimization. If there was an inmate disclosing, he would, according to staff, be referred to a State Prison Mental Health Staff. Effingham County Prison would and has referred inmates to Coastal State Prison where mental health staff conduct follow-up assessments.

There was one allegation of sexual abuse in the past 12 months and documentation was provided regarding the inmate's referral to Coastal State Prison for his follow-up. That documentation also included documentation by Coastal State Prison that they did see the inmate for follow-up.

**Discussion of Interviews:** Interviews with medical staff indicated inmates are screened for prior victimization. Staff stated if the screening indicates that an offender has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, staff ensure the offender is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening. The same would be offered for an inmate who disclosed prior abusiveness. None of the twenty (20) interviewed inmates reported prior victimization nor were there any at the facility who had reported sexual abuse at this facility.

## 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

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**Policy and Documents Reviewed:** GDC Policy, 208.6, Prison Rape Elimination Act, Sexually Abusive Behavior Prevention and Intervention Program; Coordinated Response Plan; MOU with Statesboro Regional Sexual Assault Center; One (1) Reviewed Investigation Package;

**Interviews:** Contract Licensed Practical Nurse, Interviews with twelve (12) Randomly Selected Staff; Security and Non-Security First Responders; Twenty (20) Specialized Staff, NOTE: There was one allegation of sexual abuse during the past 12months and that investigation was reviewed.

#### Discussion of Reviewed Policies and Documents:

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. The facility has a licensed practical nurse who is on duty during normal duty hours Monday through Friday. There are no other nurses available however the nurse is on call and she can access the medical doctor or the "on-call" medical doctor. Inmate victims of sexual abuse will be assessed by the nurse if she is on duty. In her absence the inmate will be taken to the Statesboro Sexual Assault Center for a forensic exam. If the inmate requires emergency treatment for injuries, he would be taken the emergency room at the local hospital. If the counselor is not on duty the inmate would be referred to Coastal State Prison for mental health treatment.

Staff First Responders articulated their responsibilities in responding to an incident of sexual abuse.

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.

Effingham County Prison PREA Policy 115.82, Access to Emergency Medical and Mental Health Services, requires that mental health treatment services can be provided by the institutional Counselor 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. If the inmate desires, then the PREA Coordinator or Senior/ Chief Counselor will contact them.

The facility has a MOU with the Statesboro Sexual Assault Center affirming they would provide a forensic examination and an advocate to accompany the inmate throughout the forensic exam.

The facility has had one allegation of sexual abuse in the past twelve (12) months. This incident alleged an inmate was touched through his clothing on his genitalia by the Food Service Supervisor. The investigation determined the incident was unsubstantiated. There were no allegations of sexual abuse involving any form of penetration.

Emergency crisis intervention from mental health is available at a Georgia Department of Corrections Coastal State Prison.

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

The facility nurse, a licensed practical nurse, stated she would provide first aid, following an assessment to determine if there were any serious injuries requiring outside treatment. The inmate would be taken to the Statesboro Sexual Assault Center for a forensic exam. Interviews with staff confirmed that, as first responders, they would separate the victim from the perpetrator and get the victim to medical for treatment and an examination. Non-uniformed staff also could explain their roles as first responders.

### **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

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*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:** Pre-Audit Questionnaire; One (1) Reviewed investigation package; GDC SOP PREA 208.06, Sexually Abusive Behavior, Prevention and Intervention; Effingham County Prison Policy, 115.83, Ongoing Medical and Mental Health Care for Sexual Abuse Victims

**Interviews:** Licensed Practical Nurse, PREA Compliance Manager; Warden;

**Policy and Document Review:** Effingham County Prison Policy, 115.83, requires that (a) **ECP** will 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. (b) The evaluation and treatment of such victims shall 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. (c) **ECP** shall provide such victims with medical and mental health services consistent with community level of care, (d) Inmate victims of sexual abuse while incarcerated shall be offered tests for sexually transmitted infections as medically appropriate. (e) Treatment services shall be 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. (f) **ECP** shall 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.

Effingham County Prison medical and mental health staff would ensure that inmate victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which is determined by medical and mental staff. There have been no cases or allegations of sexual abuse that were made in the past 12 months.

Policy requires medical first responders to provide care and treatment as outlined in the Sexual Assault Manual. Medical staff will provide immediate care and evaluate the victim for life threatening injuries. Policy also requires that medical staff can aid in the preservation of evidence by instructing the offender not to take any actions that could destroy physical evidence and assisting with the arrangement of a forensic exam by a SANE here at the institution at no cost to the offender.

Mental health treatment services are provided by the institutional Counselor and by Mental Health Staff from Coastal State Prison. These services are available 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. If the inmate desires and the claim is substantiated, then the Facility PREA Compliance Coordinator or Counselor ensures continued Mental Health Services are rendered.

The reviewed documentation provided by the Statesboro Sexual Assault Center confirmed that offender victims of sexual abuse are offered STI prophylaxis. Follow-up is provided, as needed and ordered, by the prison.

GDC Policy requires that the facility attempt to conduct a mental health evaluation of all known resident on resident abusers within 60 days of becoming aware of such history and offer treatment as appropriate.

GDC Policy requires that victims of sexual abuse are provided health care services, including the forensic exam at no cost to the victim. This is confirmed through review of the GDC PREA Policy as well as interviews with medical staff.

**Discussion of Interviews:** Interviewed medical staff explained medical's role in responding to an allegation of sexual abuse as well as their role following a forensic examination. Staff explained that inmates requiring mental health services are sent to Coastal State Prison where mental health professionals are located.

## 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

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**Policy and Document Review:** GDC Policy 208.06, Prison Rape Elimination Act-PREA, Sexually Abusive Behavior Prevention and Intervention Program J. Data Collection and Review, (1) One Investigation Package; Pre-Audit Questionnaire

**Interviews:** Warden, Deputy Warden, PREA Compliance Manger; SART Leader, Facility-Based Investigator; Health Services Administrator

**Discussion of Policies and Documents:** GDC Policy 208.06, Prison Rape Elimination Act-PREA, Sexually Abusive Behavior Prevention and Intervention Program J. Data Collection and Review, 1. Monthly Sexual Abuse and Sexual Assault Program Review, affirms and requires that each facility meet once per month to review and assess the facility's PREA prevention, detection, and response efforts. During that meeting, policy requires an incident review to be conducted for each sexual abuse allegation that has been concluded within the past 30 days. This review is to be conducted on all abuse allegations deemed to be substantiated and unsubstantiated. Reviews of unfounded allegations are not necessary.

This policy requires that the members of the incident review team consist of the PREA Compliance Manager, SART and representatives from upper level management, line supervisors and other staff members, as designated by the Warden of the facility. The Warden provided a memo designating the members of the SART for the Prison.

Team members consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect or respond to sexual abuse; whether the allegation was motivated by the perpetrator's or victim's race, ethnicity, gender identity, gay, lesbian, bisexual, transgender or intersex identification, status or perceived status, or gang affiliation, or was motivated by other group dynamics at the facility; to examine the area where the incident allegedly occurred to assess whether physical barriers in the area enabled the abuse; to assess the adequacy of staffing levels in the area during different shifts; assess whether monitoring technology should be deployed or augmented to supplement supervision by staff and prepare a report of findings, including, but not limited to , determinations regarding all of the above and any recommendations for improvements, and submit the report to the Warden or PREA Compliance Manager. This information is documented on the Sexual Abuse Incident Review Checklist. Lastly, the Warden documents the review and comments as well as documenting the date the review was sent to the PREA Compliance Manager.

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

**Discussion of Interviews:** Interviews with the Warden, PREA Compliance Manager, Medical Staff and other members of the Sexual Assault Response Team, confirmed the facility does have a process for conducting incident reviews following an investigation. Interviewed staff on the incident review team identified and described a procedure that is consistent with the standards.

## 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

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**Policies and Documents Review:** GDC Policy 208.06, Prison Rape Elimination Act, Sexually Abusive Behavior Prevention and Intervention Program, J.3; Georgia Department of Corrections Annual Report; Monthly PREA reports to the GDC PREA Unit; Effingham County Prison PREA Policy, 115.87, Data Collection; Pre-Audit Questionnaire

**Interviews:** Statewide PREA Coordinator (previous interview); Assistant Statewide PREA Coordinator; PREA Compliance Manager; Warden, Communication with the GDC PREA Analyst

**Discussion of Policies and Documents:** The Effingham County Prison is a county operated prison and there are no other prisons operated by the county. The Georgia Department of Corrections contracts with Effingham County to confine lower level and lower risk inmates who are capable of working and have met the criteria for acceptance into such a program. Inmates at this prison are transitioning back into the community. Effingham County Prison rarely has an allegation of either sexual abuse or sexual harassment. The configuration of the dorms and the viewing into the dorms from the halls and by control room staff as well as through video monitoring deter sexual abuse. The facility does collect accurate, uniform data for every allegation of sexual abuse at the prison. The facility uses a

standard set of definitions consistent with the PREA Standards and for reporting on the SSV Report as required.

The Decatur County Prison maintains, reviews, and collects data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews. The auditor reviewed 10% of all grievances and incident reports filed during the past 12 months.

The prison collects data on allegations of sexual abuse and sexual harassment and reports these to the contracting agency (Georgia Department of Corrections) monthly. This report goes to the GDC PREA Unit, PREA Analyst. In addition to the monthly PREA statistical report submitted by each facility; the facility also submits to GDC, a Monthly Operational Report, providing statistics on a multitude of topics, including PREA incidents. The monthly PREA Report documents all allegations/incidents of sexual abuse or sexual harassment.

The incident-based data includes the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice.

The Georgia Department of Corrections collects accurate and uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions and aggregates the incident-based sexual abuse data at least annually. The incident-based data collected is based on the most recent version of the Survey of Sexual Violence conducted by the US Department of Justice. The department maintains, reviews and collects data as needed from all available incident-based documents, including reports, investigation files and sexual abuse incident reviews. Information is also secured from every facility, including private facilities with whom, DOC contracts for the confinement of residents. Upon request, DOC provides data from the previous calendar year to the US Department of Justice no later than June 30<sup>th</sup>.

GDC Policy 208.06, Prison Rape Elimination Act, Sexually Abusive Behavior Prevention and Intervention Program, J.3, requires each facility to submit to the Department's PREA Analyst, each month, a report, using the electronic spreadsheet provided from the PREA Coordinator's office. The form is submitted by email the fifth calendar day of the month following the reporting month. It requires that allegations occurring within the month will be included on this report along with the appropriate disposition. The monthly report is to be completed in accordance with the Facility PREA Log User Guide.

Although the facility collects data, it is obviously minimal, and allegations in the county prisons are minimal. There was one allegation in the past 12 months and that allegation was investigated and determined to be unsubstantiated.

## **Standard 115.88: Data review for corrective action**

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

#### **115.88 (a)**

- Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas?  Yes  No

- Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis?  
 Yes  No
- Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole?  Yes  No

#### 115.88 (b)

- Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse  Yes  No

#### 115.88 (c)

- Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means?  Yes  No

#### 115.88 (d)

- Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility?  Yes  No

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

**Policy and Documents Reviewed:** The facility had one allegation of sexual abuse in the past 12 months; Reviewed One (1) Investigation Package;

**Interviews:** Warden, PREA Compliance Manager; Members of Incident Review Team; Previous interview with the Agency's Statewide PREA Coordinator.

**Policy and Document Review:** The Effingham County Prison rarely has an allegation of sexual abuse. There was one reported allegation made during the past 12 months and that allegation was that a staff inappropriately touched an inmate. An investigation was conducted and determined that the allegation was unsubstantiated. Insofar as possible the facility does review data that has been collected and aggregated to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training and takes corrective action on an ongoing basis. Incident Reviews are conducted and staff are charged with analyzing the incident and determining what, if anything, could have been done differently, including any changes in the policies and procedures

The Georgia Department of Corrections requires each facility to conduct incident reviews after each sexual abuse allegation investigation if the allegations are founded or unsubstantiated. The purpose of this is to determine what the motivation for the incident was and to assess whether there is a need for corrective actions including additional staff training, staffing changes or requests for additional video monitoring technology or other actions to help prevent similar incidents in the future. The auditor reviewed the only investigation conducted during the past 12 months.

## Standard 115.89: Data storage, publication, and destruction

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

#### 115.89 (a)

- Does the agency ensure that data collected pursuant to § 115.87 are securely retained?  
 Yes  No

#### 115.89 (b)

- Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means?  Yes  No

#### 115.89 (c)

- Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?  Yes  No

#### 115.89 (d)

- Does the agency maintain sexual abuse data collected pursuant to § 115.87 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise?  Yes  No

### Auditor Overall Compliance Determination

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

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

### Instructions for Overall Compliance Determination Narrative

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

**Policy and Documents Reviewed:** GDC Policy 208.06, Prison Rape Elimination Act -PREA, Sexually Abusive Behavior Prevention and Intervention Program, VI. Record Retention of Forms Relevant to this Policy; Pre-Audit Questionnaire.

**Interviews:** Previous Interview with Agency's Statewide PREA Coordinator; PREA Compliance Manager; Warden.

**Policy and Document Review:** Georgia Department of Corrections makes all aggregated sexual abuse data from all facilities under its direct control and private facilities with whom it contracts, readily available to the public through the Georgia GDC Website. GDC Policy requires all reports are securely retained and maintained for at least 10 years after the date of the initial collection unless the Federal, State or local laws require otherwise.

GDC Policy 208.06, Prison Rape Elimination Act -PREA, Sexually Abusive Behavior Prevention and Intervention Program, VI. Record Retention of Forms Relevant to this Policy, requires that the retention of PREA related documents and investigations will be securely retained and made in accordance with this policy and policy in VI.1, Sexual abuse data, files and related documentation requires they are retained at least 10 years from the date of the initial report.

Criminal investigation data, files and related documentation is required to be retained for as long as the alleged abuser is incarcerated or employed by the agency, plus five years or 10 years from the date of the initial report, whichever is greater. Administrative investigation data files and related documentation is to be retained for as long as the alleged abuser is incarcerated or employed by the agency, plus five years; or 10 years from the date of the initial report, whichever is greater.

The annual report is maintained in the Effingham County Prison.

## AUDITING AND CORRECTIVE ACTION

### Standard 115.401: Frequency and scope of audits

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

### 115.401 (a)

- During the three-year period starting on August 20, 2013, and during each three-year period thereafter, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (N/A before August 20, 2016.)  
 Yes  No  NA

### 115.401 (b)

- During each one-year period starting on August 20, 2013, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited?  Yes  No

### 115.401 (h)

- Did the auditor have access to, and the ability to observe, all areas of the audited facility?  
 Yes  No

### 115.401 (i)

- Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)?  Yes  No

### 115.401 (m)

- Was the auditor permitted to conduct private interviews with inmates, residents, and detainees?  
 Yes  No

### 115.401 (n)

- Were inmates permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel?  Yes  No

## Auditor Overall Compliance Determination

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

## Instructions for Overall Compliance Determination Narrative

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

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

The Effingham County Prison houses inmates under a contract with the Georgia Department of Corrections and does not contract with any other entity for the confinement of inmates. Therefore, there are no other facilities to be audited other than the Effingham County Prison, operating under the auspices of the Effingham County Commission.

The prison has exceeded the required three-year audit requirement by having the second PREA Audit conducted after two years. The prison was audited by a Certified Auditor May 6, 2016 by the PREA Auditors of America.

**Policy and Document Review:** GDC Policy, 208.06, Prison Rape Elimination Act-PREA, Sexually Abusive Behavior Prevention and Intervention Program, K. Audits; Notices of PREA Audit;

GDC Policy, 208.06, Prison Rape Elimination Act-PREA, Sexually Abusive Behavior Prevention and Intervention Program, K. Audits, asserts that the Department will conduct audits pursuant to 28 C.F.R/ 114.401-405. Each facility operated by the Department will be audited every three years or on a schedule determined by the PREA Coordinator.

The Georgia Department of Corrections contracts with county and private facilities. Policy requires that county facilities and privately operated on behalf of the Department (housing state offenders) must meet the same audit requirements. These entities are responsible for scheduling and funding their audits. All audits are required to be certified by the Department of Justice and each facility will bear the burden of demonstrating compliance with the federal standards. A copy of the final report will be submitted to the Department's PREA Coordinator upon completion of the audit and must be conducted every three years.

Following the entrance conference with the Warden, the Warden advised the auditor he was available at any time he was needed by the auditor and apart from his interview and his accompaniment on the site review of the entire facility, the Warden continued his work and allowed the auditor to move freely and unimpeded throughout the facility. Staff, in this facility were accessible, professional and accommodating and offered assistance continuously. Staff appeared forthcoming and credible and provided the auditor with anything requested. The auditor informally interacted with inmates throughout the audit period in dorms and on work details. An office was provided for the auditor to conduct interviews with complete privacy. Private space was also provided for the assisting auditor for interviewing inmates. When additional documentation was requested, it was provided expeditiously.

The auditor received information on the flash drive prior to the on-site audit. The flash drive was contained a wide range of relevant documentation. This included policies, procedures and samples of documentation to indicate compliance.

Prior to, during and after the on-site audit, the auditor requested additional information and was also provided the information expeditiously.

The PREA Notice was observed posted in virtually every area of the facility and throughout the prison. The notice contained contact information for the auditor. The auditor did not receive any

correspondence from any inmate, staff, contractor, volunteer or visitor. Inmates had access to the auditor if needed. None requested to talk with the auditor.

## Standard 115.403: Audit contents and findings

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

#### 115.403 (f)

- The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports within 90 days of issuance by auditor. The review period is for prior audits completed during the past three years PRECEDING THIS AGENCY AUDIT. In the case of single facility agencies, the auditor shall ensure that the facility's last audit report was published. The pendency of any agency appeals pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or in the case of single facility agencies that there has never been a Final Audit Report issued.)  Yes  No  NA

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

The Effingham County Prison PREA Compliance Manager and GDC PREA Coordinator ensures that all PREA Reports are published on the agency's website within 90 days of the completion of the report.

## AUDITOR CERTIFICATION

I certify that:

- The contents of this report are accurate to the best of my knowledge.
- No conflict of interest exists with respect to my ability to conduct an audit of the agency under review, and
- I have not included in the final report any personally identifiable information (PII) about any inmate or staff member, except where the names of administrative personnel are specifically requested in the report template.

### Auditor Instructions:

Type your full name in the text box below for Auditor Signature. This will function as your official electronic signature. Auditors must deliver their final report to the PREA Resource Center as a searchable PDF format to ensure accessibility to people with disabilities. Save this report document into a PDF format prior to submission.<sup>1</sup> Auditors are not permitted to submit audit reports that have been scanned.<sup>2</sup> See the PREA Auditor Handbook for a full discussion of audit report formatting requirements.

Robert Lanier  
**Auditor Signature**

September 5, 2018  
**Date**

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

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