



# GEORGIA

## DEPARTMENT OF CORRECTIONS

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### **Prison Rape Elimination Act (PREA) 2022 Annual Report**



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**Prison Rape Elimination Act (PREA) Annual Report - 2022**  
**Georgia Department of Corrections**

**Introduction**

The Prison Rape Elimination Act of 2003 (PREA) was signed into federal law with the purpose to provide for the analysis of incidence and effects of prison rape in federal, state and local institutions and to provide information, resources, recommendations and funding to protect individuals from prison rape. In 2012, the Bureau of Prisons published standardized guidelines promulgated by the Attorney General of the United States. PREA applies to all public and private institutions that house adult or juvenile offenders.

The Georgia Department of Corrections (GDC) maintains a zero-tolerance policy regarding sexual abuse and harassment of offenders within the agency's 35 state prison facilities, 11 transitional centers, 15 centers (this includes PDC's, RSAT's and ITF's), 21 county correctional institutions and four private prisons.

All sexual abuse and sexual harassment allegations are investigated. Each case is documented on an incident report and entered into GDC's PREA SCRIBE Module. The originating facility is required to complete an administrative investigation and is required to retain all investigation documents at the local level. Allegations can also be criminally investigated by our Office of Professional Standards (OPS) investigators depending on the nature of the alleged incident. The Statewide PREA Coordinator tracks the progress of the investigations with constant contact with the facility, in which the allegation was made and with the investigator that is assigned to the case, if applicable. Upon completion of each investigation, appropriate disciplinary action is taken against the perpetrator; where criminal intent is discovered, the case is presented to the District Attorney for prosecution. Case files of PREA allegations of a criminal nature are maintained for a period of at least 10 years upon completion of the investigation.

It is important to note that the Georgia Department of Corrections is continually improving the reporting and investigation methods to ensure the highest level of compliance, as well as swift corrective action when needed. The agency's zero-tolerance policy not only aims to protect all offenders under GDC jurisdiction from sexual harassment and abuse, but also protect anyone who reports or cooperates with an on-going investigation, from retaliation.

This report summarizes all 2022 PREA allegations that were generated from the facilities mentioned in paragraph two of this document. The Georgia Department of Corrections compiles and investigates PREA allegations in four major categories: 1) Staff-to-Inmate Abuse (S/I Abuse); 2) Staff-to-Inmate Harassment (S/I Harassment); 3) Inmate-to-Inmate Abuse (I/I Abuse); and 4) Inmate-to-Inmate Harassment (I/I Harassment).

Upon completion of the investigation, all allegations will be deemed one of the four dispositions:

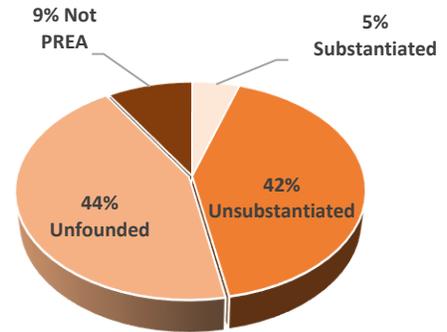
1. Substantiated: determined the event did occur.
2. Unsubstantiated: evidence was insufficient to make a final determination as to whether the event did or not occur.
3. Unfounded: determined the event to have not occurred.
4. Not PREA: determined to not meet the definition of a PREA allegation.

NOTE: Unsubstantiated and substantiated cases forwarded to the Office of Professional Standards (OPS) for further investigation can also include a "forwarded for OPS investigation" status. The GDC has redacted identifying information of victims and aggressors, as well as information that could jeopardize the security of our facilities, or the GDC.

### Total Allegations

During calendar year 2022, there were 1,056 PREA allegations reported at our GDC operated and contracted facilities. Of those 1,056 allegations, 443 (42%) were unsubstantiated; 459 (44%) were unfounded; 98 (9%) were deemed not PREA; 56 (5%) were substantiated; and none are pending investigation.

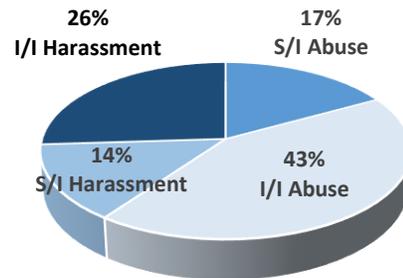
	Description	State Prisons	TCs	Centers	Contract	Total
Total Allegations	Unsubstantiated	392	3	14	34	443
	Unfounded	400	3	6	50	459
	Not PREA	66	5	5	22	98
	Substantiated	46	0	2	8	56
	Invest. Pending	0	0	0	0	0
	<b>Total Allegations</b>	<b>904</b>	<b>11</b>	<b>27</b>	<b>114</b>	<b>1056</b>



### Total Allegations by Type

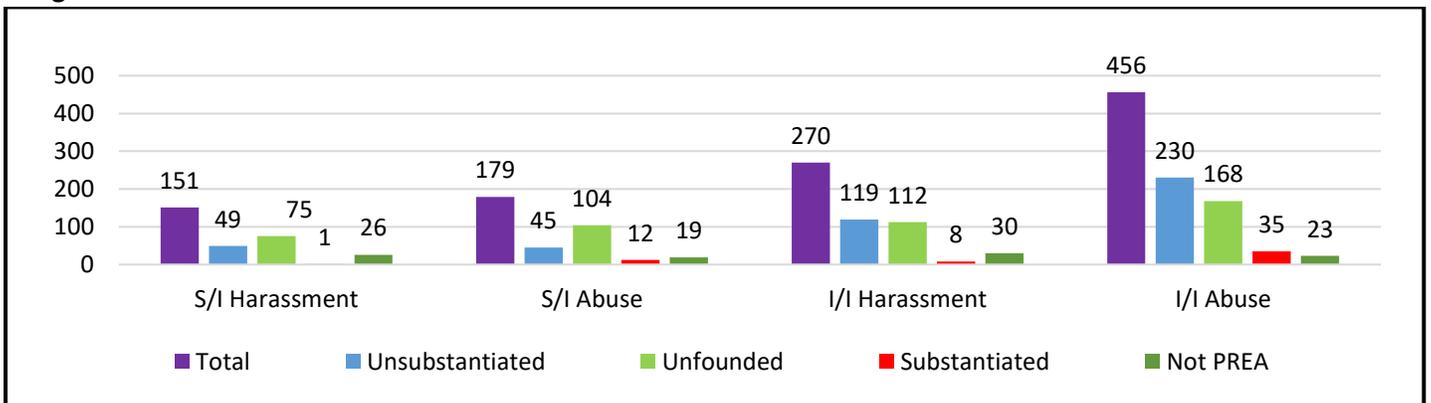
During calendar year 2022, there were 1,056 PREA allegations reported at our GDC operated and contracted facilities. Of those 1,056 allegations, 151 (14%) were Staff-to-Inmate Harassment; 179 (17%) were Staff-to-Inmate Abuse; 270 (26%) were Inmate-to-Inmate Harassment; and 456 (43%) were Inmate-to-Inmate Abuse.

	Description	State Prisons	TCs	Centers	Contract	Total
By Type	S/I Harassment	120	4	4	23	151
	S/I Abuse	143	2	8	26	179
	I/I Harassment	230	3	7	30	270
	I/I Abuse	411	2	8	35	456
	<b>Total Allegations</b>	<b>904</b>	<b>11</b>	<b>27</b>	<b>114</b>	<b>1056</b>



### 2022 Total Statistical Information

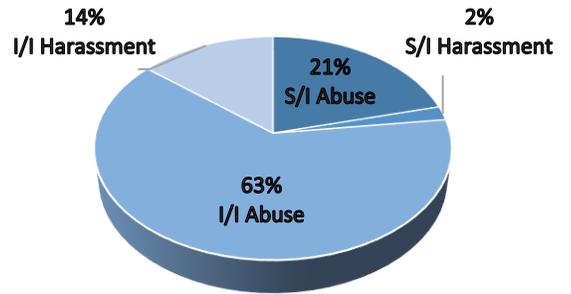
#### Allegation Information



**2022 Substantiated Allegations**

During calendar year 2022, there were 1,056 PREA allegations reported at our GDC operated and contracted facilities. Of those 1,056 allegations, 56 were deemed substantiated; one (2%) was Staff-to-Inmate Harassment; 12 (21%) were Staff-to-Inmate Abuse; 8 (14%) were Inmate-to-Inmate Harassment; and 35 (63%) were Inmate-to-Inmate Abuse.

	Description	State Prisons	TCs	Centers	Contract	Total
<b>Substantiated Cases</b>	S/I Harassment	0	0	0	1	<b>1</b>
	S/I Abuse	11	0	0	1	<b>12</b>
	I/I Harassment	6	0	0	2	<b>8</b>
	I/I Abuse	29	0	2	4	<b>35</b>
	<b>Total</b>	<b>46</b>	<b>0</b>	<b>2</b>	<b>8</b>	<b>56</b>



**Staff-to-Inmate Abuse Incidents**

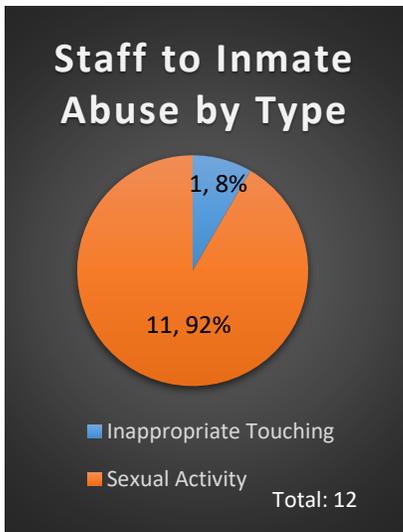
In all 12 substantiated cases of Staff-to-Inmate Abuse, both administrative and criminal investigations were conducted. All criminal investigations are forwarded to the appropriate District Attorney (DA) for review/prosecution.

**Sexual Activity:**

- 100% (11 of 11) were forwarded to DA for review
- 100% (11 of 11) were terminated or resigned employment

**Inappropriate Actions/Touching:**

- 100% (1/1) were forwarded to DA for review
- 100% (1/1) were terminated or resigned from employment



**Staff-to-Inmate Harassment**

In 2022, there was one (1) substantiated case of Staff-to-Inmate Harassment. The employee was disciplined in accordance with GDC disciplinary procedures.

**Inmate-to-Inmate Sexual Harassment**

In all eight (8) cases of Inmate-to-Inmate Sexual Harassment, housing changes were made where necessary, to ensure the safety of the victim.

### Inmate-to-Inmate Sexual Abuse

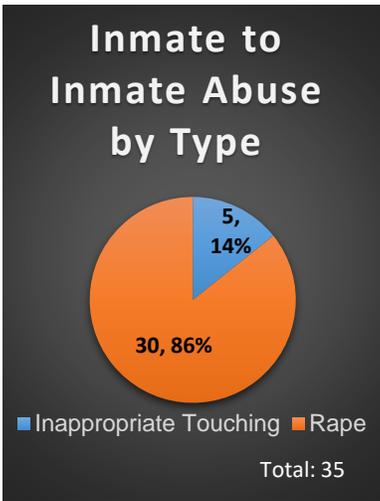
In all 35 cases of Inmate-to-Inmate abuse, both an administrative and criminal investigation was conducted. Those inmates found guilty of Inmate-to-Inmate abuse were not only subject to administrative disciplinary sanctions, but those whose cases had enough evidence for prosecution were forwarded to the appropriate District Attorney for review.

#### Rape:

There are 15 substantiated abuse cases that are rape related. 100% of these have been forwarded to the DA to review for prosecution.

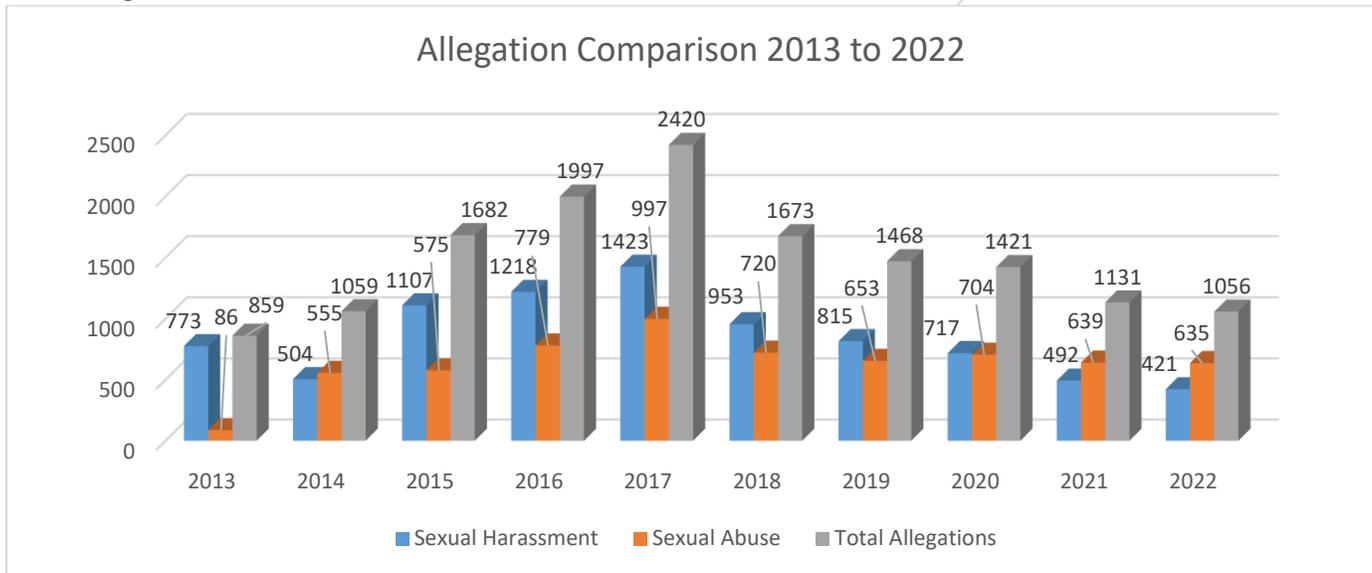
#### Inappropriate Touching:

In all five (5) inappropriate touching case, the aggressor was subject to administrative sanctions through the disciplinary process. Offender housing changes were made as necessary to ensure the safety of the victim.



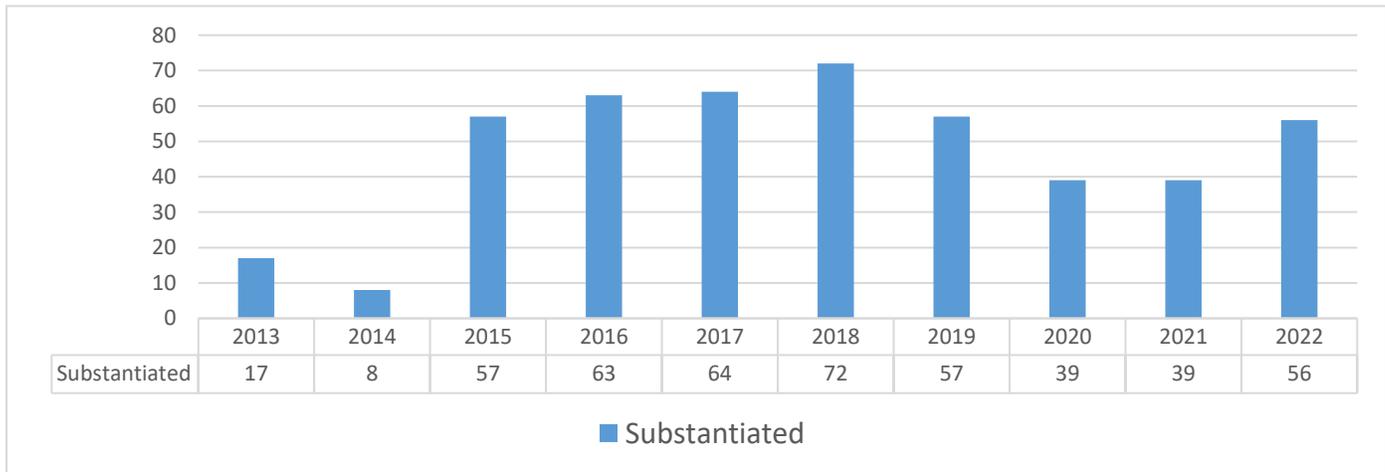
### Comparison with Previous Years: 2013 – 2022

Total Allegations Chart



\*No audits were conducted in 2013 or 2014

**Substantiated Cases per Year Chart**



**\*No audits were conducted in 2013 or 2014**

**Allegations versus Population Chart**

YEAR	Allegations		Population Type					TOTAL
	Reported	Substantiated	SP	PDC	RSAT	TC	Contracted	
2013	859	17	38,112	1,965	1,232	2,662	--	43,971
2014	1,059	8	36,497	1,800	1,273	2,648	--	42,218
2015	1,682	57	36,657	1,793	1,635	2,631	--	42,716
2016	1,997	63	36,875	1,517	1,695	2,621	--	42,708
2017	2,421	64	37,539	1,572	1,714	2,609	12,700	56,134
2018	1,671	72	38,103	1,666	1,746	2,553	12,484	56,552
2019	1,468	57	38,201	1,675	1,760	2,522	12,669	56,827
2020	1,421	39	35,982	890	1,230	2,057	11,784	51,943
2021	1,131	39	32,397	829	1,106	1,950	10,539	46,821
2022	1056	56	32418	971	1299	2134	11870	48,692

**NOTE: SP= State Prisons; PDC= Probation Detention Centers; RSAT= Residential Substance Treatment Centers; TC= Transitional Centers; and Contracted facilities include both county facilities and private prisons. Population totals are the total daily average for the year. Incident data was not tracked for contracted facilities prior to 2017.**

**Sexual Abuse Response Team (SART) Training:**

2022 marks the 10th year since GDC adopted and implemented PREA standards for our facilities. Through extensive, repetitive SART trainings, staff can better interpret definitions for allegation types, as well as allegation dispositions. Accurate application of allegation definitions leads to better accountability. Additional training in investigative techniques is also allowing more accurate dispositions to be reached and increases the likelihood of holding guilty individuals accountable. Furthermore, improvements in these areas have created a stronger culture of reporting statewide. Policy revisions were implemented to help reduce systemic issues.

**Site visits and on-site audits:**

Site visits and on-site audits have increased the awareness of PREA protocols, to include preventative measures and definition interpretations for allegation types, as well as disposition definitions. Site visits and virtual meetings by members of the PREA Unit allow easy access to central office resources for facility SART members. This makes it possible to receive near-immediate assistance



when needed to answer questions regarding investigative concerns or get clarification on matters regarding the Federal PREA Standards or GDC Policy.

**Conclusion**

The Georgia Department of Corrections enforces a zero-tolerance policy to sexual harassment and sexual abuse. To ensure this policy is implemented in the most efficient manner possible the GDC continues to improve the processes of how PREA allegations are interpreted, reported, and tracked. Investigations, coupled with our prevention trainings, have greatly assisted our efforts to maintain consistent application of the standards and has created a safer environment for our offenders by reducing incidents of sexual abuse and harassment.

Overall, there was a 7% decrease in the number of allegations compared to last year while substantiated cases increased by 44%. This increase in the percentage of substantiated cases is likely due to several factors: 1) Increased education in the definitions of what does and does not meet the definition of PREA; 2) An increase in the confidence offenders have in reporting; 3) Process improvements and prevention training; and 4) Improvements in investigative procedures. The indicators point to the likelihood that the cases that truly involve sexual abuse and sexual harassment are being accurately investigated. Our dedication to constant improvement and continual monitoring will allow the agency to continue to achieve its goal of protecting all offenders from sexual harassment and sexual abuse.



Appendix A – Facility Statistics

Allegation Statistics by Facility – State Prisons

Office of Professional Standards			Reported Allegations					Substantiated					Unsubstantiated					Unfounded					Not PREA					Pending Disposition	
Statewide PREA Coordinator	Grace Atchison		Total	S/I Harassment	S/I Abuse	I/I Harassment	I/I Abuse	Total	Staff/ Inmate Harassment	Staff/ I/M Abuse	Inmate/ Inmate harassment	Inmate/ Inmate Abuse	Total	Staff/ Inmate Harassment	Staff/ I/M Abuse	Inmate/ Inmate harassment	Inmate/ Inmate Abuse	Total	Staff/ Inmate harassment	Staff/ I/M Abuse	Inmate/ Inmate Harassment	Inmate/ Inmate Abuse	Total	Staff/ Inmate harassment	Staff/ I/M Abuse	Inmate/ Inmate Harassment	Inmate/ Inmate Abuse		
PREA COMPSTAT	Year	Month																											
	2022	YTD																											
Security Level/ Type Facility	Facility																												
Special Mission	Arrendale SP	17	2	8	3	4	5	0	4	0	1	1	1	0	0	0	0	11	1	4	3	3	0	0	0	0	0	0	0
	ASMP	111	14	15	42	40	7	0	1	2	4	53	4	5	25	19	48	8	9	14	17	3	2	0	1	0	0	0	
	GDCP	22	0	4	3	15	2	0	0	0	2	7	0	0	0	7	11	0	4	3	4	2	0	0	0	0	2	0	0
	GDCP/SMU	17	3	11	0	3	0	0	0	0	0	0	0	0	0	0	0	16	3	10	0	3	1	0	1	0	0	0	0
Close	Baldwin SP	48	10	1	19	18	3	0	0	1	2	34	7	2	11	14	8	1	0	5	2	3	2	0	1	0	0	0	
	Hancock SP	14	3	0	7	4	0	0	0	0	0	7	0	0	5	2	7	3	0	2	2	0	0	0	0	0	0	0	
	Hays SP	30	10	6	4	10	0	0	0	0	0	16	4	3	4	5	12	5	2	0	5	2	1	1	0	0	0	0	
	Macon SP	24	9	6	1	8	2	0	1	0	1	4	1	0	0	3	16	7	4	1	4	2	1	1	0	0	0	0	
	Phillips SP	30	2	4	6	18	2	0	1	0	1	17	0	0	5	12	10	2	3	1	4	1	0	0	0	0	1	0	
	Smith SP	31	7	8	11	5	0	0	0	0	0	4	1	0	1	2	27	6	8	10	3	0	0	0	0	0	0	0	
	Telfair SP	37	4	7	7	19	2	0	0	0	2	21	3	3	5	10	14	1	4	2	7	0	0	0	0	0	0	0	
	Valdosta SP	49	4	11	9	25	1	0	0	0	1	25	0	1	6	18	18	3	7	3	5	5	1	3	0	0	1	0	
	Ware SP	30	5	3	6	16	5	0	0	0	5	21	3	3	5	10	4	2	0	1	1	0	0	0	0	0	0	0	
Medium	Autry SP	27	3	4	7	13	1	0	0	0	1	21	3	3	5	10	2	0	0	1	1	3	0	1	1	1	1	0	
	Burruss CTC	6	0	4	1	1	1	0	1	0	0	1	0	0	1	0	4	0	3	0	1	0	0	0	0	0	0	0	
	Calhoun SP	11	1	0	2	8	1	0	0	1	0	7	0	0	0	0	7	1	0	0	0	1	2	1	0	1	0	0	
	Central SP	46	4	13	2	27	0	0	0	0	0	25	0	6	1	18	19	3	7	1	8	2	1	0	0	1	0	0	
	Coastal SP	92	8	6	29	49	3	0	0	0	2	21	0	0	6	16	58	7	4	20	27	10	1	2	3	4	0	0	
	Dodge SP	16	1	2	8	5	3	0	1	2	0	5	1	0	3	1	6	0	1	2	3	2	0	0	1	1	0	0	
	Dooley SP	14	0	2	3	9	0	0	0	0	0	9	0	1	2	6	5	0	1	1	3	0	0	0	0	0	0	0	
	Emanuel WF	7	0	0	4	3	0	0	0	0	0	3	0	0	2	1	3	0	0	1	2	1	0	0	1	0	0		
	Helms Facility	1	0	1	0	0	0	0	0	0	0	0	0	0	0	0	1	0	1	0	0	0	0	0	0	0	0	0	
	Johnson SP	81	9	9	30	33	2	0	0	0	2	20	2	1	6	11	52	6	8	21	17	7	1	0	3	3	0	0	
	Lee SP	1	0	0	0	1	0	0	0	0	0	1	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	
	Long SP	1	1	0	0	0	0	0	0	0	0	0	0	0	0	0	1	1	0	0	0	0	0	0	0	0	0	0	
	Metro RF	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
	Montgomery SP	10	3	2	5	0	1	0	1	0	0	7	3	1	3	0	0	0	0	0	0	2	0	0	2	0	0	0	
	Pulaski SP	20	2	5	5	8	0	0	0	0	0	14	1	3	3	7	1	0	1	0	0	0	5	1	1	2	1	0	
	Rogers SP	21	5	2	3	11	1	0	0	0	1	18	4	1	3	10	0	0	0	0	0	0	2	1	1	0	0	0	
	Rutledge SP	25	4	4	3	14	0	0	0	0	0	18	2	2	2	12	6	2	1	1	2	1	0	1	0	0	0	0	
	Walker SP	3	0	2	0	1	2	0	1	0	1	0	0	0	0	0	1	0	1	0	0	0	0	0	0	0	0	0	
	Washington SP	21	1	0	5	15	1	0	0	0	1	3	0	0	1	2	13	1	0	3	9	4	0	0	1	3	0	0	
Whitworth Facility	11	2	2	2	5	0	0	0	0	0	2	0	0	1	1	6	1	1	0	4	3	1	1	1	1	0	0		
Wilcox SP	30	3	1	3	23	1	0	0	0	1	7	0	0	0	7	19	1	1	2	15	3	2	0	1	0	0	0		
Totals for State Prisons:			904	120	143	230	411	46	0	11	6	29	392	40	35	106	211	400	64	85	98	153	66	16	13	19	18	0	

**Allegation Statistics by Facility – Contracted Facilities**

Office of Professional Standards			Reported Allegations					Substantiated					Unsubstantiated					Unfounded					Not PREA					Pending Disposition
Statewide PREA Coordinator	Grace Atchison		Total	S/I Harassment	S/I Abuse	I/I Harassment	I/I Abuse	Total	Staff/ Inmate Harassment	Staff/ I/M Abuse	Inmate/ Inmate harassment	Inmate/ Inmate Abuse	Total	Staff/ Inmate Harassment	Staff/ I/M Abuse	Inmate/ Inmate harassment	Inmate/ Inmate Abuse	Total	Staff/ Inmate harassment	Staff/ I/M Abuse	Inmate/ Inmate Harassment	Inmate/ Inmate Abuse	Total	Staff/ Inmate harassment	Staff/ I/M Abuse	Inmate/ Inmate Harassment	Inmate/ Inmate Abuse	
PREA COMPSTAT	Year	Month																										
	2022	YTD																										
Security Level/ Type Facility	Facility																											
Private Prison	Coffee	9	0	0	4	5	1	0	0	0	1	5	0	0	2	3	3	0	0	2	1	0	0	0	0	0	0	0
	Jenkins	24	3	6	9	6	0	0	0	0	0	4	0	0	1	3	18	2	6	7	3	2	1	0	1	0	1	0
	Riverbend	9	3	1	1	4	0	0	0	0	0	3	1	0	0	2	0	0	0	0	0	6	2	1	1	1	2	0
	Wheeler	33	5	8	10	10	3	0	1	2	0	16	2	2	6	6	11	3	4	1	3	3	0	1	1	1	1	0
County Prison	Athens/Clarke	4	0	2	0	2	0	0	0	0	0	1	0	1	0	0	2	0	0	0	2	1	0	1	0	0	0	0
	Bulloch	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Carroll	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Clayton	4	2	0	2	0	0	0	0	0	0	0	0	0	0	0	1	1	0	0	0	3	1	0	2	0	0	0
	Colquitt	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Coweta	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Decatur	1	0	1	0	0	0	0	0	0	0	0	0	0	0	0	1	0	1	0	0	0	0	0	0	0	0	0
	Effingham	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Floyd	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Gwinnett	9	1	4	3	1	0	0	0	0	0	1	0	0	0	1	5	1	3	1	0	3	0	1	2	0	0	0
	Hall	1	0	0	0	1	1	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Harris	1	0	0	0	1	0	0	0	0	0	0	0	0	0	0	1	0	0	0	1	0	0	0	0	0	0	0
	Jackson	1	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	1	0	0	0
	Jefferson	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Mitchell	3	2	0	0	1	1	1	0	0	0	0	0	0	0	0	2	1	0	0	1	0	0	0	0	0	0	0
	Muscogee	9	4	2	0	3	1	0	0	0	1	3	3	0	0	0	3	0	2	0	1	2	1	0	0	1	0	0
	Richmond	1	1	0	0	0	0	0	0	0	0	1	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Screven	1	1	0	0	0	0	0	0	0	0	0	0	0	0	0	1	1	0	0	0	0	0	0	0	0	0	0
Spalding	2	0	1	0	1	1	0	0	0	1	0	0	0	0	0	1	0	1	0	0	0	0	0	0	0	0	0	
Sumter	1	1	0	0	0	0	0	0	0	0	0	0	0	0	0	1	1	0	0	0	0	0	0	0	0	0	0	
Terrell	1	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	1	0	0	0	0	
Totals for Private and County Prisons:			0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0





## Appendix B – PREA Focused Initiatives

### Audits:

GDC continues to maintain compliance in accordance with § 115.401 *Frequency and Scope of Audits*, by contracting with a Federal PREA Auditor to audit all facilities in a 3-year cycle. Each year, one-third of GDC facilities with similar missions are audited.

**2nd Cycle, Year 3:** The third year of cycle two audits began on August 20, 2018. Federal PREA Audits were conducted for 10/34 state prisons, 4/14 state operated transitional centers (TC's) and 3/13 community confinement facilities (PDCs). Year 3 ended August 19, 2019, and resulted in certification of full compliance with the PREA Standards.

NOTE: For Cycle 2, Years 1 and 2 we had 33 state prisons. A 34<sup>th</sup> state prison was opened in Cycle 2, Year 3.

**3rd Cycle, Year 1:** The first year of cycle 3 audits began on August 20, 2019. Federal PREA Audits were conducted for 11/34 state prisons, 3/14 state operated TCs and 4/13 community confinement facilities (PDCs). Year 1 ended August 19, 2020, and resulted in the GDC operating under an assurance of compliance with the PREA Standards. The GDC was not listed as certified because we were unable to audit six (6) of our facilities due to COVID-19 restrictions. These six facilities, 5/35 state prisons, and 1/13 community confinement facilities (PDCs), were audited after COVID-19 restrictions were lifted. Since that time the GDC has been operating as certified in full compliance with the PREA Standards.

**3rd Cycle, Year 2:** The second year of cycle 3 audits began August 20, 2020. The facilities that could not be audited during COVID-19 restrictions were audited during this audit year.

NOTE: For Cycle 3, Year 2 a private TC and a state-operated TC was closed.

**3rd Cycle, Year 3:** The third year of cycle 3 audits began August 20, 2021. Federal PREA Audits were conducted for 11/35 state prisons, 4/11 state operated TCs and 5/15 community confinement facilities (PDCs).

**4th Cycle, Year 1:** The first year of cycle 4 audits began August 20, 2022. Federal PREA Audits were conducted for 10/35 state prisons, 2/11 state operated TCs, 4/15 community confinement facilities (PDCs), and 2/25 Contracted facilities.

### PREA SCRIBE Module:

The PREA Allegation tracking module allowed for improved accountability and investigative integrity of reported allegations throughout 2022. This tracking method has proven to be an effective tool for PREA investigation compliance since it is a centralized location from which to retrieve investigation disposition information. The Scribe module has been updated to require all SART Investigations documents to be uploaded into the system for permanent retention.

## Appendix C – Physical Plant Improvements

### Physical Plant Improvements:

In accordance with PREA Standard 115.18 the following facilities have made improvements, which will enhance their ability to prevent, detect, or deter sexual abuse:

#### State Prisons (SP):

**Dodge SP** – Improved camera system completed, and additional mirrors were installed to reduce blind spots.

**Georgia Diagnostic and Classification Prison (GDGP)** – Cameras and windows were replaced throughout the facility to provide better visibility and help reduce blind spots.

**Montgomery SP** – Corner mirrors were installed to reduce blind spots.

**Walker SP** – Additional cameras were added to help reduce blind spots and increase visibility.

#### County Prisons (CI):

**Colquitt CI** – Additional camera was added to help reduce blind spots and increase visibility.

## Appendix D – Corrective Actions Taken/Recommendations

### Auditor Recommendations:

In calendar year 2022, 19 audits were conducted. Five (5) of the facilities audited in accordance with PREA Standard 115.88 had recommendations for improvement. The following facilities made improvements in conjunction with the Federal PREA Audit recommendations:

#### State Prisons (SP)

**ASMP - 115.13** - Due to staffing challenges, facility staffing plans needed to be adjusted and more thorough documentation regarding deviations from staffing plan were implemented.

**Central SP - 115.13** - Due to staffing challenges, facility staffing plans needed to be adjusted and more thorough documentation regarding deviations from staffing plan were implemented. 115.81- New mental health referral forms are being used to document such referrals in a more consistent manner.

**Emanuel Facility - 115.13** - Due to staffing challenges, facility staffing plans needed to be adjusted and more thorough documentation regarding deviations from staffing plan were implemented.

**Helms Facility - 115.41** – 24-hour risk screening and 30-day risk screening assessments were provided for a 90-day period to show improvement in the facilitation of these risk screenings.

**Johnson SP - 115.13** - Due to staffing challenges, facility staffing plans needed to be adjusted and more thorough documentation regarding deviations from staffing plan were implemented. 115.81- New mental health referral forms are being used to document such referrals in a more consistent manner. 115.41 – 24-hour risk screening and 30-day risk screening assessments were provided for a 90-day period to show improvement in the facilitation of these risk screenings.

**Lee SP - 115.13** - Due to staffing challenges, facility staffing plans needed to be adjusted and more thorough documentation regarding deviations from staffing plan were implemented. 115.41 – 24-hour risk screening and 30-day risk screening assessments were provided for a 90-day period to show improvement in the facilitation of these risk screenings.

**Montgomery SP - 115.41** – 24-hour risk screening and 30-day risk screening assessments were provided for a 90-day period to show improvement in the facilitation of these risk screenings.

**Walker SP - 115.13** - Due to staffing challenges, facility staffing plans needed to be adjusted and more thorough documentation regarding deviations from staffing plan were implemented. 115.81- New mental health referral forms are being used to document such referrals in a more consistent manner.

**Washington SP - 115.13** - Due to staffing challenges, facility staffing plans needed to be adjusted and more thorough documentation regarding deviations from staffing plan were implemented. 115.41 – 24-hour risk screening and 30-day risk screening assessments were provided for a 90-day period to show improvement in the facilitation of these risk screenings.

**Wilcox SP - 115.13** - Due to staffing challenges, facility staffing plans needed to be adjusted and more thorough documentation regarding deviations from staffing plan were implemented. 115.81- New mental health referral forms are being used to document such referrals in a more consistent manner. 115.41 – 24-hour risk screening and 30-day risk

screening assessments were provided for a 90-day period to show improvement in the facilitation of these risk screenings.

### **Transitional Centers (TC)**

**Clayton TC - 115.13** - Due to staffing challenges, facility staffing plans needed to be adjusted and more thorough documentation regarding deviations from staffing plan were implemented.

**Macon TC - 115.13** - Due to staffing challenges, facility staffing plans needed to be adjusted and more thorough documentation regarding deviations from staffing plan were implemented.

### **Probation Detention Centers (PDC)**

**Bleckley PDC - 115.81**- New mental health referral forms are being used to document such referrals in a more consistent manner. 115.41 – 24-hour risk screening and 30-day risk screening assessments were provided for a 90-day period to show improvement in the facilitation of these risk screenings.

**Emanuel PDC - 115.13** - Due to staffing challenges, facility staffing plans needed to be adjusted and more thorough documentation regarding deviations from staffing plan were implemented. 115.41 – 24-hour risk screening and 30-day risk screening assessments were provided for a 90-day period to show improvement in the facilitation of these risk screenings.

**McEver PDC - 115.41** – 24-hour risk screening and 30-day risk screening assessments were provided for a 90-day period to show improvement in the facilitation of these risk screenings.

### **Residential Substance Abuse Treatment Centers (RSAT's)**

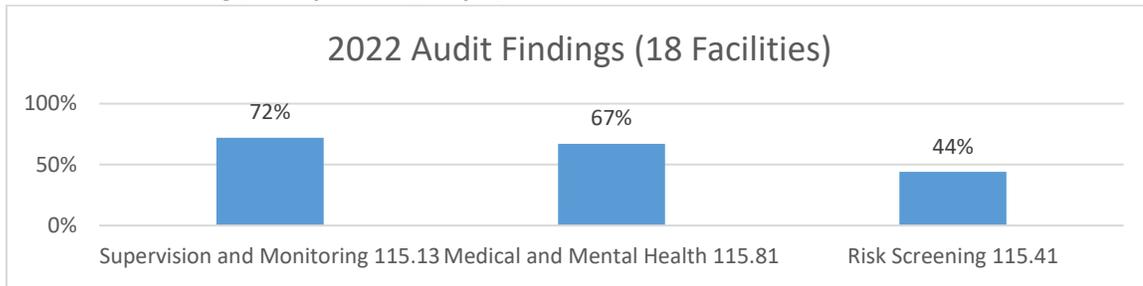
**Turner RSAT - 115.81**- New mental health referral forms are being used to document such referrals in a more consistent manner. 115.41 – 24-hour risk screening and 30-day risk screening assessments were provided for a 90-day period to show improvement in the facilitation of these risk screenings.

### **Contracted Facilities (CF)**

**Riverbend CF - 115.13** Due to staffing challenges, facility staffing plans needed to be adjusted and more thorough documentation regarding deviations from staffing plan were implemented. 115.81- New mental health referral forms are being used to document such referrals in a more consistent manner. 115.41 – 24-hour risk screening and 30-day risk screening assessments were provided for a 90-day period to show improvement in the facilitation of these risk screenings.

**Jenkins CF - 115.13** Due to staffing challenges, facility staffing plans needed to be adjusted and more thorough documentation regarding deviations from staffing plan were implemented. 115.81- New mental health referral forms are being used to document such referrals in a more consistent manner. 115.41 – 24-hour risk screening and 30-day risk screening assessments were provided for a 90-day period to show improvement in the facilitation of these risk screenings.

**2021 Audit Findings/Comparison (Graph)**



The graph above shows the most common audit findings and the percentage of the facilities receiving those findings. The number after the description at the bottom indicates the related PREA Standard number for that audit finding. The graph for 2021 is included below for comparison purposes.

