



U.S. Department of Justice

Civil Rights Division

Office of the Assistant Attorney General

Washington, D.C. 20035

June 1, 1995

Mr. Marvin Hobbs  
Chairman  
Turner County Board of Commissioners  
P.O. Box 191  
208 College Avenue  
Ashburn, GA 31714

Re: Notice of Findings from Investigation of  
Turner County Jail

Dear Mr. Hobbs:

On October 3, 1994, we notified your office of our intent to investigate the Turner County Jail ("TCJ" or "Jail") pursuant to the Civil Rights of Institutionalized Persons Act ("CRIPA"), 42 U.S.C. § 1997 et seq. Consistent with the requirements of CRIPA, the purpose of this letter is to advise you of our findings from this investigation, the supporting facts, and to recommend necessary remedial measures.

Our investigation consisted of a tour of TCJ with expert consultants, the examination of documents, and extensive interviews with prisoners and staff at the facility. We were accompanied on our tours by three consultants: a penologist, a medical expert, and a fire safety/environmental sanitarian, all with expertise in jail facilities. Throughout the course of this investigation, County officials and TCJ staff extended to us and our consultants their cooperation, for which we wish to convey to you our thanks.

In making our findings, we recognize that both pre-trial detainees and sentenced inmates are confined at TCJ. In general, inmates may not be subjected to conditions that are incompatible with evolving standards of decency or which deprive them of their basic human needs. Estelle v. Gamble, 429 U.S. 97 (1976). For inmates convicted of a crime, the Eighth Amendment's proscription against cruel and unusual punishment provides the relevant constitutional standard. With respect to pre-trial detainees, the Fourteenth Amendment generally prohibits punishment of these persons, since they have not been convicted of any crime.

CRIPA Investigation



JC-GA-001-001

Bell v. Wolfish, 441 U.S. 520, 540 (1979). Detainees may not be subjected to any restrictive acts or practices which are not reasonably related to legitimate governmental objectives, such as ensuring the detainees' presence at trial or maintaining jail security. Id.

TCJ was opened in 1994, and appears generally to be in good physical condition. Jail officials are planning to develop policies and procedures and their efforts are laudable. Several aspects of TCJ operations appear to meet constitutional requirements. We remain concerned, however, with a number of serious deficiencies which deny prisoners their constitutional rights.

I. CORRECTIONAL PRACTICES ARE DEFICIENT.

A. Policies and procedures require implementation. While TCJ has recently obtained a model policy and procedures manual, the manual has not yet been customized for implementation. For example, the policies and procedures make reference to a disciplinary and grievance process which, for all practical purposes, does not exist.

B. Inmate supervision is inadequate. There are three officers per shift, but it appears that the two designated rovers rarely leave the control room. Reliance upon cameras and central observation is not justified given the blind spots and other design characteristics of the facility.

II. MEDICAL CARE IS INADEQUATE.

A. Medical policies and procedures are not specific to this institution. While some medical policies and procedures exist, they bear very little relationship to actual practice. For instance, there are no sick call request forms or physical examinations even though both practices are outlined in Jail policy and procedure manuals.

B. TCJ does not have a health authority with overall responsibility for medical care. Since the Jail doctor provides care only on an intermittent basis and has no overall responsibility for the inmates' medical conditions, there is no qualified professional overseeing delivery of medical care at TCJ. Thus, many inmate medical needs are overlooked. For instance, after an inmate sees the doctor, there is often no follow-up or continuity of care. Inmate records lack important documentation such as medical histories. Inmates who have been at the facility for significant periods of time do not receive needed physicals, or regular venereal disease and tuberculosis testing. The medical examination room at the Jail consists of nothing more than a desk and table. No one at the Jail has

arranged for medical supplies, equipment or basic reference books.

**C. Access to medical services is deficient.** The current sick call system is defective and violates accepted standards. Presently, inmates who need to see a doctor notify an officer and their names are placed on a bulletin board. Once a week, the doctor comes to check on any inmates whose names are on the board. Based on inmate and staff interviews, our medical consultant found that many inmate sick call requests are not actually placed on the board. For instance, our consultant learned that one inmate recently had a miscarriage. Two weeks after the reported incident, this inmate still had not been seen by a physician.

The doctor is not on call. There is no evidence that inmates see the doctor at any time other than during irregular, weekly visits. The doctor only visits if there are inmates listed on the sick call bulletin board. In other words, there is no regular medical coverage for the inmate population at least six days out of the week. During that period, there is not even a first aid kit in the control room, let alone someone with adequate medical training. It should also be noted that the Jail doctor was retained only shortly before our review of the facility.

**D. Jail practices violate standards of confidentiality.** The bulletin board system for sick call and poor recordkeeping practices allow broad dissemination of confidential inmate medical information. Medical records and forms are kept in the inmate confinement records and are regularly accessed by Jail staff. Our medical consultant personally observed one officer discussing an inmate's medical condition with another inmate.

**E. Medication practices are inadequate.** Presently, Jail staff hand out all medications. They have no training in this area and have no knowledge regarding medication side-effects and narcotic controls. When an officer hands out medication, he or she initials a log but the inmate does not. Thus, there is no way to ensure that inmates are, indeed, receiving their medications in a timely fashion.

**F. Suicide policies and mental health care are deficient.** Standard suicide prevention programs do not use isolated segregation cells, since such cells prevent adequate supervision of suicidal inmates. Yet, TCJ's practice is to use such isolated cells. Suicidal inmates are housed in a segregation cell away from other staff who should be actively monitoring. Additionally, the Jail does not have a mental health counselor. Staff rely on an informal referral system which cannot adequately meet inmates' mental health needs.

G. Regular dental care is nonexistent. Our medical consultant interviewed nearly every inmate and found no evidence of regular dental care.

H. Diets. No special diets are provided for inmates with diabetes or other medical needs.

### III. ENVIRONMENTAL HEALTH AND SAFETY PROBLEMS EXIST.

A. The facility is not properly maintained. The Jail does not have a housekeeping plan or related procedures and training. Thus, our sanitarian observed a surprising number of physical plant deficiencies during his inspection of this new facility. First, the roof leaked water into housing areas during a rain storm. Second, most of the shower drains were clogged and needed cleaning. The Jail uses cement shower stalls which are acceptable only if properly maintained. Otherwise, unclean showers could spread disease among the inmate population. Third, a number of vents are as much as fifty-percent clogged. Again, this is very surprising for a new facility. Without improvements in general maintenance, this situation will lead to even more significant, physical deterioration of the Jail in the near future. Fourth, there are large gaps in the window screens for the indoor recreation areas which allow insects into the facility. We found roaches, cigarette butts and other debris in pipe chases. The staff were unable to provide a copy of the exterminator contract to our sanitarian. Fifth, the kitchen has a number of problems, including the absence of a trap for the lavatory, inadequate lighting in the storage and utensil room, and uncovered refuse storage containers.

B. This facility has been overcrowded because of improper housing practices. During our tour, inmates were housed in different cell blocks, based upon a rudimentary classification system. The inmates appeared to have plenty of space and many cells were empty. However, our experts learned that prior to the day of our tour, most of the male inmates were housed in just one cell-block, on one, twelve-bed floor. Given the size of the male inmate population, the cells on one floor do not provide adequate bedspace. Such an arrangement would force a number of inmates to sleep on the floors and could lead to an excessive ratio of inmates to sanitation fixtures. In addition to sanitation concerns associated with overcrowding, correctional issues are also implicated. Our penologist tentatively approved the existing, subjective classification system on the assumption that inmates are actually housed as on the day of our tour. If, in reality, the male inmates are generally housed in one unit, any favorable conclusion is void. In other words, this Jail would not be overcrowded if inmates were spread throughout the different cell blocks, but it would be overcrowded if most of the inmates were crowded into one cell block -- apparently the case until very recently.

C. **Feminine hygiene items are not available.** While TCJ allows inmates to obtain many hygiene items from family and the Jail store, many female inmates noted that the Jail does not provide any feminine hygiene items, such as tampons.

D. **Chemical safety is inadequate.** The improper use of chemicals can lead to injury, yet TCJ has no procedures on the use, mixing and storage of chemical agents. Inmates regularly mix and use chemical cleaners without training. Chemicals, including various cleaning agents, are not properly secured in the kitchen storage room.

E. **There is no posted fire evacuation plan in the Jail.**

#### RECOMMENDATIONS

#### IV. CORRECTIONAL POLICIES AND PRACTICES.

A. **Policies and procedures.** Customize and implement comprehensive Jail policies and procedures. Increase staff training to ensure understanding and compliance with those procedures.

B. **Inmate Supervision.** Ensure adequate staffing so that staff are able to regularly inspect the Jail and actively supervise the inmates.

#### V. MEDICAL CARE.

A. **Medical and mental health policies.** Implement comprehensive medical and mental health policies and procedures. While model procedures are helpful, they should be customized so that they are relevant to facility operations. The mental health procedures require significant reworking to bring them in line with professional standards.

B. **Screening, health examinations, and responsible health authority.** Retain a part-time registered nurse to handle routine medical care, such as sick call triaging, taking histories, maintaining Jail medical records, and administering venereal disease and tuberculosis tests. The R.N. can serve as the facility's responsible health authority.

C. **Physician care.** Arrange to have a doctor on call at all times. Ensure continuity of care by allowing the doctor to schedule follow-up appointments and referrals, as needed. An appointment book system may help ensure that such follow-up takes place.

D. **Confidentiality of records.** Protect the confidentiality of inmate medical records. Complete medical records should be kept in a secure location separate from inmate institutional records.

E. **Sick call.** Revamp the sick call process utilizing confidential sick call request forms. Adequately document and log sick call requests and medication administration.

F. **Medication administration.** Train staff on medical, mental health and pill call procedures. Staff should be able to identify warning signs of possible medical or mental health problems.

G. **Medical equipment and space.** Adequately equip the medical examination room with supplies and equipment. Ensure that a complete first aid kit is readily available to Jail staff.

H. **Mental health counseling.** Obtain the services of a qualified mental health counselor.

I. **Dental care.** Provide long-term inmates with regular dental care, as needed. Emergency dental care should be available for all inmates.

J. **Diets.** Provide special diets.

## VI. ENVIRONMENTAL HEALTH AND SAFETY.

A. **General maintenance.** Create and implement a written housekeeping and general maintenance plan. Clean vents, showers and other facilities on a regular basis. Repair the roof and maintain the physical plant in good condition.

B. **Overcrowding and sanitary facilities.** Ensure that no inmate has to sleep on the floor. Provide an adequate number of sanitary facilities for the number of inmates in each cell block.

C. **Personal hygiene items.** Provide inmates, including female prisoners, with necessary personal hygiene items.

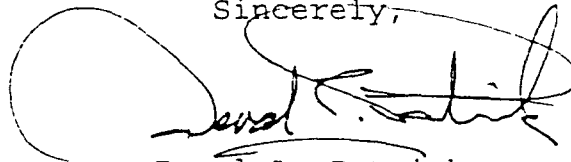
D. **Chemical safety.** Train inmate workers on the proper use, storage and mixing of chemicals. Store all chemicals in locked cabinets or rooms.

E. **Fire safety.** Post fire evacuation plans throughout the Jail.

Pursuant to CRIPA, the Attorney General may initiate a lawsuit to correct deficiencies at an institution 49 days after appropriate local officials are notified of them. 42 U.S.C.

§ 1997b(a)(1). Therefore, we anticipate hearing from you as soon as possible and before that date with any response you may have to our findings and a description of the specific steps you will take or have already taken to implement each of the minimum remedies set forth above and in our consultant reports. If you do not respond within the stated time period, we will consider initiating an action against your jurisdiction to remedy the unconstitutional conditions. We look forward to working with you and other County officials to resolve this matter in a reasonable and expeditious manner. If you or any member of your staff have any questions, please feel free to contact attorneys Christopher Cheng at (202) 514-8892, David Deutsch at (202) 514-6270, or Shanetta Brown at (202) 514-0195.

Sincerely,

A handwritten signature in black ink, appearing to read "Deval L. Patrick", written over a horizontal line.

Deval L. Patrick  
Assistant Attorney General  
Civil Rights Division

cc: Mr. James E. Lee  
City Manager

John Holland, Esquire  
County Attorney

Mr. Donny Sellars  
Sheriff  
Turner County Jail

Mr. James Davis  
Chief of Police

James L. Wiggins, Esquire  
United States Attorney  
Middle District of Georgia