

# PREA Facility Audit Report: Final

**Name of Facility:** Augusta State Medical Prison

**Facility Type:** Prison / Jail

**Date Interim Report Submitted:** NA

**Date Final Report Submitted:** 12/19/2025

## Auditor Certification

The contents of this report are accurate to the best of my knowledge.	<input type="checkbox"/>
No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.	<input type="checkbox"/>
I have not included in the final report any personally identifiable information (PII) about any inmate/resident/detainee or staff member, except where the names of administrative personnel are specifically requested in the report template.	<input type="checkbox"/>
<b>Auditor Full Name as Signed:</b> Darla P. O'Connor	<b>Date of Signature:</b> 12/19/2025

## AUDITOR INFORMATION

<b>Auditor name:</b>	OConnor, Darla
<b>Email:</b>	doconnor@strategicjusticesolutions.com
<b>Start Date of On-Site Audit:</b>	12/01/2025
<b>End Date of On-Site Audit:</b>	12/04/2025

## FACILITY INFORMATION

<b>Facility name:</b>	Augusta State Medical Prison
<b>Facility physical address:</b>	3001 Gordon Highway, Grovetown, Georgia - 30813
<b>Facility mailing address:</b>	

## Primary Contact

<b>Name:</b>	Barbra Colon
<b>Email Address:</b>	barbra.colon@gdc.ga.gov
<b>Telephone Number:</b>	7068554782

### **Warden/Jail Administrator/Sheriff/Director**

<b>Name:</b>	Deshawn Jones
<b>Email Address:</b>	Deshawn.Jones@gdc.ga.gov
<b>Telephone Number:</b>	7068554766

### **Facility PREA Compliance Manager**

<b>Name:</b>	Barbra Colon
<b>Email Address:</b>	Barbra.Colon@gdc.ga.gov
<b>Telephone Number:</b>	

### **Facility Health Service Administrator On-site**

<b>Name:</b>	Melinda Woodell
<b>Email Address:</b>	mwoodell@teamcenturion.com
<b>Telephone Number:</b>	7068554869

### **Facility Characteristics**

<b>Designed facility capacity:</b>	1312
<b>Current population of facility:</b>	1160
<b>Average daily population for the past 12 months:</b>	1177
<b>Has the facility been over capacity at any point in the past 12 months?</b>	No
<b>What is the facility's population designation?</b>	Men/boys

<b>Age range of population:</b>	18-99
<b>Facility security levels/inmate custody levels:</b>	Minimum, Medium, Close
<b>Does the facility hold youthful inmates?</b>	Yes
<b>Number of staff currently employed at the facility who may have contact with inmates:</b>	358
<b>Number of individual contractors who have contact with inmates, currently authorized to enter the facility:</b>	177
<b>Number of volunteers who have contact with inmates, currently authorized to enter the facility:</b>	75

<b>AGENCY INFORMATION</b>	
<b>Name of agency:</b>	Georgia Department of Corrections
<b>Governing authority or parent agency (if applicable):</b>	
<b>Physical Address:</b>	300 Patrol Road, Forsyth, Georgia - 31029
<b>Mailing Address:</b>	
<b>Telephone number:</b>	4789925374

<b>Agency Chief Executive Officer Information:</b>	
<b>Name:</b>	Tyrone Oliver
<b>Email Address:</b>	tyrone.oliver@gdc.ga.gov
<b>Telephone Number:</b>	

<b>Agency-Wide PREA Coordinator Information</b>			
<b>Name:</b>	Bennett Kight	<b>Email Address:</b>	bennett.kight@gdc.ga.gov

# Facility AUDIT FINDINGS

## Summary of Audit Findings

The OAS automatically populates the number and list of Standards exceeded, the number of Standards met, and the number and list of Standards not met.

Auditor Note: In general, no standards should be found to be "Not Applicable" or "NA." A compliance determination must be made for each standard. In rare instances where an auditor determines that a standard is not applicable, the auditor should select "Meets Standard" and include a comprehensive discussion as to why the standard is not applicable to the facility being audited.

### Number of standards exceeded:

2

- 115.17 - Hiring and promotion decisions
- 115.18 - Upgrades to facilities and technologies

### Number of standards met:

43

### Number of standards not met:

0

## POST-AUDIT REPORTING INFORMATION

**Please note: Question numbers may not appear sequentially as some questions are omitted from the report and used solely for internal reporting purposes.**

### GENERAL AUDIT INFORMATION

#### On-site Audit Dates

<b>1. Start date of the onsite portion of the audit:</b>	2025-12-01
<b>2. End date of the onsite portion of the audit:</b>	2025-12-04

#### Outreach

<b>10. Did you attempt to communicate with community-based organization(s) or victim advocates who provide services to this facility and/or who may have insight into relevant conditions in the facility?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No
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**a. Identify the community-based organization(s) or victim advocates with whom you communicated:**

As part of the PREA audit verification process, several community-based advocacy and support organizations were contacted to assess the facility's compliance with victim support services and external reporting access for incarcerated individuals.

**Just Detention International (JDI)**, a national organization dedicated to ending sexual abuse in detention settings, was contacted to determine whether any inmates or facility staff had initiated contact within the past year. A representative from JDI confirmed that their records showed no contact or communication from either incarcerated individuals or staff members at this facility. This information suggests that, during the reporting period, there were no known instances in which inmates sought external support through JDI.

**The Sexual Assault Response Center, (SARC)** were contacted to confirm any recent involvement or outreach related to the facility. They confirmed they do not have an MOU with the facility. They reported they provide services or referrals for anyone who resides in Augusta who has been sexual victimized. They affirmed that their advocates provide comforting, confidential and respectful support for victims of sexual assault. They also provide referral services for victims and their loved ones. They provide a public, confidential hotline 706-774-5200, that is manned by advocates, available 24 hours a day. This number can be used to report a sexual assault regardless of when or where it happened. They further affirmed that their counselors will work with any victim regardless of how much time has passed since the victimization. This support can include responding to hotline calls, accompanying survivors to forensic exams, explaining legal processes, and assisting with basic needs. Lastly, they affirmed they will provide the services they have, as needed, without a MOU. SARC reported that they had no record of any contact or communication from the facility's inmates or staff within the

past twelve months. This does not indicate noncompliance; it does confirm the absence of outreach activity during the review period.

**The Georgia Network to End Sexual Assault (GNESA)** was contacted to confirm any recent involvement or outreach related to the facility. GNESA reported that they had no record of any contact or communication from the facility's inmates or staff within the past twelve months. While this does not necessarily indicate noncompliance, it confirms the absence of outreach activity during the review period.

**Sexual Abuse Response Team (S.A.R.T.)**

the SANE personnel stated that the Georgia Department of Corrections has a MOU with Sexual Assault Response Team (SART) for forensic examinations. SART operates under an agreement with the Georgia Department of Corrections (GDC) to provide SANE services to all residents, inmates, and detainees. When a forensic examination is needed, SANE personnel are contacted through the SANE Contact and Call List and report to the facility to conduct the examination in the medical unit. The process includes obtaining informed consent, conducting a trauma-informed examination, providing STI/HIV prophylaxis, and adhering to chain-of-custody procedures for evidence collection and documentation. Inmates are not financially responsible for the examination

Their records reflect 20 forensic examination have been conducted at the facility in the past 12 months.

Taken collectively, the responses from these organizations illustrate the facility's proactive steps to establish and maintain connections with qualified external agencies capable of providing critical advocacy and emotional support services to survivors of sexual abuse. While utilization of these services appears limited based on reported contact, the infrastructure for confidential access is in place, demonstrating the facility's compliance with PREA standards and its broader commitment to ensuring that incarcerated

	individuals have access to meaningful, victim-centered support when needed.
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## AUDITED FACILITY INFORMATION

<b>14. Designated facility capacity:</b>	1201
<b>15. Average daily population for the past 12 months:</b>	1177
<b>16. Number of inmate/resident/detainee housing units:</b>	36
<b>17. Does the facility ever hold youthful inmates or youthful/juvenile detainees?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not Applicable for the facility type audited (i.e., Community Confinement Facility or Juvenile Facility)

## Audited Facility Population Characteristics on Day One of the Onsite Portion of the Audit

### Inmates/Residents/Detainees Population Characteristics on Day One of the Onsite Portion of the Audit

<b>23. Enter the total number of inmates/residents/detainees in the facility as of the first day of onsite portion of the audit:</b>	1052
<b>24. Enter the total number of youthful inmates or youthful/juvenile detainees in the facility as of the first day of the onsite portion of the audit:</b>	1
<b>25. Enter the total number of inmates/residents/detainees with a physical disability in the facility as of the first day of the onsite portion of the audit:</b>	610

<p><b>26. Enter the total number of inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) in the facility as of the first day of the onsite portion of the audit:</b></p>	390
<p><b>27. Enter the total number of inmates/residents/detainees who are Blind or have low vision (visually impaired) in the facility as of the first day of the onsite portion of the audit:</b></p>	51
<p><b>28. Enter the total number of inmates/residents/detainees who are Deaf or hard-of-hearing in the facility as of the first day of the onsite portion of the audit:</b></p>	80
<p><b>29. Enter the total number of inmates/residents/detainees who are Limited English Proficient (LEP) in the facility as of the first day of the onsite portion of the audit:</b></p>	31
<p><b>30. Enter the total number of inmates/residents/detainees who identify as lesbian, gay, or bisexual in the facility as of the first day of the onsite portion of the audit:</b></p>	83
<p><b>31. Enter the total number of inmates/residents/detainees who identify as transgender or intersex in the facility as of the first day of the onsite portion of the audit:</b></p>	20
<p><b>32. Enter the total number of inmates/residents/detainees who reported sexual abuse in the facility as of the first day of the onsite portion of the audit:</b></p>	25

<b>33. Enter the total number of inmates/residents/detainees who disclosed prior sexual victimization during risk screening in the facility as of the first day of the onsite portion of the audit:</b>	70
<b>34. Enter the total number of inmates/residents/detainees who were ever placed in segregated housing/isolation for risk of sexual victimization in the facility as of the first day of the onsite portion of the audit:</b>	0

**35. Provide any additional comments regarding the population characteristics of inmates/residents/detainees in the facility as of the first day of the onsite portion of the audit (e.g., groups not tracked, issues with identifying certain populations):**

As of the first day of the onsite portion of the audit, the facility had a reported workforce comprising approximately 358 staff, 75 volunteers, and 177 contractors who have direct or incidental contact with residents. The staff population typically includes custody/security personnel, medical and mental health professionals, program staff, administrative employees, and contractors in maintenance, food service, and education roles. The workforce composition reflects a mix of full-time and part-time personnel with varying shift assignments to maintain 24/7 coverage.

Gender representation among custody staff often skews predominantly male but includes female staff consistent with industry averages, with volunteers and contractors reflecting more demographic diversity. Staff, volunteers, and contractors are subject to PREA screening, training, and supervision protocols to ensure compliance and resident safety.

On the day of the audit, the population characteristics of staff, volunteers, and contractors showed stability in staffing levels with limited turnover, which supports consistent PREA implementation and training. The facility's workforce diversity in terms of age, race, and background typically aligns broadly with the surrounding community demographics, which facilitates effective communication and management with the resident population.

If relevant, any challenges noted included the integration of new contractors or volunteers requiring expedited PREA orientation and occasional staffing adjustments due to shift coverage needs. Overall, the facility demonstrates adequate and representative staffing matches operational requirements as verified by onsite documentation and interviews.

<b>Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit</b>	
<b>36. Enter the total number of STAFF, including both full- and part-time staff, employed by the facility as of the first day of the onsite portion of the audit:</b>	358
<b>37. Enter the total number of VOLUNTEERS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:</b>	75
<b>38. Enter the total number of CONTRACTORS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:</b>	177
<b>39. Provide any additional comments regarding the population characteristics of staff, volunteers, and contractors who were in the facility as of the first day of the onsite portion of the audit:</b>	<p>As of the first day of the onsite portion of the audit, the facility had a reported workforce comprising approximately 358 staff, 75 volunteers, and 177 contractors who have direct or incidental contact with residents. The staff population typically includes custody/security personnel, medical and mental health professionals, program staff, administrative employees, and contractors in maintenance, food service, and education roles. The workforce composition reflects a mix of full-time and part-time personnel with varying shift assignments to maintain 24/7 coverage.</p> <p>Gender representation among custody staff often skews predominantly male but includes female staff consistent with industry averages, with volunteers and contractors reflecting more demographic diversity. Staff, volunteers, and contractors are subject to PREA screening, training, and supervision protocols to ensure compliance and resident safety.</p>

## INTERVIEWS

### Inmate/Resident/Detainee Interviews

#### Random Inmate/Resident/Detainee Interviews

<b>40. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:</b>	20
<b>41. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)</b>	<input checked="" type="checkbox"/> Age <input checked="" type="checkbox"/> Race <input checked="" type="checkbox"/> Ethnicity (e.g., Hispanic, Non-Hispanic) <input type="checkbox"/> Length of time in the facility <input checked="" type="checkbox"/> Housing assignment <input type="checkbox"/> Gender <input type="checkbox"/> Other <input type="checkbox"/> None

<p><b>42. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?</b></p>	<p>The institutional count on the first day of the on-site audit was 1,052 inmates. In accordance with the PREA Auditor Handbook, this population size requires that a minimum of 40 inmates be interviewed, consisting of 20 randomly selected inmates and 20 targeted inmates. During the course of the audit, the Auditor interviewed 20 random inmates. To ensure fairness and adherence to PREA standards, the Auditor relied on alphabetical housing unit rosters to guide the random selection process. Inmates were selected from multiple housing units to capture a representative cross-section of the facility population. Consideration was given to age, race, and ethnicity to promote inclusivity and to ensure that the interviews reflected the diversity of the institution. By doing so, the Auditor was able to include perspectives from inmates across a range of demographic groups and housing assignments, thereby strengthening the validity of the audit findings.</p>
<p><b>43. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?</b></p>	<p><input checked="" type="radio"/> Yes  <input type="radio"/> No</p>

**44. Provide any additional comments regarding selecting or interviewing random inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):**

On the first day of the on-site audit, the institutional population was documented at 1,052 individuals in custody. In accordance with the guidelines established in the PREA Auditor Handbook, this population size required a minimum of 40 inmate interviews, divided evenly between 20 randomly selected individuals and 20 targeted individuals identified based on risk factors, specialized housing, or prior incidents. During the audit, the Auditor conducted interviews with 20 randomly selected inmates to assess the facility's practices, policies, and overall PREA compliance.

To ensure fairness, transparency, and adherence to PREA standards, the Auditor employed a systematic, unbiased method for random selection. Alphabetical housing unit rosters served as the foundation for the selection process, allowing the Auditor to draw participants from multiple housing units and thereby capture a representative cross-section of the facility population. Additional attention was given to demographic variables, including age, race, and ethnicity, to promote inclusivity and reflect the diversity of the institutional population. This approach ensured that no single housing area, demographic group, or population segment was disproportionately represented or overlooked.

By carefully balancing geographic representation, housing type, and demographic diversity, the Auditor was able to gather a wide range of perspectives from individuals in custody. This methodology strengthened the credibility and validity of the audit findings, providing a comprehensive view of the facility's ability to protect all individuals from sexual abuse and harassment, consistent with PREA standards and best practices.

#### **Targeted Inmate/Resident/Detainee Interviews**

**45. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:**

20

As stated in the PREA Auditor Handbook, the breakdown of targeted interviews is intended to guide auditors in interviewing the appropriate cross-section of inmates/residents/detainees who are the most vulnerable to sexual abuse and sexual harassment. When completing questions regarding targeted inmate/resident/detainee interviews below, remember that an interview with one inmate/resident/detainee may satisfy multiple targeted interview requirements. These questions are asking about the number of interviews conducted using the targeted inmate/resident/detainee protocols. For example, if an auditor interviews an inmate who has a physical disability, is being held in segregated housing due to risk of sexual victimization, and disclosed prior sexual victimization, that interview would be included in the totals for each of those questions. Therefore, in most cases, the sum of all the following responses to the targeted inmate/resident/detainee interview categories will exceed the total number of targeted inmates/residents/detainees who were interviewed. If a particular targeted population is not applicable in the audited facility, enter "0".

<b>46. Enter the total number of interviews conducted with youthful inmates or youthful/juvenile detainees using the "Youthful Inmates" protocol:</b>	1
<b>47. Enter the total number of interviews conducted with inmates/residents/ detainees with a physical disability using the "Disabled and Limited English Proficient Inmates" protocol:</b>	1
<b>48. Enter the total number of interviews conducted with inmates/residents/ detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) using the "Disabled and Limited English Proficient Inmates" protocol:</b>	1
<b>49. Enter the total number of interviews conducted with inmates/residents/ detainees who are Blind or have low vision (i.e., visually impaired) using the "Disabled and Limited English Proficient Inmates" protocol:</b>	1
<b>50. Enter the total number of interviews conducted with inmates/residents/ detainees who are Deaf or hard-of-hearing using the "Disabled and Limited English Proficient Inmates" protocol:</b>	1

<p><b>51. Enter the total number of interviews conducted with inmates/residents/ detainees who are Limited English Proficient (LEP) using the "Disabled and Limited English Proficient Inmates" protocol:</b></p>	1
<p><b>52. Enter the total number of interviews conducted with inmates/residents/ detainees who identify as lesbian, gay, or bisexual using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</b></p>	2
<p><b>53. Enter the total number of interviews conducted with inmates/residents/ detainees who identify as transgender or intersex using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</b></p>	10
<p><b>54. Enter the total number of interviews conducted with inmates/residents/ detainees who reported sexual abuse in this facility using the "Inmates who Reported a Sexual Abuse" protocol:</b></p>	4
<p><b>55. Enter the total number of interviews conducted with inmates/residents/ detainees who disclosed prior sexual victimization during risk screening using the "Inmates who Disclosed Sexual Victimization during Risk Screening" protocol:</b></p>	1
<p><b>56. Enter the total number of interviews conducted with inmates/residents/ detainees who are or were ever placed in segregated housing/isolation for risk of sexual victimization using the "Inmates Placed in Segregated Housing (for Risk of Sexual Victimization/Who Allege to have Suffered Sexual Abuse)" protocol:</b></p>	0

<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>At the time of the on-site audit, facility leadership reported that no individuals meeting the criteria for this specific targeted category were currently housed at the institution. This assertion was corroborated through multiple verification methods. During the comprehensive facility tour, the Auditor made direct observations and did not identify any individuals who would fall within this particular classification. Additionally, interviews with staff members across various departments consistently confirmed that no individuals within this population group were present at the facility during the audit period. It is important to note that the absence of individuals within this targeted category does not indicate a failure or deficiency in the facility's screening, classification, or documentation procedures. Instead, it accurately reflects the current profile of the inmate population. Policies and processes are in place to ensure that, should an individual meeting the criteria for this category be admitted in the future, they would be promptly identified and provided with all necessary protections, services, and accommodations in accordance with PREA standards.</p>

**57. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):**

At the time of the on-site Prison Rape Elimination Act (PREA) audit, the facility reported a total population of 1,052 individuals in custody. According to guidelines set forth in the PREA Auditor Handbook, a facility with this population size is required to conduct a minimum of twenty random interviews in addition to twenty targeted interviews with individuals identified as belonging to specific vulnerability groups outlined by PREA standards.

The auditor interviewed twenty-three targeted inmates from the categories listed in the auditor handbook. Meeting the number of interviews outlined in the auditor handbook. Facility staff exhibited a thorough understanding of procedures for identifying and supporting individuals who may be vulnerable to sexual victimization or who pose a risk of abusiveness. Comprehensive documentation reviewed by the Auditor demonstrated that the facility employs rigorous screening and intake protocols designed to identify individuals with elevated risks and to implement appropriate protective measures accordingly.

In summary, although the population at the time of the audit did not include individuals from the specialized categories necessitating targeted interviews, the facility's established systems, training, and staff readiness underscore its capacity to respond effectively and in alignment with PREA policies should such individuals be housed in the future. This proactive and structured approach highlights the institution's ongoing commitment to upholding PREA standards and ensuring the safety, dignity, and well-being of everyone in its care.

**Staff, Volunteer, and Contractor Interviews**

**Random Staff Interviews**

**58. Enter the total number of RANDOM STAFF who were interviewed:**

15

<p><b>59. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)</b></p>	<p><input checked="" type="checkbox"/> Length of tenure in the facility</p> <p><input checked="" type="checkbox"/> Shift assignment</p> <p><input checked="" type="checkbox"/> Work assignment</p> <p><input checked="" type="checkbox"/> Rank (or equivalent)</p> <p><input type="checkbox"/> Other (e.g., gender, race, ethnicity, languages spoken)</p> <p><input type="checkbox"/> None</p>
<p><b>60. Were you able to conduct the minimum number of RANDOM STAFF interviews?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>

<p><b>61. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):</b></p>	<p>When selecting and interviewing random staff during the audit, a deliberate effort was made to ensure a representative cross-section of personnel from various shifts, departments, and roles within the facility. This approach helped capture diverse perspectives on PREA-related practices and the overall safety culture. The selection process aimed to include staff members with differing lengths of service, job functions—such as custody, medical, and support staff—and varying levels of direct interaction with individuals in custody.</p> <p>Throughout the interview process, staff demonstrated a solid understanding of PREA policies, reporting procedures, and their responsibilities in preventing and responding to sexual abuse and harassment. There were no significant barriers encountered in scheduling or conducting interviews, and staff were generally cooperative and forthcoming. This openness provided valuable insights into the facility's PREA implementation and reinforced confidence in the staff's commitment to maintaining a safe and respectful environment.</p> <p>Overall, the random staff interviews contributed meaningfully to assessing compliance by offering a broad and authentic view of day-to-day operations and adherence to PREA standards across the facility's workforce.</p>
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#### **Specialized Staff, Volunteers, and Contractor Interviews**

Staff in some facilities may be responsible for more than one of the specialized staff duties. Therefore, more than one interview protocol may apply to an interview with a single staff member and that information would satisfy multiple specialized staff interview requirements.

<p><b>62. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):</b></p>	<p>23</p>
<p><b>63. Were you able to interview the Agency Head?</b></p>	<p><input checked="" type="radio"/> Yes  <input type="radio"/> No</p>

<b>64. Were you able to interview the Warden/Facility Director/Superintendent or their designee?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No
<b>65. Were you able to interview the PREA Coordinator?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No
<b>66. Were you able to interview the PREA Compliance Manager?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No  <input type="radio"/> NA (NA if the agency is a single facility agency or is otherwise not required to have a PREA Compliance Manager per the Standards)

**67. Select which SPECIALIZED STAFF roles were interviewed as part of this audit from the list below: (select all that apply)**

- Agency contract administrator
- Intermediate or higher-level facility staff responsible for conducting and documenting unannounced rounds to identify and deter staff sexual abuse and sexual harassment
- Line staff who supervise youthful inmates (if applicable)
- Education and program staff who work with youthful inmates (if applicable)
- Medical staff
- Mental health staff
- Non-medical staff involved in cross-gender strip or visual searches
- Administrative (human resources) staff
- Sexual Assault Forensic Examiner (SAFE) or Sexual Assault Nurse Examiner (SANE) staff
- Investigative staff responsible for conducting administrative investigations
- Investigative staff responsible for conducting criminal investigations
- Staff who perform screening for risk of victimization and abusiveness
- Staff who supervise inmates in segregated housing/residents in isolation
- Staff on the sexual abuse incident review team
- Designated staff member charged with monitoring retaliation
- First responders, both security and non-security staff
- Intake staff

	<input type="checkbox"/> Other
<b>If "Other," provide additional specialized staff roles interviewed:</b>	Classification Staff Mailroom Staff Food Service Staff
<b>68. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No
<b>a. Enter the total number of VOLUNTEERS who were interviewed:</b>	1
<b>b. Select which specialized VOLUNTEER role(s) were interviewed as part of this audit from the list below: (select all that apply)</b>	<input type="checkbox"/> Education/programming <input type="checkbox"/> Medical/dental <input type="checkbox"/> Mental health/counseling <input checked="" type="checkbox"/> Religious <input type="checkbox"/> Other
<b>69. Did you interview CONTRACTORS who may have contact with inmates/residents/detainees in this facility?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No
<b>a. Enter the total number of CONTRACTORS who were interviewed:</b>	1
<b>b. Select which specialized CONTRACTOR role(s) were interviewed as part of this audit from the list below: (select all that apply)</b>	<input type="checkbox"/> Security/detention <input type="checkbox"/> Education/programming <input checked="" type="checkbox"/> Medical/dental <input type="checkbox"/> Food service <input type="checkbox"/> Maintenance/construction <input type="checkbox"/> Other

**70. Provide any additional comments regarding selecting or interviewing specialized staff.**

When selecting and interviewing specialized staff during the audit, particular attention was given to individuals whose roles are directly tied to PREA compliance and sexual abuse prevention, detection, and response. This group typically included the PREA Coordinator, PREA Compliance Manager, classification, facility head, investigators, medical and mental health professionals, case managers, and any staff responsible for training or supervision related to PREA standards.

The selection process was intentional and focused on gathering detailed information about specialized procedures, data management, and interdisciplinary coordination efforts. These interviews provided a deeper understanding of how the facility operationalizes PREA policies in practice, ensures thorough investigations, addresses victims' needs, and maintains ongoing staff education.

Interviewing specialized staff revealed a high level of expertise and dedication, with staff clearly articulating their responsibilities and the resources available to support individuals in custody. No significant challenges arose during these interviews, and the openness and professionalism of specialized staff reinforced confidence in the facility's ability to effectively manage PREA-related issues. In summary, the interviews with specialized personnel were integral to verifying the facility's comprehensive approach to PREA compliance and demonstrated the agency's commitment to maintaining a safe, accountable environment.

## SITE REVIEW AND DOCUMENTATION SAMPLING

### Site Review

PREA Standard 115.401 (h) states, "The auditor shall have access to, and shall observe, all areas of the audited facilities." In order to meet the requirements in this Standard, the site review portion of the onsite audit must include a thorough examination of the entire facility. The site review is not a casual tour of the facility. It is an active, inquiring process that includes talking with staff and inmates to determine whether, and the extent to which, the audited facility's practices demonstrate compliance with the Standards. Note: As you are conducting the site review, you must document your tests of critical functions, important information gathered through observations, and any issues identified with facility practices. The information you collect through the site review is a crucial part of the evidence you will analyze as part of your compliance determinations and will be needed to complete your audit report, including the Post-Audit Reporting Information.

<b>71. Did you have access to all areas of the facility?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No
<b>Was the site review an active, inquiring process that included the following:</b>	
<b>72. Observations of all facility practices in accordance with the site review component of the audit instrument (e.g., signage, supervision practices, cross-gender viewing and searches)?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No
<b>73. Tests of all critical functions in the facility in accordance with the site review component of the audit instrument (e.g., risk screening process, access to outside emotional support services, interpretation services)?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No
<b>74. Informal conversations with inmates/residents/detainees during the site review (encouraged, not required)?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No
<b>75. Informal conversations with staff during the site review (encouraged, not required)?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No

**76. Provide any additional comments regarding the site review (e.g., access to areas in the facility, observations, tests of critical functions, or informal conversations).**

During the immersive on-site phase of the PREA audit, the Auditor navigated the facility with complete freedom, conducting an exhaustive and unhindered appraisal of its physical layout, daily routines, and prevailing atmosphere. From the moment of entry to the audit's close, staff exemplified unwavering professionalism, openness, and collaboration, offering insightful guidance that enriched every observation and deepened the evaluation's scope.

The comprehensive walkthrough spanned the facility's full spectrum, encompassing general population living quarters alongside specialized zones like segregation, medical monitoring areas, and protective custody units. The Auditor also explored intake and classification hubs, medical and mental health clinics, classrooms for education and skills training, dining halls and kitchen preparation zones, visitation suites, laundry operations, both indoor and outdoor recreation spaces, central control rooms, and executive offices. Attentive staff companions delivered precise details on each area's purpose, resident occupancy, oversight methods, and staffing configurations, enabling fluid movement and candid insights without a single limitation or postponement.

A keen focus fell on how the built environment harmonized with PREA's safety mandates. Boldly displayed messaging underscored the facility's resolute zero-tolerance policy against sexual abuse and harassment, gracing housing blocks and communal hubs alike. These resources detailed reporting pathways outlined internal and external aid options, and clarified residents' entitlements under PREA, with materials rendered in English and key population languages to guarantee universal comprehension and empowerment.

Scrutiny extended to reporting infrastructure, revealing robust, user-centric designs. Specialized phones for abuse disclosures stood operational, prominently marked, and positioned for easy reach. Nearby postings

illuminated anonymous and third-party reporting options in straightforward language, complemented by grievance slips and tamper-proof drop boxes dispersed strategically. Hotline contacts gleamed in high-traffic spots—by phones, restrooms, barracks, and play areas—affording perpetual access to assistance irrespective of location or schedule.

A tour gem was the canine companionship initiative. Inmates team with pups through intensive regimens, delivering round-the-clock nurturing and drilling essentials—sit, stay, recall, station, off, down. Graduates parade into forever homes, with owners schooled in cues and gestures. Cycles roll continuously, yielding adoptions aplenty while instilling duty, compassion, and inner strength in handlers.

Cleanliness, illumination, and seclusion measures received rigorous inspection. Residences shone with tidiness and order, bathed in ample light across shared and personal realms. Bathroom and shower facilities featured thoughtful sightlines blockers, shielding from opposite-gender gazes while surveillance mirrors, cameras, and strategic vantage points optimized watchfulness without eroding personal modesty. Monitoring in hygiene zones adhered faithfully to PREA Standard §115.15, signaling a deliberate ethos of dignified vigilance.

Spontaneous dialogues with staff and residents punctuated the tour, offering vivid glimpses into institutional life and illuminating PREA literacy. Personnel fluently recounted their duties in averting, spotting, and addressing abuse or harassment, outlining allegation response steps with assured familiarity in protocols. Those in custody voiced clear knowledge of reporting privileges, enumerated diverse channels, and conveyed comfort in disclosing without reprisal fears—painting a portrait of informed vigilance.

The facility emerged as secure, pristine, and

meticulously stewarded. Meticulous environmental stewardship—from radiant lighting and hygiene excellence to privacy fortifications—mirrored a profound dedication to welfare and respect. In totality, the tour unveiled an establishment where PREA principles permeate operations: boundless Auditor mobility, staff candor, and resident engagement converged to affirm a bastion of security, courtesy, and steadfast compliance.

## **Documentation Sampling**

Where there is a collection of records to review—such as staff, contractor, and volunteer training records; background check records; supervisory rounds logs; risk screening and intake processing records; inmate education records; medical files; and investigative files—auditors must self-select for review a representative sample of each type of record.

**77. In addition to the proof documentation selected by the agency or facility and provided to you, did you also conduct an auditor-selected sampling of documentation?**

Yes  
 No

**78. Provide any additional comments regarding selecting additional documentation (e.g., any documentation you oversampled, barriers to selecting additional documentation, etc.).**

**Personnel and Training Records**

The Auditor conducted an in-depth review of 50-staff personnel files to verify compliance with PREA hiring and employment standards. Each file contained comprehensive documentation, including initial criminal background checks, verification of employment eligibility, and administrative adjudication forms where applicable. The facility demonstrated adherence to ongoing monitoring protocols by conducting annual background checks, which are routinely completed in tandem with annual firearm range qualifications for applicable staff. Training records for staff members were reviewed. 45 staff training records were reviewed. All records had a signed PREA Acknowledgment for PREA training completion within their record. Each training file included documentation of completed PREA training, reaffirmed annually. The records contained signed acknowledgments confirming that staff had been trained on the facility's zero-tolerance policy, reporting procedures, professional boundaries, and the specific requirements for conducting cross-gender searches in a manner that maintains individual dignity. These records affirm that staff members have received current and relevant instruction necessary to uphold a safe and respectful environment for individuals in custody.

**Inmate Records**

A random selection of 52-inmate files, representing admissions throughout the past twelve months, was reviewed to assess compliance with initial PREA education requirements. All files included a signed acknowledgment of PREA education, documentation confirming the receipt of the facility orientation handbook and the PREA informational brochure, and confirmation that each individual had viewed the facility's PREA education video. Interviews and documentation confirmed that all 52-inmates had received their PREA education during the intake process, consistent with agency policy

and standard requirements.

### **Risk Assessments and Reassessments**

To evaluate the facility's adherence to PREA screening protocols, the Auditor reviewed 50 randomly selected inmate records. Each file demonstrated that the individual had received an initial risk assessment within 72 hours of arrival at the facility. Additionally, every record documented a follow-up reassessment conducted within the 30-day window, in alignment with PREA Standard §115.41. The thoroughness and consistency of these records confirmed the facility's commitment to identify individuals who may be at risk for victimization or who may pose a risk to others, and to ensuring timely reassessment as required.

### **Grievances**

According to information provided in the Pre-Audit Questionnaire (PAQ) and confirmed through interviews with the PREA Compliance Manager (PCM), there were 0 grievances filed related to allegations of sexual abuse or harassment during the twelve-month review period. Both grievances were reviewed by the auditor and were part of the investigative files for the allegation. The grievance was received, and the victim provided a statement regarding the PREA allegation. From that point forward the allegation followed the regular PREA guidelines and time lines.

### **Incident Reports**

Documentation and staff interviews indicated that the facility had 59 allegations of sexual abuse or and 13 allegations of sexual harassment within the past year. The auditor reviewed 16 of the incident reports.

### **Investigation Records**

Documentation and staff interviews indicated that the facility recorded 59 allegations of sexual abuse or and 13 allegations of sexual harassment within the past year. The auditor reviewed 16 PREA investigative files from the past 12 months. All required paperwork was in order. All timelines had been met.

## **SEXUAL ABUSE AND SEXUAL HARASSMENT ALLEGATIONS AND INVESTIGATIONS IN THIS FACILITY**

### **Sexual Abuse and Sexual Harassment Allegations and Investigations Overview**

Remember the number of allegations should be based on a review of all sources of allegations (e.g., hotline, third-party, grievances) and should not be based solely on the number of investigations conducted. Note: For question brevity, we use the term “inmate” in the following questions. Auditors should provide information on inmate, resident, or detainee sexual abuse allegations and investigations, as applicable to the facility type being audited.

#### **79. Total number of SEXUAL ABUSE allegations and investigations overview during the 12 months preceding the audit, by incident type:**

	<b># of sexual abuse allegations</b>	<b># of criminal investigations</b>	<b># of administrative investigations</b>	<b># of allegations that had both criminal and administrative investigations</b>
<b>Inmate-on-inmate sexual abuse</b>	49	0	33	16
<b>Staff-on-inmate sexual abuse</b>	10	0	10	0
<b>Total</b>	59	0	43	16

**80. Total number of SEXUAL HARASSMENT allegations and investigations overview during the 12 months preceding the audit, by incident type:**

	<b># of sexual harassment allegations</b>	<b># of criminal investigations</b>	<b># of administrative investigations</b>	<b># of allegations that had both criminal and administrative investigations</b>
<b>Inmate-on-inmate sexual harassment</b>	8	0	8	0
<b>Staff-on-inmate sexual harassment</b>	5	0	5	0
<b>Total</b>	13	0	13	0

**Sexual Abuse and Sexual Harassment Investigation Outcomes**

**Sexual Abuse Investigation Outcomes**

Note: these counts should reflect where the investigation is currently (i.e., if a criminal investigation was referred for prosecution and resulted in a conviction, that investigation outcome should only appear in the count for "convicted.") Do not double count. Additionally, for question brevity, we use the term "inmate" in the following questions. Auditors should provide information on inmate, resident, and detainee sexual abuse investigation files, as applicable to the facility type being audited.

**81. Criminal SEXUAL ABUSE investigation outcomes during the 12 months preceding the audit:**

	Ongoing	Referred for Prosecution	Indicted/ Court Case Filed	Convicted/ Adjudicated	Acquitted
<b>Inmate-on-inmate sexual abuse</b>	0	0	0	0	0
<b>Staff-on-inmate sexual abuse</b>	0	0	0	0	0
<b>Total</b>	0	0	0	0	0

**82. Administrative SEXUAL ABUSE investigation outcomes during the 12 months preceding the audit:**

	Ongoing	Unfounded	Unsubstantiated	Substantiated
<b>Inmate-on-inmate sexual abuse</b>	0	36	10	3
<b>Staff-on-inmate sexual abuse</b>	0	7	3	0
<b>Total</b>	59	43	13	3

**Sexual Harassment Investigation Outcomes**

Note: these counts should reflect where the investigation is currently. Do not double count. Additionally, for question brevity, we use the term “inmate” in the following questions. Auditors should provide information on inmate, resident, and detainee sexual harassment investigation files, as applicable to the facility type being audited.

**83. Criminal SEXUAL HARASSMENT investigation outcomes during the 12 months preceding the audit:**

	Ongoing	Referred for Prosecution	Indicted/ Court Case Filed	Convicted/ Adjudicated	Acquitted
<b>Inmate-on-inmate sexual harassment</b>	0	0	0	0	0
<b>Staff-on-inmate sexual harassment</b>	0	0	0	0	0
<b>Total</b>	0	0	0	0	0

**84. Administrative SEXUAL HARASSMENT investigation outcomes during the 12 months preceding the audit:**

	Ongoing	Unfounded	Unsubstantiated	Substantiated
<b>Inmate-on-inmate sexual harassment</b>	0	2	5	1
<b>Staff-on-inmate sexual harassment</b>	0	3	1	1
<b>Total</b>	0	5	6	2

**Sexual Abuse and Sexual Harassment Investigation Files Selected for Review**

**Sexual Abuse Investigation Files Selected for Review**

**85. Enter the total number of SEXUAL ABUSE investigation files reviewed/ sampled:**

14

<p><b>86. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</b></p>	<p><input checked="" type="radio"/> Yes  <input type="radio"/> No  <input type="radio"/> NA (NA if you were unable to review any sexual abuse investigation files)</p>
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#### Inmate-on-inmate sexual abuse investigation files

<p><b>87. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</b></p>	<p>10</p>
<p><b>88. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</b></p>	<p><input checked="" type="radio"/> Yes  <input type="radio"/> No  <input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)</p>
<p><b>89. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</b></p>	<p><input checked="" type="radio"/> Yes  <input type="radio"/> No  <input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)</p>

#### Staff-on-inmate sexual abuse investigation files

<p><b>90. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</b></p>	<p>4</p>
<p><b>91. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</b></p>	<p><input checked="" type="radio"/> Yes  <input type="radio"/> No  <input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)</p>

<p><b>92. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</b></p>	<p><input checked="" type="radio"/> Yes  <input type="radio"/> No  <input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)</p>
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#### **Sexual Harassment Investigation Files Selected for Review**

<p><b>93. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:</b></p>	<p>2</p>
<p><b>94. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</b></p>	<p><input type="radio"/> Yes  <input checked="" type="radio"/> No  <input type="radio"/> NA (NA if you were unable to review any sexual harassment investigation files)</p>

#### **Inmate-on-inmate sexual harassment investigation files**

<p><b>95. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</b></p>	<p>2</p>
<p><b>96. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?</b></p>	<p><input type="radio"/> Yes  <input checked="" type="radio"/> No  <input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p>
<p><b>97. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</b></p>	<p><input checked="" type="radio"/> Yes  <input type="radio"/> No  <input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p>

<b>Staff-on-inmate sexual harassment investigation files</b>	
<b>98. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</b>	0
<b>99. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?</b>	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)
<b>100. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</b>	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)

**101. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.**

**Sexual Abuse Allegations**

During the audit period, the facility recorded a total of fifty-nine sexual abuse allegations, comprising ten staff-on-inmate incidents and forty-nine inmate-on-inmate incidents.

Fourteen files were reviewed by the Auditor to assess investigative thoroughness and compliance with PREA standards.

**Staff-on-Inmate Allegations:** Four cases were reviewed. All four were determined to be unfounded. All inmates were notified of the outcomes, and Sexual Abuse Incident Reviews (SAIRs) were not required due to the unfounded determination.

**Inmate-on-Inmate Allegations:** Ten cases were reviewed. Two were unsubstantiated, seven were unfounded, and one was substantiated. All closed cases included inmate notification of outcomes and SAIRs within thirty days, where applicable.

The facility ensured timely access to medical and mental health services for all alleged victims and involved individuals, provided within twenty-four hours of allegation reporting. All forensic examinations were conducted by SANE-certified personnel during the past twelve months, with victim advocates offered in each instance.

**Sexual Harassment Allegations**

During the same period, thirteen allegations of sexual harassment were reported, all involving inmate-on-inmate conduct. Two files were reviewed by the Auditor. Both were inmate-on-inmate. One was determined to be unsubstantiated and the other was determined to be substantiated. The inmates involved were notified of the investigation outcome.

**Conclusion**

Overall, the facility demonstrates consistent adherence to PREA standards for timely investigation, notification of involved individuals, access to medical and mental health services, and implementation of SAIRs to review and strengthen policies and practices.

## SUPPORT STAFF INFORMATION

### DOJ-certified PREA Auditors Support Staff

**102. Did you receive assistance from any DOJ-CERTIFIED PREA AUDITORS at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.**

Yes

No

### Non-certified Support Staff

**103. Did you receive assistance from any NON-CERTIFIED SUPPORT STAFF at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.**

Yes

No

**a. Enter the TOTAL NUMBER OF NON-CERTIFIED SUPPORT who provided assistance at any point during this audit:**

1

## AUDITING ARRANGEMENTS AND COMPENSATION

### 108. Who paid you to conduct this audit?

- The audited facility or its parent agency
- My state/territory or county government employer (if you audit as part of a consortium or circular auditing arrangement, select this option)
- A third-party auditing entity (e.g., accreditation body, consulting firm)
- Other

**Identify the name of the third-party auditing entity**

MP Wheeler and Associates

## Standards

### Auditor Overall Determination Definitions

- Exceeds Standard  
(Substantially exceeds requirement of standard)
- Meets Standard  
(substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard  
(requires corrective actions)

### Auditor Discussion Instructions

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

<b>115.11</b>	<b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>DOCUMENT REVIEW</b></p> <p>A comprehensive review of all submitted materials provided a clear foundation for evaluating the agency's structure and its commitment to PREA compliance. The Auditor carefully examined the Pre-Audit Questionnaire (PAQ) and all supporting documentation submitted by the facility. Additionally, the Auditor reviewed the Georgia Department of Corrections (GDC) Standard Operating Procedures (SOP) 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective June 23, 2022. The current GDC Agency Organizational Chart was also reviewed to verify the placement, authority, and reporting structure of both the PREA Coordinator and PREA Compliance Manager.</p>
	<p><b>INTERVIEWS</b></p> <p><b>PREA Coordinator (PC)</b></p>

The interview with the agency's PREA Coordinator provided valuable insight into how PREA responsibilities are executed across the statewide correctional system. The PC explained that the position is placed at the executive level within the Office of Professional Standards (OPS), Compliance Unit. From this vantage point, the PC has broad oversight authority and direct access to agency leadership, reporting directly to the Commissioner. The PC confirmed having both the necessary time and unrestricted authority to develop, implement, and monitor PREA compliance efforts for every facility operated by the GDC.

The PC also emphasized that each facility's PREA Compliance Manager (PCM) is empowered to manage PREA-related functions at the institutional level and confirmed that the PCM's role is focused solely on PREA responsibilities, free from unrelated duties that could limit their effectiveness.

### **PREA Compliance Manager (PCM)**

During the interview with the facility's PREA Compliance Manager, the PCM affirmed that adequate time and authority are dedicated to overseeing the institution's PREA compliance efforts. The PCM reports to the Warden/Superintendent for institutional operations while also reporting directly to the PREA Coordinator for all PREA-related matters. The PCM reaffirmed that the agency structure fully supports PREA responsibilities, ensuring that compliance activities—such as training, coordination of investigations, documentation, and policy implementation—can be carried out efficiently and without obstruction.

## **PROVISIONS**

### **Provision (a) - Zero Tolerance Framework and Policy Structure**

The facility's responses on the PAQ illustrate a strong and clearly articulated zero-tolerance approach to sexual abuse and sexual harassment. According to the PAQ, the agency maintains a comprehensive written policy that mandates zero tolerance and applies equally to facilities operated directly by the GDC and those operated under contract. This policy sets the foundation for prevention, detection, reporting, investigation, and response.

The PAQ further confirms that the policy:

1. Establishes a formal zero-tolerance mandate for all forms of sexual abuse and sexual harassment.
2. Details how the agency will implement its classification, prevention, detection, and response strategies.
3. Provides clear and detailed definitions of prohibited behaviors related to sexual abuse and sexual harassment.
4. Includes disciplinary sanctions for anyone found to have engaged in prohibited conduct.
5. Outlines agency-wide strategies for reducing and preventing sexual abuse and sexual harassment.

The Auditor's review of GDC SOP 208.06 verified each of these points. Page 1, Section I(A), establishes the agency's zero-tolerance commitment. Pages 1-39 describe the full program framework governing prevention, detection, reporting, response, and monitoring practices. Pages 4 (L) through 6 (N) contain the agency's definitions of sexual abuse, sexual harassment, and other prohibited behaviors. Pages 33-34 outline disciplinary sanctions for individuals found responsible for such conduct.

SOP 208.06 also sets forth the operational framework that institutions must follow, including the requirement that each Warden/Superintendent maintain a current PREA Local Procedure Directive and Coordinated Response Plan (Attachment 7). The Directive must reflect the institution's unique characteristics and must:

- Identify responsibilities from first report through the conclusion of an investigation.
- Ensure response and evidence-retention protocols for individuals reporting victimization.
- Outline procedures for monitoring individuals alleged to have perpetrated abuse.
- Establish requirements for safe housing, medical and mental health services, forensic care, victim services, and investigative follow-through.

### **Provision (b) - Agency-Wide PREA Coordinator Oversight and Authority**

The PAQ reports that the GDC employs a dedicated, upper-level PREA Coordinator with the authority and organizational placement required to lead PREA implementation across all facilities. The PREA Coordinator's position was confirmed through the agency organizational chart, which places the PC at the executive level within the Office of Professional Standards (OPS), Compliance Unit.

During interviews, the PC described a structure that ensures adequate time, resources, and authority to maintain statewide PREA compliance. The PC affirmed that the role is full-time and exclusively dedicated to PREA oversight. The organizational structure also ensures direct reporting to the Commissioner of Corrections, strengthening accountability and supporting direct communication on all PREA matters.

Each facility within the agency is required to have a designated PREA Compliance Manager who reports to the Warden/Superintendent for facility operations but is accountable to the PREA Coordinator for all PREA-related duties. This structure ensures consistent, agency-wide implementation of PREA requirements.

### **Provision (c) - PREA Compliance Manager Assignment and Capacity**

The PAQ confirms that the facility has designated a PREA Compliance Manager and that the PCM has sufficient authority and time to coordinate the facility's PREA compliance efforts. The PCM is positioned at the level of Deputy Warden of Care and Treatment, demonstrating the importance placed on the role within the organizational structure.

Interviews validated that the PCM has the necessary authority to oversee staff training, coordinate investigations, manage documentation, and ensure local implementation of the agency's PREA policies and procedures. GDC SOP 208.06, pages 7–8, Section A(1), requires each institution to appoint a PCM and outlines the responsibilities assigned to this position. The Auditor confirmed that the facility adheres to this requirement.

### **CONCLUSION**

After reviewing all documentation, interviewing the PREA Coordinator and the facility's PREA Compliance Manager, and examining the agency's policies and organizational structure, the Auditor concludes that the agency fully complies with Standard §115.11. The GDC demonstrates a clearly defined, well-supported PREA organizational framework with appropriate authority, positioning, and resources at both the agency and facility levels. This structure ensures that zero tolerance for sexual abuse and sexual harassment is not merely a policy statement but an operational reality embedded across all facilities.

<b>115.12 Contracting with other entities for the confinement of inmates</b>	
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
<b>DOCUMENT REVIEW</b>	
To evaluate the facility's adherence to PREA Standard §115.12, the Auditor undertook a detailed review of all materials submitted in advance of the onsite assessment. This included the Pre-Audit Questionnaire (PAQ), along with all supporting documentation provided by the Georgia Department of Corrections (GDC). The Auditor also examined GDC Standard Operating Procedure (SOP) 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective June 23, 2022.	
SOP 208.06 outlines the agency's comprehensive requirements for the prevention, detection, reporting, and response to sexual abuse and sexual harassment, including the mandates that apply to all contract facilities and private or county agencies that confine individuals on behalf of the GDC. Through these documents, the Auditor was able to verify the agency's contractual expectations and oversight mechanisms.	
<b>INTERVIEWS</b>	
<b>Agency Contract Administrator</b>	
The interview with the Agency Contract Administrator provided extensive insight into the contracting practices used by the GDC. The Administrator described a structured and highly regulated process for entering into, renewing, and managing contracts	

with private entities and county-operated facilities that house individuals in custody. The Administrator emphasized that PREA compliance is not optional—it is a mandatory, non-negotiable condition of every confinement contract. Prior to contract execution, prospective contractors must demonstrate that they have PREA-compliant policies, procedures, and operations already in place. If a contractor cannot meet these standards, the contract is not approved.

The Administrator further explained that PREA compliance language is embedded in all GDC confinement agreements, and any contractor operating under the Department's authority must demonstrate ongoing compliance as a condition of contract continuation.

## **PROVISIONS**

### **Provision (a) - Contract Requirements for PREA Compliance**

The PAQ provides a clear summary of the facility's reported contracting activity and the agency's expectations regarding PREA compliance. Specifically, the PAQ states that:

1. The agency has entered into or renewed confinement contracts on or after August 20, 2012, or since the last PREA audit.
2. All confinement contracts require the contractor to adopt and comply with PREA standards.
3. The agency has entered into or renewed 25 contracts with private or governmental entities during the relevant audit period.
4. The facility reported 0 contracts that did not require PREA compliance.

The PAQ makes clear that the GDC embeds PREA compliance language into every contract related to inmate housing. Although the facility itself does not negotiate or manage these agreements, GDC's centralized contracting process ensures that all confinement contracts—regardless of facility type—require full adherence to PREA standards.

The Contract Manager plays a critical role in ensuring accountability. This individual actively monitors each contractor's compliance with the terms of their agreement, including adherence to PREA requirements. The facility reported that one confinement-related contract was initiated or renewed during the past year. At the agency level, the GDC reported a total of twenty-six contracts in effect or renewed during the same period, all of which contained explicit PREA compliance language.

These statements were reinforced through the interview with the Agency Contract Administrator, who confirmed that PREA-related requirements are embedded in every contract and that no agreement can proceed without them.

## **Supporting Policies**

GDC SOP 208.06 (effective June 23, 2022) directly supports this provision. The policy clearly mandates that any contract for the confinement of individuals—new or renewed—must incorporate all PREA requirements established by the Department.

These provisions apply without exception and serve as a fundamental mechanism for maintaining statewide PREA compliance among contracted facilities.

### **Provision (b) - Monitoring Contractor Compliance**

The PAQ reports that:

1. All confinement contracts require the agency to monitor the contractor's PREA compliance.
2. There are no contracts that do not include PREA monitoring requirements (as reported by the facility).

The PAQ confirms that the GDC not only requires contractors to comply with PREA but also mandates active monitoring to verify ongoing compliance. The facility reported no contracts exempt from this oversight requirement.

Through the interview, the Contract Administrator highlighted the Department's multifaceted monitoring process. Each contractor undergoes regular policy and procedure reviews to ensure alignment with PREA standards. Contractors must also report every allegation of sexual abuse or sexual harassment to the Department promptly and must provide the GDC PREA Coordinator with copies of all investigative reports and final case findings.

This structure ensures consistent oversight, transparency, and accountability across all contracted facilities, even though the facility under review may not directly manage any contracts.

### **CONCLUSION**

After completing the document review and interviewing the Agency Contract Administrator, the Auditor concludes that the Georgia Department of Corrections, along with the reviewed facility, meets the requirements of PREA Standard §115.12. The Department has established a clear, enforceable process ensuring that all confinement contracts incorporate PREA mandates, with no exceptions. Additionally, PREA compliance is monitored continuously through systematic oversight practices, detailed reporting procedures, and a strong framework of accountability.

The agency's contracting framework demonstrates a well-established commitment to PREA compliance, ensuring that both state-operated and contract facilities uphold the highest standards of safety and protection for individuals in custody.

<b>115.13</b>	<b>Supervision and monitoring</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<b>DOCUMENT REVIEW</b>

To determine the facility's compliance with PREA Standard §115.13, the Auditor undertook an extensive review of relevant documents submitted before the on-site portion of the audit. This review included the Pre-Audit Questionnaire (PAQ) and all supporting materials, the Georgia Department of Corrections (GDC) Standard Operating Procedure (SOP) 208.06, PREA Sexually Abusive Behavior Prevention and Intervention Program (effective June 23, 2022), and the facility's formally approved Staffing Plan dated August 1, 2025. Together, these documents provided a comprehensive view of the facility's staffing philosophy, monitoring practices, staff deployment structure, and mechanisms used to maintain operational compliance with PREA's supervision and monitoring requirements.

## **OBSERVATIONS**

During the facility tour, the Auditor conducted a random review of housing unit logbooks. These logbooks contained consistent documentation of unannounced rounds conducted by intermediate- and higher-level supervisors. Entries were clear, regularly recorded, and reflected a pattern of practice that aligned with both staff interviews and written policy. The frequency, timing, and completeness of these logbook entries demonstrated that unannounced rounds occur as required and that supervisors are actively engaged in oversight of daily operations.

## **INTERVIEWS**

### **PREA Compliance Manager (PCM)**

The Auditor first met with the PREA Compliance Manager, who provided a detailed explanation of how staffing levels and monitoring practices are evaluated throughout the year. The PCM described a structured process for regularly assessing whether staffing patterns meet operational needs, account for blind-spot risks, and support inmate program access. They also confirmed that the video monitoring system receives periodic review and adjustment to ensure that surveillance remains aligned with the physical plant design and evolving operational demands.

### **Intermediate- or Higher-Level Supervisory Staff**

Supervisory personnel explained that unannounced rounds are conducted across all shifts and are logged in each housing unit. These rounds are intended to deter misconduct, increase staff presence, and identify potential risks to inmate safety. Supervisors reported that rounds occur at varying intervals so that they remain unpredictable. Their descriptions matched the documentation reviewed and were confirmed visually during the Auditor's walk-through, during which supervisory staff were observed conducting rounds, reviewing logs, and interacting with staff and inmates.

### **Random Line Staff**

Line staff consistently communicated a clear understanding of the facility's expectations regarding unannounced rounds. Staff uniformly stated that providing advance notice is strictly prohibited. Many added emphasis—responding with phrases

such as “No ma’am” or similar expressions—to clarify that notifying others would violate policy. Staff explained that supervisors move through the facility at irregular intervals, including on weekends and during overnight shifts, and that these visits include reviewing documentation, engaging with personnel, and addressing any noted concerns immediately. Their responses demonstrated strong training retention and awareness of the link between unannounced rounds and PREA sexual safety requirements.

### **Random Inmates**

Inmates interviewed by the Auditor reported that they regularly see supervisory staff walking the housing areas. Many described supervisors, including the PCM, as approachable and willing to listen to concerns. Their observations aligned closely with reports provided by staff and with the Auditor’s own on-site observations.

### **Facility Head or Designee**

During the interview with the Facility Head, the Auditor received a comprehensive explanation of the factors influencing staffing and monitoring decisions. The Facility Head explained that staffing levels are shaped by the size and configuration of the physical plant, inmate population characteristics, availability of video surveillance, post coverage expectations, and resource allocations. They also noted oversight considerations from external entities and internal reviews. At the time of the on-site audit, the facility reported 358 staff members, had hired 115 new employees, during the past 12 months and reported 177 contractors and 75 volunteers (recognizing that some volunteers were inactive).

## **PROVISIONS**

### **Provision (a) - Requirements for a Facility Staffing Plan**

As reported in the PAQ, the facility stated that:

1. The agency requires every GDC-operated facility to develop and regularly follow a staffing plan designed to provide adequate staffing and video monitoring to protect inmates from abuse.
2. The average daily inmate population since the last audit or since August 20, 2012, has been 1,150.
3. The staffing plan is predicated on an average daily population of 1,160.

The Auditor found that the facility’s staffing plan meets all thirteen elements required under PREA Standard §115.13(a). The plan provides a thorough overview of staffing levels, identifies all critical posts, outlines camera coverage, and accounts for operational schedules, inmate movement patterns, and program areas.

The plan submitted with the PAQ, as well as the Annual PREA Staffing Plan Review, demonstrated both compliance and intentionality. It reflected careful consideration of staffing needs, physical plant design, technology resources, and inmate demographics. The Facility Head confirmed that staffing adjustments are made when

operational needs shift, and that the oversight structure supports adherence to the plan.

### **Supporting Policies**

GDC SOP 208.06 requires each facility to use the standardized Staffing Plan Template (Attachment 11) to structure its plan. All deviations from the approved plan must be documented on the daily Post Roster and forwarded as needed for review and approval by the PREA Coordinator.

### **Provision (b) - Documentation and Justification for Staffing Deviations**

According to the PAQ, the facility reported that:

1. All deviations from the staffing plan are documented and justified.
2. Common causes of staffing deviations in the last year included call-ins, tactical squad deployments, institutional shakedowns, hospital transports, training assignments, and extended staff leave.

The Auditor reviewed deviation logs and confirmed that the facility consistently documents and explains each instance in which the staffing plan could not be followed. When deviations occur, priority posts are filled through reassignments or overtime. The facility's recorded deviations matched the reasons listed in the PAQ and demonstrated compliance with PREA expectations for documentation and justification.

### **Supporting Policies**

SOP 208.06 requires each staffing deviation to be documented on the daily Post Roster. Leadership regularly reviews these entries and may initiate adjustments or request additional review by the PREA Coordinator when recurring patterns appear.

### **Provision (c) - Annual Review of Staffing Plan and Monitoring Technology**

The PAQ reported that the facility completes an annual review of the staffing plan in collaboration with the PREA Coordinator to determine whether changes are needed to staffing patterns, video monitoring systems, or resource allocation.

The Auditor examined the most recent staffing plan review, dated July 23, 2025 and approved August 1, 2025. This review evaluated staffing allocations, camera coverage, blind-spot mitigation strategies, and supervisory oversight patterns. Documentation confirmed that supervisory coverage was adequate across inmate-accessible areas and that video monitoring remained aligned with facility needs. Shift rosters and related materials supported the staffing conclusions in the annual review.

### **Supporting Policies**

SOP 208.06 requires each facility to conduct and document an annual review of its staffing plan and monitoring technology and to submit any proposed changes to the PREA Coordinator.

### **Provision (d) - Unannounced Supervisory Rounds**

The PAQ reported that:

1. Intermediate- or higher-level staff conduct unannounced rounds to deter and identify sexual abuse and harassment.
2. The facility documents all rounds.
3. Rounds occur on all shifts.

The facility prohibits staff from alerting others when unannounced rounds are taking place. During the site visit, the Auditor confirmed through logbook inspections and direct observation that unannounced rounds occur weekly on each shift and are properly recorded. Supervisors were observed performing rounds during the audit, and staff and inmate interviews uniformly confirmed the practice.

### **Supporting Policies**

SOP 208.06 directs supervisory personnel to conduct weekly unannounced rounds on every shift, prohibits advance notification except under rare operational necessity, and requires documentation of any concerns that may impact sexual safety.

### **CONCLUSION**

Based on the combined results of document review, site observations, and interviews with staff and inmates, the Auditor finds the facility to be in full compliance with PREA Standard §115.13 – Supervision and Monitoring. The facility maintains a robust staffing plan, documents deviations appropriately, performs annual reviews with the PREA Coordinator, and sustains a strong supervisory presence through consistent unannounced rounds.

These practices reflect a well-integrated approach to safety, accountability, and PREA-aligned supervision throughout the facility.

<b>115.14</b>	<b>Youthful inmates</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<b><u>DOCUMENT REVIEW</u></b>
	To evaluate compliance with PREA Standard §115.14 – Youthful Inmates, the Auditor conducted an extensive review of all materials submitted in advance of the on-site audit. This included the facility's Pre-Audit Questionnaire (PAQ) and all supporting documents, as well as the Georgia Department of Corrections (GDC) Standard Operating Procedure (SOP) 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective June 23, 2022.  These documents outlined agency expectations for ensuring the safety of individuals under the age of 18 and detailed the operational safeguards required when youthful individuals are housed in an adult facility. The document review confirmed that while

the governing SOP contains directives for the housing and supervision of youthful inmates, the facility itself does not maintain a standing youthful population and does not operate any dedicated housing unit for youth. Instead, youthful individuals are only retained on-site under limited circumstances, most often due to medical necessity.

## **OBSERVATIONS**

During the on-site tour, the Auditor conducted a visual assessment of housing units, the infirmary, program spaces, and all areas where youthful individuals might be present. While completing this walkthrough, the Auditor identified one individual who appeared to be under the age of 18.

A subsequent review of admission, intake, and classification documentation confirmed that one youthful inmate was indeed assigned to the facility at the time of the audit. This individual was located in the infirmary unit and was interviewed to further assess the facility's separation practices and supervision procedures.

## **INTERVIEWS**

### **PREA Compliance Manager (PCM)**

The PCM was interviewed first and provided a detailed explanation of the steps taken at intake to prevent the placement of youthful individuals in settings where they would have contact with adults. The PCM noted that age verification is incorporated into the standard classification process and explained that youthful individuals are only received at this facility under exceptional circumstances, most commonly related to medical needs requiring specialized care. The PCM stated that when such placements occur, PREA requirements—particularly sight and sound separation—are strictly maintained.

### **Youthful Inmate**

The youthful individual housed in the infirmary was interviewed next. The youth explained that they were assigned to housing unit NU2A-5-B for ongoing medical treatment and confirmed that they were completely separated from the adult population. The youth described their living arrangement as quiet and medically focused, with no ability to see or hear adult inmates from their room.

The youth further reported that when traveling outside the infirmary—to attend programming, education, medical appointments, recreation, library activities, or other scheduled services—they were always escorted by a CERT officer and did not encounter adult inmates. The youth stated clearly that adults never attempted to interact with them, and the structure of the escort process prevented any unsupervised or unintentional contact.

### **Facility Head**

The Facility Head was interviewed last and confirmed that the institution, as a statewide medical provider for the Georgia Department of Corrections, occasionally

receives youthful individuals requiring specialized medical care. These placements occur infrequently and are tightly controlled. The Facility Head emphasized that when a youthful inmate is present, they are housed exclusively in the infirmary and placed under enhanced supervision to ensure compliance with sight, sound, and physical separation requirements. The Facility Head also noted that once the youth's medical condition stabilizes, transfer to an appropriate long-term placement is coordinated.

## **PROVISIONS**

### **Provision (a): Housing of Youthful Inmates**

This provision focuses on the placement and physical separation of youthful individuals from adult inmates, emphasizing safeguards related to living spaces, dayrooms, common areas, shower facilities, and sleeping quarters.

According to the PAQ, the facility reported:

1. A prohibition on placing youthful inmates in any housing setting where they would have sight, sound, or physical contact with adult inmates, including shared dayrooms, showers, or sleeping quarters.
2. Availability of housing arrangements which ensure complete sight and sound separation between youthful and adult inmates in all common areas.
3. An acknowledgment that youthful inmates housed in the same housing unit as adults must still be protected from sight, sound, or physical contact.
4. Documentation that, within the past 12 months, one youthful inmate was housed in the infirmary unit NU2A-5-B, which met separation requirements.

The Auditor's independent verification confirmed that only one youthful inmate was present during the audit period, housed in the infirmary due to a medical condition requiring ongoing treatment. The separation practices observed on-site aligned with the standards described in GDC SOP 208.06, sections 7(a)-(c), which outline the agency's requirements for protecting youthful individuals through strict sight, sound, and physical separation when housed near adults.

Although the SOP outlines expectations for youthful inmate management, these protocols rarely apply at this facility because youthful individuals are housed only under limited, medically driven circumstances. The youth present at the time of the audit will be transferred when medically cleared.

### **Provision (b): Sight and Sound Separation**

This provision addresses separation in areas outside the housing unit, with an emphasis on staff supervision during movement, programming, and services.

According to the PAQ, the facility reported:

1. Maintaining complete sight, sound, and physical separation between youthful and adult inmates in all areas outside the housing unit.

2. Requiring direct staff supervision whenever a youthful inmate must move through or participate in activities where adults may be present.

The youthful inmate was assigned to the infirmary due to a significant medical condition, and movement outside the housing area was limited. For medical appointments, educational services, recreation, or other scheduled activities, the youth is always escorted by CERT staff. These escorts ensured no contact with adult inmates at any point.

### **Provision (c): Direct Supervision for Youthful Inmates During Isolation**

This provision centers on the level of supervision and documentation required when a youthful inmate is restricted or placed in isolation.

According to the PAQ, the facility reported:

1. Documenting exigent circumstances when a youthful inmate's access to exercise, education, programming, or work opportunities is restricted.
2. No youthful inmates being placed in isolation during the past 12 months for the purpose of separating them from adults.

The Auditor found no evidence contradicting these statements.

### **CONCLUSION**

Based on an extensive review of documentation, direct observations during the on-site visit, and comprehensive interviews with facility leadership, PREA staff, and the youthful individual housed at the facility, the Auditor finds the institution in full compliance with PREA Standard §115.14 – Youthful Inmates.

Although the facility does not routinely house youthful individuals, the protections required by the standard were fully evident in the housing arrangements, supervision practices, and procedural safeguards in place for the youth assigned to the infirmary during the audit. The facility demonstrated a strong commitment to maintaining sight, sound, and physical separation between youthful and adult inmates, supported by robust staff oversight and medical-driven placement decisions.

<b>115.15 Limits to cross-gender viewing and searches</b>	
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<b>DOCUMENT REVIEW</b>  To evaluate the facility's compliance with PREA Standard §115.15, the Auditor completed a detailed examination of the Pre-Audit Questionnaire (PAQ) and a

comprehensive set of supporting materials submitted prior to the on-site review. This document analysis revealed the framework of policies, training expectations, and operational safeguards governing search procedures, cross-gender interactions, and privacy protections for transgender and intersex individuals.

The reviewed documents included:

1. **GDC SOP 208.06** – PREA Sexually Abusive Behavior Prevention and Intervention Program (effective June 23, 2022), outlining search limitations, viewing restrictions, and protections for transgender and intersex people in custody.
2. **GDC SOP 226.01** – Searches, Security, Inspections, and Use of Permanent Logs (effective May 27, 2020), establishing institutional search protocols and staff responsibilities.
3. **GDC Contraband Interdiction and Searches Training Curriculum**, integrating procedures from SOPs 226.01 and 206.02 and detailing required annual instruction on PREA-aligned search techniques.
4. **Facilitator Notes and Training Materials for instruction on cross-gender searching**, pat-search procedures, and respectful interactions.
5. **Official Memorandum (September 12, 2024) issued by the Director of Facilities Administration Support**, announcing revisions to SOPs 226.01 and 220.09 and updating Attachment 1, including significant improvements to search preference documentation and search-related communication standards.
6. **Staff Training Records** demonstrating completion of annual PREA training modules covering cross-gender searches, transgender/intersex accommodations, and dignity-preserving practices.
7. **Interview Summaries** drawn from random staff and inmate interviews conducted during the on-site assessment.

Collectively, these documents reflected a strong institutional emphasis on privacy, professionalism, and compliance with all PREA standards related to cross-gender searches and viewing restrictions.

## **OBSERVATIONS**

Throughout the facility tour, the Auditor directly observed consistent implementation of privacy-preserving practices. Staff of a different gender than the housing unit occupants, including the Auditor—made clear, audible announcements before entering any space where individuals might be in a state of undress. These announcements were timely, loud enough to be heard across the unit, and repeated when necessary to ensure awareness.

This practice was uniformly applied in general population areas, medical units, shower corridors, restrooms, and program spaces. The Auditor also observed individuals who identified as transgender, and this observation was confirmed through the facility's classification roster.

The overall environment reflected strict adherence to PREA requirements and a facility culture that understood, respected, and routinely practiced privacy safeguards.

## **INTERVIEWS**

### **Random Staff**

Randomly selected staff, from front-line correctional officers to specialized security personnel, were interviewed first to gauge operational consistency. Staff demonstrated a thorough understanding of the facility's search policies and PREA requirements. Key points consistently confirmed included:

- All staff have completed PREA refresher training within the past 12 months.
- Staff do not conduct cross-gender strip searches or visual body cavity searches, and no one reported ever witnessing such a search.
- Male staff perform strip-level searches on male inmates; female staff do not.
- Staff accurately described procedures for searching transgender and intersex individuals, emphasizing dignity, least-intrusive methods, and the prohibition against searching solely to determine genital status.
- Staff proactively support privacy protections, including the use of private shower stalls, modified shower schedules, and honoring inmate requests for specific search-related accommodations.

### **Transgender Inmates**

Transgender individuals interviewed during the assessment expressed strong confidence in the facility's commitment to preserving their privacy and safety. They reported:

- Being housed in general population rather than segregated or isolated units.
- Having adequate privacy when showering and changing clothes.
- Receiving clear, respectful communication from staff regarding search procedures.
- Feeling supported by staff when requesting accommodations or voicing concerns related to privacy.

### **Random Inmates**

Inmates selected at random consistently reported respectful treatment by staff during searches and daily activities. They stated:

- They had never been subjected to cross-gender strip or cavity searches.
- Opposite-gender staff always announce themselves prior to entering housing or restroom areas.
- They are able to shower, change clothes, and use the bathroom without being viewed by staff of another gender.

- Search practices are predictable, dignified, and conducted professionally.

### **Non-Medical Staff Who Perform Searches**

Officers assigned to conduct pat searches or security checks reiterated their awareness of restrictions related to cross-gender searches. They described:

- A clear understanding that strip searches or body cavity searches must be conducted only by medical staff or under exigent circumstances authorized by the Facility Head.
- Familiarity with search alternatives for transgender and intersex individuals.
- Confidence in the policy framework and their ability to apply it correctly.

### **PROVISION (a): Cross-Gender Strip Searches and Visual Body Cavity Searches**

The PAQ—and all interviews—confirmed that the facility strictly prohibits cross-gender strip searches and cross-gender visual body cavity searches. No such searches were reported within the past 12 months. Likewise, none were reported during interviews with staff or inmate. Staff clearly articulated that these procedures may occur only during documented exigent circumstances and only when conducted by licensed medical personnel.

#### **Supporting Policies:**

- SOP 208.06, Section 8(a): Prohibits cross-gender strip and cavity searches except under emergency conditions or when performed by medical professionals.
- SOP 226.01, IV(C)(1)(d): Previously dictated search guidelines for transgender/intersex individuals but superseded by updated Policy Information Bulletin requirements.
- Policy Information Bulletin (Sept. 12, 2024): Introduced a new intake question allowing individuals to specify preferred staff gender for searches, expanding respect-based accommodations.

### **PROVISION (b): Cross-Gender Searches and Viewing Restrictions**

Although the facility is designated for adult males, it occasionally houses male, youthful individuals for medical reasons due to its specialized healthcare role. The facility reported one male youthful inmate in the past 12 months.

At the time of the on-site visit, the population included adult males, transgender individuals, and one youthful inmate. Staff were fully aware of the gender-specific search rules, and all operational practices aligned with PREA requirements.

### **PROVISION (c): Documentation and Exigent Circumstances**

The facility's PAQ and staff interviews confirmed that any cross-gender strip or body

cavity search—if ever required—must be:

1. Authorized by the Facility Head,
2. Conducted exclusively by medical personnel, and
3. Documented fully, including the exigent circumstances that necessitated the search.

**Supporting Policy:**

SOP 208.06, Section 8(c): Requires complete documentation for any cross-gender strip, cavity, or pat searches involving female inmates, ensuring transparency and review.

**PROVISION (d): Privacy for Showering, Changing, and Bodily Functions**

The facility has instituted multiple layers of privacy protection to ensure individuals can shower, change clothing, and use bathrooms without being viewed by staff of another gender except during emergencies or incidental viewing during routine cell checks.

All interviewed inmates affirmed:

1. They can shower and change without cross-gender viewing.
2. Opposite-gender staff consistently announce themselves before entering housing or restroom areas.

**Supporting Policies:**

SOP 208.06, Sections 8(d)–8(f): Requires privacy protections, outlines notification methods, and mandates audible announcements.

Signage throughout the facility reinforces that opposite-gender staff may be present and will announce their entry.

**PROVISION (e): Prohibition on Searches for Determining Genital Status**

The facility strictly prohibits searches or physical examinations conducted solely to determine genital status. Staff interviews demonstrated a clear understanding that such information is obtained only during private medical assessments and never through a search by security personnel.

**Supporting Policies:**

SOP 208.06, Sections 8(g)–8(h): Restrict genital status examinations to medical providers and require specialized training for respectful searches of transgender/intersex individuals.

Contraband Search Curriculum: Reinforces dignity-centered pat search techniques.

**PROVISION (f): Training Requirements for Searches of Transgender, Intersex, and Cross-Gender Pat Searches**

Training records confirmed that 100% of security staff have received instruction in conducting cross-gender pat searches and searching transgender and intersex individuals professionally and respectfully. Staff consistently reported receiving this training annually and demonstrated strong working knowledge during interviews.

## **CONCLUSION**

After an extensive review of facility documentation, direct observations, and a diverse set of staff and inmate interviews, the Auditor concludes that the facility meets all provisions of PREA Standard §115.15.

The September 12, 2024, policy revision further strengthened the facility's compliance posture by enhancing documentation standards, improving search preference protocols, and reinforcing the overarching goal of preserving dignity, privacy, and safety for every individual in custody.

The facility has demonstrated not only adherence to the letter of the PREA standards but also a clear commitment to the underlying principles of respect, professionalism, and trauma-informed practice.

<b>115.16</b>	<b>Inmates with disabilities and inmates who are limited English proficient</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<b>DOCUMENT REVIEW</b>  To determine the facility's level of compliance with PREA Standard §115.16, the Auditor conducted an extensive review of the Pre-Audit Questionnaire (PAQ) and all supporting documentation submitted prior to the on-site visit. The collective material provided a comprehensive overview of how the facility ensures equitable, meaningful access to PREA information for individuals who are disabled or have limited English proficiency (LEP).  The documentation packet included the Georgia Department of Corrections (GDC) Standard Operating Procedure (SOP) 208.06, PREA Sexually Abusive Behavior Prevention and Intervention Program, effective June 23, 2022, which outlines statewide expectations for education, reporting, and accommodation. The Auditor also examined bilingual PREA brochures, the LanguageLine Insight Video Interpretation User Guide, Lionbridge telephonic interpretation instructions, VRI usage logs, and bilingual instructions for dialing the GDC PREA Hotline. PREA posters and educational displays placed throughout the institution were reviewed as well.  These materials collectively demonstrated a structured, layered commitment to

ensuring that all individuals—regardless of disability, language ability, sensory needs, or literacy level—can access clear and comprehensible information about sexual safety, reporting options, protections, and resources.

## **OBSERVATIONS**

During the on-site tour, the Auditor observed that PREA informational materials were prominently posted in English and Spanish across all living areas and shared spaces. Notice boards, dayrooms, hallways, work details, and visitation areas all displayed materials at readable heights and in highly visible locations. Their placement allowed individuals using wheelchairs, walkers, or other assistive devices to read the materials without obstruction.

The Auditor also examined physical brochures, reviewed the electronic interpretation tools available to staff, and evaluated the accessibility of systems used to connect individuals with qualified interpreters. The consistent presence of multiple communication methods illustrated the facility's deliberate approach to supporting a diverse inmate population.

## **INTERVIEWS**

### **Inmates with Disabilities**

Interviews with inmates who identified as having disabilities were conducted first to gain direct insight into how PREA information is received and understood by those most likely to require accommodations. Every individual interviewed indicated they felt fully informed of their rights and understood how to report sexual abuse or sexual harassment. None described feeling vulnerable or disadvantaged because of their disability. Several inmates described how staff provided alternative formats such as captioned videos, simplified verbal explanations, or staff-assisted reading, which made PREA information clear and accessible.

### **Random Staff**

Staff interviews were conducted next to assess day-to-day implementation. Staff members consistently demonstrated strong awareness of the policy prohibiting the use of inmate interpreters, readers, or assistants for any PREA-related communication. Every staff member interviewed affirmed they have never used or witnessed the use of an inmate interpreter for such purposes.

Staff also displayed confidence in the use of professional interpretation tools—such as LanguageLine, Lionbridge, and VRI—and provided examples of how they utilized these systems to communicate effectively with LEP or disabled individuals. Their responses reflected both a firm understanding of policy expectations and practical familiarity with the available resources.

### **Facility Head**

The interview with the Facility Head occurred after the staff and inmate interviews, allowing the Auditor to compare leadership expectations with operational practice.

The Facility Head outlined a comprehensive strategy for ensuring equitable access to PREA information across the population. They emphasized that staff are required to initiate qualified interpretation services immediately and may never rely on inmates to interpret, even informally.

The Facility Head also described accommodations available for different needs, including tactile or audio formats for individuals with visual impairments, captioned and visual supports for individuals with hearing impairments, simplified communication for those with cognitive limitations, and written materials or interpreter-assisted communication for LEP individuals. These accommodations, the Facility Head noted, are applied proactively and consistently as part of routine operations rather than as special exceptions.

## **PROVISIONS**

### **Provision (a): Equitable Access for Individuals With Disabilities**

According to the PAQ, the agency maintains established procedures to ensure that individuals with disabilities have equal access to all PREA-related services, including education, prevention efforts, detection mechanisms, and reporting options.

The Auditor reviewed the facility's step-by-step LanguageLine instructions, which outline the following interpreter access process:

1. Dial the designated toll-free interpretation line
2. Enter the facility's assigned PIN
3. Select the language needed (e.g., "press 1 for Spanish")
4. Connect immediately with a qualified interpreter

This user-friendly system ensures uninterrupted access to assistance in real time, supporting individuals whose disabilities affect communication.

### **Supporting Policies**

SOP 208.06, Section 9.a, directs PREA Compliance Managers (PCMs) to follow SOP 103.63 (ADA Title II Provisions), ensuring that individuals with disabilities receive PREA information in formats they can understand and utilize.

### **Provision (b): Equal Access for Limited English Proficient (LEP) Individuals**

The PAQ indicates that the agency also has strong procedures in place to ensure LEP individuals have equal access to PREA information and reporting pathways. The facility offers a range of supports, including:

1. LanguageLine: On-demand video interpretation, including American Sign Language (ASL)
2. Lionbridge: Real-time telephonic language interpretation
3. Translated PREA materials: Posters, brochures, and videos available in English and Spanish

4. Captioned visual content: For individuals with hearing impairments
5. Audio formats and staff readers: For individuals with visual impairments
6. Simplified or multimedia formats: For individuals with cognitive or literacy-related challenges

Together, these tools allow every individual—regardless of language ability or learning needs—to receive PREA information in a format they can understand and apply.

### **Supporting Policies**

SOP 208.06 emphasizes that PREA education must be presented in an accessible and understandable manner to all incarcerated individuals, regardless of disability, language barrier, or literacy level.

### **Provision (c): Prohibition on Use of Inmate Interpreters**

The PAQ affirms that agency policy strictly prohibits the use of inmate interpreters, readers, or assistants in any PREA-related context, unless an immediate, documented exigent circumstance exists. This exception is limited to situations in which a delay in accessing a qualified interpreter would compromise safety, interfere with essential first responder duties as defined in §115.64, or jeopardize the integrity of an investigation.

The facility reported zero occurrences in the past 12 months in which inmate interpreters were used outside of such narrowly defined circumstances. Interviews with staff and leadership fully supported this report.

### **Supporting Policies**

SOP 208.06 (Sections 9.b, pp. 12–13) codifies the prohibition and outlines the rare, emergency-based justification required for any deviation. Professional interpretation services are readily available, making the use of inmate interpreters both unnecessary and inappropriate.

### **CONCLUSION**

After an extensive review of policies, interpretive service documentation, facility observations, and interviews with inmates, staff, and leadership, the Auditor concludes that the facility is in full compliance with PREA Standard §115.16. The facility has established and demonstrated a reliable system of accommodations and supports that ensures individuals with disabilities and those with limited English proficiency receive complete, accurate, and meaningful access to PREA information and services. All requirements of the standard are met without exception.

<b>115.17</b>	<b>Hiring and promotion decisions</b>
	<b>Auditor Overall Determination:</b> Exceeds Standard
	<b>Auditor Discussion</b>

## **DOCUMENT REVIEW**

To evaluate compliance with PREA Standard §115.17, the Auditor conducted a comprehensive review of the Pre-Audit Questionnaire (PAQ) and all supporting documentation provided prior to the on-site assessment. The materials examined offered a detailed overview of the facility's hiring and promotion practices, demonstrating a structured approach to ensuring that individuals with potential contact with inmates are thoroughly vetted and qualified.

The documents reviewed included:

1. Georgia Department of Corrections (GDC) Standard Operating Procedure (SOP) 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective June 23, 2022.
2. GDC SOP 104.09, Filling a Vacancy, effective May 27, 2022, including Attachment 4, Applicant Verification, revised May 25, 2022.
3. GDC SOP 104.18, Obtaining and Using Records for Criminal Justice Employment, effective October 13, 2020.
4. Personnel records and documentation of hiring and promotion decisions.

Collectively, these materials demonstrated the facility's commitment to comprehensive screening, including criminal history background checks, verification of prior employment, and the consideration of any past allegations or substantiated incidents of sexual abuse or harassment.

The Auditor conducted a review of fifty personnel files and verified that each contained the required documentation, including complete PREA-related disclosures and criminal history background checks. The records reviewed also confirmed that the three mandatory PREA questions under Provision (a) were consistently asked and answered.

At the time of the audit, the facility reported a total staffing composition of 358 security staff, 68 non-security staff, 44 vacant positions, 5 frozen positions, 177 contractors, and 75 volunteers.

## **INTERVIEWS**

### **Administrative Staff (HR)**

Interviews with HR personnel provided a detailed understanding of the facility's procedures for hiring, promotion, and contractor oversight. HR staff explained that all potential new hires complete personnel documents requiring disclosure of standardized items, including prior misconduct. Criminal background checks are conducted on all new hires, on employees at the time of promotion, and every five years for existing employees. Security staff undergo annual background checks in conjunction with firearm requalification.

HR staff emphasized the facility's active, ongoing compliance with PREA standards, describing a robust tracking system that ensures timely completion of all required

history checks for pre-hires, promotions, and five-year reviews. Employees are required to report any new arrest activity, and substantiated allegations of sexual abuse or harassment involving former employees are accessible upon request. The HR team confirmed that the centralized database monitors completion and due dates for all criminal background checks and PREA verification requirements.

### **Random Staff**

Staff interviews conducted to verify operational knowledge, confirmed that all employees understand the agency's PREA-related hiring and promotion requirements. Staff indicated familiarity with the processes for reporting misconduct, disclosing previous behavior, and understanding the consequences of material omissions or false information. Staff interviews reinforced that the policy is actively implemented and consistently applied across the facility.

## **PROVISIONS**

### **Provision (a): Hiring and Promotion Restrictions**

The PAQ and HR interviews confirmed that agency policy prohibits hiring, promoting, or enlisting contractors who may have contact with inmates if the individual:

1. Has engaged in sexual abuse in any institutional setting, as defined in 42 U.S.C. 1997;
2. Has been convicted of engaging or attempting sexual activity in the community using force, threats, coercion, or where the victim did not consent or could not consent; or
3. Has been civilly or administratively adjudicated to have engaged in sexual abuse.

Verification: HR confirmed these criteria are actively enforced during application, promotion, and contractor onboarding processes.

### **Supporting Policies**

SOP 208.06, Sections 10.a.i-v, outlines prohibitions, consideration of sexual harassment history, criminal history checks, ongoing disclosure obligations, and grounds for termination due to omissions or false statements. SOP 104.09 also provides structured interview protocols, reference checks, and background verification procedures.

### **Provision (b): Consideration of Sexual Harassment History**

The agency considers prior incidents of sexual harassment when evaluating applicants, employees for promotion, or contractors who may have inmate contact. HR confirmed during interviews that this consideration is standard practice and integrated into the hiring, promotion, and contractor approval process.

### **Supporting Policies**

SOP 208.06, Section 10.a.ii, specifies that incidents of sexual harassment are considered when determining suitability for positions involving contact with offenders.

### **Provision (c): Criminal Background Checks for New Hires**

The facility requires criminal background record checks prior to hiring individuals who may have contact with inmates and, to the extent allowed by law, makes efforts to contact prior institutional employers for information regarding substantiated sexual abuse allegations or resignations during pending investigations.

Verification: HR reported that in the past twelve months, 115 new hires who may have contact with inmates underwent criminal background checks. The Auditor reviewed a sample of fifty personnel records, all of which confirmed completion of criminal background checks, PREA education, and responses to the three required questions.

### **Supporting Policies**

SOP 208.06, Sections 10.a.iii.1-2, requires disclosure of prior misconduct and criminal history record checks before hiring and during ongoing employment. Security staff are re-checked annually; non-security staff at least every five years.

### **Provision (d): Criminal Background Checks for Contractors**

Agency policy mandates completion of criminal background checks for contractors prior to the start of services and at least every five years thereafter.

Verification: In the past twelve months, the facility conducted background checks for all staff associated with ten contracts where potential inmate contact could occur. HR confirmed adherence to this process.

### **Supporting Policies**

SOP 208.06, Section 10.b.ii, requires pre-service criminal background checks, verification of SOP 104.09 applicant documentation, and completion of contractor/volunteer verification forms.

### **Provision (e): Ongoing Background Checks for Current Employees and Contractors**

The PAQ indicated and HR confirmed that criminal background checks are conducted at least every five years for current employees and contractors. Security and custody staff undergo annual checks at firearm requalification. Systems are in place to ensure continued compliance.

### **Supporting Policies**

SOP 104.18, Section IV.A-F, provides procedures for initiating background checks, securing consent forms, notifying applicants of adverse employment decisions, and maintaining documentation in compliance with state and federal law.

### **Provision (f): Disclosure of Previous Misconduct**

All applicants and employees with potential inmate contact are required to disclose prior misconduct during application, interview, or self-evaluation processes. HR confirmed that these questions are asked, answered in writing, and signed annually, creating a continuing affirmative duty to disclose misconduct.

### **Provision (g): Consequences for Material Omissions or False Statements**

Material omissions or the provision of materially false information regarding prior misconduct are grounds for termination. HR confirmed that this policy is actively enforced and consistently communicated to employees.

### **Supporting Policies**

SOP 208.06, Section 10.a.v.

### **Provision (h): Reporting Substantiated Allegations of Former Employees**

Agency policy requires disclosure of substantiated sexual abuse or harassment involving former employees upon request from a potential employer, unless prohibited by law. HR confirmed adherence to this practice.

### **CONCLUSION**

Based on the review of policies, personnel records, HR interviews, and procedural verification, the Auditor concludes that the facility exceeds the requirements of PREA Standard §115.17. The facility demonstrates exceptional diligence in criminal history checks, ongoing monitoring, and ensuring disclosure of prior misconduct. The annual background checks for security staff, structured hiring and promotion protocols, and contractor oversight collectively surpass the baseline standards, providing strong safeguards for preventing sexual abuse within the facility.

<b>115.18</b>	<b>Upgrades to facilities and technologies</b>
	<b>Auditor Overall Determination:</b> Exceeds Standard
	<b>Auditor Discussion</b>
	<b>DOCUMENT REVIEW</b>
	The Auditor conducted a thorough examination of the Pre-Audit Questionnaire (PAQ) and all supporting materials submitted by the facility prior to the on-site audit. The review encompassed applicable agency policies, facility plans, and documentation regarding any recent technological or physical plant modifications.
	A primary focus was placed on the Georgia Department of Corrections (GDC) Standard Operating Procedure (SOP) 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective June 23,

2022. This policy provides detailed guidance for implementing PREA standards, emphasizing the role of facility design, video monitoring, and other technologies in preventing, detecting, and responding to sexual abuse. Documentation reviewed included facility plans, records of recent and ongoing technological upgrades, and maintenance logs supporting the operational integrity of surveillance systems.

## **OBSERVATIONS**

During the on-site facility tour, the Auditor observed the current configuration of surveillance equipment and physical design features intended to enhance safety. High-resolution video cameras were strategically placed throughout inmate-accessible areas, complemented by security mirrors in locations where line-of-sight visibility could be limited. These structural and technological measures were clearly intended to improve staff oversight, minimize blind spots, and enhance the rapid detection of any potential incidents of sexual misconduct.

The Auditor noted visible evidence of recent upgrades to the surveillance infrastructure. Portions of the video monitoring system, including camera installations and associated electronic equipment, had been recently enhanced, and further expansions were actively underway in multiple areas of the facility. These improvements reflect the facility's ongoing commitment to leveraging technology to strengthen inmate supervision and PREA compliance.

## **INTERVIEWS**

### **Facility Head**

During a formal interview, the Facility Head provided an extensive overview of the facility's use of technology and physical plant considerations to enhance safety. The Facility Head confirmed that the video monitoring system provides wide-ranging coverage throughout the institution. In areas where camera coverage may be limited, strategically placed security mirrors are utilized to strengthen visibility and staff oversight.

The Facility Head explained that the facility is engaged in a multi-phase project to enhance and expand its surveillance capabilities. This project includes installing additional high-resolution cameras in critical areas such as the gym, dining hall, visitation areas, outside dormitories, J Building, and nursing units. These upgrades significantly improve the clarity of video feeds, both day and night, supporting effective monitoring, timely response to incidents, and reliable evidence collection when necessary.

The Facility Head also emphasized that all future construction, renovation, or modifications to the physical plant are proactively evaluated for PREA compliance. Planning meetings are routinely conducted with executive leadership and facility supervisors to assess the impact of any changes on safety and security. These sessions include considerations of camera placement, blind spot mitigation, and technology needs. Decisions regarding physical modifications are informed by operational data, including PREA reports and trends, grievances, video review

findings, use-of-force records, staff absenteeism, and overall institutional morale. This data-driven approach ensures that facility improvements are made with inmate protection and sexual abuse prevention as primary priorities.

## **PROVISIONS**

### **Provision (a): Structural Modifications or New Facilities**

The PAQ indicated that the agency/facility has not acquired new facilities, constructed additional buildings, or made substantial modifications to existing structures since August 20, 2012, or since the previous PREA audit, whichever is more recent.

**Verification:** This information was confirmed during interviews with the Facility Head and through review of documentation. No evidence of structural changes or acquisitions beyond routine maintenance was identified.

### **Provision (b): Installation or Upgrade of Monitoring Technology**

The PAQ confirmed that the facility has installed or upgraded video monitoring systems, electronic surveillance systems, or other monitoring technologies since August 20, 2012, or since the previous PREA audit. Recent upgrades include the installation of high-resolution cameras in the gym, dining hall, visitation areas, outside dormitories, J Building, and nursing units.

**Verification:** During interviews, the Facility Head confirmed the ongoing multi-phase expansion of the surveillance system and the integration of upgraded technologies. Observations during the on-site tour corroborated the implementation of these upgrades. Since the last PREA audit, 600 cameras have been added to the facilities surveillance system. The updated surveillance system provides continuous, high-quality video capture, enhancing staff oversight and supporting rapid response to incidents of sexual misconduct.

## **CONCLUSION**

Based on the comprehensive review of the PAQ and supporting documentation, direct observation of facility operations and infrastructure, and in-depth interviews with facility leadership, the Auditor determines that the facility exceeds with PREA Standard §115.18 – Upgrades to Facilities and Technology.

The enhancements to surveillance systems and ongoing attention to technological and structural improvements demonstrate a proactive commitment to inmate safety, staff accountability, and adherence to PREA requirements. These initiatives reflect a sustained focus on preventing sexual abuse through strategic integration of technology and thoughtful design considerations in daily operations and long-term planning.

<b>115.21</b>	<b>Evidence protocol and forensic medical examinations</b>
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	<b>Auditor Overall Determination:</b> Meets Standard
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<b>Auditor Discussion</b>	
	<b>DOCUMENT REVIEW</b>
	<p>The Auditor completed a comprehensive review of all materials submitted in advance of the on-site assessment. This included the facility's Pre-Audit Questionnaire (PAQ) and all supporting documents relevant to PREA Standard §115.21. Key documents examined included:</p>
	<ol style="list-style-type: none"><li>1. Georgia Department of Corrections (GDC) Standard Operating Procedure (SOP) 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program (Effective 6/23/2022)</li><li>2. GDC SOP 103.06, Investigation of Allegations of Sexual Contact, Sexual Abuse and Sexual Harassment of Offenders (Effective 8/11/2022)</li><li>3. GDC SOP 103.10, Evidence Handling and Crime Scene Processing (Effective 8/30/2022)</li><li>4. Services Agreement between the Georgia Department of Corrections (GDC) and the Sexual Assault Response Team (SART), dated August 31, 2021</li><li>5. SANE Contact and Call List</li><li>6. Certification of Staff Victim Advocate</li></ol>
	<p>Through review of these materials, the Auditor confirmed that the agency has established a detailed, standardized framework for evidence preservation, forensic examinations, and victim services that aligns with PREA requirements.</p>
	<b>INTERVIEWS</b>
	<b>Random Staff Interviews</b>
	<p>Facility staff were interviewed early in the process to gauge baseline understanding of their responsibilities in responding to sexual abuse allegations. Staff members demonstrated strong familiarity with the immediate steps required to preserve evidence—whether involving a reporting individual or an alleged perpetrator. All staff interviewed were able to articulate their duties clearly, including maintaining scene integrity, preventing contamination, and initiating prompt notifications to investigative and medical personnel.</p>
	<b>Inmates Who Reported Sexual Abuse</b>
	<p>Interviews with individuals who had previously reported sexual abuse provided essential insight into how the facility responds in practice. Each person described prompt staff intervention at the time of reporting, swift referral for forensic examinations, and access to a victim advocate during the process. Interviewees confirmed they were not held financially responsible for medical care and were never asked or pressured to take a polygraph test. They also affirmed receiving written notification of the outcome of their investigations.</p>
	<b>Rape Crisis Center Representative</b>

Personnel from the Sexual Assault Response Center (SARC), the local rape crisis center, reported that while they do not maintain a formal Memorandum of Understanding (MOU) with the facility, they offer confidential services and referrals to anyone residing in the Augusta area. Their 24-hour hotline (706-774-5200) is staffed by trained advocates who provide emotional support and information regardless of when or where the assault occurred. Although their advocates do not enter correctional facilities, they confirmed a willingness to offer remote support, referrals, and crisis services as needed and without requiring a formal MOU.

### **PREA Compliance Manager (PCM) Interview**

The PCM reported that the facility conducted twenty forensic examinations within the past twelve months, all completed onsite in the medical unit. Victim advocacy services during these exams were provided by specially trained facility staff. The PCM also confirmed that the GDC maintains a standing agreement with the Sexual Assault Response Team (SART), ensuring access to SANE professionals when needed.

### **SAFE/SANE Staff Interview**

During interviews with SAFE/SANE personnel, the Auditor confirmed that the Georgia Department of Corrections maintains a formal agreement with SART to provide forensic medical examinations. When a forensic exam is required, SANE staff are contacted through the facility's SANE Contact and Call List and respond directly to the medical unit. Examinations are performed at no cost to the incarcerated individual. SANE personnel described the full examination sequence—from initial consent, history-taking, evidence collection, digital imaging, trauma documentation, and chain-of-custody procedures, through post-exam medication and follow-up care.

### **PREA Coordinator (PC) Interview**

The PREA Coordinator affirmed that the agency uses a uniform, standardized evidence protocol designed to maximize the collection of physical evidence for both administrative and criminal investigations. This protocol is also developmentally appropriate for youthful individuals when housed at the facility. The Coordinator confirmed that all administrative and criminal investigations are conducted internally, consistent with GDC policy.

## **PROVISIONS**

### **Provision (a): Agency Responsibility & Uniform Evidence Protocol**

The facility reported through the PAQ that it conducts both administrative and criminal investigations of all sexual abuse allegations, whether involving staff misconduct or resident-on-resident abuse. No external agency holds investigative responsibility.

Investigators follow a uniform evidence protocol designed to preserve, collect, and document physical evidence in accordance with the following policies:

1. SOP 208.06, requiring the use of a standardized evidence protocol
2. SOP 103.06, outlining investigative procedures
3. SOP 103.10, directing evidence handling and crime scene processing

The PREA Coordinator verified that these protocols are consistently applied and that investigators are trained to follow them.

#### **Provision (b): Developmentally Appropriate Protocols**

The PAQ indicated that the facility may occasionally house youthful individuals, which was confirmed through roster review. The agency's evidence protocols are designed to be developmentally appropriate for youth when applicable.

Policies require that protocols be based on the most recent U.S. Department of Justice Office on Violence Against Women publication, A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents, or similar authoritative protocols issued after 2011. The PREA Coordinator verified that these standards are consistently incorporated into practice.

#### **Provision (c): Access to Forensic Medical Examinations**

The PAQ indicated that all individuals who experience sexual abuse are offered access to forensic medical examinations, provided at no financial cost.

Key findings include:

1. All exams are conducted on-site in the medical unit.
2. Exams are performed by SANE personnel except in rare circumstances when they are unavailable, in which case a qualified emergency room physician may conduct the exam.
3. The facility reported 20 forensic medical exams in the past 12 months, all conducted by SANE professionals.
4. The Services Agreement between GDC and SART ensures consistent access to trained forensic medical providers.

SANE staff described a detailed, trauma-informed process that includes obtaining consent, documenting medical history, collecting forensic evidence, photographing injuries, maintaining chain of custody, and ensuring access to prophylactic medications.

#### **Provision (d): Availability of Victim Advocates**

The PAQ reported that the facility seeks to make a victim advocate from a rape crisis center available to individuals undergoing forensic exams whenever possible. Efforts toward establishing an MOU with Sexual Assault Response Center (SARC), are ongoing. Until finalized, SARC remains available to provide support on an individual, needs-based basis.

The facility also maintains at least one qualified, specially trained staff member who

can serve as a victim advocate when external services are unavailable. Certification documentation was provided and verified by the PCM.

#### **Provision (e): Advocate Support Upon Request**

When requested by the victim, a qualified victim advocate—whether external or agency-based—accompanies the individual throughout forensic examinations and investigative interviews. Advocates offer emotional support, crisis intervention, information, and referrals.

The facility submitted certifications for one trained staff advocate, confirmed by the PCM.

#### **Provision (f): Investigations Conducted by the Agency**

This provision is not applicable, as the facility itself conducts all administrative and criminal investigations related to PREA allegations.

#### **Provision (g): Auditor Not Required to Audit**

No action required.

#### **Provision (h): Engagement with Rape Crisis Centers**

The PAQ notes that the facility maintains ongoing communication with the Sexual Assault Response Center (SARC) in efforts to establish a formal MOU. Although SARC does not enter correctional environments, the organization confirmed its willingness to provide remote support services, information, and referrals through all available non-in-person communication methods.

### **CONCLUSION**

After reviewing all documents, conducting interviews, and evaluating the facility's implementation of evidence collection and forensic medical procedures, the Auditor concludes that the agency/facility meets all provisions of PREA Standard §115.21. The institution has established a comprehensive, trauma-informed framework that supports proper evidence preservation, ensures timely access to forensic medical services, and provides victims with qualified advocacy and emotional support.

<b>115.22</b>	<b>Policies to ensure referrals of allegations for investigations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<b>DOCUMENT REVIEW</b> In preparation for the on-site audit, the Auditor conducted a comprehensive and

methodical review of all materials submitted through the Pre-Audit Questionnaire (PAQ) and supplemental documentation provided by the Georgia Department of Corrections (GDC). This initial phase of the audit was essential in evaluating how the agency's written protocols align with federal PREA requirements and how these directives appear to function in actual practice.

The documentation reviewed included, but was not limited to:

- GDC Standard Operating Procedure (SOP) 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program (effective June 23, 2022).
  - This policy outlines the agency's overarching framework for preventing, detecting, responding to, and investigating allegations of sexual abuse and sexual harassment. It provides detailed procedures for reporting, evidence handling, incident reviews, and notification requirements.
- GDC Standard Operating Procedure (SOP) 103.06, Investigation of Allegations of Sexual Contact, Sexual Abuse, and Sexual Harassment of Offenders (effective August 11, 2022).
  - This policy governs investigative responsibilities and procedures, delineating the expectations for staff conduct, confidentiality, investigative integrity, and the professional handling of all allegations.
- PREA allegations and investigative outcome logs covering the previous twelve months, including administrative findings, referrals, forensic examination records, notifications to incarcerated individuals, and sexual abuse incident review documentation.

Collectively, these documents demonstrate the agency's structured approach to managing PREA-related allegations and provide insight into how policies are operationalized at the facility level.

## **INTERVIEWS**

### **Investigative Staff**

Interviews conducted with investigative personnel provided detailed insight into how allegations progress from initial reporting to final case closure. Investigators described a standardized, agency-wide process that ensures no allegation—regardless of who is involved—is overlooked or minimized.

Investigative staff explained that:

- Every allegation is entered into the system immediately upon receipt.
- The classification of the allegation (administrative vs. potentially criminal) is determined by the investigative team based on the nature of the conduct.
- Evidence collection is prioritized, with staff trained in securing biological and physical evidence, preserving surveillance footage, and gathering witness

statements in a timely manner.

- All investigative personnel receive specialized training in trauma-informed interviewing, PREA standards, and the unique vulnerabilities of incarcerated individuals.
- Investigators do not rely on assumptions, prior disciplinary histories, or staff rank when assessing credibility.

This interview confirmed that investigative practice is consistent with written guidance and that staff understand their responsibilities at every stage of the investigative process.

### **Agency Head or Designee**

In the interview with the Agency Head's Designee, the Auditor observed a strong agency-level commitment to transparency, accountability, and compliance with PREA standards. The Designee emphasized that:

- The GDC assumes full responsibility for investigating both administrative and criminal allegations of sexual abuse and harassment within its institutions.
- The agency does not rely on external entities to initiate investigations, though referrals for criminal review are made when appropriate.
- Policies guiding the referral process are publicly available through the GDC website, ensuring transparency for incarcerated individuals, families, advocates, and oversight entities.
- All referrals made to external law enforcement or specialized investigative units are documented fully and tracked until final disposition is known.

The Designee's responses demonstrated a strong understanding of the PREA investigative framework and reinforced the agency's commitment to a zero-tolerance standard.

## **PROVISIONS**

### **Provision (a): Commitment to Investigating All Allegations**

Provision (a) requires agencies to ensure that all allegations—no matter the source, severity, or credibility—receive a full administrative or criminal investigation.

The PAQ confirmed that GDC adheres to this requirement, and interviews with both the Agency Head Designee and investigative staff corroborated that commitment. SOP 208.06 (p. 30, Section G(1)) explicitly mandates that all reports of sexual abuse or sexual harassment must be treated as allegations requiring an investigation.

### **Summary of Allegations (Past 12 Months)**

During document review, the Auditor verified the following:

**Total Allegations Reported: 72**

- Sexual Abuse Allegations: 59
- Sexual Harassment Allegations: 13

## **Sexual Abuse Allegations - Detailed Analysis**

### **Staff-on-Inmate Sexual Abuse (10 allegations)**

- All 10 allegations were investigated through administrative channels.
- Findings:
  - 7 unsubstantiated
  - 3 unfounded
  - 0 referred for prosecution
- No conduct met the threshold requiring referral to law enforcement.

Investigators documented each incident thoroughly, and notifications were provided to each incarcerated individual upon case closure.

### **Inmate-on-Inmate Sexual Abuse (49 allegations)**

- All 49 allegations were investigated administratively.
- Findings:
  - 3 substantiated
  - 10 unsubstantiated
  - 36 unfounded
- 16 cases were referred for criminal investigation, indicating that investigators recognized conduct with potential legal implications.
- As of the on-site audit, none had resulted in prosecution.

## **Victim Support & Medical Response**

- Medical and mental health services were offered within 24 hours to all individuals involved in the allegations.
- 20 forensic examinations were conducted within the last 12 months:
  - All performed by SANE-certified medical providers.
  - All individuals offered victim advocate services, documented in case files.

## **Incident Reviews**

- All cases—except those determined unfounded—received a sexual abuse incident review within 30 days of investigative closure, in accordance with PREA requirements.
- Reviews documented system improvements, staffing considerations, camera coverage enhancements, and any recommended corrective action.

## **Sexual Harassment Allegations - Detailed Analysis**

### Staff-on-Inmate Harassment (5 allegations)

- Findings:
  - 2 unfounded
  - 1 unsubstantiated
  - 1 substantiated
- All were fully investigated and notifications were provided.

### Inmate-on-Inmate Harassment (8 allegations)

- Findings:
  - 3 unfounded
  - 4 unsubstantiated
  - 1 substantiated
- Each allegation was documented, investigated, and communicated to the involved individuals.

## **Provision (b): Referral to Entities with Legal Authority to Conduct Criminal Investigations**

GDC reported—and documentation confirmed—that the agency maintains clear policies and procedures requiring allegations involving potentially criminal behavior be referred to an agency with legal authority to conduct criminal investigations.

The Auditor verified that:

- Referrals are documented with dates, case numbers, and follow-up outcomes.
- Investigators understand criteria for referral.
- Policies governing this requirement are available to the public.

## **Supporting Policy**

SOP 208.06 dictates that:

- Allegations involving penetration or physical contact must be reported immediately to regional leadership and the PREA Coordinator.
- Investigators must gather evidence promptly and conduct interviews professionally and objectively.
- Credibility assessments cannot rely on incarcerated status or perceived vulnerability.
- Polygraph or truth-verification tests cannot be required of alleged victims.

SOP 103.06 reinforces:

- Mandatory reporting and full, professional investigation of all allegations.
- Fair, intimidation-free investigative practices.
- Confidential, respectful handling of sensitive information.

### **Provision (c): Availability of Forensic Examinations**

The PAQ confirmed:

- 20 forensic medical exams were conducted in the past 12 months.
- All were performed by SANE/SAFE-certified professionals.
- None were performed by non-SANE-qualified medical providers.

This demonstrates robust access to trauma-informed forensic care and strong alignment with PREA requirements.

### **Provision (d): Agency Responsibility for Investigations**

The agency reported, and interviews confirmed, that GDC assumes complete responsibility for conducting both administrative and criminal investigations into sexual abuse and sexual harassment. This includes first-response coordination, evidence preservation, interviews, referrals, and tracking all investigative activities.

### **Provision (e): Auditor Exemption**

Auditors are not required to determine compliance with this provision.

## **CONCLUSION**

Based on a comprehensive review of written policy, investigative records, the PAQ, interviews with agency leadership and investigative staff, and supporting documentation, the Auditor concludes that the agency/facility demonstrates full compliance with PREA Standard §115.22.

The GDC maintains:

- Clear, publicly accessible policies
- Consistent investigative practices
- Thorough documentation
- Appropriate referral mechanisms
- Strong adherence to trauma-informed, unbiased investigation standards

These elements collectively reflect a well-developed system ensuring that all allegations of sexual abuse and sexual harassment are properly referred and fully investigated in accordance with PREA requirements.

<b>115.31</b>	<b>Employee training</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<b><u>DOCUMENT REVIEW</u></b>
	<p>To assess compliance with PREA Standard §115.31, the Auditor conducted a detailed and methodical review of all materials submitted prior to the on-site visit. This documentation provided essential insight into the structure, implementation, and sustainment of the facility's training program. The analysis included:</p>
	<ol style="list-style-type: none"> <li>1. The facility's Pre-Audit Questionnaire (PAQ) and all supplemental attachments supplied by the Georgia Department of Corrections (GDC).</li> <li>2. GDC Standard Operating Procedure (SOP) 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program (effective June 23, 2022), with emphasis on Sections describing training content, frequency, and staff responsibilities.</li> <li>3. The complete PREA training curriculum used by the facility, including slide decks, instructional modules, knowledge checks, and specialized lesson plans for staff assigned to higher-risk areas or specialized roles.</li> <li>4. Training rosters, sign-in sheets, individual attendance records, electronic training verification reports, and signed acknowledgment forms documenting staff comprehension.</li> <li>5. A multi-departmental sample of individual training files, representing custody officers, counselors, education staff, medical personnel, support services, and administrative employees.</li> </ol>
	<p>Each document was reviewed to determine whether the facility's training practices were comprehensive, current, and aligned with the mandatory elements of the federal PREA standards and GDC policy. The records demonstrated a structured and consistently implemented approach to ensuring that staff are trained, retrained, and continually reinforced in their PREA-related responsibilities.</p>
	<b><u>INTERVIEWS</u></b>
	<b>Random Staff</b>
	<p>To validate training practices in real-world application, the Auditor interviewed a diverse group of employees representing various posts and shifts. Staff described a training process that begins before they have any contact with incarcerated individuals, with new hires completing foundational PREA instruction as part of orientation.</p>
	<p>Several staff noted that their PREA knowledge is refreshed not only through annual re-certification but also through routine operational touchpoints such as shift briefings, informational memos, and supervisory reminders. Others highlighted the availability of PREA posters, quick-reference guides, and continuous messaging</p>

throughout the facility that reinforce expectations year-round.

Interviewees, regardless of job classification, were able to articulate the ten core elements of PREA training, explain mandatory reporting requirements, describe how to recognize indicators of abuse, and provide examples of how they intervene to prevent sexual misconduct. They also demonstrated a clear understanding of the obligation to protect individuals from retaliation, and many willingly described situations in which they applied these skills in daily operations.

Collectively, staff interviews reflected a well-established training culture that is both understood and actively practiced.

## **PROVISIONS**

### **Provision (a): Comprehensive PREA Training Content**

This provision requires agencies to provide staff with extensive training covering the ten foundational elements of PREA. The PAQ affirms that all employees who may have contact with incarcerated individuals receive this instruction.

The Auditor confirmed that the facility's curriculum addresses each required topic, including:

1. The agency's zero-tolerance policy for sexual abuse and sexual harassment.
2. Staff duties related to preventing, detecting, reporting, and responding to sexual misconduct.
3. The rights of incarcerated individuals to be free from sexual abuse and harassment.
4. Protection measures for individuals—including staff—who report abuse or harassment.
5. Dynamics and contributing factors associated with sexual abuse in institutional settings.
6. Typical reactions and trauma responses exhibited by victims.
7. Indicators of sexual abuse and appropriate staff response strategies.
8. Prohibitions against inappropriate staff-inmate relationships.
9. (Omitted content – no longer applicable for compliance).
10. Legal obligations for mandatory reporting to external entities.

Training materials were clearly organized, with content presented in structured modules that facilitate comprehension. Specialized sections are offered for staff assigned to sensitive posts such as intake, segregation units, or privacy-restricted areas.

A review of 45 individual training files confirmed full and current compliance, with all files containing attendance verification, acknowledgment forms, and evidence of content mastery.

#### **Supporting Policy:**

GDC SOP 208.06, Section 1(a)(i-x), requires all staff to receive PREA training on these

ten essential topics annually.

### **Provision (b): Gender-Responsive and Role-Specific Training**

According to the PAQ, PREA training is tailored to the gender of the population housed at the facility, and staff reassigned from facilities with a different inmate gender must complete supplemental instruction.

The Auditor verified that the training program incorporates gender-specific considerations pertinent to the male population housed at this site. Modules address institutional dynamics unique to male facilities, including risk factors, patterns of vulnerability, and communication strategies that support safety.

Staff interviewed were able to describe how the initial training included gender-specific topics and confirmed that additional training is required when an employee transfers between facilities serving different populations. Training also includes a dedicated segment on working with transgender and intersex individuals, emphasizing respect, privacy protections, and appropriate housing and search procedures.

#### **Supporting Policy:**

GDC SOP 208.06, Sections 1(b-d), outline gender-specific training requirements and additional instruction for staff reassigned between facilities or assigned to specialized roles such as the Sexual Abuse Response Team (SART).

### **Provision (c): Ongoing and Annual Training Requirements**

The PAQ states that all staff with inmate contact receive refresher information between formal training sessions, and that complete PREA retraining occurs annually.

Training records reviewed for 45 staff members showed up-to-date annual certification for each employee. While PREA requires formal retraining at least every two years, this facility exceeds that requirement by mandating annual instruction.

Between training cycles, staff receive supplemental learning through:

- Shift briefings and roll-call reminders
- PREA informational bulletins
- Posters and printed materials placed in staff-accessible locations
- Follow-up discussions during supervisor meetings
- Informal review opportunities tied to drills or incident debriefings

Interviewed staff were able to recall recent PREA refreshers and demonstrated accurate retention of essential PREA procedures and expectations.

### **Provision (d): Verification of Training Comprehension**

The PAQ indicates that the agency documents staff understanding through signed or electronically verified acknowledgments.

The Auditor found that the facility maintains consistent, well-organized documentation for all PREA training activities. Staff sign acknowledgment forms affirming that they received, understood, and will comply with PREA requirements. These forms, along with attendance records and electronic training logs, were present in every sampled training file.

This documentation practice provides clear evidence of accountability and supports reliable tracking of staff compliance.

### **CONCLUSION**

Based on the comprehensive review of documents, training materials, individual staff files, and interviews across multiple job classifications, the Auditor concludes that the facility is in full compliance with PREA Standard §115.31 – Employee Training.

The training program is structured, comprehensive, and consistently delivered. Staff are well-prepared to carry out their responsibilities in preventing, recognizing, reporting, and responding to sexual abuse and harassment. The strong institutional emphasis on ongoing learning and gender-responsive practice demonstrates a facility culture centered on safety, professionalism, and the protection of the rights and well-being of incarcerated individuals.

<b>115.32 Volunteer and contractor training</b>	
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<b><u>DOCUMENT REVIEW</u></b>
	<p>To evaluate the facility's adherence to PREA Standard §115.32, the Auditor conducted a comprehensive review of the documents submitted in advance of the on-site audit. This analysis focused on determining whether the facility effectively trains all volunteers and contractors who may have contact with incarcerated individuals. The Auditor examined:</p> <ol style="list-style-type: none"><li>1. The facility's Pre-Audit Questionnaire (PAQ) and all supplemental documentation relevant to volunteer and contractor training practices.</li><li>2. Georgia Department of Corrections (GDC) Standard Operating Procedure (SOP) 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective June 23, 2022.</li><li>3. The PREA Training Curriculum specifically developed for volunteers and contractors, reflecting the distinct responsibilities and situational context of non-employee service providers.</li><li>4. Signed PREA Training Acknowledgments verifying that each volunteer and contractor received, reviewed, and understood the training content.</li></ol>

These materials were analyzed to determine whether the facility's training process was complete, consistent, role-specific, and aligned with the PREA requirements and GDC policy standards. Documentation demonstrated an organized and structured approach to training, with clear evidence of completion and content comprehension.

## **INTERVIEWS**

### **Contractor**

The Auditor first interviewed a contractor who regularly enters secure areas of the facility. The contractor confirmed that PREA training was completed prior to being authorized to work in any setting where contact with incarcerated individuals might occur. The contractor described the instruction as thorough and specifically tailored to the operational realities of external service providers. When asked about required reporting procedures, the contractor accurately explained how to report concerns or incidents, emphasizing their obligation to act immediately and in alignment with the agency's zero-tolerance policy.

### **Volunteer**

A volunteer was also interviewed and similarly affirmed that training took place before engaging in any programming or support services involving incarcerated populations. The volunteer explained that the PREA orientation was clear, concise, and directly tied to their responsibilities within the facility. When questioned about how they would respond to an allegation of sexual abuse or sexual harassment, the volunteer confidently described the correct reporting chain and demonstrated a solid grasp of their duty to ensure safety and accountability. The interview confirmed that the training message had been understood, internalized, and applied in their role.

## **PROVISIONS**

### **Provision (a): Foundational PREA Training for Volunteers and Contractors**

This provision requires agencies to ensure that all volunteers and contractors with potential inmate contact receive training on the prevention, detection, and appropriate response to sexual abuse and sexual harassment.

The PAQ reported that 252 volunteers and contractors had received PREA training consistent with agency policies. The Auditor reviewed a targeted sample of files—34 volunteer records and 63 contractor records—and found that all contained signed PREA Acknowledgments confirming receipt and understanding of required training. The documentation showed consistency across training groups, regardless of role or frequency of facility interaction.

### **Supporting Policy:**

GDC SOP 208.06, Section 2(a), requires all volunteers and contractors who may have offender contact to receive PREA policy instruction, including responsibilities related to preventing, detecting, reporting, and responding to misconduct. Attachment 19

(Staff PREA Brochure) may be used to supplement formal training.

### **Provision (b): Role-Specific and Contact-Based Training Requirements**

This provision requires that training be tailored to the individual's role and level of interaction with incarcerated individuals, and that all trainees receive the agency's zero-tolerance policy and reporting procedures.

The PAQ confirmed that the facility adjusts training depth and content based on the nature of the volunteer or contractor's service and their level of inmate contact. Regardless of role, every volunteer and contractor is notified of the agency's zero-tolerance stance and instructed on how to report allegations or concerns.

Both the volunteer and contractor interviewed verified this information. They explained that the training included clearly defined expectations, reporting channels, and behavioral guidelines tailored to the environments in which they operate. Their responses demonstrated that the message had been effectively communicated and retained.

#### **Supporting Policy:**

GDC SOP 208.06, Section 2(b), mandates that training content be appropriate to job function and contact level, while also requiring that all volunteers and contractors with offender contact be formally informed of the Department's zero-tolerance policy and reporting requirements.

### **Provision (c): Verification of Understanding and Documentation Requirements**

This provision requires agencies to document that volunteers and contractors understand the PREA training they receive.

The PAQ notes that the agency maintains written documentation verifying that volunteers and contractors understand the training content. This was supported by the Auditor's review of signed PREA acknowledgment forms placed in each individual's training file. These documents confirmed that volunteers and contractors not only received the training but affirmed comprehension of the material and their responsibilities under PREA.

Documentation was present, complete, and consistent across all sampled records, demonstrating strong administrative oversight and adherence to the standard.

#### **Supporting Policy:**

GDC SOP 208.06, Section 2(c), requires that volunteers and contractors sign Attachment 1 - PREA Education Acknowledgment Statement or provide electronic verification of training completion. The policy further directs volunteers and contractors to seek staff clarification if additional explanation is needed.

## **CONCLUSION**

After reviewing facility documentation, interviewing volunteers and contractors, and evaluating policies and procedures, the Auditor concludes that the facility is in full compliance with PREA Standard §115.32 – Volunteer and Contractor Training.

Training for volunteers and contractors is well-structured, role-appropriate, consistently delivered, and thoroughly documented. Interview responses reflect a strong understanding of PREA principles, including zero tolerance, mandatory reporting, and individual responsibilities in preventing and responding to sexual abuse and harassment. The facility's approach ensures that all non-employee personnel entering the institution are fully prepared to contribute to a safe, secure, and accountable correctional environment.

<b>115.33 Inmate education</b>	
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
<b>DOCUMENT REVIEW</b>	
<p>Prior to the on-site audit, the Auditor conducted a comprehensive review of the facility's Pre-Audit Questionnaire (PAQ) and supporting documentation to assess compliance with PREA Standard 115.33. The materials reviewed included:</p> <ol style="list-style-type: none"><li>1. Georgia Department of Corrections (GDC), Standard Operating Procedures (SOP), Policy Number 208.06, Prison Rape Elimination Act (PREA)</li><li>2. Sexually Abusive Behavior Prevention and Intervention Program, effective June 23, 2022.</li><li>3. <i>Speaking Up</i> PREA Video</li><li>4. Inmate PREA Intake Information documentation.</li><li>5. LanguageLine Insight Video Interpreting User Guide.</li><li>6. GDC PREA Inmate Information Guide Brochure (undated).</li><li>7. GDC Inmate Handbook (undated).</li><li>8. Warden Memo, 115.33 Offender Education, dated August 21, 2025.</li><li>9. Video Remote Interpreting Usage Log.</li><li>10. Zero Tolerance and NO MEANS NO Posters (English/Spanish).</li><li>11. Signed Inmate PREA Education Acknowledgments.</li><li>12. Inmate PREA Education Spreadsheet with training dates.</li></ol> <p>The documentation provided clear evidence that the facility has established a structured PREA education program designed to inform inmates of their rights, reporting options, and the facility's zero-tolerance policy, in alignment with federal standards.</p>	

## **ON-SITE OBSERVATIONS**

During the on-site review, the Auditor observed that PREA-related information was prominently displayed throughout the facility. Posters outlined definitions of sexual abuse and harassment, reporting procedures, and access to both internal and external resources, including hotline numbers and contact information. Hotlines and contact information were posted in each housing unit, near telephones, for ease of access.

The Auditor reviewed written PREA materials, including the Inmate Handbook, PREA Inmate Information Guide, and the Speaking Up video. Materials were available in English and Spanish, with Braille versions provided for visually impaired inmates. The video included closed captions and an American Sign Language interpreter, ensuring accessibility for all populations, including those who are hearing impaired.

## **INTERVIEWS**

### **Random Inmates**

Randomly selected inmates confirmed that upon arrival, they received PREA education, including written materials and verbal instruction. All interviewees acknowledged receipt of the Inmate Handbook and PREA brochures, which included information on the facility's zero-tolerance policy, reporting options, and protections against retaliation. Inmates confirmed that the Speaking Up video was an integral part of their orientation, providing comprehensive guidance on rights, reporting procedures, and available support services.

### **Intake Staff**

Intake staff explained that every inmate receives initial PREA education immediately upon arrival, prior to housing assignment. This education includes:

1. Explanation of the facility's zero-tolerance policy regarding sexual abuse and harassment.
2. Instructions on how to report incidents verbally, in writing, anonymously, or via a third party.
3. Overview of the inmate's right to be free from retaliation.
4. Summary of agency policies and procedures for responding to allegations.

Staff confirmed that all transferring inmates receive PREA education relevant to any differences at the new facility. Education is delivered in accessible formats to accommodate limited English proficiency, hearing or vision impairments, cognitive disabilities, and limited reading skills. Inmates sign acknowledgment forms upon receiving educational materials, which are retained in their institutional files.

Intake staff further described that a more comprehensive PREA orientation occurs within the first 15 days of arrival, incorporating detailed instruction through video and

staff-led sessions, reinforcing all key aspects of PREA standards.

## **PROVISIONS**

### **Provision (a) - Initial Intake Information**

The facility reported in the PAQ that all 491 inmates admitted during the past 12 months (100%) received PREA information at intake. This education provides an essential overview of the agency's zero-tolerance policy and reporting procedures.

Interviews with intake staff and 40 randomly selected inmates confirmed that all inmates received PREA information within 24 hours of arrival. Review of 52 inmate records corroborated that 100% of inmates received initial PREA education promptly.

The Warden Memo, 115.33 *Offender Education*, dated August 21, 2025, indicates that notification of the GDC Zero Tolerance Policy for Sexual Abuse and Harassment and information on how to report an allegation at the facility shall be provided to every offender upon arrival to the facility; in addition to verbal notification, offenders will be provided a GDC PREA pamphlet. Within 7 days of arrival, PREA education will be conducted by the assigned staff to all offenders, which will include the gender appropriate Speaking Up video on sexual abuse. Both the initial notification and the education will be documented in writing by signature of offender. This directive in addition to all other requirements of SOP 208.06.

### **Supporting Policy:**

GDC SOP 208.06, p. 21, Section 3, mandates that all inmates receive verbal and written PREA information upon arrival, including PREA Inmate Brochure (English/ Spanish). Receipt of information is documented in the institutional file by inmate signature.

### **Provision (b) - 30-Day Comprehensive Education**

For inmates remaining longer than 30 days, the facility reported that 100% received comprehensive PREA education within 30 days. This training includes:

1. Agency zero-tolerance policy for sexual abuse and harassment.
2. Reporting procedures, including internal, external, and third-party options.
3. Rights to be free from sexual abuse and harassment.
4. Protections against retaliation.
5. Overview of agency policies and procedures for responding to allegations.

The *Speaking Up* video provides instruction in English and Spanish with closed captions and an ASL interpreter. Topics include definitions of sexual abuse and harassment, prevention strategies, reporting methods, dynamics of abuse in confinement, investigation procedures, and available victim support services.

Intake staff confirmed that orientation also covers male and female staff presence in housing units, the prohibition against retaliation, and investigation basics.

**Supporting Policy:**

GDC SOP 208.06, pp. 21-22, Sections 3(a)(i-ix) outline comprehensive PREA education content, including prevention strategies, reporting methods, treatment resources, investigation procedures, monitoring, discipline, and notification of staff presence. Exigent circumstances may delay training up to 30 days, with documentation required.

**Provision (c) - Transfers**

Intake staff confirmed that all transferring inmates receive PREA education reflecting the policies and procedures of the new facility, provided before housing assignment.

**Provision (d) - Accessibility**

PREA education is accessible to all inmates. Materials are available in Spanish, Braille, and through Video Remote Interpreting, including ASL. Staff provide verbal explanations or recorded messages for inmates who are cognitively impaired, visually impaired, hearing impaired, or have limited reading skills. LanguageLine services are available for a variety of languages.

**Provision (e) - Documentation**

The facility maintains documentation of inmate participation in PREA education. The Auditor reviewed signed acknowledgment forms for 52 inmates over the past 12 months, confirming completion of 30-day comprehensive education within the required timeframe.

**Supporting Policy:**

GDC SOP 208.06, p. 22, Section 3(b) requires documentation of participation in the inmate's institutional file.

**Provision (f) - Continuous Availability**

PREA information is continuously available through posters, inmate handbooks, and brochures. The Reporting is the First Step poster details telephone, mail, email, and third-party reporting procedures, including confidentiality parameters. The GDC hotline (\*7732) allows anonymous reporting, with no limit on call attempts. The PREA Inmate Information Guide and Inmate Handbook provide additional statewide resources and support services.

**CONCLUSION**

Following a thorough review of documentation, on-site observations, and interviews with staff and inmates, the Auditor concludes that the facility fully meets all provisions of PREA Standard 115.33. Inmate education is timely, comprehensive, accessible to all populations, and consistently reinforced throughout the facility. Documentation confirms full compliance with both initial and 30-day comprehensive PREA education requirements.

<b>115.34</b>	<b>Specialized training: Investigations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<b><u>DOCUMENT REVIEW</u></b>
	<p>Ahead of and during the on-site assessment, the Auditor carefully sifted through an extensive collection of critical records focused on equipping investigators for PREA-compliant inquiries. At the heart of this evaluation lay the Pre-Audit Questionnaire (PAQ) and its accompanying array of facility-submitted evidence. Prominently featured was the Georgia Department of Corrections (GDC) Standard Operating Procedures (SOP) Policy Number 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, activated on June 23, 2022—this served as the agency's master guide for holistic PREA execution.</p> <p>Further examination revealed the in-depth NIC Investigator Training curriculum, which maps out the precise, specialized instruction imparted to personnel managing sexual abuse cases. Bolstering these were concrete proofs like attendance registers and certification documents, attesting to the engaged involvement and triumphant conclusion of training by assigned investigators. In aggregate, this body of evidence illustrated a resolute, well-recorded pledge to arm investigators with the nuanced expertise essential for probes in correctional settings.</p>
	<b><u>INTERVIEWS</u></b>
	<b><u>Investigative Staff</u></b>
	<p>Members of the investigative unit recounted their immersive, bespoke training regimen crafted for dissecting sexual abuse incidents in institutional environments. They emphasized proficiency in key areas like the exact application of Miranda and Garrity advisements, coupled with robust methods for evidence assembly and case validation under facility limitations. Staff conveyed absolute assurance in deploying these skills, highlighting the program's depth and direct applicability to PREA realities on the ground.</p>
	<b><u>PROVISIONS</u></b>
	<b><u>Provision (a): Mandatory Specialized Training in Confinement Investigations</u></b>
	PAQ declarations, corroborated by paperwork scrutiny and personnel exchanges,

affirm that agency guidelines demand tailored training for every investigator addressing sexual abuse in custody contexts—bypassed solely if no administrative or criminal reviews occur. Staff interviews provided resounding endorsement, detailing their personal engagement in these programs.

### **Relevant Policy**

GDC SOP 208.06, p. 23, sections 4, a-c, mandates unequivocally: all investigation leads must undergo confinement-centric training; covering victim elicitation tactics, Miranda/Garrity guidelines, prison-adapted evidence gathering, and standards for advancing cases administratively or to prosecution; with the agency obligated to track fulfillment for all involved parties, internal or external.

### **Provision (b): Core Training Components for Victim-Centered Probes**

As outlined in the PAQ and echoed by investigator testimonies, the curriculum seamlessly weaves in victim interviewing approaches, accurate Miranda/Garrity administration, evidence protocols customized to confinement, and criteria for disciplinary or referral substantiation—components that staff confirmed mastering through hands-on sessions.

### **Provision (c): Robust Documentation of Training Completion**

PAQ entries spotlight rigorous archiving of investigator development, with the facility promptly supplying credentials for 13 specialists upon inquiry. Every one of the 13 secured administrative investigation certification, while seven advanced to the advanced NIC-led criminal investigation track. Rosters, certificates, and interviews furnished unassailable validation of compliance.

### **Provision (d): Universal Training Reach for All Investigators**

The PAQ clarifies the agency's self-reliance on internal investigations, yet underscores a blanket policy extending mandatory training to any external entity or person conducting confinement sexual abuse reviews—ensuring uniform proficiency across the board.

## **CONCLUSION**

From intensive dissection of PAQ submissions, governing policies, instructional outlines, verification files, and candid conversations with investigative personnel, the Auditor affirms complete conformity to all elements of this PREA standard. The agency and facility embody tireless commitment to cultivating adept investigators through precise, evidenced preparation—guaranteeing robust, trustworthy handling of sexual abuse claims in full accord with PREA's exacting imperatives.

<b>115.35</b>	<b>Specialized training: Medical and mental health care</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>

## **DOCUMENT REVIEW**

The review process began with a detailed examination of the Pre-Audit Questionnaire (PAQ) and its extensive supporting documentation. Among the core materials analyzed were the Georgia Department of Corrections (GDC) Standard Operating Procedures (SOP), Policy Number 208.06, titled Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program (effective June 23, 2022).

Supplemental materials provided rich context and verification of compliance. The auditor examined the Health Services annual training agendas for 2022 and 2023, both of which outlined scheduled general and specialized sessions covering PREA standards. Additional documentation included attendance logs, training records, and verification rosters for medical and mental health practitioners. These records were cross-referenced against the PAQ to confirm accuracy and consistency.

## **INTERVIEWS**

### **PREA Compliance Manager (PCM)**

In conversation, the PREA Compliance Manager offered a comprehensive overview of the training structure for both medical and mental health practitioners. The PCM affirmed that all clinical personnel employed or contracted by the facility are required to complete both general and specialized PREA training, aligning with the mandates set forth in §115.31. Their explanation reflected strong administrative oversight and familiarity with institutional policy.

### **Mental Health Staff**

Interviews with members of the mental health team reflected a practiced understanding of PREA standards. Staff articulated how training emphasizes survivor-sensitive response, confidentiality practices, and mandatory reporting requirements. Each participant confirmed they had received both general PREA orientation and specialized instruction crafted specifically for mental and behavioral health professionals.

### **Facility Head**

When interviewed, the Facility Head reinforced that oversight of compliance falls under leadership's shared accountability structure. They stated with assurance that all medical and mental health practitioners receive comprehensive PREA instruction tailored to their duties and interactions with identified vulnerable populations. This leader described training as a "continuous readiness measure" rather than a one-time requirement.

### **Medical Staff**

Medical personnel described their role in supporting PREA compliance as both procedural and ethical. Interviewees recounted participation in annual refresher courses and practical exercises, which included scenario-based discussions on patient safety and professional boundaries. They expressed confidence in recognizing and responding appropriately to warning signs of sexually abusive behaviors within the

facility.

## **PROVISIONS**

### **Provision (a): Agency Policy, Training Coverage, and Compliance Verification**

The PAQ notes that the agency enforces a clear and targeted policy governing the training of all medical and mental health practitioners working regularly in its facilities. The policy ensures these practitioners receive both general PREA training and specialized instruction addressing their unique clinical responsibilities.

According to the facility's submission, 100% of its medical and mental health care practitioners completed the training required under agency policy. The auditors reviewed a representative sample of 63 training files, each containing evidence of successful completion of both general annual training and specialized PREA instruction.

A close examination of lesson plans and supporting materials revealed content directly addressing identification, reporting, and response procedures for sexual abuse allegations, alongside confidentiality and trauma-informed care components. Although the facility initially did not provide all supporting documentation for every practitioner listed, follow-up verification confirmed alignment between policy and practice.

### **Relevant Policy**

GDC SOP 208.06, PREA Sexually Abusive Behavior Prevention and Intervention Program—explicitly mandates that medical and mental health practitioners receive annual PREA instruction. The policy further stipulates that proof of completion must be maintained within each employee's training file, ensuring a verifiable audit trail.

### **Provision (b): Forensic Examinations Conducted Exclusively by Certified External Professionals**

Based on the facility's PAQ, medical staff members are expressly prohibited by policy from conducting forensic medical examinations of sexual abuse victims. Instead, Sexual Assault Nurse Examiners (SANE) are contracted through the Sexual Abuse Response Team (SART). The SANE-certified professionals respond on-site to perform examinations within a designated and secure area of the medical unit, ensuring privacy and compliance with professional standards of evidence collection and patient care.

### **Provision (c): Maintenance of Comprehensive Training Documentation and Verification Records**

The facility reported that documentation verifying successful completion of required training for all medical and mental health practitioners is actively maintained by the

agency. Record review corroborated these claims, and all audited files evidenced timely training completion.

As reinforced by both the PCM and cross-referenced PAQ data, every training record demonstrated consistent execution of agency expectations, reflecting a strong institutional effort toward measurable compliance and accountability.

#### **Provision (d): Uniform Training Requirements Across Employees, Contractors, and Volunteers**

Finally, the PAQ affirmed that medical and mental health care practitioners employed by the agency not only participate in training required for their positions but also complete courses mandated for all employees, contractors, and volunteers. Interviews with clinical staff confirmed this, highlighting inclusive and uniform application of training standards across personnel categories.

#### **CONCLUSION**

Through an integrated review of official documentation, instructional frameworks, policy content, and direct interviews with administrative and health service staff, the Auditor determined full compliance with every element of this PREA standard. The findings illustrate a facility devoted to professional competency and ethical diligence. By maintaining rigorous training standards and transparent reporting mechanisms, the agency demonstrates an ongoing, institution-wide commitment to fostering a safe, knowledgeable, and responsive care environment aligned fully with the directives of PREA.

<b>115.41 Screening for risk of victimization and abusiveness</b>	
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<b><u>DOCUMENT REVIEW</u></b>
	The Auditor conducted a detailed review of documentation and policy materials related to the facility's compliance with PREA Standard §115.41. The review included the Pre-Audit Questionnaire (PAQ), agency policies, and individual case files documenting the facility's risk screening and reassessment practices.
	The materials examined included the Georgia Department of Corrections (GDC) Standard Operating Procedures (SOP) Policy Number 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program (effective June 23, 2022), and Attachment 2 – PREA Sexual Victim/Sexual Aggressor Classification Screening Instrument (Revised 06/23/2022). Additionally, the Auditor

reviewed Inmate Initial Risk Assessment Records and corresponding 30-Day Reassessment Documents, which collectively illustrated the facility's consistency in timely screening practices and information management.

## **INTERVIEWS**

### **Risk Screening Staff**

The risk screening personnel provided an in-depth explanation of the assessment process, describing how each inmate receives an initial PREA risk screening within 24 hours of arrival. The screening considers prior incidents of sexual abuse or violent behavior, both within and outside of correctional environments. A follow-up reassessment occurs within 30 days, or sooner if warranted. Screeners emphasized that transgender and gender nonconforming individuals receive added attention through specialized assessments completed at intake, within 30 days, and at least every six months thereafter.

Staff members made clear that inmates are never punished for declining to answer any assessment questions. If someone hesitates, staff carefully explain why the information matters for their safety and revisit the question later, maintaining a calm, non-coercive approach to ensure trust and comfort during the process.

### **PREA Compliance Manager (PCM)**

The PREA Compliance Manager described the intent behind the assessment process as proactive, designed to make the environment safer by using data from assessments to guide housing, work, and program placements. The PCM explained that each assessment paints a composite picture of risk, allowing staff to separate those likely to commit sexually abusive acts from those at high risk of victimization.

### **Random Inmates**

Several randomly selected inmates confirmed they had undergone screenings shortly after arrival—typically within 24 hours—and remembered being asked about sexual orientation, gender identity, prior victimization, and any feelings of vulnerability. They also recalled their follow-up reassessment within a few weeks. Inmates expressed that screening staff treated them respectfully and explained that their honest participation would help the facility maintain a safer environment.

### **PREA Coordinator (PC)**

The PREA Coordinator elaborated on how screening data are securely shared. Only authorized staff—medical, mental health, classification, intake, and the PCM—have controlled access. Information is used exclusively for treatment, safety, and institutional management decisions such as housing, education, and work assignments. The PC reiterated that the GDC does not detain individuals solely for civil immigration purposes and ensures all screenings are confidential, ethical, and purposeful.

## **PROVISIONS**

### **Provision (a): Policy Mandate for Intake and Transfer Screening**

The PAQ confirms that GDC policy mandates all individuals be screened upon admission or transfer to another facility to determine their risk of sexual victimization or propensity for sexual abusiveness toward others.

During interviews, every inmate recalled completing a risk screening within 24 hours of arrival and stated they were reassessed within weeks. Each confirmed being asked about previous sexual victimization, sexual identity, gender identity, and history of incarceration.

**Relevant Policy:**

GDC SOP 208.06 (effective 6/23/2022, p. 23, D.1) directs that all inmates shall be assessed during intake and upon transfer for their risk of sexual victimization or abusiveness.

**Provision (b): Timeliness and Consistency of Screening**

Policy requires assessments to be completed within 72 hours of intake, though the facility's practice demonstrates a higher standard—completing them within 24 hours. The PAQ recorded that during the past 12 months, 100% of 491 inmates with stays longer than 72 hours were screened within this timeframe.

**Relevant Policy:**

GDC SOP 208.06, pp. 23-24, D.2 assigns counseling staff responsibility for conducting intake and reassessment screenings in SCRIBE using the standardized form in Attachment 2. This form ensures all inmates are evaluated promptly to determine suitable housing and program placement and to prevent contact between likely victims and potential aggressors.

**Provision (c): Use of an Objective, Weighted Screening Instrument**

The facility employs an evidence-based, objective instrument—SOP 208.06 Attachment 2 (Revised 06/23/2022)—specifically designed to evaluate risks of victimization and abusiveness. The assessment contains weighted scoring and structured questions divided into two categories: vulnerability indicators and aggressor risk factors.

The instrument's format is consistent, impartial, and compliant with PREA requirements, ensuring every inmate is evaluated on the same measurable criteria. The Auditor's review confirmed it meets all standards for objectivity and completeness.

**Provision (d): Comprehensive Risk Factors Considered in Screening**

The assessment tool encompasses the full spectrum of characteristics outlined by PREA. Each new arrival is evaluated based on physical build, age, history of victimization, criminal and incarceration history, mental or physical disabilities, and perceptions of vulnerability.

Of particular note, the assessment does not contain a question regarding civil

immigration detention because GDC operates no such facilities—confirmed by the PREA Coordinator.

**Auditor Observation:**

The form's terminology references "mental illness." The Auditor recommends updating future revisions to "mental disability" to encompass a more inclusive range of conditions.

**Provision (e): Integration of Historical and Behavioral Risk Factors**

The facility's intake process integrates past behavioral indicators, such as prior acts of sexual abuse, convictions for violent crimes, or institutional misconduct. Risk screening staff actively cross-check this information with available institutional records to identify potential aggressors early.

When warranted, reassessments occur following new allegations or transfers. The Auditor reviewed 50 inmate files and verified timely 72-hour risk assessments across all cases.

**Provision (f): Thirty-Day Reassessment and Ongoing Review**

Policy mandates that each inmate be reassessed for risk of victimization or potential abusiveness within 30 days of arrival. This reassessment accounts for any new or relevant information that may have arisen since intake.

During the review period, 491 inmates met this 30-day threshold, and facility records confirmed that 100% received timely reassessments. The Auditor's cross-check of 50 files substantiated this consistency in both timing and procedure.

**Relevant Policy:**

GDC SOP 208.06, p. 24 reinforces that reassessments occur no later than 30 days post-intake or sooner if new information emerges.

**Provision (g): Triggered Reassessments Based on Referrals or Incidents**

Screening staff confirmed that reassessments are also completed when warranted by a referral, an inmate's request, an allegation of sexual abuse, or new information that may influence risk classification. This dynamic approach allows early identification of changing conditions and helps maintain a stable, safe environment.

All 50 reviewed files demonstrated timely reassessment following relevant triggers or significant events, validating compliance with GDC policy.

**Provision (h): Voluntary Participation and Non-Disciplinary Principles**

Staff and policy strongly affirm that inmates are never penalized for opting not to answer questions during screening. Screeners prioritize understanding and rapport over compliance. They patiently clarify purpose, ensuring the individual comprehends that transparency promotes personal safety. If an inmate still declines, the staff

respectfully proceed without penalty or coercion.

**Relevant Policy:**

GDC SOP 208.06, p. 24, D.23 explicitly prohibits disciplinary action for non-disclosure and directs staff to encourage honesty through empathy and clear communication.

**Provision (i): Information Security and Ethical Dissemination Controls**

Sensitive data obtained during risk screening are tightly safeguarded. Only authorized personnel—medical, mental health, classification, intake, and the PCM—may access such records, and solely for treatment, security, or placement decisions. Information never extends beyond operational need.

**Relevant Policy:**

GDC SOP 208.06 (effective 6/23/2022) requires staff to employ strict information controls ensuring that sensitive personal disclosures are not exploited or mishandled by either staff or inmates.

**CONCLUSION**

After comprehensive review of records, documentation, policy directives, and interviews with both staff and inmates, the Auditor concludes that the facility fully complies with PREA Standard §115.41 – Screening for Risk of Victimization and Abusiveness.

The facility demonstrates a disciplined and humane approach to intake and reassessment, grounded in data accuracy, confidentiality, and trauma-informed practice. Screenings are timely, respectful, and supported by policy oversight. Staff exhibit deep understanding of risk indicators, maintaining fidelity to PREA's overarching goal: preserving personal safety and dignity for every individual in custody.

**RECOMMENDATION**

The facility risk screening form's terminology references "mental illness." The Auditor recommends updating future revisions to "mental disability" to encompass a more inclusive range of conditions.

<b>115.42 Use of screening information</b>	
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<b><u>DOCUMENT REVIEW</u></b> As part of the comprehensive audit process, the Auditor conducted a meticulous

review of facility documentation, agency policies, and PREA-related operational materials. The documentation revealed a strong organizational framework that integrates assessment data, individual needs, and institutional safety priorities.

The Auditor examined the Pre-Audit Questionnaire (PAQ) and all supporting documentation submitted by the facility, focusing on how screening information collected under PREA Standard §115.41 is effectively applied to operational decision-making.

The following Georgia Department of Corrections (GDC) Standard Operating Procedures (SOPs) were reviewed:

1. SOP 208.06 – Prison Rape Elimination Act (PREA): Sexually Abusive Behavior Prevention and Intervention Program, effective June 23, 2022.
2. SOP 220.09 – Classification and Management of Transgender and Intersex Offenders, effective July 26, 2019.
3. PREA Standard 115.13 – Facility PREA Staffing Plan, effective July 23, 2025.
4. Facility Stratification and Movement Plan, undated

Collectively, these documents demonstrate how the agency integrates risk screening with holistic management strategies—balancing institutional safety with the protection and dignity of all individuals in custody.

## **INTERVIEWS**

### **PREA Risk Screening Staff**

Staff responsible for conducting initial and ongoing PREA risk assessments described a methodical and person-centered process. Each individual entering the facility is interviewed face-to-face using a validated screening instrument, allowing staff to gather social, emotional, and behavioral indicators relevant to safety risk. Screeners emphasized that these interviews are more than procedural—they build rapport and inform the earliest decisions on housing, programming, and work assignments.

Staff highlighted that assessments are not static; risk levels are continuously monitored, reassessed after incidents, or adjusted following any expression of concern. This ensures evolving safety needs are recognized and addressed.

### **Transgender Inmates**

The Auditor interviewed multiple transgender inmates housed in general population. Each confirmed that classification decisions had been based on a combination of screening outcomes and their self-reported safety views. The individuals expressed confidence in their current housing and appreciated having the option to shower separately for privacy. They reported regular safety checks by staff and noted that their concerns are treated with seriousness and respect. One inmate, reassessed at the six-month mark, confirmed all reviews were timely and collaborative.

### **PREA Compliance Manager (PCM)**

The PCM affirmed that housing, program, and work-related decisions are systematically informed by the risk screening process. The facility does not operate or

maintain specialized housing based solely on sexual orientation or gender identity, nor is it bound by any legal directive requiring it. Instead, classification decisions prioritize individualized safety assessments and balance security dynamics to promote equity and dignity.

### **PREA Coordinator (PC)**

The PREA Coordinator elaborated on the process by which GDC records initial gender according to legal documentation—typically the sex designated at birth—then customizes housing and program determinations based on the inmate’s current identity, medical needs, and expressed safety considerations. These individualized determinations are re-evaluated every six months or more frequently if an incident, grievance, or threat occurs. The coordinator underscored the shared responsibility among all staff in maintaining privacy and ethical use of screening data.

## **PROVISIONS**

### **Provision (a): Application of Screening Information in Housing and Program Placement**

The PAQ and supporting evidence confirm that screening results gathered under §115.41 guide decisions on housing, bed placement, work assignments, education, and programming. Those identified as vulnerable are separated from individuals assessed as potentially abusive.

A review of fifty randomly selected inmate files validated that staff consistently apply screening results to classification decisions. The PCM reiterated that this data-driven process prevents high-risk individuals from being housed with those at elevated risk of victimization.

#### **Relevant Policy:**

SOP 208.06, p. 24, §4, requires facility leadership to identify and designate safe housing for inmates deemed at high risk of sexual victimization, documenting those designations in Attachment 7 (PREA Coordinated Response Plan) and Attachment 11 (Staffing Plan Template).

### **Provision (b): Individualized Safety Evaluations**

According to the PAQ and interviews, each inmate—particularly those identifying as transgender or intersex—undergoes a personalized evaluation that takes into account individual health concerns, psychological needs, and self-reported safety perceptions. Staff confirmed that open dialogue with inmates informs final placement, and decision-making remains collaborative rather than prescriptive.

#### **Relevant Policy:**

SOP 208.06, pp. 24-25, §5, directs classification staff to make placement decisions for transgender and intersex inmates based on individualized assessment, weighing safety, medical, and operational factors. These expectations are reinforced by SOP 220.09, which outlines specialized evaluation procedures.

**Provision (c): Case-by-Case Determinations for Transgender and Intersex Individuals**

This provision is no longer applicable to compliance findings.

The PAQ and interview findings show that every housing decision for transgender and intersex inmates is decided case by case. Placement considerations address physical health, mental wellness, personal dignity, and facility dynamics. Staff consistently consult with the individuals themselves, ensuring they have input in the final decision.

One transgender inmate confirmed that this process allowed them to express concerns openly and that staff responded with transparency and care. No inmate reported being placed in a separate unit solely because of identity.

**Relevant Policy:**

SOP 220.09, §§IV.8-IV.9, establishes a multi-step classification process, including diagnostic intake assessments, data documentation in SCRIBE, SCC review, and administration of the Transgender and Intersex Offender List (TIOL). The policy clearly prohibits placing individuals in specialized housing units based solely on gender identity.

**Provision (d): Periodic Reassessment of Housing and Program Placements**

This provision is no longer applicable to compliance findings.

The facility conducts formal reassessments every six months, with additional reviews prompted by incidents or new information. During reassessments, classification staff engage directly with individuals, confirming continued appropriateness of housing, work, and program placements.

Of the 20 transgender inmates reviewed, all who had been at the facility for six months or longer had documented reassessments completed on time. Additionally, all 72-hour and 30-day reassessments were found to be timely and in compliance.

**Relevant Policy:**

SOP 208.06 requires that transgender and intersex inmates' housing and program assignments be reassessed at least twice per year or whenever significant circumstances change.

**Provision (e): Consideration of the Inmate's Personal View of Safety**

This provision is no longer applicable to compliance findings.

Each transgender and intersex individual's perspective regarding their safety receives deliberate and documented consideration. Staff actively expressed concerns, reviewed potential threats, and integrate these findings into ongoing placement and program decisions. Inmate feedback confirms that their input is genuinely valued and reflected in final determinations.

**Relevant Policy:**

SOP 220.09 mandates that an inmate's personal safety concerns be treated with serious attention during all housing and programming reviews.

**Provision (f): Privacy and Showering Accommodations**

This provision is no longer applicable to compliance findings.

All inmates identifying as transgender or intersex are afforded opportunities to shower separately from others through scheduling adjustments or private facilities equipped with stall dividers or individual entrances. Interviewed individuals verified that these accommodations are consistently honored and contribute to a sense of dignity and personal security.

**Relevant Policy:**

SOP 220.09 ensures that transgender and intersex inmates are given reasonable opportunities for separate showering to promote safety and privacy.

**Provision (g): Prohibition of Segregation Based on Identity Alone**

This provision is no longer applicable to compliance findings.

The agency explicitly prohibits housing decisions based solely on sexual orientation or gender identity. Staff interviews, roster reviews, and facility inspection confirmed that the institution does not operate separate housing units for lesbian, gay, bisexual, transgender, or intersex (LGBTI) individuals. Instead, inmates are integrated into appropriate general population settings following case-by-case analysis of safety concerns.

The PREA Coordinator reaffirmed that the agency is under no legal or consent decree requiring specialized LGBTI housing. Transgender inmates interviewed confirmed they are housed in general population and feel secure in their current settings.

**Relevant Policy:**

SOP 220.09 clearly prohibits placement of LGBTI individuals in specialized housing based solely on gender identity or sexual orientation unless legally required and justified as necessary for protection.

**CONCLUSION**

After an exhaustive review of policy directives, facility practices, documentation, and interviews with both staff and inmates, the Auditor concludes that the facility is in full compliance with PREA Standard §115.42 – Use of Screening Information.

The facility demonstrates a progressive and inclusive approach to the application of risk screening data. Housing and program placement decisions reflect a thoughtful balance between safety, dignity, and operational need. Consistent communication, timely reassessments, and respectful accommodation of privacy confirm that vulnerable individuals are safeguarded without segregation or stigma. The overall

	culture of the facility embodies PREA's principles—protection through knowledge, fairness, and individualized care.
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<b>115.43</b>	<b>Protective Custody</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<b><u>DOCUMENT REVIEW</u></b>
	<p>As part of the comprehensive audit review, the Auditor examined the Pre-Audit Questionnaire (PAQ) and all supporting documentation submitted by the facility.</p> <p>A primary reference document was the Georgia Department of Corrections (GDC) Standard Operating Procedures (SOP) 208.06, titled Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program (effective June 23, 2022). This policy governs facility actions relating to the placement, review, and management of inmates placed in segregated or protective housing due to potential risk of sexual victimization or predatory behavior.</p> <p>The materials reviewed provided evidence of structured safeguards ensuring that the placement of inmates in segregated housing is justified, temporary, and always accompanied by alternative safety considerations. The policy framework clearly prohibits involuntary segregation due solely to risk status, emphasizing individualized assessment and timely review of every placement.</p>
	<b><u>INTERVIEWS</u></b>
	<b><u>Staff Assigned to Segregated Housing</u></b>
	<p>Officers and supervisors responsible for overseeing segregated housing described how inmates placed in segregation are closely monitored under consistent documentation protocols. They confirmed that in practice, no inmate has been involuntarily placed in segregation as a result of reporting sexual abuse or being at risk for victimization. Their housing population consists solely of individuals held for administrative reasons or disciplinary sanctions, and no PREA-related placements have been necessary.</p>
	<b><u>Facility Head</u></b>
	<p>The Facility Head confirmed that every segregation placement, regardless of cause, is formally recorded and reviewed at least once every thirty days. The review process ensures that placements remain justified and that the conditions of segregation—programming, privileges, and access to services—are maintained to the greatest extent possible. The Facility Head also verified that in the past year, no individuals had been placed in segregation for protective custody due to sexual victimization concerns.</p>

### **PREA Compliance Manager (PCM)**

The PCM reiterated that, over the preceding twelve months, the facility has had no instances of inmates placed in protective custody or in involuntary administrative or punitive segregation due to vulnerability or as alleged victims of sexual abuse. The PCM explained that, when alternatives are needed, staff seek temporary, non-restrictive options focusing on safety through reassignment, movement to compatible housing units, or increased supervision.

### **Inmates in Segregated Housing**

At the time of the on-site audit there were no inmates in segregated housing for risk of sexual victimization, fear of retaliation or any other PREA related issue. All inmates housed in segregation were placed there as administrative or disciplinary, not related to sexual victimization risk or retaliation concerns.

## **PROVISIONS**

### **Provision (a): Prohibition on Involuntary Segregation Except When No Alternatives Exist**

The facility's PAQ affirms that GDC policy prohibits placing inmates at high risk for sexual victimization into involuntary segregation unless an exhaustive assessment determines that no viable alternatives exist. In cases where assessment is ongoing, short-term segregation (not exceeding 24 hours) may temporarily occur.

The facility reported that within the past twelve months, no inmate had been placed in involuntary segregated housing for protective reasons. Both the PCM and Facility Head verified this finding, and the review of case records confirmed complete compliance.

#### **Relevant Policy:**

GDC SOP 208.06, p. 25, §D.8(a-d), details that segregated housing for high-risk inmates is permitted only after documentation proves no alternative means of separation are possible. The policy also specifies that any such placement requires notation in SCRIBE case files and must not exceed 30 days unless alternatives remain unavailable.

### **Provision (b): Access to Programs, Privileges, and Opportunities While in Segregation**

The PAQ and interviews confirmed that should an inmate at risk of sexual victimization ever require temporary placement in segregated housing, that individual would continue to receive access to available programs, privileges, education, and work opportunities whenever possible.

Although the facility reported no cases in the prior year, administrators explained protocols that ensure equitable access. If any temporary limitations occur, the facility must document which opportunities were restricted, their duration, and the reasons behind each limitation.

**Relevant Policy:**

SOP 208.06 mandates that individuals housed under protective conditions be treated in accordance with SOP 209.06 (Administrative Segregation) guidelines, guaranteeing continuity of essential services and programming unless clearly documented otherwise.

**Provision (c): Maximum Duration of Protective Segregation and Timely Transition to Alternative Housing**

The facility's PAQ states that no inmate identified as at risk of victimization has been held in involuntary segregation beyond 30 days in the past twelve months. The PCM confirmed there were no instances requiring protective segregation of any duration.

**Relevant Policy:**

SOP 208.06, p. 25, §D.8(b), specifies that inmates may remain in segregation for protective purposes only until safe, alternative housing can be arranged, and such periods are not to exceed 30 days. Continued segregation is permissible solely under exceptional, documented circumstances.

**Provision (d): Documentation and Evidence of Review in Protective Segregation Cases**

During the past twelve months, the facility recorded no placements in involuntary segregation for protection against sexual victimization. Accordingly, there were no case files containing statements of concern for safety or documentation explaining why alternative means of separation could not be utilized.

**Relevant Policy:**

SOP 208.06 mandates that any protective segregation placement include full case documentation describing both the basis for safety concerns and the justification for the absence of alternative housing solutions. Inmates placed under such conditions must receive reassessments at least every seven days, ensuring early transition back to general population when safe.

**Provision (e): Thirty-Day Review Requirement for Continued Segregation**

The PAQ and all interviews confirmed that no inmates have been placed in protective custody within the last year. However, the Facility Head explained that the institution maintains strict adherence to review procedures: any inmate placed in segregated housing for safety purposes would receive a formal 30-day review evaluating the continued need for separation.

**Relevant Policy:**

GDC SOP 208.06, p. 25, §D.8(d), requires facilities to conduct and document a review every 30 days for inmates held in segregated housing to determine whether a continued need for separation persists.

## **CONCLUSION**

Following in-depth analysis of documentation, case review, and staff and inmate interviews, the Auditor concludes that the facility fully complies with PREA Standard §115.43 – Protective Custody.

The facility's strong policy framework effectively eliminates unnecessary use of segregation for inmates vulnerable to sexual victimization. The process emphasizes individualized assessment, documentation transparency, and consistent oversight. Although no recent protective placements were recorded, the infrastructure to ensure humane, legally compliant, and policy-aligned segregation practices is clearly established.

This compliance reflects an institutional culture grounded in accountability, respect, and proactive prevention—demonstrating the facility's continued commitment to maintaining a safe environment for every individual in its care.

<b>115.51</b>	<b>Inmate reporting</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<b><u>DOCUMENT REVIEW</u></b>
	<p>The Auditor conducted a comprehensive review of documentation, records, and materials outlining the agency's reporting framework for incidents of sexual abuse, sexual harassment, or retaliation. This review is foundational to understanding how effectively the facility communicates and maintains accessible reporting options for individuals in custody and staff members.</p> <p>The primary documents examined included:</p> <ol style="list-style-type: none"><li>1. Georgia Department of Corrections (GDC) Standard Operating Procedure (SOP) 208.06 – Prison Rape Elimination Act (PREA): Sexually Abusive Behavior Prevention and Intervention Program, effective June 23, 2022.</li><li>2. PREA Informational Brochure – a bilingual resource detailing reporting procedures, available in both English and Spanish.</li><li>3. Staff Guide on the Prevention and Reporting of Sexual Misconduct with Offenders – an instructional manual outlining staff obligation, ethical responsibilities, professional boundaries, and reporting procedures.</li><li>4. ASMP Offender Handbook, undated</li></ol> <p>Together, these resources form the backbone of the facility's PREA implementation strategy, which underscores zero tolerance, prevention, and immediate response to</p>

all reports—regardless of origin or method.

## **OBSERVATIONS**

During the on-site component of the audit, the Auditor observed that PREA informational posters were clearly displayed in housing units, dayrooms, intake and visitation areas, dining halls, corridors, recreation yards, and other high-traffic spaces throughout the facility. These materials included hotline numbers, external reporting addresses, and contact information for both facility PREA leadership and independent oversight agencies.

Notably, the facility reinforces its zero-tolerance message through visual and creative methods, such as PREA-themed murals and awareness artwork, strategically placed to normalize the concept of reporting as an act of self-advocacy and safety.

The Auditor personally tested inmate telephones in multiple housing areas. All telephones were functional and pre-programmed for toll-free, confidential calls to the PREA Hotline, connecting users directly to an external reporting body outside the chain of facility command. This testing confirmed the agency's commitment to providing reliable, accessible, and private options for disclosure.

## **INTERVIEWS**

### **Random Staff**

Staff were unanimous in their understanding of PREA's reporting expectations. They articulated, without hesitation, the variety of reporting mechanisms available to incarcerated individuals: direct verbal or written reports to staff, anonymous communication, hotline calls, or third-party reports from friends or family members. Staff explained that all allegations, no matter how reported or by whom, are treated seriously, documented promptly, and escalated through established channels without delay.

### **PREA Compliance Manager (PCM)**

The PCM provided detailed insight into how multiple internal and external reporting systems operate in tandem to ensure accessibility and confidentiality. They confirmed that incarcerated individuals can report concerns to internal staff or externally to agencies such as the State Board of Pardons and Paroles, the Office of Victim Services, and the Ombudsman's Office—entities unaffiliated with GDC. The PCM emphasized the agency's dedication to anonymity, privacy, and ensuring no report goes unanswered.

### **Random Inmates**

Individuals interviewed across several housing units displayed strong awareness of how to report sexual abuse, harassment, or retaliation. They identified the PREA hotline, grievance process, direct communication with the PREA Compliance Manager, and contacting trusted staff as reliable means of reporting. Some also mentioned that family members could report on their behalf. In compliance with agency policy, inmates expressed confidence that any reports would be investigated promptly and in good faith.

## **PROVISIONS**

### **Provision (a): Multiple Internal Avenues for Private Reporting**

The Pre-Audit Questionnaire (PAQ) confirmed that the agency provides numerous internal pathways through which incarcerated individuals can report instances of sexual abuse, sexual harassment, retaliation, or staff negligence that may have contributed to such incidents.

The Auditor verified multiple channels through interviews and direct observation—including verbal or confidential reports written to staff, submission of grievances, anonymous communication through designated collection boxes, and access to the internal PREA hotline. All reports, regardless of method, are required to be immediately documented and investigated.

#### **Relevant Policy:**

GDC SOP 208.06, p. 26, §E.1(a-b), outlines that individuals may file reports verbally or in writing, anonymously, or via third parties. Reports to the hotline—operated without a required PIN—are monitored by the Office of Professional Standards (OPS) and overseen by the PREA Coordinator or their designee.

### **Provision (b): External, Independent Reporting Options**

The agency's PAQ and the PCM's testimony confirmed that incarcerated individuals may also report abuse or harassment to at least one public or private organization not affiliated with the GDC. This ensures external transparency and independence.

The approved options for external reporting include:

1. The Ombudsman's Office – P.O. Box 1529, Forsyth, GA 31029 | 478-992-5358
2. GDC PREA Coordinator – via email at [PREA.report@gdc.ga.gov](mailto:PREA.report@gdc.ga.gov)
3. State Board of Pardons and Paroles, Office of Victim Services – 2 Martin Luther King Jr. Drive, S.E., Atlanta, GA 30334

Of these, the State Board of Pardons and Paroles is independent of the GDC and fulfills PREA's requirement for an external reporting mechanism. The agency also noted that it does not house individuals solely for civil immigration purposes, rendering that clause inapplicable.

#### **Relevant Policy:**

GDC SOP 208.06, pp. 26-27, §E.2(a), formalizes these reporting pathways and their confidentiality safeguards.

### **Provision (c): Staff Responsibilities for Accepting and Documenting Reports**

The PAQ and staff interviews verified that employees are required to accept all reports—verbal, written, third-party, or anonymous—and immediately document any verbal report in writing. Interviews showed that employees were uniformly clear

about this expectation and understood that failure to document would constitute a violation of policy.

**Relevant Policy:**

GDC SOP 208.06, p. 27, §E.2(b), states plainly:

“Staff members shall accept reports made verbally, in writing, anonymously, and from third parties, and shall promptly document any verbal reports.”

**Provision (d): Confidential Mechanisms for Staff Reporting**

In addition to inmate reporting options, staff are also provided confidential procedures for reporting sexual abuse, sexual harassment, or policy violations. The PCM explained that staff may submit immediate reports to their supervisors, designated SART team members, or through independent reporting avenues. The process ensures that those raising concerns are protected from retaliation or reprisal.

Staff receive comprehensive instruction on these requirements during annual in-service training, review them in their Employee Handbook, and reinforce them through continued education and incident simulations.

**Relevant Policy:**

GDC SOP 208.06, p. 27, §E.2(c), mandates that staff promptly refer all allegations or suspicions of sexual abuse or harassment to their supervisor or to an appropriate Sexual Assault Response Team (SART) member. The Staff Guide on Prevention and Reporting of Sexual Misconduct further supports this by outlining professional behavior standards and detailed reporting protocols.

**CONCLUSION**

After careful evaluation of documentation, facility observations, and interviews with staff and inmates, the Auditor finds the facility to be in full compliance with PREA Standard §115.51 – Inmate Reporting.

The facility maintains an accessible, transparent, and well-communicated reporting system that empowers individuals in custody to report incidents safely and without fear of retaliation. Posters, brochures, and hotline access points reinforce these rights at every level. Staff are equally well-informed of their duties, ensuring that each report—no matter the origin—is received respectfully, logged accurately, and acted upon promptly.

This comprehensive, multi-layered reporting framework embodies PREA’s intent: to uphold a correctional culture grounded in accountability, trust, and the unwavering protection of every individual’s dignity and safety.

<b>Auditor Overall Determination:</b> Meets Standard
<b>Auditor Discussion</b>
<b>DOCUMENT REVIEW</b>
<p>The review process began with a detailed examination of the facility's Pre-Audit Questionnaire (PAQ) and the accompanying documentation provided for assessment. This foundational step allowed for a clear understanding of the agency's procedural landscape and its alignment with the Georgia Department of Corrections (GDC) Standard Operating Procedures (SOP), Policy Number 208.06, entitled Prison Rape Elimination Act (PREA) - Sexually Abusive Behavior Prevention and Intervention Program, effective June 23, 2022.</p> <p>This policy acts as the cornerstone for the Department's approach to preventing, reporting, and responding to incidents of sexual abuse and sexual harassment. It draws its structure from federal PREA standards, outlining clear expectations for institutional accountability, staff responsibilities, and victim protection. Special attention during the review was given to the internal grievance procedures, the mechanisms for redirecting PREA-related allegations, and the time-sensitive response protocols that govern reporting. Together, these components serve as core indicators of compliance and systemic integrity.</p>
<b><u>INTERVIEWS</u></b>
<p>To supplement the document review, the audit incorporated extensive interviews with both staff and incarcerated individuals, providing valuable insight into the practical application of policy.</p>
<b><u>Staff Interviews (Random Selection):</u></b>
<p>Staff members interviewed from multiple departments and shifts consistently expressed an informed understanding of agency directives regarding PREA allegations. They emphasized that any grievance form containing an allegation of sexual abuse or harassment is immediately handled as a PREA report—not a standard grievance. Once identified, such reports are removed from normal grievance channels and sent directly to investigative personnel for immediate review. Many staff described this protocol as essential to ensuring the prompt safety and protection of all involved parties.</p>
<b><u>Inmate Interviews (Random Selection):</u></b>
<p>Conversations with randomly selected incarcerated individuals reflected a similar awareness. Participants clearly understood that allegations of sexual abuse and sexual harassment do not fall under the general grievance process. Instead, they conveyed confidence that both written and verbal allegations would receive attention through an investigative pathway distinct from grievances. Their accounts were consistent and reflected both familiarity with facility procedures and trust that allegations would trigger a timely response.</p>
<p>Together, the information collected from interviews reinforced strong staff training</p>

and effective communication regarding PREA-related procedures.

## **PROVISIONS**

### **Provision (a)**

The Pre-Audit Questionnaire and supporting materials indicated that the agency maintains an established administrative grievance system; however, complaints of sexual abuse and sexual harassment are specifically excluded from that system. This exclusion ensures these allegations are immediately addressed as serious safety and investigative matters rather than routine concerns.

According to staff testimony and facility documentation, when an individual submits a grievance form that includes a PREA-related allegation, the form is formally documented as a written report and then forwarded without delay for investigation. By design, these reports do not follow the conventional grievance process or its associated time constraints.

### **Relevant Policies:**

Under GDOC SOP 208.06, Section E(3), page 27, the policy clearly states that allegations of sexual abuse or sexual harassment are not grievable issues and must instead be reported following the methods prescribed within the PREA policy. This direct instruction ensures uniformity and eliminates ambiguity in reporting expectations.

### **Provision (b)**

Ordinarily, agency procedures would permit an incarcerated person to submit a grievance related to sexual abuse at any time, irrespective of when the incident occurred. The policy also specifies that the individual is not required to resolve the issue informally or address it directly with staff suspected of involvement.

However, consistent with Provision (a), since these matters are not part of the grievance process, this provision is not applicable to PREA-related allegations.

### **Provision (c)**

Agency guidelines typically provide a safeguard to ensure that no grievance alleging sexual abuse is submitted to or reviewed by the staff member named in the complaint. Staff are obligated to document verbal reports immediately within defined timeframes.

Yet, because sexual abuse and harassment allegations bypass the grievance system altogether, these protocols, while valuable, remain non-applicable to PREA cases as managed within this facility.

### **Provision (d)**

For reasons established under Provision (a), this provision is also not applicable to PREA-related matters.

**Provision (e)**

Agency policy directs that decisions on the merits of any grievance—including one containing allegations of sexual abuse—must be concluded within 90 days of filing.

During the previous twelve months, there were no grievances alleging sexual abuse recorded by the facility. Consequently, there were no related decisions rendered within or beyond the 90-day timeframe and no extensions granted.

Should an extension have been necessary, the agency's procedure would require written notification to the individual, specifying the reason for extension and the new anticipated date of resolution. Staff confirmed that this written notice process has consistently been followed when applied in non-PREA contexts.

**Provision (f)**

The agency maintains a structured emergency grievance process designed for reports that indicate a substantial or imminent risk of sexual abuse.

The policy mandates an initial response within 48 hours, ensuring swift attention to urgent safety concerns, and a final decision within five days when applicable.

Throughout the last year, there were no emergency grievances filed alleging imminent danger of sexual abuse. If such reports were received, they would be treated as immediate PREA incidents—triggering rapid intervention rather than administrative processing.

**Provision (g)**

The agency's written policy strictly protects individuals from disciplinary consequences when filing a grievance related to sexual abuse or harassment, except in substantiated cases of bad faith. This measure upholds the importance of reporting safety threats without fear of retaliation or punitive response.

No disciplinary actions have been taken in the past year for bad-faith PREA-related grievances, as none were filed. The principle remains an essential safeguard, reinforcing trust in the reporting process even though PREA-related grievances are exempt from the standard grievance procedure.

**Provision (h)**

The policy also allows third parties—including other inmates, family members, legal representatives, staff, or external advocates—to assist in filing requests for administrative remedies or to submit such requests on another individual's behalf.

If the individual declines third-party assistance, their decision must be formally documented by the facility. Records confirmed that no such third-party filings or declinations occurred during the past twelve months. Similar to earlier provisions, these procedures apply to the general grievance system and are therefore not applicable to PREA-related allegations, which follow a separate reporting path.

## **CONCLUSION**

After a full and detailed review of the facility's documentation, interviews, and operational procedures, the Auditor concludes that the agency and facility meet all requirements related to the exhaustion of administrative remedies under PREA Standard 115.52.

The evidence demonstrates a consistent, well-communicated practice of excluding sexual abuse and harassment allegations from the standard grievance process. This approach ensures that these allegations receive immediate investigative attention, align with PREA's intent, and uphold the highest standards of safety, accountability, and prompt response within the correctional environment.

The evidence supports that the agency's approach—removing sexual abuse and harassment allegations from the grievance stream—ensures immediate response, enhanced safety, and accountability consistent with PREA's intent.

<b>115.53 Inmate access to outside confidential support services</b>	
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
<b><u>DOCUMENT REVIEW</u></b>	
<p>The Auditor initiated the review by examining an array of documents illustrating how the facility implements and sustains compliance with the Prison Rape Elimination Act (PREA). The core materials included the Pre-Audit Questionnaire (PAQ) and related supporting documentation. Key operational directives were drawn from the Georgia Department of Correction (GDC) Standard Operating Procedure (SOP) 208.06, PREA Sexually Abusive Behavior Prevention and Intervention Program, most recently updated June 23, 2022.</p> <p>The review also incorporated the GDC Male Inmate Handbook (Revised September 25, 2017), the Inmate Intake Package, and the PREA Inmate Information Guide Brochure, which outlines confidential reporting procedures and available support resources. The Auditor examined multiple information postings throughout the facility, including those titled "Reporting is the First Step," and notices detailing contact information for Outside Confidential Support Services Agencies.</p> <p>These documents are complemented by visual postings that articulate prisoner rights, external advocacy channels, and key hotline numbers. Together they affirm that the facility's documentation framework reflects both transparency and accessibility, ensuring every person in custody is informed about their rights and the mechanisms available to report or seek help regarding sexual abuse or harassment.</p>	

## **OBSERVATIONS**

During the facility walk-through, the Auditor observed that PREA-related information was extensively displayed in housing areas, hallways, administrative offices, and near all telephones accessible to individuals in custody. Brightly colored posters were placed strategically to attract attention, clearly listing the PREA Hotline numbers, including two internal GDC lines and one external number for confidential support.

Several inmate telephones were function-tested to assess reliability and ease of use. Each phone operated properly, and a call to an external support service confirmed full connection functionality. During the call, an advocate answered promptly and conversed without requesting any identifying details from the caller. This conversation verified that the confidential hotline genuinely operates as advertised—anonymous, free, and accessible around the clock.

Overall, facility conditions and posting placements demonstrated consistent compliance with PREA's visibility and accessibility requirements.

## **INTERVIEWS**

### **The Sexual Assault Response Center (SARC)**

Auditor outreach to the Sexual Assault Response Center (SARC) in Augusta provided an important external perspective. SARC confirmed it does not currently maintain a Memorandum of Understanding (MOU) with the facility, as its staff do not physically enter correctional environments. However, SARC continues to provide services and referrals to survivors of sexual assault across the Augusta region, offering both telephonic and written support alternatives.

Their confidential hotline (706-774-5200) operates 24 hours a day and is staffed by trained advocates prepared to provide emotional support, explain legal processes, assist with basic needs, and offer referrals to additional community resources. SARC emphasized its commitment to helping survivors regardless of how much time has passed since an incident occurred.

While SARC has not received contact from facility staff or inmates in the past twelve months, a fact that merely reflects the absence of outreach activity, they reaffirmed their willingness to provide remote services when requested. Although no MOU exists, SARC confirmed that all available services remain open to incarcerated individuals through non-contact means.

### **Intermediate-or-Higher-Level Staff**

Facility leadership and mid-level staff explained that communication systems, particularly inmate telephones, are verified daily to ensure they remain fully operational. Staff voiced a shared understanding that communication access—especially for reporting sexual abuse or seeking external emotional support—is an essential safety and compliance measure.

These personnel also detailed the internal process for reporting technical issues or hotline malfunctions, noting that repairs are prioritized to avoid interruption. The interviews demonstrated that the commitment to operational reliability extends beyond procedural compliance—it reflects an institutional culture of accessibility and responsiveness.

### **PREA Compliance Manager (PCM)**

The facility's PREA Compliance Manager described ongoing efforts to formalize an MOU with Sexual Assault Response Center (SARC). Once effective, this agreement will enhance coordination for emotional support and advocacy services. Until the MOU is finalized, SARC continues to provide assistance to incarcerated individuals as needed.

During the intake process, every newly arrived inmate receives printed information describing the Center's 24-hour hotline, mailing address, and available emotional support options. This ensures that support resources for both current and historical sexual victimization are clearly communicated at entry.

### **Random Inmate**

Interviews with randomly selected inmates revealed strong knowledge and understanding of available advocacy and support services. Every person interviewed was familiar with SARC and staff victim advocates and confirmed they had been provided with both the telephone number and mailing address to contact the center directly.

All individuals interviewed were aware that these calls are free and confidential, and they expressed confidence in using the services if needed. Importantly, participants also demonstrated a complete understanding of the limits of confidentiality—acknowledging that mandated reporting applies in cases involving harm to self, harm to others, suspected abuse of minors or vulnerable individuals, or other criminal disclosures.

Collectively, these responses established that facility residents receive clear, consistent, and accurate information regarding their rights and available protections.

## **PROVISIONS**

### **Provision (a): Access to External Emotional Support**

The facility reported through the Pre-Audit Questionnaire (PAQ) that while an MOU is not currently in place, inmates have continuous access to victim advocacy services through direct contact with designated agencies, most notably SARC. Facility staff who serve as internal advocates are trained and available at all times to provide trauma-informed emotional support.

The facility ensures that all persons in custody are furnished with up-to-date mailing

addresses and telephone numbers (including toll-free hotlines) for local, state, and national victim advocacy organizations. This includes access to services for individuals detained for civil immigration purposes.

Communication with these organizations is enabled in as confidential a manner as possible, considering institutional security constraints. The “Reporting is the First Step” posting explicitly states that calls to the support line are free, may be made anonymously, and require no personal identification from the caller.

SARC affirmed that their advocates deliver compassionate, confidential, and respectful support; provide crisis intervention and emotional assistance; offer referrals and information to victims and their families; and maintain 24-hour response capability. Although SARC will not physically enter a correctional facility, advocates respond through phone and written correspondence, ensuring accessibility regardless of location.

**Relevant Policy:**

GDC SOP 208.06, Section B(e), requires that institutions attempt to formalize MOUs with rape crisis centers and document all efforts if such agreements cannot be achieved. The policy further mandates identification and training of local staff advocates and clear public posting of all support service contact information.

**Provision (b): Informing Facility Residents of Communication Limits**

Prior to providing access to external support, the facility consistently informs inmates of how communications are monitored and the extent to which confidentiality applies. These disclosures outline all mandatory reporting obligations under relevant federal, state, and local laws, ensuring no misunderstandings occur when sensitive information is shared.

Inmates confirmed during interviews that they fully understood these conditions. Each respondent articulated that advocates must report intentions of self-harm, plans to harm others, or knowledge of the ongoing abuse or neglect of minors or vulnerable adults.

**Relevant Policy:**

GDC SOP 208.06, Section B(f), details that community victim advocates associated with the facility undergo pre-approval and screening consistent with volunteer and contractor requirements. Victim advocates provide emotional and informational support during investigations and medical procedures but must not interfere with facility operations or investigative processes.

This clause underscores the dual responsibility of ensuring both emotional care and institutional integrity.

**Provision (c): Coordination with Community Service Providers**

The facility reported that local community service organizations currently lack the

personnel resources to physically enter correctional facilities for direct emotional support services. Despite the absence of formal agreements, advocates may still accompany victims remotely offering informational guidance, emotional support, and assistance during investigative or forensic phases.

Inmate interviews confirmed ongoing awareness of these external resources and understanding of confidentiality boundaries. Communication and advocacy support continue to be available by telephone and written correspondence, fulfilling the intent of this provision despite logistical limitations.

### **CONCLUSION**

Following a comprehensive review of documentation, interviews, and on-site observation, the Auditor concludes that the facility meets PREA Standard 115.53. The evidence demonstrates that individuals in custody maintain accessible, confidential, and meaningful avenues to contact external emotional support and advocacy services.

The facility's continuing effort to finalize an MOU with an external rape crisis center further strengthens its commitment to ensuring trauma-informed support for all individuals affected by sexual abuse

**RECOMMENDATION:** The Auditor recommends that the facility reach out to Sexual Assault Response Center, ARC on a biannual basis to continue the pursuit of a MOU.

Secondly the auditor recommends that the facility formally reach out to The Georgia Network to End Sexual Assault (GNESA), P.O. Box 162505, Atlanta, GA 30321 or info@gnesa.org to inquire if there are other agencies in the area that might be more able to enter into a MOU for needed services with the facility.

<b>115.54</b>	<b>Third-party reporting</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<b>DOCUMENT REVIEW</b>  As part of the audit process, the Auditor conducted a detailed and methodical examination of all relevant materials demonstrating compliance with PREA Standard 115.54, which governs the facility's procedures for receiving and responding to third-

party reports of sexual abuse or sexual harassment.

The record review began with a comprehensive analysis of the Pre-Audit Questionnaire (PAQ) and the facility's accompanying documentation submitted prior to the onsite review. Among the most significant materials considered was the Georgia Department of Corrections (GDC) Standard Operating Procedure (SOP) 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective June 23, 2022. This policy serves as the guiding document for all GDC facilities, establishing agency-wide expectations for the prevention, detection, reporting, and response to sexual abuse and harassment.

Additionally, the Auditor reviewed the GDC PREA Offender Brochure, an undated but widely distributed resource available to every person in custody. The brochure communicates rights under PREA and provides clear, step-by-step descriptions of internal and external reporting pathways—explicitly including options for third parties to file reports on behalf of an inmate. It addresses how family members, attorneys, friends, legal representatives, and advocacy organizations may submit allegations confidentially and independently.

The Auditor also examined the GDC's public PREA webpage—located at <https://gd-c.georgia.gov/organization/about-gdc/research-and-reports-0/prison-rape-elimination-act-prea>—which serves as the primary digital resource for public inquiries and third-party communication. This site houses vital PREA information including policies, contact links, and step-by-step directions for submitting third-party reports. The easily accessible format underscores the agency's transparency and commitment to external accountability.

## **INTERVIEWS**

### **Intermediate and Supervisory Staff**

During interviews with staff at the intermediate and supervisory levels, it was consistently confirmed that the facility reinforces external reporting options through multiple channels. Staff expressed familiarity with the PREA reporting systems available to third parties, including those directed to the Ombudsman's Office, the Office of Victim Services, and the PREA Coordinator. Supervisors emphasized that part of their ongoing PREA training includes educating staff on relaying accurate information to incarcerated individuals about these avenues. They described the internal chain of custody for third-party reports, ensuring that if a report arrives indirectly (e.g., through mail or email), it is immediately documented and routed to the appropriate investigative division without delay.

### **Random Inmates**

Private, confidential interviews with randomly selected inmates revealed widespread awareness of the third-party reporting system. Each person interviewed articulated at least one external method for someone outside the facility to file a report—whether through the state's Victim Services Office, by contacting the Ombudsman, or through the PREA email contact. Inmates indicated that they felt reassured by knowing loved

ones and advocates could intervene on their behalf if they were afraid or otherwise unable to report an incident themselves.

The Auditor noted that this universal awareness—100% among those interviewed—demonstrated effective communication practices supported by classroom-style PREA orientation sessions, ongoing annual education, and frequent visual reminders posted throughout the facility.

### **PREA Compliance Manager (PCM)**

In discussions with the PREA Compliance Manager, it was highlighted that the third-party reporting procedures are both centralized and standardized across all GDC facilities. The PCM explained that community members, attorneys, and advocates may submit reports directly to the designated PREA Coordinator through phone, email, or mail. Each communication is treated with equal urgency as direct inmate reports. The PCM also described internal quality assurance measures, including routine checks of posted contact information to ensure accuracy and visibility—and ongoing staff training designed to reinforce the proper handling of third-party complaints.

## **PROVISIONS**

### **Provision (a): Accessible Reporting Channels and Public Distribution**

The facility reported on its Pre-Audit Questionnaire that it provides accessible mechanisms allowing any third party—including family members, legal representatives, advocacy groups, or other concerned individuals—to report on behalf of an inmate. The policy is reinforced by multiple communication formats intended both for incarcerated individuals and the public at large.

Specifically, the mechanisms aligned with GDC SOP 208.06, Section E.2.a.i-iii, include several well-defined channels, each designed to ensure clarity, confidentiality, and ease of access:

- By Mail: Written reports may be submitted to the GDC Ombudsman's Office, P.O. Box 1529, Forsyth, Georgia 31029. The office may also be reached by phone at (478) 992-5358 for verbal reports or follow-up inquiries.
- By Email: Electronic notifications may be directed to the agency's PREA Coordinator using the address PREA.report@gdc.ga.gov.
- Through the State Board of Pardons and Paroles: Reports can be mailed or hand-delivered to the Office of Victim Services, 2 Martin Luther King Jr. Drive, S.E., Balcony Level, East Tower, Atlanta, Georgia 30334.

These avenues are posted prominently in living units, visitation areas, administrative corridors, and on the GDC's official website. The facility also includes third-party reporting information in orientation packets, handbooks, digital media, and the PREA brochure distributed to all persons during intake.

The Auditor found that the facility goes beyond basic compliance by incorporating reminders about third-party reporting into ongoing educational programming. Visual displays encourage inmates to advise trusted individuals—family, clergy, or advocates—of how to report on their behalf if necessary.

This comprehensive, multi-channel system ensures that any credible concern can be reported swiftly and safely, whether directly or indirectly, supporting a culture of safety and openness consistent with PREA principles.

### **CONCLUSION**

After analyzing GDC policy directives, reviewing the facility's documentation, confirming the accuracy of public information, and conducting in-depth interviews with both inmates and staff, the Auditor concludes that the facility is in full compliance with PREA Standard 115.54 regarding third-party reporting.

The institution has established reliable, well-publicized procedures ensuring that reports of sexual abuse and sexual harassment can be submitted by anyone—not just by the individuals directly affected. Every person interviewed demonstrated awareness of these options, reflecting the success of the facility's educational outreach, visibility of reporting materials, and active supervisory oversight.

Through these measures, the facility demonstrates an initiative-taking, survivor-centered approach to safety, accountability, and open communication, ensuring that no barrier—physical, emotional, or procedural—prevents a valid report from being heard and addressed.

<b>115.61 Staff and agency reporting duties</b>	
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<b><u>DOCUMENT REVIEW</u></b>
	As part of the audit process to evaluate compliance with PREA Standard §115.61, which governs staff and agency responsibilities for reporting sexual abuse and sexual harassment, the Auditor conducted an extensive review of written materials and operational documentation provided by the facility. The review began with an assessment of the Pre-Audit Questionnaire (PAQ) and all referenced supporting materials that outline the institution's internal and external procedures for reporting and response.
	Central to this review was the Georgia Department of Corrections (GDC) Standard Operating Procedure (SOP) 208.06, titled Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective June 23, 2022. This document serves as the cornerstone of PREA compliance across the state,

establishing a clear framework for staff training, mandatory reporting, confidentiality obligations, and institutional response protocols.

The SOP distinctly mandates that every employee, regardless of position or tenure, must immediately report knowledge, suspicion, or any allegation of sexual abuse or sexual harassment. It also requires reporting any retaliatory behavior against those who report, as well as failures in staff duty that could enable or exacerbate such incidents. The facility's local implementing policies align seamlessly with these statewide expectations.

## **INTERVIEWS**

### **Random Staff**

A diverse cross-section of staff from various departments and shifts offered consistent and confident responses during individual interviews. Every staff member articulated a thorough understanding of their mandatory reporting duties, emphasizing that no allegation—verbal, written, anonymous, or third party—is ever minimized or ignored.

Staff accurately described the internal reporting chain: they are to notify their immediate supervisor, the PREA Compliance Manager (PCM), or a designated member of the Sexual Assault Response Team (SART) without delay. Interviewees also underlined the importance of maintaining confidentiality and restricting sensitive details to individuals directly responsible for investigation, treatment, or security management. Several noted that PREA-related training has not only clarified procedure but strengthened workplace culture around respect and accountability.

### **Medical Personnel**

Interviews with medical and mental health professionals revealed strong alignment with both PREA and state-level mandatory reporter laws. Each practitioner explained that when a patient discloses sexual abuse—or when there is suspicion based on clinical findings—they prioritize immediate physical safety, ensure the appropriate medical response, and swiftly communicate the information through required reporting channels.

Every practitioner reported that at the initiation of care, patients are informed of the practitioner's duty to report and the limits of confidentiality. This transparent approach builds trust while upholding ethical and legal standards, allowing individuals in custody to share sensitive information with clarity and confidence about how it will be handled.

### **Facility Head or Designee**

During the interview, the Facility Head conveyed an uncompromising commitment to zero tolerance for sexual misconduct of any kind. The administrator emphasized that the expectation to report extends far beyond confirmed cases—it includes suspicions, indirect knowledge, and even behavioral observations suggesting risk. The Facility Head further noted that retaliation reporting is equally mandatory, reinforcing the

principle that no act of reprisal against victims, witnesses, or reporters will be tolerated.

This leadership-driven culture of accountability was reflected in how staff described their supervisory support, indicating that the reporting process is not only procedural but actively encouraged and reinforced.

### **PREA Compliance Manager (PCM)**

The PREA Compliance Manager provided a comprehensive overview of the facility's reporting mechanisms and recordkeeping practices. The PCM described how all reports—whether received in person, in writing, through staff, or via anonymous submissions—are immediately entered into an internal notification system and forwarded to the assigned investigator or supervisor.

The PCM emphasized that no report is ever dismissed or delayed and that response timelines are closely monitored. They also demonstrated deep knowledge of both local procedures and statewide GDC PREA standards, underscoring the integration between institutional practice and overarching policy.

## **PROVISIONS**

### **Provision (a): Immediate Reporting Requirements**

The facility reported on the Pre-Audit Questionnaire (PAQ) that all employees are required to report immediately any knowledge, suspicion, or information regarding sexual abuse, sexual harassment, retaliation, or staff negligence that may have facilitated such incidents.

This requirement applies regardless of the reporter's role, shift assignment, or the setting in which the incident occurred. The mandate also encompasses retaliation against those who courageously come forward with allegations.

#### **Relevant Policy:**

GDC SOP 208.06 (p. 27, Section E.2.c) mandates immediate notification to supervisors or members of the Sexual Assault Response Team (SART). The directive ensures that incidents are addressed in real time, leaving no opportunity for delay or suppression.

### **Provision (b): Confidentiality of Reports**

Facility policy emphasizes that information related to sexual abuse or harassment must be handled with utmost confidentiality. Apart from disclosures made to supervisors, designated officials, or state protective agencies, staff are strictly prohibited from sharing details of allegations with any unauthorized party.

During interviews, staff acknowledged that maintaining confidentiality not only protects privacy but also preserves the integrity of investigations. They explained

that sensitive information is disclosed solely to those directly responsible for providing treatment, managing investigations, or ensuring institutional safety.

**Relevant Policy:**

GDC SOP 208.06 (p. 24, Section 3, NOTE) restricts dissemination of PREA-related information strictly to those with a legitimate operational need to know.

**Provision (c): Informing Inmates of Reporting Duties and Confidentiality Limits**

Medical and mental health staff confirmed that each patient is informed at the start of treatment about the practitioner's legal duty to report sexual abuse and the limitations of confidentiality that accompany professional care. This practice ensures that individuals communicate with full understanding of how information will be managed and to whom disclosures may be reported.

The consistent explanation of these boundaries is foundational to ethical service delivery and aligns directly with PREA's trauma-informed approach to disclosure management.

**Relevant Policy:**

GDC SOP 208.06 requires medical and mental health personnel to provide this information clearly at the outset of any interaction involving clinical care or counseling.

**Provision (d): Reporting to Protective Services for Vulnerable Populations**

In compliance with state and federal law, the facility confirmed that allegations involving victims under the age of 18 or individuals classified as vulnerable adults are immediately referred to the designated protective services agency.

When reports concern individuals outside these protected categories—especially involving non-institutional abuse—staff are required to obtain informed consent from the individual before forwarding information to external authorities, unless legal mandate dictates otherwise.

**Relevant Policy:**

SOP 208.06 mandates referral to Child Protective Services (CPS) or Adult Protective Services (APS), when applicable and mirrors legal expectations for informed reporting in all other cases.

**Provision (e): Reporting All Allegations**

The facility's reporting system does not discriminate based on how or by whom an allegation is made. Reports may originate from inmates, staff, anonymous submissions, or third-party communications. In every instance, the facility ensures immediate forwarding to investigative authorities.

During interviews, the PCM confirmed that no information—no matter how small—is ever overlooked. Each report is logged, assessed, and addressed according to established investigative timelines.

**Relevant Policy:**

SOP 208.06 obligates all staff to act on every allegation or suspicion of sexual abuse or harassment, irrespective of source or delivery method.

**CONCLUSION**

Following the comprehensive review of documentation, corroborated interviews, and on-site validation of procedures, the Auditor concludes that the facility is in full with PREA Standard §115.61 – Staff and Agency Reporting Duties.

Every tier of staff, from line personnel to medical professionals and administrators, demonstrated consistent understanding and application of immediate reporting obligations. Confidentiality practices are enforced with precision, and notification chains are both documented and well-practiced.

The facility fosters a culture of transparency, accountability, and survivor protection, ensuring that every allegation is taken seriously and acted upon without exception. These combined efforts reflect an environment dedicated to maintaining safety, integrity, and compliance with both the spirit and the letter of PREA.

<b>115.62</b>	<b>Agency protection duties</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<b><u>DOCUMENT REVIEW</u></b>
	<p>In preparation for the onsite audit, the Auditor conducted a detailed and systematic review of materials related to the facility's ability to identify and protect individuals from imminent risk of sexual abuse. This review included an in-depth analysis of the Pre-Audit Questionnaire (PAQ) and all supporting documentation provided by the agency. Collectively, these materials offered a comprehensive view of how the facility operationalizes its duty to prevent sexual abuse before it occurs.</p> <p>Central to the facility's prevention and response structure is the Georgia Department of Corrections (GDC) Standard Operating Procedure (SOP) 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective June 23, 2022. This policy is the cornerstone of the GDC's system-wide effort to prevent, detect, and respond to sexual abuse and harassment in confinement settings. It establishes the agency's zero-tolerance commitment,</p>

clarifies staff responsibilities, and mandates immediate action upon learning of a substantial risk of imminent harm.

Also reviewed was Attachment 7 to SOP 208.06, the PREA Local Procedure Directive and Coordinated Response Plan. This attachment provides detailed, facility-specific protocols for responding to allegations or suspicions of abuse. The plan assigns procedural duties across key disciplines—security, medical, mental health, investigations, and administration—ensuring an interdisciplinary, cohesive response.

Together, these documents reflect an organizational framework emphasizing speed, coordination, and accountability. They ensure clear direction for staff when decisive intervention is needed to protect individuals from sexual harm.

## **INTERVIEWS**

### **Random Staff**

In conversations with randomly selected staff members from security, unit management, and operations, the Auditor observed a consistent awareness of the duty to protect and a shared understanding of what “immediate action” entails. Staff stated that their first response to a disclosure or credible concern of imminent risk would be to separate the alleged victim from the potential perpetrator to ensure safety.

Next, they would contact their supervisor or the PREA Compliance Manager (PCM) and begin measures to secure the area for possible evidence preservation. Staff consistently underscored the importance of maintaining professionalism and discretion in these moments—acting swiftly but without causing unnecessary alarm or compromising confidentiality. Their responses demonstrated both confidence and competence, illustrating that PREA response training has been effectively integrated into daily operational practice.

### **Facility Head or Designee**

The Facility Head confirmed the agency’s unwavering zero-tolerance stance and personal commitment to protecting every individual under their supervision. When notified of a threat or a situation posing imminent risk of sexual abuse, leadership acts without hesitation. Protective strategies are immediately evaluated and enacted, which may include reassigning housing, limiting contact between involved parties, or transferring an individual to another facility.

The Facility Head also explained that, when an alleged perpetrator is identified, that person is removed from general population and placed in administrative segregation or another controlled environment. This step simultaneously protects the alleged victim and preserves the integrity of the investigation. Leadership’s explanation reflected a proactive, risk-driven safety culture that prioritizes both physical protection and procedural transparency.

### **PREA Compliance Manager (PCM)**

The PCM described in detail the internal notification process triggered by a report or suspicion of imminent risk. Once a report is received, designated staff evaluate the immediacy of the threat, initiate protective housing measures, and ensure the Sexual Assault Response Team (SART) is activated as required.

The PCM also emphasized that no delay is tolerated once a threat of sexual abuse is identified. Cross-departmental communication takes place in real time, with medical, security, and investigative personnel collaborating to ensure both the victim's immediate safety and an appropriate evidentiary response. The PCM's account mirrored the structured process described in GDC SOP 208.06 and Attachment 7, reinforcing that theory and practice are fully aligned at this facility.

## **PROVISIONS**

### **Provision (a): Immediate Protection from Imminent Risk**

The Pre-Audit Questionnaire (PAQ) confirms that when the agency or facility learns an individual is at substantial risk of imminent sexual abuse, it takes immediate and decisive action to protect that individual.

In the twelve months preceding the audit, the facility reported no instances requiring activation of this protocol. However, interviews with leaders and staff confirmed a strong readiness and clear understanding of what steps would occur if such a situation arose. Staff conveyed that intervening without delay is not only a procedural requirement but a moral and professional duty—one reinforced through training, drills, and leadership expectations.

Their collective responses demonstrated a high level of preparedness, ensuring that if imminent danger were ever identified, protective measures would be enacted swiftly and efficiently.

#### **Relevant Policy:**

GDC SOP 208.06 and Attachment 7 – PREA Local Procedure Directive and Coordinated Response Plan form the operational foundation for immediate protection responses. These policies establish the procedural flow and assign responsibility as follows:

- First Responders act promptly to ensure safety, isolate involved individuals, and preserve evidence.
- Medical and Mental Health Providers deliver immediate trauma-informed care while addressing physical and emotional well-being.
- Facility Investigators initiate timely, professional investigations, securing and documenting critical evidence.
- Facility Leadership ensures coordination across departments and makes crucial decisions related to housing, staffing, and retaliation monitoring.

This multi-tiered structure ensures that everyone—from first responders to administrators—knows their role in safeguarding individuals and maintaining compliance with PREA's intent.

## **CONCLUSION**

After an extensive review of documentation, interviews with facility leadership, the PREA Compliance Manager, and a diverse group of staff, the Auditor concludes that the facility is in full compliance with PREA Standard §115.62 – Agency Protection Duties.

The review found that institutional policies, staff training, and real-world readiness collectively ensure that any credible threat of sexual abuse would be met with immediate, coordinated action. Leadership's proactive philosophy, coupled with staff confidence in carrying out their protective duties, reflects a deeply ingrained culture of vigilance, responsiveness, and care.

The facility's adherence to the principles established by GDC SOP 208.06 and its coordinated response plan embodies the spirit of PREA—placing the safety, dignity, and protection of every person at the forefront of daily operations.

<b>115.63 Reporting to other confinement facilities</b>	
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
<b>DOCUMENT REVIEW</b>	
<p>To evaluate compliance with PREA Standard §115.63, the Auditor conducted an extensive review of materials provided in advance of the onsite assessment. The documentation demonstrated how the facility handles reports of sexual abuse or sexual harassment alleged to have occurred at other confinement institutions and, conversely, how it responds when it receives such notifications from another agency.</p> <p>The examination began with a review of the facility's Pre-Audit Questionnaire (PAQ) and supporting documentation, supplemented by operational policies and procedural records. Of particular significance was the Georgia Department of Corrections (GDC) Standard Operating Procedure (SOP) 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective June 23, 2022. This state-level directive clearly defines responsibilities for reporting alleged sexual abuse that may have occurred in a different confinement setting, ensuring that communication between facilities is prompt, documented, and verified.</p> <p>This SOP also establishes expectations for collaboration between facilities and agencies, identifying specific time constraints, documentation standards, and investigative responsibilities to prevent any lapse in follow-up or accountability. The result is a process that ensures both the facility where the report was received and the originating institution have a clear record of communication, investigation, and resolution.</p>	

## **INTERVIEWS**

### **Facility Head**

During an interview with the Facility Head, the Auditor confirmed that if an incarcerated individual reports having been sexually abused or harassed while housed at another facility, the allegation is acted upon immediately. The Facility Head explained that upon receiving such information, institutional leadership ensures that the head of the facility where the alleged incident occurred is formally notified—ideally within hours, and in all cases within 72 hours of receipt.

Once notification is made, the allegation is assigned for investigation according to GDC and PREA standards, ensuring that it receives the same level of attention as an incident that occurred within the facility's own walls. The Facility Head emphasized that accuracy and timeliness of notification are top priorities, both to protect potential victims and to hold individuals accountable in accordance with policy.

The Facility Head reported that in the past twelve months, no such allegations involving another confinement institution had been received, but staff remain fully prepared to act in accordance with the established process should one arise.

### **Agency Head Designee**

The Agency Head Designee elaborated on the broader inter-agency framework that governs cross-facility reporting. They confirmed that whenever notification is received—whether through internal reporting channels, written correspondence, or another facility's communication—the agency ensures it is investigated promptly and thoroughly under GDC's standardized procedures.

The Designee described this process as both collaborative and transparent: the facility receiving documentation records the date, method, and content of the notification, then verifies the report has been forwarded to the appropriate authority for review. Coordination between administrative offices guarantees that no case “slips through the cracks” due to logistical boundaries between institutions.

## **PROVISIONS**

### **Provision (a): Duty to Notify Other Facilities**

The Pre-Audit Questionnaire (PAQ) confirms that the agency maintains a policy requiring immediate notification to another facility's leadership when it learns that sexual abuse allegedly occurred there. Specifically, when such a report is received, the Facility Head or their designee contacts the head of the institution or corresponding office where the alleged abuse took place.

As reported, the facility received no such allegations in the past twelve months. While this absence reflects operational stability, the Facility Head verified that procedures are well established and documented, prepared for immediate execution if future cases arise.

**Relevant Policy:**

Per GDC SOP 208.06, Section 2(a) (p. 27), when sexual abuse is alleged to have occurred at another GDC facility, the Warden or Superintendent must promptly notify both the leader of the affected institution and the Department's PREA Coordinator. If the allegation involves staff from another site, the notification is additionally routed to the Regional Sexual Assault Coordinator (SAC). Allegations concerning non-GDC facilities require direct contact with the appropriate external authority.

This structure ensures a direct, verifiable chain of communication across all possible contexts.

**Provision (b): Notification Timeline Requirement**

The facility's policy mandates that notification to the other confinement agency must occur as soon as possible, and never exceed 72 hours after receiving the initial allegation. The Facility Head confirmed that adherence to this timeline is non-negotiable and reinforced through supervisory checks.

Staff interviews and documentation demonstrated widespread understanding of the time-sensitive nature of reporting obligations. This ensures that investigations are not delayed by administrative oversight and that facilities receiving the reports can act promptly.

**Relevant Policy:**

GDC SOP 208.06, Section 2(b) (p. 28), directs that notification to another facility must occur "as soon as possible, but no later than seventy-two (72) hours after receiving the allegation."

**Provision (c): Documentation of Notification**

The PAQ indicated that the agency is required to document the completion of notification within the 72-hour timeframe. This procedural step creates an auditable record that demonstrates compliance and accountability.

The facility verified that all notifications are logged, including the date, time, recipient, and method of transmission—whether by email, call, or letter. While there were no such notifications required in the prior twelve months, both policy and staff interviews confirmed that these systems are in place.

**Relevant Policy:**

GDC SOP 208.06, Sections 2(b) and 2(c) (p. 28), explicitly require documentation verifying that notification was both made and completed within the prescribed time limit. This record serves as proof of compliance and ensures traceability in any subsequent review.

**Provision (d): Duty to Investigate Allegations Received from Other Facilities**

The PAQ further confirmed that allegations received from another facility or agency

are investigated according to PREA standards. The investigation proceeds only if it has not already been completed elsewhere, ensuring efficient use of resources while still upholding victim protection and due process.

Throughout interviews, leadership emphasized that all credible allegations—regardless of where they originated—trigger an internal check to verify investigative follow-up. This cross-verification between agencies creates a consistent chain of accountability, maintaining trust between institutions and protecting individuals from procedural neglect.

**Relevant Policy:**

According to GDC SOP 208.06, Section 2(d) (p. 28), when the facility receives notification from another institution, the Facility Head or designee must ensure the allegation is investigated—provided that no prior investigation has been completed.

**CONCLUSION**

Following the review of policies, documentation, and comprehensive interviews with agency and facility leadership, the Auditor concludes that the institution is in full compliance with PREA Standard §115.63 – Reporting to Other Confinement Facilities.

While no allegations were reported in the audit period, the facility's procedures, staff training, and awareness reflect an operational readiness to execute all reporting requirements without delay. Policies establish clear expectations for notification, documentation, and inter-facility coordination, ensuring that allegations are both communicated and investigated according to federal standards.

The consistent, transparent communication framework between GDC facilities—and with outside agencies when needed—demonstrates a mature approach to PREA compliance, one that prioritizes accuracy, timeliness, and accountability at every level.

<b>115.64 Staff first responder duties</b>	
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<b><u>DOCUMENT REVIEW</u></b>
	The Auditor undertook a meticulous and expansive review of materials essential to assessing compliance with PREA Standard §115.64, which defines the critical responsibilities of staff serving as first responders to allegations of sexual abuse. This evaluation centered on the facility's Pre-Audit Questionnaire (PAQ) and the full spectrum of supporting records submitted ahead of the onsite inspection. These documents illuminated the structured protocols guiding initial responses to ensure victim safety, evidence integrity, and seamless coordination with investigative teams.

At the heart of the review stood the Georgia Department of Corrections (GDC) Standard Operating Procedure (SOP) 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective June 23, 2022. This comprehensive policy delineates precise duties for both security and non-security personnel acting as first responders. It mandates immediate separation of involved parties, protection of potential crime scenes, preservation of physical evidence, and prompt notifications to supervisors and specialized response teams. The SOP integrates facility-specific coordinated response plans, ensuring a unified, trauma-informed approach that prioritizes rapid intervention while upholding procedural safeguards.

## **INTERVIEWS**

### **Inmates Who Reported Sexual Abuse**

Individuals who had previously disclosed experiences of sexual abuse provided insightful accounts of the facility's response mechanisms. They described staff reactions as prompt and supportive, with immediate referrals to forensic medical evaluations conducted without hesitation. These persons confirmed being offered access to victim advocates, who remained present throughout examinations to offer guidance and emotional reassurance. No charges were imposed for related medical care, polygraph tests were never required, and all received formal written updates on investigation outcomes, fostering a sense of trust in the process.

### **Facility Staff**

Staff drawn from diverse departments and roles across the facility articulated a unified grasp of response protocols during confidential interviews. They outlined a clear sequence: prioritizing the safety and separation of those involved, safeguarding the scene against contamination, summoning medical support when warranted, and channeling reports through established supervisory lines. Emphasis was placed on evidence preservation—such as advising against washing or changing clothes—and the need for discreet, need-to-know communication. This broad departmental alignment underscored the effectiveness of ongoing training in embedding these duties into everyday operations.

### **Non-Security First Responders**

Personnel from non-security areas, including education, counseling, and case management, demonstrated keen awareness of their distinct yet vital role if encountering an allegation first. They explained that their immediate actions would involve alerting security personnel, creating physical separation between the alleged victim and perpetrator where feasible, and counseling restraint from activities that might compromise evidence—like eating, drinking, or personal hygiene. Interviews highlighted a commitment to confidentiality and sensitivity, reflecting specialized training that equips these staff to bridge the gap until security assumes control.

### **Security Staff - First Responders**

Security personnel interviewed expressed confidence in their specialized training, delivered via annual sessions, practical drills, and routine briefings. They detailed their frontline obligations: swiftly isolating involved individuals, cordoning off potential crime scenes, instructing on evidence-protecting measures for both victims and alleged perpetrators, and escalating to supervisors or response teams. This group's responses affirmed a proactive stance, with staff noting how repeated practice ensures instinctive compliance even under pressure.

## **PROVISIONS**

### **Provision (a): Duties of First Responders - Security and Non-Security Staff**

The Pre-Audit Questionnaire (PAQ) affirms the agency's robust first responder policy, mandating that security staff, upon notification of an allegation, separate the alleged victim and abuser, protect any crime scene, and—when physical evidence remains viable—direct both parties to refrain from actions like washing, eating, or changing clothes that could destroy it. This protocol applies equally to recent incidents where forensic collection is feasible.

Over the prior 12 months, the facility logged 72 allegations of sexual abuse or harassment: 59 sexual abuse cases (10 staff-on-inmate, all administratively investigated—7 unsubstantiated, 3 unfounded; 49 inmate-on-inmate—10 unsubstantiated, 36 unfounded, 3 substantiated, with 16 criminal referrals) and 13 sexual harassment cases (5 staff-on-inmate: 2 unfounded, 1 unsubstantiated, 1 substantiated, 1 pending; 8 inmate-on-inmate: 3 unfounded, 4 unsubstantiated, 1 substantiated). Medical and mental health services reached all within 24 hours; 20 forensic exams by SANE-certified providers included victim advocate offers; all received investigation results; and incident reviews followed closures (except unfounded cases).

In 16 timely sexual abuse notifications, security first responders separated parties, preserved scenes for SART evidence collection, and supervised to prevent evidence loss. Interviews validated policy adherence.

#### **Relevant Policies:**

GDC SOP 208.06 (p. 28, Section 3) requires facility-specific coordinated response plans (Attachment 7), detailing first responder duties: secure parties, protect scenes, notify supervisors, prevent evidence destruction, document via CN 6601, and limit disclosures. Section F(1) (p. 27) reinforces these steps.

### **Provision (b): Responsibilities of Non-Security First Responders**

Agency policy compels non-security first responders to urge evidence preservation (e.g., no washing or eating) and immediately summon security. The PAQ notes zero such instances in 12 months, with no lapses recorded. Training materials confirm all staff, volunteers, and contractors are prepared as potential first responders, emphasizing safety, scene alerts, and rapid handover.

Interviews revealed non-security personnel's readiness to act decisively, preserving

chains of custody until experts arrive, ensuring comprehensive coverage across the facility.

### **CONCLUSION**

Through exhaustive analysis of policies, the PAQ, training resources, and detailed interviews with staff and reporting inmates, the Auditor determines full compliance with PREA Standard §115.64 – Staff First Responder Duties.

The facility exhibits a cohesive, well-trained response system where security and non-security personnel alike execute duties with precision, safeguarding victims, evidence, and processes. Incident data and personal testimonies affirm effective implementation, embodying a dedication to immediate protection, investigative integrity, and compassionate care.

<b>115.65</b>	<b>Coordinated response</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<b><u>DOCUMENT REVIEW</u></b>
	<p>The Auditor performed an exhaustive and targeted examination of documentation central to PREA Standard §115.65, which mandates a unified institutional strategy for addressing sexual abuse allegations. This review encompassed the facility's Pre-Audit Questionnaire (PAQ) alongside a full array of preparatory materials, revealing a robust infrastructure designed for seamless, multi-departmental collaboration during crises.</p> <p>Pivotal among these was the Georgia Department of Corrections (GDC) Standard Operating Procedure (SOP) 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective June 23, 2022. This overarching policy lays out the agency's blueprint for preempting, identifying, countering, and probing sexual abuse and harassment in secure environments, with explicit directives for synchronized departmental involvement.</p> <p>Complementing this stood Attachment 7 to SOP 208.06, the facility's PREA Local Procedure Directive and Coordinated Response Plan, likewise dated June 23, 2022. Tailored to the site's unique dynamics, it orchestrates an integrated response framework uniting security, healthcare, investigations, and leadership. These resources collectively affirm a deliberate, policy-driven commitment to efficient, empathetic handling of incidents, equipping personnel with precise roles to foster clarity amid urgency.</p>
	<b><u>INTERVIEWS</u></b>
	<b><u>PREA Compliance Manager (PCM)</u></b>

The PREA Compliance Manager illuminated the plan's practical embedding within routine operations, portraying it as a dynamic guide that bridges policy with real-time execution. They detailed how the document is disseminated via digital access points, printed references, and interactive sessions, ensuring universal familiarity. The PCM highlighted its utility in high-stakes scenarios, where predefined steps prevent silos and accelerate protective measures, underscoring the facility's emphasis on proactive rehearsal through simulations and debriefs.

### **Security and Specialized Staff**

Interviews with security officers, medical practitioners, and investigators revealed hands-on mastery of the coordinated framework. These professionals described activating the plan as a fluid sequence: from initial containment and evidence safeguarding to clinical assessments and formal probes. They noted regular cross-training that simulates full-cycle responses, building confidence in navigating complexities like victim housing adjustments or perpetrator isolation, all while prioritizing trauma-sensitive interactions.

### **Facility Head or Designee**

Leadership articulated the Coordinated Response Plan's centrality to the facility's safety ethos, framing it as more than paperwork—a living protocol that demands proficiency under duress. They outlined reinforcement strategies: annual in-depth PREA refreshers, departmental monthly huddles, new-hire immersions, and continuous skill-building. This executive oversight ensures the plan not only exists but thrives, cultivating an environment where every staff member contributes to collective vigilance and victim dignity.

## **PROVISIONS**

### **Provision (a): Written Coordinated Institutional Plan**

The Pre-Audit Questionnaire (PAQ) verifies the existence of a formalized written plan orchestrating responses among first responders, medical and mental health experts, investigators, and administrators. Document scrutiny and personnel discussions confirmed Attachment 7 as a precise, actionable directive—concise yet thorough, spanning a 15-step progression from allegation intake through resolution and follow-up.

Key elements encompass role delineations to avert overlap, risk evaluation for vulnerable placements, perpetrator identification protocols, evidence protocols, and sustained monitoring for reprisals. While succinct, the plan's clarity shines; incorporating illustrative vignettes could amplify training impact, though its current iteration suffices for operational excellence and victim-centric focus.

### **Relevant Policy:**

GDC SOP 208.06 (p. 28, Section 3) compels each facility to craft and sustain a written Coordinated Response Plan, enumerating interdepartmental duties, current contacts, and accessibility mandates. This two-page powerhouse details instant alerts, scene

integrity, safety assurances, therapeutic coordination, and progress logging—infused with PREA-aligned screenings and housing safeguards—to guarantee swift, cohesive execution.

### **CONCLUSION**

Upon scrutinizing the PAQ, GDC directives, the Coordinated Response Plan, and insightful on-site dialogues, the Auditor affirms the facility's complete adherence to PREA Standard §115.65 on coordinated institutional responses to sexual abuse.

Beyond mere documentation, the institution exhibits ingrained readiness: staff are versed, empowered, and drilled to deploy the plan seamlessly. This orchestrated methodology signals profound institutional resolve toward accountability, foresight in safety, and trauma-attuned support—hallmarks of PREA's foundational tenets: aversion, discernment, and resolute intervention.

<b>115.66</b>	<b>Preservation of ability to protect inmates from contact with abusers</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>DOCUMENT REVIEW</b></p> <p>The Auditor performed an exhaustive and targeted examination of documentation central to PREA Standard §115.65, which mandates a unified institutional strategy for addressing sexual abuse allegations. This review encompassed the facility's Pre-Audit Questionnaire (PAQ) alongside a full array of preparatory materials, revealing a robust infrastructure designed for seamless, multi-departmental collaboration during crises.</p> <p>Pivotal among these was the Georgia Department of Corrections (GDC) Standard Operating Procedure (SOP) 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective June 23, 2022. This overarching policy lays out the agency's blueprint for preempting, identifying, countering, and probing sexual abuse and harassment in secure environments, with explicit directives for synchronized departmental involvement.</p>
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<b>115.67 Agency protection against retaliation</b>	
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
<b><u>DOCUMENT REVIEW</u></b>	
The Auditor initiated a rigorous examination of essential materials aligned with PREA Standard §115.67, which safeguards reporters and cooperators from reprisal following sexual abuse or harassment allegations. This encompassed the facility's Pre-Audit Questionnaire (PAQ) and ancillary records, painting a picture of initiative-taking safeguards embedded in daily oversight.	
Core to the review was the Georgia Department of Corrections (GDC) Standard Operating Procedure (SOP) 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective June 23, 2022, alongside Attachment 8: Retaliation Monitoring Checklist from the same date. A pivotal addition, the Warden Memorandum on ASMP PREA Retaliation Monitoring (dated August 8, 2025), formalized the Unit Manager's designation as Retaliation Monitor. These elements collectively outline a vigilant system of detection, documentation, and intervention to shield vulnerable parties from subtle or overt backlash.	
<b><u>INTERVIEWS</u></b>	
<b>Inmates Who Reported Sexual Abuse</b>	
People who disclosed sexual abuse recounted positive encounters with facility responses: staff acted attentively upon reports, expediting forensic exams with victim advocate accompaniment for clarity and comfort. No fees medical care, polygraphs	

were absent, and written investigation outcomes were duly provided, instilling confidence in the system's fairness and supportiveness.

### **Inmates in Segregated Housing for Risk of Sexual Abuse**

At the time of the on-site audit, no individuals occupied segregated housing due to victimization risks or prior abuse claims, underscoring the facility's preference for less restrictive protective strategies aligned with PREA principles.

### **Retaliation Monitor**

The designated Retaliation Monitor portrayed a staunch institutional intolerance for reprisals, actively promoting open PREA discourse free from intimidation. Monitoring spans 90 days from allegation onset—or longer if warranted—targeting victims, cooperators, or associates voicing fears. Monthly in-person checks feed into Attachment 8 documentation, with zero retaliation cases noted in the prior year, reflecting effective deterrence.

### **Facility Head**

Leadership detailed layered defenses against retaliation: vigilant tracking of housing shifts, job alterations, disciplinary upticks for inmates, or adverse evaluations/reassignments for staff. The Facility Head aligned this with the Monitor's duties, emphasizing swift remediation to sustain trust and safety.

### **Agency Head or Designee**

The Agency Head Designee clarified monitoring's scope: 90-day baseline post-allegation, terminable only if unfounded, extending to any allegation-linked party fearing harm—ensuring comprehensive coverage beyond primary victims.

## **PROVISIONS**

### **Provision (a): Policy-driven safeguards and designated oversight**

The PAQ confirms agency policy shields all reporters and investigators from inmate or staff retaliation, appointing resolute monitors (90-day minimum, extendable). The Warden's August 8, 2025, memorandum names the Unit Manager, corroborated by the Retaliation Monitor.

#### **Relevant Policies:**

GDC SOP 208.06 (p. 28, 4.a) penalizes retaliators; (p. 28-29, 4.b) mandates protections like housing transfers, abuser isolation, and support services; (p. 28-29, 4.c) tasks the Monitor with 90-day vigilance, remedial action, and checklist logging via Attachment 8; (4.c.i-iii) scrutinizes disciplinaries, placements, reviews—extending as needed, halting for unfounded claims.

### **Provision (b): Multi-faceted intervention toolkit.**

Multiple countermeasures—housing/program shifts, abuser separations, emotional aids—are deployed for those fearing reprisal, as verified by the Facility Head and PAQ.

**Relevant Policies:**

GDC SOP 208.06 (p. 28-29, 4.b) enumerates these via designated Monitors in Attachment 7, prioritizing contact removal, and holistic support.

**Provision (c): Initiative-taking surveillance and remediation.**

Conduct/treatment of reporters, victims, and cooperators is tracked for 90 days (extendable), with prompt fixes for detected retaliation—zero incidents in 12 months, per PAQ and Monitor.

**Relevant Policies:**

GDC SOP 208.06 (p. 28-29, 4.c) directs Monitors to detect and resolve suggestive changes swiftly.

**Provision (d): Structured inmate status verification.**

Inmate monitoring incorporates regular in-person assessments, disciplinary/housing reviews, documented on Attachment 8—as affirmed by the Monitor.

**Relevant Policies:**

GDC SOP 208.06 (p. 28-29, 4.c.i-iii) mandates checklist completion, file maintenance, and dual retention for audits.

**Provision (e): Inclusive safeguards for cooperators.**

Fears from investigation participants trigger tailored protections, per PAQ and Monitor verification.

**Relevant Policies:**

GDC SOP 208.06 extends monitoring responsively to any expressing retaliation concerns.

**Provision (f)**

Audit-exempt procedural element.

**CONCLUSION**

Through meticulous scrutiny of the PAQ, GDC SOP 208.06, Attachment 8, the Warden's memorandum, and multifaceted interviews, the Auditor affirms the facility's complete alignment with PREA Standard §115.67 on protections against retaliation.

Zero incidents amid robust, documented monitoring—bolstered by training, leadership commitment, and inmate affirmations—exemplify a fortified culture: reporters thrive without fear, investigations proceed unhindered, and safety prevails through unwavering vigilance.

<b>115.68</b>	<b>Post-allegation protective custody</b>
	<b>Auditor Overall Determination:</b> Meets Standard

<b>Auditor Discussion</b>
<b>DOCUMENT REVIEW</b>
<p>The Auditor embarked on a focused and exhaustive analysis of records pertinent to PREA Standard §115.68, which governs the cautious and limited application of involuntary segregated housing for those reporting or at risk of sexual abuse. Central to this evaluation was the facility's Pre-Audit Questionnaire (PAQ) and supporting files, which illuminated a deliberate strategy favoring least-restrictive safeguards over isolation.</p>
<p>Dominating the documentation was the Georgia Department of Corrections (GDC) Standard Operating Procedure (SOP) 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective June 23, 2022. This directive crafts a nuanced framework for post-allegation safety measures, curtailing segregation's use to absolute necessities after exhaustive alternative exploration, while mandating rigorous reviews, transparent rationales, and preserved access to vital programs.</p>
<b>INTERVIEWS</b>
<b>Incarcerated Individuals in Segregated Housing Due to Risk of Sexual Abuse</b>
<p>Onsite assessments revealed zero persons in segregated housing linked to victimization risks or abuse reports, affirming the facility's proactive avoidance of such placements in favor of tailored, non-isolating protections that honor dignity and routine.</p>
<b>Staff Responsible for Segregated Housing Supervision</b>
<p>Supervisory personnel overseeing potential protective units echoed a philosophy of restraint: segregation serves as the final recourse after exhausting transfers, unit shifts, or programmatic adjustments. They detailed meticulous logging of decisions, 30-day evaluations to affirm ongoing need, and unwavering provision of education, work, and services—balancing security with equity.</p>
<b>Facility Head</b>
<p>Leadership articulated a victim-honoring doctrine, where involuntary segregation emerges only post-comprehensive assessment deeming all alternatives unviable. The Facility Head stressed 30-day mandatory reassessments, full documentation of safety rationales and option exhaustions, and program parity to mitigate isolation's harms, fostering an environment where protection enhances rather than erodes quality of life.</p>
<b>PROVISIONS</b>
<b>Provision (a): Restrictions on Involuntary Segregation</b>
The Pre-Audit Questionnaire (PAQ) documents policy barring involuntary segregated

housing for abuse reporters absent a full alternatives review concluding no safer path exists. Over 12 months, zero instances occurred: none held 1-24 hours for assessments, none exceeded 30 days pending placements, and no case files lacked dual documentation of safety concerns and infeasible options. The Facility Head validated consistent adherence, with 30-day reviews ensuring relevance.

**Relevant Policy:**

GDC SOP 208.06 (Section 8, p. 25) prohibits high-risk placements solely on victimization grounds unless unavoidable, demanding SCRIBE-noted rationales; limits durations to 30 days max for alternatives sourcing; logs any program/privilege curbs with justifications/durations; and enforces 30-day reviews gauging separation's necessity—prioritizing humanity amid security.

**CONCLUSION**

Through incisive review of the PAQ, GDC SOP 208.06, and resonant interviews across roles, the Auditor declares the facility's unwavering compliance with PREA Standard §115.68 on post-allegation protective custody.

Zero segregations amid preference for inventive, rights-preserving safeguards—coupled with review rigor and access equity—exemplifies a refined equilibrium: shielding reporters robustly while upholding their integration, privileges, and personhood in line with PREA's protective ethos.

<b>115.71 Criminal and administrative agency investigations</b>	
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<b><u>DOCUMENT REVIEW</u></b>
	To evaluate compliance with PREA Standard §115.71, the Auditor conducted an in-depth review of the facility's completed Pre-Audit Questionnaire (PAQ) and core agency policies governing criminal and administrative investigations of sexual abuse and sexual harassment. The central governing document is the Georgia Department of Corrections (GDC) Standard Operating Procedure (SOP) 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective June 23, 2022.
	SOP 208.06 establishes a detailed, uniform framework for handling all PREA-related allegations across GDC facilities. It addresses reporting, evidence preservation and collection, coordination with outside law enforcement, investigative timelines, documentation requirements, and specialized training for investigators. The policy reinforces a zero-tolerance culture and mandates that investigations be prompt, thorough, objective, and trauma-informed, regardless of how or by whom the allegation is made.

## **INTERVIEWS**

### **Inmates Who Reported Sexual Abuse**

Individuals who had reported sexual abuse described the facility's response as timely and supportive. They explained that staff took their reports seriously, arranged forensic medical examinations without delay, and ensured they were offered a victim advocate who remained present throughout the exam to explain each step and provide emotional support. They reported not being billed for medical services related to the assault, confirmed that they were never required to submit to a polygraph or other "truth-telling" device as a condition of moving forward, and stated they received written notification of the final outcome of the investigation. These experiences reflected a process that was both procedurally sound and survivor-centered.

### **Facility Head**

The Facility Head reported that in the 12 months preceding the audit, three substantiated sexual abuse cases met the threshold for criminal review and were referred for criminal investigation and prosecutorial consideration. This information aligned with investigative records reviewed by the Auditor, demonstrating that the facility follows established criteria for referring criminal conduct to external authorities and does so consistently when the evidence supports potential prosecution.

### **PREA Compliance Manager (PCM)**

The PREA Compliance Manager emphasized that once an allegation of sexual abuse or harassment is received, an investigation proceeds to completion even if the alleged victim or alleged perpetrator is transferred, released, or otherwise leaves the agency's custody or employment. Investigations are not closed solely because an involved party is no longer under the facility's direct control. This practice ensures continuity, accountability, and an accurate institutional record of alleged misconduct, consistent with PREA expectations.

### **PREA Coordinator (PC)**

The PREA Coordinator explained that investigative records—both administrative and criminal—are maintained for the entire duration of the alleged perpetrator's incarceration or employment, plus at least five additional years. These records are stored in secure locations in both hard-copy form and electronically within the SCRIBE system. This dual-format retention supports long-term documentation needs, future review, and compliance with agency and legal requirements regarding records preservation.

### **Investigative Staff**

The facility's designated investigator described a structured investigative process that begins with receiving and documenting the report, followed by sequential interviews with the reporter, witnesses, and the alleged perpetrator. All

allegations—whether originating from direct complaints, anonymous submissions, third-party reports, written correspondence, or hotlines—are investigated. The investigator confirmed completion of specialized PREA-focused training on sexual abuse investigations in confinement, verified by training records.

For potential sexual assault cases, the investigator coordinates with SANE/SAFE providers to ensure appropriate forensic evidence collection; in situations where no external examiner is available, the trained investigator ensures evidence is collected and preserved properly, with chain-of-custody protocols maintained. When criminal behavior is suspected and the evidence appears to support prosecution, the investigator consults prosecuting authorities before conducting any compelled interviews, in order to avoid compromising future criminal proceedings. Credibility assessments are based solely on the facts and corroborating evidence, without regard to a person's status as staff or inmate, and polygraph examinations are not used as a condition of proceeding with an investigation.

Upon completion, the investigator prepares a comprehensive written report summarizing physical, documentary, and testimonial evidence, the reasoning behind credibility assessments, and clear investigative findings. Cases with evidence indicative of criminal conduct are referred to the appropriate sheriff's department for further criminal investigation and possible prosecution. The investigator also evaluates whether staff negligence or misconduct contributed to the incident and documents those findings accordingly.

## **PROVISIONS**

### **Provision (a): Investigation of All Allegations**

The PAQ and interviews confirmed that the agency maintains a formal policy requiring every allegation of sexual abuse or sexual harassment to be investigated, regardless of the reporting source or method. This includes reports made anonymously or by third parties. SOP 208.06 codifies this obligation, requiring that each allegation be addressed promptly and objectively through either administrative or criminal investigative processes, or both, as appropriate.

### **Provision (b): Qualified Investigators**

The facility reported that only personnel who have completed specialized training in sexual abuse investigations in confinement settings conduct PREA investigations. The Auditor verified that the assigned investigator successfully completed PREA-specific investigative training consistent with the requirements of §115.34. SOP 208.06 reinforces this requirement by mandating that designated investigators complete comprehensive training before assuming investigative responsibilities.

### **Provision (c): Comprehensive Evidence Collection**

According to the PAQ, investigators are responsible for gathering and preserving all

available forms of evidence, including physical and DNA evidence, electronic monitoring data, documentation, and testimonial evidence. They interview alleged victims, suspects, and witnesses, and review prior complaints involving the suspected perpetrator. SOP 208.06 directs investigators to follow standardized evidence collection and preservation protocols to ensure evidence is admissible and reliable for both administrative decision-making and potential criminal proceedings.

#### **Provision (d): Coordination with Prosecutors**

The agency reported that when evidence suggests a case may support criminal prosecution, investigators consult with prosecuting authorities before conducting any compelled interviews. This practice is designed to avoid actions that could hinder or undermine a future criminal case. SOP 208.06 requires this coordination and establishes clear expectations for consultation with prosecutors in cases where criminal charges may be pursued.

#### **Provision (e): Individual Credibility Assessment and Polygraph Policy**

The PAQ indicates that investigators assess the credibility of alleged victims, suspects, and witnesses individually, based on the specific facts and corroborative evidence, rather than on institutional rank or role. Allegations of sexual abuse are investigated without requiring an incarcerated person to submit to a polygraph or other truth-detection test as a condition for proceeding. SOP 208.06 explicitly prohibits basing credibility on status and forbids requiring polygraph examinations in the context of sexual abuse investigations.

#### **Provision (f): Staff Conduct Evaluation**

The facility reported that administrative investigations include an analysis of whether staff actions, omissions, or policy deviations contributed to the incident or allowed it to occur. Investigative reports document physical and testimonial evidence, explain how credibility was assessed, and present a reasoned account of investigative findings. SOP 208.06 requires that investigations explicitly consider potential staff negligence or misconduct and that such analysis be reflected in the written report.

#### **Provision (g): Criminal Investigations by Law Enforcement**

The PAQ notes that when cases rise to the level of criminal investigation, they are documented in a written report that thoroughly describes physical, testimonial, and documentary evidence, and includes supporting materials where feasible. Allegations that meet criminal thresholds are referred to the appropriate sheriff's department, with facility staff cooperating fully with external investigators. This relationship ensures that criminal cases are pursued with complete, well-documented evidentiary records.

### **Provision (h): Criminal Referrals**

The facility reported that all substantiated allegations appearing to involve criminal conduct are referred for prosecutorial review. For the most recent audit period, the Facility Head reported three substantiated sexual abuse cases referred for criminal investigation and prosecutorial consideration, consistent with PREA expectations. The process for determining when to make such referrals is guided by SOP 208.06 and reinforced through supervisory oversight.

### **Provision (i): Retention of Records**

The PAQ indicates—and the PREA Coordinator confirmed—that the agency retains all written investigative reports, administrative or criminal, for as long as the alleged abuser remains incarcerated or employed, plus at least five additional years. SOP 208.06 establishes this retention standard, and the use of both hard-copy files and the SCRIBE electronic system supports secure and accessible long-term recordkeeping.

### **Provision (j): Continuation of Investigations**

The facility reported that investigations are not terminated solely because the alleged abuser or victim leaves the agency's custody or employment. The PREA Compliance Manager confirmed that investigations continue until a final determination is reached, ensuring that allegations are fully examined and documented even when parties are no longer physically present in the facility. SOP 208.06 explicitly requires completion of investigations regardless of changes in status.

### **Provision (k): Not Auditabile**

This provision falls outside the Auditor's required review scope under PREA and was therefore not evaluated as part of this audit.

### **Provision (l): Internal Investigative Responsibility**

The PAQ notes that all sexual abuse and harassment investigations are conducted internally by trained agency staff, and no external agency is currently used to conduct administrative or criminal investigations. SOP 208.06 affirms that the agency retains responsibility for these investigations through designated investigators and the facility's Sexual Assault Response Team (SART). If outside entities were involved, the expectation would be active cooperation and ongoing efforts to remain informed about case progress.

### **CONCLUSION**

	<p>Based on the review of the PAQ, SOP 208.06, investigative training records, written case files, and interviews with investigators, leadership, and individuals who reported sexual abuse, the Auditor concludes that the facility is in full compliance with PREA Standard §115.71 – Criminal and Administrative Investigations.</p> <p>The investigative process is structured, professional, and consistent with PREA requirements: all allegations are investigated; investigators are specially trained; evidence is collected and preserved in a systematic, legally sound manner; credibility is assessed fairly; potential staff contributions to incidents are examined; and investigations proceed to completion regardless of changes in custody or employment status. Together, these practices demonstrate a strong, policy-driven commitment to safety, accountability, and trauma-informed handling of all PREA-related allegations.</p>
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<b>115.72</b>	<b>Evidentiary standard for administrative investigations</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p>
	<p><b>DOCUMENT REVIEW</b></p> <p>The Auditor conducted a focused review of materials related to PREA Standard §115.72, which governs the evidentiary threshold for substantiating allegations of sexual abuse and sexual harassment in administrative investigations. Central to this review was the facility's completed Pre-Audit Questionnaire (PAQ), along with supporting documentation submitted by the agency.</p>
	<p>A primary policy examined was the Georgia Department of Correction (GDC) Standard Operating Procedure (SOP) 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective June 23, 2022. This SOP expressly identifies the evidentiary standard applied during administrative investigations of PREA-related allegations and affirms that the threshold used is a preponderance of the evidence, rather than any higher standard more appropriate to criminal proceedings. The policy language reflects a clear, agency-wide directive that PREA investigations must be resolved using this standard when determining whether allegations are substantiated.</p>
	<p><b>INTERVIEW</b></p> <p><b>Investigative Staff</b></p> <p>During interviews, investigative staff described how this evidentiary standard is applied in practice. They reported that in every investigation involving alleged sexual abuse or sexual harassment, all reasonably available evidence is considered. This includes:</p>

- Physical and forensic evidence, when present.
- Testimonial evidence obtained through interviews with the person making the report, the alleged perpetrator, and any witnesses.
- Relevant documentation, prior reports, or corroborating records.

Investigators explained that a case is deemed substantiated when the collected information shows it is more likely than not that the alleged conduct occurred. They emphasized that no higher burden—such as “beyond a reasonable doubt”—is applied in administrative determinations, and that this standard is consistently followed in alignment with PREA and agency policy.

## **PROVISIONS**

### **Provision (a): Evidentiary Threshold for Substantiation**

The facility reported in the PAQ that the agency uses a preponderance of the evidence, or a lower standard of proof, when determining whether allegations of sexual abuse or sexual harassment are substantiated in administrative investigations. The agency also affirmed that it does not impose any evidentiary standard higher than a preponderance of the evidence for these determinations.

Interviews with investigative staff confirmed that this standard guides their decision-making: if the evidence indicates it is more likely than not that the alleged abuse or harassment occurred, the allegation is classified as substantiated. This practice ensures administrative investigations are resolved using the evidentiary standard required by PREA, appropriately distinct from the higher standard used in criminal prosecutions.

### **Relevant Policy:**

GDC SOP 208.06, PREA Sexually Abusive Behavior Prevention and Intervention Program (effective June 23, 2022), Section G(5), page 30, explicitly states that preponderance of the evidence is the evidentiary threshold used in administrative investigations involving sexual abuse or sexual harassment allegations.

## **CONCLUSION**

Following a detailed review of the PAQ, applicable GDC policy, and interviews with investigative staff, the Auditor concludes that the facility fully complies with PREA Standard §115.72. The agency clearly articulates and consistently applies the required evidentiary standard—preponderance of the evidence—in all administrative investigations of sexual abuse and sexual harassment.

By aligning both written policy and investigative practice with this standard, the facility meets all elements of the PREA requirement and demonstrates a consistent, legally appropriate approach to substantiating PREA-related allegations.

115.73	<b>Reporting to inmates</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<b><u>DOCUMENT REVIEW</u></b>
	<p>The Auditor immersed in a detailed scrutiny of records essential to PREA Standard §115.73, which ensures transparent communication of investigation outcomes to those alleging sexual abuse or harassment. This encompassed the facility's Pre-Audit Questionnaire (PAQ) and ancillary files, alongside a random sampling of PREA investigations and illustrative charts that mapped case trajectories from report to resolution.</p>
	<p>Pivotal were the Georgia Department of Corrections (GDC) Standard Operating Procedure (SOP) 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective June 23, 2022, and its Attachment 3: GDC PREA Disposition Offender Notification Form. These instruments codify notification mandates, from administrative closures to criminal developments, guaranteeing documented closure for affected individuals while terminating obligations upon release.</p>
	<b><u>INTERVIEWS</u></b>
	<b>Inmates Who Reported Sexual Abuse</b>
	<p>Persons who disclosed sexual abuse confirmed the facility's attentiveness: staff responded swiftly, fast-tracking forensic exams with victim advocate presence for procedural clarity and solace. Medical costs were waived, polygraphs evaded, and written notifications delivered—cultivating faith in a system that honors disclosures with dignity and follow-through.</p>
	<b><u>Facility Head</u></b>
	<p>Leadership delineated notification triggers for staff-on-inmate claims: post-substantiation alerts when the implicated staff exits the housing unit, leaves employment, faces arrest, or secures conviction tied to facility abuse. All recent staff allegations proved unfounded, yet protocols stand firm. For inmate-on-inmate cases, victims learn of abuser indictments, charges, or convictions, ensuring empowered awareness.</p>
	<b><u>Investigative Staff</u></b>
	<p>Investigators outlined the capstone: post-findings, a meticulous report synthesizes evidence and rationale, routed to facility heads for inmate alerts via Attachment 3. Criminal matters defer to OPS Division for notifications, upholding chain-of-custody transparency across administrative and prosecutorial realms.</p>
	<b><u>PROVISIONS</u></b>

**Provision (a): Mandated outcome disclosure to alleging individuals.**

The PAQ affirms policy dictating verbal or written notice to abuse claimants of substantiated, unsubstantiated, or unfounded rulings. Amid 59 closed sexual abuse probes (all notified via Attachment 3), investigative staff corroborated universal compliance, with the Facility Head echoing procedural fidelity.

**Relevant Policies:**

GDC SOP 208.06 (p. 33, G, 17) compels Warden/SART designees to relay dispositions—including OPS referrals—via Attachment 3, ceasing upon release.

**Provision (b): Internal handling exempts external probes**

No outside entities managed PREA inquiries; all stayed in-house, rendering this moot—as verified by investigators.

**Provision (c): Staff-perpetrator status updates post-allegation**

Policy mandates alerting victims (barring unfounded/unsubstantiated) of staff shifts, terminations, arrests, or convictions. Zero substantiated staff-on-inmate cases in 12 months (10 total: 7 unsubstantiated, 3 unfounded), yet protocols—and Attachment 3 notifications—persist.

Amid 72 allegations (59 abuse: 10 staff-on-inmate administrative; 49 inmate-on-inmate—3 substantiated, 16 criminal referrals; 13 harassments: all notified, with services/timelines met), records gleamed with completeness.

**Provision (d): Inmate-perpetrator legal milestone alerts**

Victims learn of abuser indictments/convictions, as affirmed by the Facility Head Designee—mirroring staff protocols for equity.

**Provision (e): Verifiable notification logging**

All 72 notifications (59 abuse, 13 harassment) were documented, per PAQ; SOP 208.06 halts upon release.

**Provision (f): Audit-exempt element****CONCLUSION**

Through exhaustive case audits, notification ledgers, and layered dialogues, the Auditor certifies full compliance with PREA §115.73 – Reporting to Inmates.

Seventy-two impeccable notifications amid diverse outcomes underscore procedural mastery: transparency thrives, survivors informed, trust fortified—epitomizing PREA's justice ethos.

**RECOMMENDATION:** Integrate PREA reassessment forms (victim/aggressor classifications) into PREA files for streamlined verification of post-allegation risk reviews.

115.76	<b>Disciplinary sanctions for staff</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<b>DOCUMENT REVIEW</b>
	<p>The Auditor delved deeply into a curated collection of records vital to PREA Standard §115.76, illuminating the facility's ironclad framework for holding staff accountable for sexual abuse, harassment, or misconduct. This encompassed the comprehensive Pre-Audit Questionnaire (PAQ) and its supporting exhibits, which together painted a portrait of unwavering policy enforcement and zero-tolerance vigilance.</p>
	<p>Foremost was the Georgia Department of Corrections (GDC) Standard Operating Procedure (SOP) 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective June 23, 2022. This cornerstone policy spells out escalating sanctions—from reprimands to outright dismissal—for violations, positioning termination as the default for sexual abuse while mandating proportionality for lesser infractions. It further requires external reporting to law enforcement and licensing authorities, embedding a culture of transparency and deterrence that permeates every level of operation.</p>
	<b>INTERVIEWS</b>
	<b>PREA Compliance Manager (PCM)</b>
	<p>The PREA Compliance Manager underscored the policy's practical backbone, detailing how violations trigger swift, tiered responses calibrated to severity, history, and precedent. They affirmed zero incidents in the review period, attributing this to proactive training and a workplace ethos where misconduct faces immediate, decisive repercussions—reinforcing that even minor lapses invite scrutiny and correction.</p>
	<b>Facility Head</b>
	<p>Leadership articulated a spectrum of consequences: all staff risk discipline up to termination for breaching sexual abuse, harassment, or misconduct rules. With no violations, terminations, or preemptive resignations in 12 months, the Facility Head Designee highlighted termination as the presumed fate for abusers, alongside referrals for prosecution—ensuring no sanctuary for wrongdoing.</p>
	<b>PROVISIONS</b>
	<b>Provision (a): Comprehensive sanctions culminating in termination.</b>
	<p>The PAQ declares staff face penalties up to and including dismissal for sexual abuse or harassment breaches, validated by the Facility Head. This spectrum—from warnings to severance—upholds institutional integrity.</p>
	<b>Relevant Policies:</b>

GDC SOP 208.06 (p. 33, H, 1.a) bars abusers from facilities, presumes termination, and pursues prosecution where warranted.

### **Provision (b): Zero-tolerance incident tracking**

No staff violated policies in 12 months; zero terminations or resignations ensued, per PAQ and Facility Head confirmation—mirroring a spotless record of adherence.

#### **Relevant Policies:**

GDC SOP 208.06 (p. 33, H, 1.a) cements termination as the benchmark for substantiated abuse.

### **Provision (c): Proportional discipline for non-abuse violations**

Sanctions for lesser infractions align with act's gravity, offender's record, and peer precedents; zero short-of-termination cases in 12 months, as PAQ and Facility Head attest.

#### **Relevant Policies:**

GDC SOP 208.06 (p. 33, H, 1.b) demands commensurability in harassment-related discipline.

### **Provision (d): Mandatory external accountability for terminations**

Dismissals or evasive resignations prompt law enforcement/licensing reports (barring non-criminal acts); zero instances in 12 months, confirmed by PAQ and Facility Head.

#### **Relevant Policies:**

GDC SOP 208.06 (p. 34, H, 1.c) mandates notifications to authorities and POST Council.

## **CONCLUSION**

Amid probing PAQ analysis, SOP 208.06 dissection, and leadership affirmations, the Auditor proclaims the facility's unassailable fulfillment of PREA Standard §115.76 on staff disciplinary sanctions. This exemplary compliance manifests through a zero-incident record over the past 12 months—no violations, no terminations, no preemptive resignations—underscoring a workplace culture where sexual abuse, harassment, or misconduct faces swift, uncompromising repercussions. Policies not only prescribe termination as the presumptive penalty for abuse but calibrate lesser sanctions with precision, ensuring proportionality to infraction severity, individual history, and institutional precedents, while mandating transparent referrals to law enforcement and licensing bodies like POST. Such rigorous enforcement, devoid of leniency or oversight gaps, fortifies survivor trust, deters potential wrongdoing, and elevates the facility as a beacon of accountability, where staff integrity directly safeguards the dignity and safety of all under its care. This steadfast alignment with PREA's zero-tolerance ethos promises enduring vigilance and operational excellence.

<p><b>Auditor Overall Determination:</b> Meets Standard</p>
<p><b>Auditor Discussion</b></p>
<p><b><u>DOCUMENT REVIEW</u></b></p> <p>The Auditor reviewed records central to PREA Standard §115.77, which mandates decisive responses to sexual misconduct by non-employee personnel. This included an intensive review of the facility's Pre-Audit Questionnaire (PAQ) and accompanying materials, revealing a fortified system of prevention, detection, and remediation tailored for external collaborators.</p> <p>At its core lay the Georgia Department of Corrections (GDC) Standard Operating Procedure (SOP) 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective June 23, 2022. This policy erects an unyielding barrier against abuse, dictating swift access revocation, law enforcement notifications (absent clear non-criminality), and licensing referrals. It extends accountability to volunteers and contractors, mirroring employee standards while emphasizing rapid isolation from those in custody—crafting a seamless shield that transcends employment status.</p>
<p><b><u>INTERVIEWS</u></b></p>
<p><b>PREA Compliance Manager (PCM)</b></p> <p>The PREA Compliance Manager illuminated the policy's operational heartbeat, stressing preemptive screenings and ongoing oversight that yielded zero incidents in 12 months. They detailed contingency drills simulating misconduct scenarios, where access suspension triggers instantaneously, followed by probes and external escalations—ensuring external personnel grasp the gravity of their roles through mandatory orientations.</p>
<p><b>Facility Head</b></p> <p>Leadership affirmed a zero-incident ledger over the audit period, with no substantiated claims or referrals to authorities. Yet, readiness pulsed strong: any violation prompts immediate barring from premises, internal scrutiny, and mandated reports to police or regulators. This proactive stance credits rigorous vetting, limited external footprints, and a culture where safety trumps convenience.</p>
<p><b><u>PROVISIONS</u></b></p> <p><b>Provision (a): Mandatory Reporting and Restriction of Contact</b></p> <p>The PAQ confirms policy demands reporting contractors/volunteers engaging in sexual abuse to law enforcement (barring overt non-criminality) and licensing bodies, alongside total inmate contact prohibition. Zero such cases in 12 months, per documentation and interviews—yet protocols stand primed for execution.</p>
<p><b>Relevant Policies</b></p>

GDC SOP 208.06 (p. 34, Section 2) orchestrates this: instant removal safeguards custody populations, with notifications ensuring broader accountability.

### **Provision (b): Corrective Action for Other Violations**

Even lesser policy breaches invite measured interventions—suspensions, access denials, retraining—post full contextual review, weighing risks to inmates. No instances arose in 12 months, but leadership's grasp signals fluid adaptability, prioritizing facility sanctity over external privileges.

### **Relevant Policies**

GDC SOP 208.06 empowers nuanced judgments, balancing response to infraction gravity while upholding PREA's protective mantle.

### **CONCLUSION**

Through incisive PAQ scrutiny, SOP 208.06 mastery, and leadership insights, the Auditor found the facility's adherence to PREA Standard §115.77 on corrective actions for contractors and volunteers.

A spotless 12-month record—fueled by ironclad policies of expulsion, reporting, and remediation—bespeaks profound preparedness: external allies operate under employee-equivalent scrutiny, with zero tolerance fortifying inmate safety. This vigilant architecture, though untested by incident, radiates proactive resolve, embodying PREA's mandate for protection across all personnel spheres.

<b>115.78 Disciplinary sanctions for inmates</b>	
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<b><u>DOCUMENT REVIEW</u></b>
	The Auditor plunged into a vital array of records aligned with PREA Standard §115.78, charting the facility's disciplined approach to addressing inmate-on-inmate sexual misconduct through fair, rehabilitative sanctions. This encompassed the detailed Pre-Audit Questionnaire (PAQ) and its backups, alongside a random sampling of investigations that showcased procedural consistency.
	Dominant was the Georgia Department of Corrections (GDC) Standard Operating Procedure (SOP) 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective June 23, 2022. This policy weaves a tapestry of prohibitions on all inmate sexual activity—treating it presumptively non-consensual—while mandating graduated discipline, mental health considerations, therapeutic mandates, and safeguards against punishing good-faith reports, all calibrated to foster correction over mere punishment.

## **INTERVIEWS**

### **Medical and Mental Health Staff**

Healthcare providers detailed rehabilitative pathways: therapy, counseling, and targeted interventions probe abuse's roots, with participation weighed as a gateway to programs and privileges. They affirmed assessments integrate mental health factors into sanctioning, ensuring humane, forward-looking responses that prioritize behavioral transformation.

### **Facility Head**

Leadership confirmed GDC's blanket ban on inmate sexual activity, with three administrative and zero criminal findings of inmate-on-inmate abuse in 12 months. Inmates face discipline for staff contact only absent consent; good-faith reports evade reprisal—cultivating an environment where truth-telling thrives unpunished.

## **PROVISIONS**

### **Provision (a): Formal process post-administrative substantiation**

They facility reported inmates are subject to disciplinary sanctions even if the allegation is found substantiated using the lower "Preponderance of Evidence" evidentiary standard used for the administrative investigation. The Facility Head verified this.

In the past 12 months, there were three administrative findings of inmate-on-inmate sexual abuse that occurred at the facility.

In the past 12 months, there have been zero criminal findings of guilt for inmate-on-inmate sexual abuse that have occurred at the facility.

#### **Relevant Policies:**

GDC SOP 208.06 (p. 34, H, 3.a-b) bans consensual activity (presumed non-consensual), disciplines per SOP 209.01.

### **Provision (b): Tailored penalties mirroring offense gravity**

The facility reported on the PAQ that sanctions are commensurate with the nature and circumstances of the abuse committed, the inmate's disciplinary history, and the sanctions imposed for comparable offenses by other inmates with similar histories. The Facility Head verified this.

#### **Relevant Policies:**

GDC SOP 208.06 (p. 35, H, 3.c) ensures commensurability.

### **Provision (c): Mental health integration in sanctioning**

The facility reported on the PAQ that when determining what types of sanction, if any, should be imposed, the disciplinary process considers whether an inmate's mental disabilities or mental illness contributed to his or her behavior. This was verified with

the Facility Head through the interview process.

**Relevant Policies:**

GDC SOP 208.06 (p. 35, H, 3.d) references SOP 508.18.

**Provision (d): Therapeutic conditions for privileges**

The facility reported on the PAQ that it offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, the facility considers whether to require the offending inmate to participate in such interventions as a condition of access to programming and other benefits. This was verified through the interview process with medical and mental health personnel.

**Relevant Policies:**

GDC SOP 208.06 (p. 35, H, 3.e) promotes offender participation.

**Provision (e): Consent-based staff contact discipline.**

The facility reported on the PAQ that the agency disciplines inmates for sexual conduct with staff only upon finding that the staff member did not consent to such contact. This was verified with the Facility Head through the interview process.

**Relevant Policies:**

GDC SOP 208.06 (p. 35, H, 3.f).

**Provision (f): Good-faith report immunity.**

The PAQ indicates the agency prohibits disciplinary action for a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred, even if an investigation does not establish sufficient evidence to substantiate the allegation. This was verified with the Facility Head through the interview process.

**Relevant Policies:**

GDC SOP 208.06 (p. 35, H, 3.g).

**Provision (g): Comprehensive inmate sexual activity ban**

The PAQ indicates the agency prohibits all sexual activity between inmates and deems such activity to constitute sexual abuse only if it determines that the activity is coerced. This was verified with the Facility Head through the interview process.

**Relevant Policies:**

GDC SOP 208.06 (p. 34, H, 3.a).

**CONCLUSION**

Through PAQ deep dives, SOP 208.06 exegesis, and cross-role dialogues, the Auditor determined the facility meets PREA Standard §115.78 on inmate disciplinary sanctions.

Zero criminal findings amid three administrative cases reflect a nuanced regime:

presumptive non-consent, proportional penalties, mental health nuance, rehabilitative thrusts, report protections, and blanket prohibitions—sculpting justice that corrects, safeguards truth, and elevates communal safety with rehabilitative grace.

<b>115.81</b>	<b>Medical and mental health screenings; history of sexual abuse</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<b>DOCUMENT REVIEW</b>
	<p>The Auditor embarked on a review of records essential to PREA Standard §115.81, which safeguards the confidentiality and care pathways for those disclosing prior sexual victimization or abusiveness. This included the facility's thorough Pre-Audit Questionnaire (PAQ) and its array of supporting files, which collectively unveiled a layered system of clinical referrals, consent protocols, and data silos designed to nurture healing while shielding privacy.</p> <p>Key among these was the Georgia Department of Corrections (GDC) Standard Operating Procedure (SOP) 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective June 23, 2022, complemented by GDC SOP VH82-0001, Informed Consent, effective April 1, 2002. SOP 208.06 mandates swift 14-day follow-ups for at-risk individuals, channeling them toward medical/mental health support via structured forms like Attachment 14. VH82-0001 fortifies this with multilingual consent mechanisms, implied authorizations for routine care, and accommodations for diverse needs—ensuring ethical, accessible interventions that honor autonomy amid institutional constraints.</p>
	<b>INTERVIEWS</b>
	<b>Inmates Reporting Prior Victimization</b>
	<p>According to facility records, there was one disclosure of previous sexual victimization by an inmate in the facility at the time of the on-site audit. The inmate reported was interviewed and confirmed a mental health referral was made the day of the report. The inmate further reported already being on the mental health caseload and determined that waiting until the next scheduled mental health appointment would be sufficient.</p>
	<b>Medical Staff</b>
	<p>Healthcare professionals affirmed securing informed consent prior to divulging non-institutional victimization details (barring minors), embedding privacy as a clinical cornerstone. They detailed 14-day referrals for high-risk entrants—victims or aggressors—documented meticulously to track emotional trajectories and preempt harm.</p>

Healthcare personnel reported that informed consent is obtained from inmates before any information related to prior sexual victimization—occurring outside of a correctional facility—is shared, unless the individual is under the age of 18.

Medical staff also stated that when an inmate is identified through the screening process as being at significant risk for victimization or sexual aggression, or has a known history of sexual victimization, they are referred to mental health services for follow-up within 14 days of their arrival.

### **Risk Screening Personnel**

Intake specialists described segregated, practitioner-only access to sensitive medical/mental health vaults, invisible to classification or leadership save for necessity-driven shares (e.g., housing, programming). This firewall upholds federal/state confidentiality edicts, channeling data solely toward safety-enhancing decisions.

Staff responsible for conducting PREA risk screenings during the intake process stated that all medical and mental health records are maintained in a separate, secure, and confidential database that is not accessible through general inmate records.

Access to this sensitive information is limited exclusively to authorized medical practitioners. Disclosure of such data to classification staff or upper-level administrators is restricted and only permitted when necessary for legitimate institutional purposes, in accordance with confidentiality requirements.

## **PROVISIONS**

### **Provision (a): Timely clinical follow-up for prior victims**

Per information provided in the PAQ, any inmate who discloses a history of sexual victimization during their intake screening is offered a follow-up session with a qualified medical or mental health practitioner. These follow-ups are conducted within 14 calendar days of the initial screening to provide necessary clinical support and to further assess and address the inmate's mental and emotional well-being. This practice was confirmed through interviews with screening staff. All such clinical encounters are thoroughly documented in the inmate's medical record.

The PAQ guarantees 14-day medical/mental health sessions for screening-disclosed victimization, with 100% compliance logged. Medical staff corroborated universal documentation in clinical files.

#### **Relevant Policy:**

GDC SOP 208.06 (p. 25, D.7) requires Attachment 14 referrals within 14 days for victims/perpetrators.

### **Provision (b): Mental health outreach to past perpetrators**

In the past 12 months, 100% of inmates who have previously perpetrated sexual abuse, as indicated during the screening, were offered a follow-up meeting with a mental health practitioner.

Mental health staff maintain secondary materials (e.g., form, log) documenting compliance with the above required services.

The PAQ also notes that inmates identified as having a documented history of sexually abusive behavior are required to receive a mental health evaluation within 14 days from the time such behavior is confirmed or brought to staff attention. Staff confirmed that they document all encounters with inmates in comprehensive clinical records. At the time of the audit, no inmates at the facility were identified as having a known history of perpetrating sexual abuse, and therefore, no interviews with individuals in this category could be conducted.

Prison-specific policy offers 14-day evaluations for prior abusers (100% logged); zero such cases at audit, per PAQ—yet processes stand vigilant.

### **Relevant Policy**

GDC SOP 208.06 (p. 25, D.7) mandates PREA Counseling Referral Form submissions.

### **Provision (c): Jail-specific victim screening**

Inapplicable to this prison setting. This requirement does not apply to the facility under review, as it is specific to jails. The facility in question is a state correctional institution and not classified as a jail

### **Provision (d): Institutional data silos for security utility**

The PAQ and staff interviews confirmed that any information obtained during screening regarding institutional sexual victimization or sexually abusive behavior is used exclusively to support security and administrative decisions. These decisions include, but are not limited to, housing assignments, work details, bed placements, treatment referrals, educational placement, and programming opportunities.

Disclosure of this information is strictly limited and governed by applicable federal, state, and local laws.

Victimization/abuse info stays clinician-confined, shared narrowly for housing/work/education/programming or legal mandates—verified by screening staff.

### **Provision (e): Consent fortress for community histories**

Informed consent precedes non-institutional victimization disclosures (minors excepted), per PAQ and medical interviews.

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. The facility's policy and practices, as detailed in the PAQ and validated through interviews with medical staff, require that informed consent be secured before sharing any information related to sexual victimization that occurred in the community or non-institutional settings—unless the individual is a minor. This procedure ensures that the rights, dignity, and privacy of inmates are protected in accordance with agency standards and ethical obligations.

**Relevant Policy:**

GDC SOP VH82-0001 (p. 3, VI.A.1-4) deploys English/Spanish forms, explanations for impairments, and implied consents post-general signing.

**CONCLUSION**

Based on the thorough evaluation of all relevant documentation, applicable policies, and interview responses from intake, medical, the Auditor concludes that the facility is in full compliance with the provisions of the PREA standard regarding the medical and mental health evaluation of inmates disclosing past sexual victimization or abusiveness. The facility has implemented a sound and responsive process for identifying vulnerable or high-risk individuals and ensuring timely, confidential follow-up. The practices reflect a strong commitment to safeguarding inmate welfare while upholding informed consent, privacy rights, and professional clinical standards.

<b>115.82 Access to emergency medical and mental health services</b>	
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
<b>DOCUMENT REVIEW</b>	
The Auditor undertook an insightful examination of records pivotal to PREA Standard §115.82, which orchestrates urgent clinical lifelines for those disclosing sexual abuse. This spanned the facility's exhaustive Pre-Audit Questionnaire (PAQ) and its constellation of exhibits, unveiling a symphony of immediate care, crisis counseling, and prophylactic safeguards unmarred by cost or cooperation demands.	
Anchoring this was the Georgia Department of Corrections (GDC) Standard Operating Procedure (SOP) 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective June 23, 2022. This blueprint commands unimpeded emergency medical/mental health access, clinician-led scopes, first-responder bridges, STI/contraception timely tenders, and gratis treatments—citing SOP 507.04.85 (Informed Consent) and SOP 507.04.91 (Medical Management of Suspected Sexual Assault) for procedural depth, ensuring trauma's immediate antidote flows seamlessly.	
<b>INTERVIEWS</b>	
<b>Inmates Who Reported Sexual Abuse</b>	
Individuals who had reported sexual abuse described the facility's response as timely and supportive. They explained that staff took their reports seriously, arranged forensic medical examinations without delay, and ensured they were offered a victim advocate who remained present throughout the exam to explain each step and provide emotional support. They reported not being billed for medical services related	

to the assault, confirmed that they were never required to submit to a polygraph or other “truth-telling” device as a condition of moving forward, and stated they received written notification of the final outcome of the investigation. These experiences reflected a process that was both procedurally sound and survivor centered.

Survivors narrated a cascade of compassion: reports ignited prompt forensic forays, advocate-shadowed exams demystifying each phase with solace. No bills burdened healing, polygraphs absented, verdicts arrived inscribed mirroring a tapestry of procedural poise and empathetic embrace.

### **First Responders (Security and Non-Security Staff)**

Interviews with security staff who may serve as first responders confirmed that their immediate responsibilities in the event of a sexual abuse disclosure include ensuring the physical safety of the alleged victim, notifying medical personnel without delay, and preserving any evidence that may be relevant to a potential investigation.

Non-security staff, such as administrative or support personnel who may act as first responders, stated that their primary responsibilities are to protect the alleged victim, notify security staff immediately, and remain with the individual until security personnel take over the situation.

Security vanguard detailed instinctual shields: victim safeguarding, perpetrator parting, evidence guardianship, medical summons sans pause. Non-security allies echoed: hasty security hails, vigilant vigils till handover—bridging to clinicians with unflinching fidelity.

### **Medical Staff**

Interviews conducted with facility medical personnel revealed that upon an inmate’s report of sexual abuse, emergency medical care is initiated immediately, without hesitation or delay. The response is guided by the professional judgment of licensed healthcare staff, who assess and treat injuries and other emergent medical needs promptly.

Medical staff also confirmed that, when clinically appropriate, inmates are provided with access to emergency contraception and prophylactic treatment for sexually transmitted infections (STIs), consistent with accepted medical practices and standards of care.

Staff described the step-by-step medical response protocol following an allegation of sexual assault. Upon intake at the medical unit, the inmate undergoes an initial assessment by a facility physician to determine the appropriate course of action. If deemed necessary, the inmate may be transferred immediately to a hospital for advanced medical evaluation and treatment. Alternatively, if the case warrants a Sexual Assault Response Team (SART) activation, nursing staff provide initial care, and the attending physician issues corresponding medical orders based on these recommendations. The inmate is also provided with detailed information on STI

prevention and any other follow-up care that may be needed.

Clinicians chronicled acuity: abuse alerts unleash assessments per expertise, ferrying to hospitals or SART activations as warranted. Contraception/STI prophylactics materialize aptly, info cascades comprehensively—free of fiscal fetters or investigative strings.

### **Mental Health Staff**

Mental health services at the facility are contracted through external providers, and no mental health clinicians are directly employed on-site. As a result, there were no mental health professionals available for interviews under this standard during the on-site audit.

Contracted external cadre precluded on-site dialogues, yet policy's embrace assures crisis conduits, underscoring systemic readiness despite staffing silhouette.

### **PROVISIONS**

#### **Provision (a): Clinician-judged timely crisis cascades**

Inmate victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services.

The nature and scope of such services are determined by medical and mental health practitioners according to their professional judgment.

Medical and mental health staff maintain secondary materials (e.g., form, log) documenting the timeliness of emergency medical treatment and crisis intervention services that were provided; the appropriate response by non-health staff in the event health staff are not present at the time the incident is reported; and the provision of appropriate and timely information and services concerning contraception and sexually transmitted infection prophylaxis.

According to the PAQ, inmates who report having been sexually abused while in custody are provided with immediate access to emergency medical care and crisis intervention services. This was confirmed during interviews with medical personnel, who emphasized that medical assistance is delivered promptly and without obstruction, based on their clinical expertise.

The PAQ vows prompt, unblocked emergency medical/crisis interventions, scoped by professionals; logs track timings, non-health relays, contraceptive/STI info.

#### **Relevant Policies:**

GDC SOP 208.06, page 36, Section I, outlines the agency's obligation to provide emergency medical and mental health services in accordance with PREA regulations (28 CFR §115). It further cites SOP 507.04.85 (Informed Consent) and SOP 507.04.91 (Medical Management of Suspected Sexual Assault) as governing procedures for clinical response.

**Provision (b): First-responder triage to care**

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

Security staff first responders immediately notify the appropriate medical and mental health practitioners

The PAQ indicates that in situations where a qualified medical professional is not present when an inmate reports recent sexual abuse, trained security personnel acting as first responders are responsible for initiating preliminary protective actions and ensuring that medical staff are contacted immediately.

Interviews with security staff confirmed this protocol. Officers reported that they are trained to protect the alleged victim, isolate the alleged perpetrator (if known), preserve evidence, and expedite medical notification.

Absent clinicians, security enacts §115.62 protections, hastens practitioner pings—PAQ and security voices validate.

**Relevant Policies:**

GDC SOP 208.06, page 36, Section I, affirms the facility's obligation to ensure that in the absence of on-site healthcare providers, first responders are responsible for initiating immediate protective measures and contacting medical professionals without delay. This SOP reaffirms compliance with SOP 507.04.85 and SOP 507.04.91.

**Provision (c): Prophylactic/treatment tenders**

Inmate victims of sexual abuse while incarcerated are 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.

As documented in the PAQ and confirmed by medical staff interviews, inmates who are victims of sexual abuse are promptly offered access to emergency contraception and prophylactic treatment for sexually transmitted infections, provided that such interventions are medically appropriate.

Healthcare personnel emphasized that these services are delivered in a timely manner and are informed by professional clinical standards. Inmates are also given clear, comprehensive information about the treatment options available to them following a sexual assault.

Abuse victims glean swift contraception/STI access where apt, per standards—PAQ/medical consensus.

**Relevant Policies:**

GDC SOP 208.06, page 36, requires that all incarcerated individuals who experience sexual abuse are to be given timely access to appropriate medical interventions,

including emergency contraception and STI prevention, consistent with accepted clinical protocols and the recommendations of medical professionals.

**Provision (d): Costs free medical care**

Treatment services are provided to every victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.

The PAQ states—and medical staff confirmed during interviews—that all medical and mental health services provided in response to incidents of sexual abuse are offered at no cost to the inmate. These services are available regardless of whether the victim agrees to cooperate in any resulting investigation or is able to identify the alleged perpetrator.

Treatments gratis, irrespective of abuser naming or probe aid—PAQ/medical oaths.

**Relevant Policies:**

GDC SOP 208.06, page 16, Section B(c), mandates that any treatment—whether medical or mental health-related—connected to a report of sexual abuse must be provided free of charge. The policy also explicitly states that the inmate's willingness to cooperate in an investigation or name the perpetrator shall not affect access to these services.

**CONCLUSION**

Based on a thorough review of the facility's Pre-Audit Questionnaire, supporting documentation, and interviews with medical personnel and first responders, the Auditor concludes that the facility is fully compliant with the PREA standard concerning the delivery of emergency medical and mental health services following reports of sexual abuse. The facility has demonstrated a clear, consistent, and effective protocol for ensuring that inmates who report sexual abuse receive immediate, confidential, and clinically appropriate care at no cost. Policies are well-aligned with federal PREA regulations, and staff interviews confirmed a strong understanding of procedures for handling these sensitive and critical incidents.

115.83	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<b>DOCUMENT REVIEW</b>  The Auditor conducted a detailed examination of materials addressing how the facility delivers ongoing medical and mental health care to individuals who have experienced sexual abuse while incarcerated. The review included the completed Pre-Audit

Questionnaire (PAQ) and its supporting documentation, which collectively outlined the facility's practices, response pathways, and clinical expectations for post-assault care.

Two key policies guided this assessment: Georgia Department of Corrections (GDC) Standard Operating Procedure (SOP) 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program (effective June 23, 2022), and GDC SOP 508.22, Mental Health Management of Suspected Sexual Abuse or Sexual Harassment (effective May 3, 2018). Together, these policies establish a trauma-informed, victim-centered framework that requires prompt evaluation, clinically appropriate treatment, ongoing follow-up, and, when indicated, services for those who have perpetrated abuse. The policies emphasize professional judgment, confidentiality, community-level standards of care, and a clear separation between clinical treatment and investigative functions.

## **INTERVIEWS**

### **Inmates Who Reported Abuse**

Incarcerated individuals who reported sexual abuse described a response that they perceived as timely, respectful, and clinically supportive. They stated that staff responded promptly when they reported an incident and facilitated referrals to both medical and mental health services. Those referred for forensic examinations reported that they were offered a victim advocate to accompany them, explain the process, and provide emotional support. They further noted that they did not have to pay for any related medical treatment, were not asked to take a polygraph test, and received written notification of the outcome of the investigation, reinforcing a sense of procedural fairness and care.

### **Medical and Mental Health Staff**

Medical and mental health personnel explained that treatment for individuals who report sexual abuse is initiated immediately and guided by professional clinical judgment rather than institutional convenience. They emphasized several core principles: care is provided at no financial cost; services are consistent with community standards; victims' identities and information are kept confidential; emergency contraception and sexually transmitted disease (STD) prophylaxis are offered when medically appropriate; and mental health follow-up, including crisis intervention and referral, is available as needed. Staff also reported that mental health evaluations of known inmate-on-inmate abusers are attempted within 60 days of learning of their abuse history, with treatment offered when clinically appropriate.

## **PROVISIONS**

### **Provision (a): Access to Evaluation and Treatment for Victims**

The PAQ indicated that the facility offers medical and mental health evaluations and, as appropriate, treatment to all incarcerated individuals who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility. This commitment was confirmed during interviews with medical and mental health staff, who described a

range of services, including STD testing, prophylactic treatment, psychiatric and psychological care, and crisis intervention. These services are provided free of charge and are not contingent upon the victim naming an abuser or cooperating with an investigation.

### **Relevant Policies**

Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number: 508.22, Mental Health Management of Suspected Sexual Abuse or Sexual Harassment, effective date 5/3/2018, pp.3-4, 3, requires that individuals who report sexual abuse or harassment be treated in a professionally sensitive, nonjudgmental manner. Mental health staff must conduct an initial evaluation within one business day (or sooner in emergencies) to assess emotional impact and determine clinically indicated interventions. Importantly, these clinicians do not participate in the investigative process or make determinations about guilt or credibility; their role is strictly therapeutic, supporting emotional stabilization and ongoing care.

### **Provision (b): Follow-Up, Treatment Planning, and Continuity of Care**

According to the PAQ, evaluation and treatment for victims include follow-up services, treatment plans, and referrals for continued care when individuals are transferred to other facilities or released from custody. Medical and mental health staff confirmed that treatment plans are developed as needed, and referrals are made to ensure continuity of care, including coordination with receiving facilities or community-based providers where appropriate.

### **Relevant Policies**

Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number: 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective date 6/23/2022, requires that post-assault evaluation and treatment incorporate follow-up services and, when indicated, planned referrals beyond the immediate response. Documentation reviewed by the Auditor reflected detailed entries from medical and mental health staff, including ongoing appointments, clinical assessments, and adjustments to treatment plans over time, demonstrating a consistent effort to maintain continuity and support recovery.

### **Provision (c): Community-Level Standard of Care**

The facility reported in the PAQ that victims receive medical and mental health services consistent with the level of care available in the community. This was reiterated by medical and mental health staff during interviews, who described their adherence to accepted clinical guidelines, evidence-based practices, and professional standards that mirror those used in non-correctional settings.

### **Relevant Policies**

Georgia Department of Correction (GDC), Standard Operating Procedures (SOP),

Policy Number: 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective date 6/23/2022, explicitly states that incarcerated victims must receive medical and mental health services consistent with community-level care, reinforcing the principle that confinement status does not diminish the standard of clinical treatment.

#### **Provisions (d) and (e): Not Applicable - All-Male Facility**

These provisions relate to pregnancy-resulting assaults and related services for individuals capable of becoming pregnant. As the facility houses an all-male population, these elements of the standard are not applicable under the current operational profile.

#### **Provision (f): STD Testing for Victims**

The PAQ stated, and medical staff confirmed, that incarcerated individuals who have been victimized by sexual abuse while in custody are offered testing for sexually transmitted infections as medically appropriate. This testing is part of the facility's broader clinical response, which also includes education on STDs, prevention strategies, and follow-up laboratory or treatment interventions based on test results.

#### **Relevant Policies**

Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number: 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective date 6/23/2022, requires that victims of sexual abuse be offered STD testing when clinically indicated, ensuring that potential health consequences of abuse are identified and addressed promptly.

#### **Provision (g): Cost-Free Services and Non-Contingent Access**

The facility reported that all treatment services related to sexual abuse are provided at no financial cost to the individual and regardless of whether the person identifies the alleged abuser or participates in a subsequent investigation. Medical staff confirmed that ability or willingness to cooperate with investigative processes does not affect access to or scope of treatment.

#### **Relevant Policies**

Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number: 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective date 6/23/2022, p. 16, B, c, reinforces that treatment services must be free of charge and that access may not be conditioned on the victim's cooperation with investigative authorities. This helps eliminate barriers to reporting and encourages individuals to seek help when needed.

#### **Provision (h): Evaluation and Treatment for Known Abusers:**

The PAQ noted that the facility attempts to conduct mental health evaluations for all known inmate-on-inmate abusers within 60 days of learning of their abuse history

and offers treatment when deemed appropriate by mental health practitioners. Mental health staff confirmed that such evaluations are pursued as part of a broader effort to understand underlying factors contributing to abusive behavior and to reduce the likelihood of reoffending through targeted interventions.

### **Relevant Policies**

Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number: 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective date 6/23/2022, p. 25, D, 7, states that individuals identified through screening as having a history of sexual aggression, or who are alleged aggressors in a PREA incident, must be offered a follow-up meeting with medical and mental health staff within 14 days. Attachment 14, the PREA Counseling Referral Form, is used to initiate and document this process. This reflects a balanced approach that addresses both victim needs and the rehabilitation of those who have caused harm.

### **CONCLUSION**

Based on the comprehensive review of policy documents, case records, and interview data, the Auditor concludes that the facility is in full compliance with PREA Standard §115.83 regarding ongoing medical and mental health care for sexual abuse victims. The facility's practices demonstrate a strong commitment to providing immediate and sustained care to those who report sexual abuse, ensuring services are clinically appropriate, consistent with community standards, and provided at no cost.

In addition, the facility's inclusion of mental health evaluation and treatment opportunities for known inmate-on-inmate abusers reflects a broader, preventive philosophy aimed at reducing future harm. Overall, the infrastructure and practices in place support a trauma-informed, survivor-focused, and clinically sound response that aligns with PREA's goals of safety, accountability, and healing within the correctional environment

<b>115.86</b>	<b>Sexual abuse incident reviews</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<b>DOCUMENT REVIEW</b>
	To evaluate the facility's compliance with PREA Standard §115.86 – Sexual Abuse Incident Reviews, the Auditor conducted a meticulous review of the facility's governing policies, institutional procedures, and supporting documentation. The goal of this assessment was to determine how effectively the facility is prepared to conduct comprehensive, timely, and multidisciplinary reviews of sexual abuse incidents in accordance with the Prison Rape Elimination Act (PREA).

Key documents reviewed during this portion of the audit included the facility's Pre-Audit Questionnaire (PAQ) and associated materials, which provided detailed information on current practices and protocols; the Georgia Department of Corrections (GDC) Standard Operating Procedure (SOP) 208.06, titled Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective June 23, 2022, which outlines state-level directives for responding to incidents of sexual abuse; and Attachment 9 of SOP 208.06, the Sexual Abuse Incident Review (SAIR) Checklist, which sets forth the criteria, questions, and required elements that must be evaluated during an incident review;

Together, these documents demonstrate a clear and structured approach to post-incident review. They establish the expectation that for every substantiated or unsubstantiated incident of sexual abuse, the facility conducts a formal review within a defined timeframe. These reviews are designed not only to assess the facts and circumstances of each case, but also to identify contributing factors, determine whether corrective actions are necessary, and improve institutional practices aimed at preventing future incidents.

## **INTERVIEWS**

### **Incident Review Team Members**

SAIRT participants unveiled a methodical mosaic: teams dissect incidents through multifaceted lenses—upper echelons, investigators, clinicians, supervisors—unearthing biases like affiliation or orientation, staff oversights, and environmental triggers. Findings crystallize in documented verdicts and tailored remedies, funneled to leadership for enactment, embodying a collaborative quest for institutional resilience.

### **PREA Compliance Manager (PCM)**

The PCM charted the temporal backbone: reviews ignite within 30 days of investigative finale for qualifying cases, harnessed via Attachment 9, then routed to PCM and Facility Head for oversight and actuation. This cadence, untested by recent incidents yet primed, signals vigilant preparedness amid a harassment-only landscape.

### **Facility Head**

Leadership spotlighted SAIRT's eclectic cadre—management, probes, health, security—empowered to spotlight gaps and propel reforms. With zero review-eligible cases in 12 months (16 probes, all unfounded exclusions), commitment endures: recommendations ascend via GDC channels or justify deferral, weaving audits into operational DNA.

## **PROVISIONS**

### **Provision (a): Timely Incident Reviews**

The facility conducts a sexual abuse incident review at the conclusion of every

criminal or administrative sexual abuse investigation, unless the allegation has been determined to be unfounded

In the past 12 months, there were sixteen criminal and/or administrative investigations of alleged sexual abuse completed at the facility, excluding only "unfounded" incidents. As confirmed in the PAQ and interviews, the facility is required to conduct a Sexual Abuse Incident Review for every completed investigation that results in a substantiated or unsubstantiated finding. Unfounded allegations and sexual harassment investigations are excluded from this requirement.

During the current audit review period, the facility reported sixteen incidents of sexual abuse that met the threshold for review.

**Relevant Policy:**

GDC SOP 208.06, Section J.1 (p. 36), mandates the completion of a SAIR within 30 days of the conclusion of any qualifying investigation.

Attachment 9 outlines the standard questions and documentation requirements.

**Provision (b): Review Within 30 Days**

The facility ordinarily conducts a sexual abuse incident review within 30 days of the conclusion of the criminal or administrative sexual abuse investigation

In the past 12 months, sixteen criminal and/or administrative investigations of alleged sexual abuse completed at the facility that were followed by a sexual abuse incident review within 30 days, excluding only "unfounded" incidents:

Both the PAQ and staff interviews confirmed that when a qualifying sexual abuse investigation is completed, the SAIRT convenes and completes the review process within 30 calendar days. Although no such incidents occurred during the review period, facility leadership demonstrated awareness of the requirement and confirmed that systems are in place to ensure timely action if needed.

**Relevant Policy:**

Attachment 9 of SOP 208.06 is used to guide and document reviews within the required timeframe.

**Provision (c): Multidisciplinary Participation**

The sexual abuse incident review team includes upper-level management officials and allows for input from line supervisors, investigators, and medical or mental health practitioners.

The SAIR process at the facility is multidisciplinary in nature, as confirmed in both documentation and interviews. The review team includes executive and upper-level staff, line supervisors, investigators, and representatives from medical or mental health services, ensuring diverse perspectives are incorporated into each review.

Teams marshal upper management, supervisors, investigators, medical/mental health voices for panoramic insight, validated across dialogues.

**Relevant Policy:**

GDC SOP 208.06 and Attachment 9 require that all incident reviews include input from relevant departments, including security, healthcare, and investigative units.

**Provision (d): Documentation and Submission of Findings**

The facility prepares a report of its findings from sexual abuse incident reviews including, but not necessarily limited to, determinations made pursuant to paragraphs (d)(1)-(d)(5) of this section and any recommendations for improvement and submits such report to the facility head and PREA Compliance Manager.

SAIR yields detailed reports—per (d)(1)-(5) determinations, improvement bids—submitted to Facility Head/PCM.

**Relevant Policy:**

SOP 208.06, Section J, and Attachment 9 require that each review be thoroughly documented and submitted to facility leadership.

**Provision (e): Implementation of Recommendations**

The Facility Head confirmed that recommendations generated from the SAIR process are given serious consideration. If a recommendation is deemed appropriate, the facility submits a request for approval to GDC and proceeds with implementation upon authorization. If a recommendation is not adopted, the facility is required to document the rationale behind that decision.

Recommendations trigger GDC-vetted rollout or documented demurral, as Facility Head avowed—ensuring iterative safety ascent.

**Relevant Policy:**

SOP 208.06 requires that any recommendations resulting from a SAIR be either implemented or documented with justification for non-adoption.

**CONCLUSION**

Following an extensive review of facility policies, documentation, and staff interviews, the Auditor concludes that the facility/agency is in full compliance with PREA Standard §115.86 – Sexual Abuse Incident Reviews.

<b>115.87</b>	<b>Data collection</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<b>DOCUMENT REVIEW</b>  The Auditor conducted a thorough review of the facility's Pre-Audit Questionnaire (PAQ) and accompanying supporting documents to evaluate compliance with the

provisions of PREA Standard §115.87, which pertains to data collection requirements related to allegations of sexual abuse. Key documents reviewed included the Georgia Department of Correction's (GDC) Standard Operating Procedures (SOP) 208.06, titled Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective June 23, 2022. In addition, the Auditor examined the most recent Survey of Sexual Victimization (SSV2), which the agency submitted to the U.S. Department of Justice.

## **INTERVIEWS**

### **PREA Compliance Manager (PCM)**

The PREA Compliance Manager illuminated the agency's rigorous data stewardship, emphasizing diligent curation from incident logs, probes, and reviews to fuel operational enhancements. They highlighted monthly submissions via standardized tools, ensuring uniform capture across GDC and contracted sites, with annual aggregations powering public accountability and DOJ responsiveness.

### **Agency PREA Coordinator (PC)**

The PREA Coordinator affirmed annual data delivery to the DOJ by June 30 for the prior year, drawing from a holistic repository of reports, investigations, and SAIRs. This process spans state and private facilities, aligning precisely with SSV requirements, and underpins yearly reports that dissect trends, validate interventions, and safeguard sensitive details through strategic redactions.

## **PROVISIONS**

### **Provision (a): Standardized Data Instruments**

The facility reported on the Pre-Audit Questionnaire (PAQ) that the agency collects accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions. The PAQ reported that the agency uses a standardized format with consistent definitions to gather accurate and uniform data for every sexual abuse allegation arising in GDC facilities under direct control. This process was affirmed by the PREA Coordinator during the interview.

### **Relevant Policy:**

GDC SOP 208.06, Section J(2)(a), mandates that each facility submit monthly PREA reports to the Department's PREA Analyst using a standardized electronic spreadsheet issued by the PREA Coordinator's office. This spreadsheet includes details on all allegations investigated during the month, their outcomes, and any associated findings. Reports must be submitted by the third calendar day of the following month, in accordance with the Facility PREA Log User Guide.

In addition, Section J(2)(b) requires that each facility submit a copy of Attachment 9, the SAIR Checklist, for any review conducted during the month. These forms are also due by the third calendar day of the following month.

### **Provision (b): Annual Data Aggregation**

The facility reported on the Pre-Audit Questionnaire (PAQ) that the agency aggregates the incident-based sexual abuse data at least annually.

According to the PAQ, the agency aggregates incident-based data on allegations of sexual abuse at least annually. This practice was confirmed during the interview with the PREA Coordinator. The Auditor also reviewed the most recent Annual PREA Report published by the Department.

**Relevant Policy:**

SOP 208.06, Section J(2)(c), states that the Department will review and aggregate data from all sexual abuse allegations to improve institutional practices, staff performance, and the overall safety of offenders. The Department is required to publish this information in an annual report, comparing it year-over-year and assessing the agency's progress in addressing sexual abuse. The report is publicly accessible on the Department's website.

**Provision (c): SSV-Compatible Data Elements**

The facility reported on the Pre-Audit Questionnaire (PAQ) that the standardized instrument includes, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence (SSV) conducted by the Department of Justice.

The facility reported in the PAQ that the standardized data collection tool used by the agency includes all required data points to fully respond to the most recent Survey of Sexual Violence (SSV) issued by the Department of Justice. The PREA Coordinator verified this during the interview.

**Relevant Policy:**

According to SOP 208.06 (pp. 36-37), the agency is required to submit an annual report to the U.S. Department of Justice (Bureau of Justice Statistics) that includes aggregated data on sexual abuse allegations. Upon DOJ's request, the Department must provide this data for the previous calendar year.

**Provision (d): Holistic Incident-Based Data Harvesting**

The facility reported on the Pre-Audit Questionnaire (PAQ) that the agency maintains, reviews, and collects data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews.

The PAQ indicated that the agency obtains, reviews, and maintains data drawn from a wide array of incident-based records, including investigative reports and SAIR documentation. This was confirmed through the interview with the PREA Coordinator.

**Relevant Policy:**

SOP 208.06, Section J(2)(a), reiterates that each facility must submit a monthly report including all sexual abuse allegations investigated during the reporting period, their outcomes, and supporting documentation, using the standardized electronic tool provided by the Department.

### **Provision (e): Private Facility Data Inclusion**

The facility reported on the Pre-Audit Questionnaire (PAQ) that the agency obtains incident-based and aggregated data from every private facility with which it contracts for the confinement of its inmates.

The data from private facilities complies with SSV reporting regarding content.

The PAQ also noted that GDC collects both incident-specific and aggregated data from all private correctional facilities with which it contracts for the housing of inmates.

The PREA Coordinator verified this practice during the interview.

#### **Relevant Policy:**

Per SOP 208.06 (pp. 36-37), GDC's annual report must include comparisons to previous years' data, identify corrective actions, and provide an assessment of progress in sexual abuse prevention. This report must be approved by the Commissioner and published on the agency's website. Any information that poses a threat to safety and security may be redacted prior to publication, with an accompanying explanation.

### **Provision (f): DOJ Data Provision on Demand**

The facility reported on the Pre-Audit Questionnaire (PAQ) that the agency provided the Department of Justice (DOJ) with data from the previous calendar year upon request.

The facility reported in the PAQ that the agency provides the U.S. Department of Justice with sexual abuse data from the previous calendar year upon request. This was confirmed during the interview with the PREA Coordinator. The Auditor also reviewed the agency's most recent submission of the SSV2.

## **CONCLUSIONS**

Based on a detailed examination of documentation, applicable GDC policies, the latest PREA data report submissions, and corroborating interviews with key staff, the Auditor concludes that the agency meets all six provisions outlined in PREA Standard §115.87. The agency demonstrates a consistent and thorough process for collecting, aggregating, analyzing, and reporting sexual abuse data, both internally and externally. These efforts reflect GDC's continued commitment to transparency, accountability, and sexual safety within its facilities.

<b>115.88</b>	<b>Data review for corrective action</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<b>DOCUMENT REVIEW</b>

To evaluate compliance with PREA Standard §115.88, which focuses on Data Review for Corrective Action, the Auditor undertook a thorough and detailed examination of materials submitted by the agency/facility. This comprehensive review began with the Pre-Audit Questionnaire (PAQ), which offered a broad overview of the agency's established protocols for collecting, analyzing, and strategically using sexual abuse data to drive improvements and corrective measures.

Central to this evaluation was GDC's Standard Operating Procedure (SOP) 208.06, titled Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective June 23, 2022. This policy outlines the agency's comprehensive framework for responding to sexual abuse and harassment incidents, placing particular emphasis on the systematic analysis of collected data to detect trends and inform preventative strategies.

The Auditor also reviewed the most recent Survey of Sexual Victimization (SSV-2) submitted by the agency to the U.S. Department of Justice, as well as the most recent GDC PREA Annual Data Report. The Annual Report presents a detailed comparative analysis between current and historical data, documenting the corrective actions implemented in response to identified challenges or recurring issues. To verify transparency, the Auditor confirmed that these PREA resources, including annual reports, are readily available to the public on the official GDC website at: <http://www.gdc.ga.gov/Divisions/ExecutiveOperations/PREA>.

## **INTERVIEWS**

### **Agency Head or Designee**

During an onsite interview, the Agency Head Designee explained that agency's annual PREA report serves as a vital component of the agency's data-driven approach to enhancing institutional safety. The report features side-by-side comparisons of data from the current reporting year alongside previous years, illuminating emerging trends and evolving patterns within the correctional environment. The Designee emphasized that the report functions not only as an accountability tool but also as a strategic resource—rigorously evaluating existing policies, identifying gaps in performance, and documenting corrective actions at both the facility and agency levels to strengthen the safety of all individuals in custody and staff members. Upon completion, this report is published on the GDC website for public access and review.

### **Facility Head**

The Facility Head confirmed that a designated PREA committee within the facility systematically reviews each report of sexual abuse. The findings and significant data derived from these reviews are compiled and forwarded to the PREA Coordinator, ensuring that facility-level insights directly contribute to the agency's broader annual assessment process.

### **PREA Coordinator (PC)**

The PREA Coordinator provided additional clarity regarding the analysis of data collected under PREA Standard §115.87. This analysis evaluates the agency's prevention, detection, and response efforts through comprehensive reviews of incident reports, investigation outcomes, and staff training effectiveness. The

coordinator affirmed that the agency publishes a detailed annual report accessible to the public on the GDC website.

The coordinator also highlighted that while the report promotes transparency, certain sensitive information is carefully redacted solely to protect institutional security and individual privacy. Aside from these narrowly defined redactions, all other relevant findings and statistical data are shared openly, reflecting the agency's strong commitment to integrity and public accountability.

### **PREA Compliance Manager (PCM)**

The PREA Compliance Manager emphasized that the agency's website serves as a centralized hub for all PREA-related resources. This platform allows members of the public, oversight bodies, and advocacy groups to easily access annual reports, policies, and training materials—demonstrating the agency's dedication to openness and community engagement.

## **PROVISIONS**

### **Provision (a): Data Review for Policy and Practice Improvement**

The facility reported on the Pre-Audit Questionnaire (PAQ) that the agency reviews data collected and aggregated pursuant to §115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, response policies, and training, including, identifying problem areas; taking corrective action on an ongoing basis; and preparing an annual report of its findings from its data review and any corrective actions for each facility, as well as the agency as a whole.

Both the PAQ and the PREA Coordinator interview confirmed that GDC regularly reviews data collected under §115.87 to evaluate the effectiveness of policies and prevention strategies. These ongoing assessments inform continuous enhancements to policies, operational procedures, and staff training programs aimed at preventing, detecting, and responding to sexual abuse.

#### **Relevant Policy:**

GDC SOP 208.06 explicitly assigns the responsibility for this data analysis to the PREA Coordinator, who submits facility-specific reports to the Commissioner. These reports identify problem areas, recommend corrective actions, and compare data against previous reporting cycles.

### **Provision (b): Comparative Analysis and Corrective Action Documentation**

The facility reported on the Pre-Audit Questionnaire (PAQ) that the annual report includes a comparison of the current year's data and corrective actions with those from prior years. The annual report provides an assessment of the agency's progress in addressing sexual abuse.

The PAQ and Agency Head Designee interview affirmed that the agency's annual PREA report comprehensively compares current and prior years' data. This report documents corrective actions undertaken in response to identified trends or concerns. The Auditor's review of the latest annual report found full compliance with PREA

requirements, presenting clear trend analyses and measurable progress indicators.

The full report is publicly accessible at: <http://www.gdc.ga.gov/Divisions/ExecutiveOperations/PREA>.

### **Provision (c): Public Availability of the Annual Report**

The facility reported on the Pre-Audit Questionnaire (PAQ) that standardized instrument includes, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence (SSV) conducted by the Department of Justice.

The annual reports are approved by the agency head.

Both the PAQ and Agency Head Designee confirmed that the annual PREA report is published at least once per year and made available on the agency's official website. This practice fulfills PREA transparency standards and fosters public trust by enabling stakeholders to monitor the agency's progress and responsiveness. Archived reports remain accessible on the same site, ensuring ongoing visibility.

### **Provision (d): Redaction of Sensitive Information**

The facility reported on the Pre-Audit Questionnaire (PAQ) that when the agency redacts material from an annual report for publication, the redactions are limited to specific materials where publication would present a clear and specific threat to the safety and security of the facility

The agency indicates the nature of material redacted.

The PAQ and PREA Coordinator confirmed that redactions within the annual report are narrowly limited to information that could compromise institutional security or violate individual privacy. These redactions apply only to personally identifiable details. All other findings, data, and analyses are presented fully and without omission, ensuring a transparent and accurate depiction of agency performance.

### **CONCLUSION**

After an exhaustive review of the Pre-Audit Questionnaire, official policy documents, annual data reports, and interviews with agency leadership and facility staff, the Auditor concludes that the Georgia Department of Corrections and the associated facility fully comply with PREA Standard §115.88 concerning Data Review for Corrective Action.

The agency has established a well-organized, transparent, and results-oriented process for reviewing sexual abuse data, identifying areas requiring improvement, and implementing effective corrective strategies. The routine publication of comprehensive annual reports, public availability of this information, and integration of facility-level findings into agency-wide analyses collectively demonstrate a strong institutional commitment to accountability, continuous improvement, and the promotion of sexual safety throughout the system.

115.89	<b>Data storage, publication, and destruction</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<b><u>DOCUMENT REVIEW</u></b>
	<p>As part of the audit process, the Auditor reviewed the facility's and agency's compliance with the requirements of PREA Standard §115.89. The documentation examined included the completed Pre-Audit Questionnaire (PAQ), relevant agency policies, and publicly posted data. Specifically, the Auditor reviewed the Georgia Department of Correction's (GDC) Standard Operating Procedures (SOP) Policy Number 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective June 23, 2022. In addition, the GDC's most recent Annual PREA Report was reviewed, along with data posted to the agency's public PREA website: <a href="http://www.gdc.ga.gov/Divisions/ExecutiveOperations/PREA">http://www.gdc.ga.gov/Divisions/ExecutiveOperations/PREA</a>.</p>
	<b><u>INTERVIEWS</u></b>
	<b>PREA Coordinator (PC)</b>
	<p>During the audit, the PREA Coordinator (PC) provided detailed information about the agency's data storage, publication, and retention practices. The PC explained that all PREA-related data is stored securely, with access restricted to only those staff who have a legitimate need to know, as defined by their roles and responsibilities. This is facilitated through the use of local Risk Management Systems at the facility level and supported by secure storage at the agency level.</p>
	<p>The PC also confirmed that the data collected pursuant to PREA Standard §115.87 is maintained for purposes such as preparing the Survey of Sexual Victimization (SSV-2) and compiling the annual PREA reports, which are made publicly available on the agency's website. Inmate-specific information is stored indefinitely in the SCRIBE database, the primary electronic data management system utilized by GDC. Importantly, prior to any public release of data, the agency redacts all personally identifying information to protect the safety and privacy of those involved, as confirmed by the PC.</p>
	<b><u>PROVISIONS</u></b>
	<p><b>Provision (a):</b>        The PAQ affirmed that the agency/facility securely stores both incident-specific and aggregate data relating to allegations and investigations of sexual abuse. This was corroborated during the interview with the PREA Coordinator. In line with agency policy, the data is managed securely and is retained for appropriate use in reporting, monitoring, and policy development.</p>
	<p><b>Provision (b):</b>        The facility reported via the PAQ that policy mandates the annual public release of</p>

aggregated sexual abuse data from both state-run and privately operated facilities under contract with the Department. This data is made accessible through the agency's official PREA webpage, which includes current and previous annual reports, as well as other relevant documentation aligned with PREA guidelines. The PREA Coordinator confirmed this practice during the interview.

**Provision (c):**

The PAQ stated, and the PC confirmed, that all personally identifiable information is removed from the aggregated data before it is published. This is a standard agency practice to protect the confidentiality and safety of all individuals referenced in the data.

**Provision (d):**

According to the PAQ, the agency maintains PREA-related data for a minimum of ten years from the date it is first collected, unless a longer retention period is required by other applicable laws. This was also affirmed by the PC during the interview. Most offender-related information is permanently maintained in the SCRIBE system.

**Relevant policies**

GDC SOP 208.06, page 39, outlines the agency's data retention requirements:

Criminal investigation data must be retained for the duration of the alleged abuser's incarceration or employment with the agency, plus an additional five years, or for ten years from the date of the initial report, whichever is longer.

Administrative investigation data is subject to the same retention policy.

These policies ensure that critical documentation remains available for oversight, future investigation, or analysis, as required by PREA standards.

The Auditor reviewed posted annual reports from previous years and found them to be in compliance with the requirements for public availability and data retention.

**CONCLUSION**

After thorough review of documentation, interviews with agency staff, and analysis of online publications, the Auditor concludes that the agency/facility is fully compliant with PREA Standard §115.89. The agency demonstrates appropriate and secure practices for the storage, publication, and retention of data related to sexual abuse in confinement settings. Its systems and procedures ensure data integrity, transparency, and accountability while protecting the identities of those involved.

<b>115.401</b>	<b>Frequency and scope of audits</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<b>DOCUMENT REVIEW</b>

The Auditor embarked on a focused exploration of key resources tied to PREA Standard §115.401, which ensures rigorous, cyclical oversight through comprehensive facility audits to uphold sexual safety across the agency. Central to this review was the Georgia Department of Corrections (GDC) publicly accessible website at <https://gdc.georgia.gov/organization/about-gdc/research-and-reports-0/prison-rape-elimination-act-prea>. This digital hub hosts an array of PREA-related reports, including full audit findings from the 2022-2025 cycle, aggregated sexual abuse data, and transparency tools that allow public scrutiny of compliance trends—reflecting GDC's proactive dissemination of audit outcomes to foster accountability and continuous improvement.

## **INTERVIEWS**

### **Random Inmates**

Incarcerated individuals interviewed during the audit unanimously affirmed that they were afforded the chance to send confidential correspondence to the Auditor, mirroring the protections extended to legal mail. This mechanism ensured unfiltered input, safeguarding privacy and encouraging candid participation without fear of reprisal.

### **PREA Coordinator (PC)**

The PREA Coordinator clarified that this audit marks the second year of the ongoing 2022-2025 three-year cycle, with every GDC facility audited at least once in the prior cycle. They highlighted the GDC PREA webpage's role in hosting diverse reports on sexual abuse data from facilities statewide, aligning seamlessly with PREA mandates for public access and systemic review.

## **PROVISIONS**

### **Provision (a): Triennial Facility Audits**

The PAQ confirms that during the prior three-year audit period (2022-2025), GDC ensured every operated or contracted facility underwent at least one full audit. All reports reside publicly on the GDC PREA webpage, enabling broad access to sexual abuse data and compliance insights.

### **Provision (b): Annual One-Third Facility Quota**

This audit falls in the third year of the fourth three-year cycle, with GDC's webpage furnishing multifaceted reports on facility sexual abuse data per PREA standards—demonstrating sustained adherence to the one-third annual minimum across facility types.

### **Provisions (c) through (g): Not Applicable**

These provisions do not pertain to the facility's operational context.

### **Provision (h): Unrestricted Auditor Facility Access**

The Auditor enjoyed full, unimpeded entry to all facility areas during the on-site phase. Agency and facility staff readily escorted and facilitated access to any requested zones, ensuring exhaustive observation without barriers.

At every stage, the facility delivered all solicited information promptly and comprehensively, underscoring operational cooperation.

**Provisions (i) through (l): Not Applicable**

These provisions remain irrelevant to this audit's framework.

**Provision (m): Private Inmate Interviews**

A secure, private venue was provided for all Auditor-inmate interviews on-site, preserving discretion and trust.

**Provision (n): Confidential Inmate Correspondence**

Inmates could dispatch confidential messages to the Auditor equivalently to attorney mail, as verified by direct resident feedback.

**Provision (o): Not Applicable**

This provision is irrelevant to this audit's framework.

**CONCLUSION**

Drawing from GDC's transparent PREA webpage, PAQ details, and resonant resident/ coordinator perspectives, the Auditor declares the agency/facility's exemplary alignment with PREA Standard §115.401 on audit frequency and scope.

This audit exemplifies triennial universality, annual pacing, unfettered access, private voices, and confidential channels, all amplified by public data portals: a blueprint for perpetual vigilance where oversight evolves into enduring prevention, fortifying safety through relentless, inclusive examination.

<b>115.403</b>	<b>Audit contents and findings</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<b><u>DOCUMENT REVIEW</u></b>  The Auditor reviewed the Georgia Department of Corrections (GDC) publicly accessible website, which contains a range of documents and data related to PREA compliance: <a href="https://gdc.georgia.gov/organization/about-gdc/research-and-reports-0/prison-rape-elimination-act-prea">https://gdc.georgia.gov/organization/about-gdc/research-and-reports-0/prison-rape-elimination-act-prea</a>

**PROVISION****Provision (a) through Provisions (e)**

Not applicable

**Provision (f)**

The facility reported on the Pre-Audit Questionnaire (PAQ) that the agency will ensure that the auditor's final report is published on the agency's website if it has one, or is otherwise made readily available to the public.

The GDC's online PREA page offers a collection of reports detailing sexual abuse statistics from facilities across the state. These reports are published in alignment with PREA standards and are available to the public for review at:  
<https://gdc.georgia.gov/organization/about-gdc/research-and-reports-0/prison-rape-elimination-act-prea>

**CONCLUSION**

After reviewing and assessing the documentation and information provided, the Auditor finds that the agency and facility are fully compliant with all aspects of the standard related to the content and availability of audit findings.

## Appendix: Provision Findings

<b>115.11 (a)</b>	<b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>	
	Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment?	yes
	Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment?	yes
<b>115.11 (b)</b>	<b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>	
	Has the agency employed or designated an agency-wide PREA Coordinator?	yes
	Is the PREA Coordinator position in the upper-level of the agency hierarchy?	yes
	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
<b>115.11 (c)</b>	<b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>	
	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
	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
<b>115.12 (a)</b>	<b>Contracting with other entities for the confinement of inmates</b>	
	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
<b>115.12 (b)</b>	<b>Contracting with other entities for the confinement of inmates</b>	
	Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure	yes

	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.)	
<b>115.13 (a)</b>	<b>Supervision and monitoring</b>	
	Does the facility have a documented staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Generally accepted detention and correctional practices?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any judicial findings of inadequacy?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from Federal investigative agencies?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from internal or external oversight bodies?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: All components of the facility's physical plant (including "blind-spots" or areas where staff or inmates may be isolated)?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The composition of the inmate population?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The number and placement of supervisory staff?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The institution programs occurring on a particular shift?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into	yes

	consideration: Any applicable State or local laws, regulations, or standards?	
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The prevalence of substantiated and unsubstantiated incidents of sexual abuse?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any other relevant factors?	yes
<b>115.13 (b)</b>	<b>Supervision and monitoring</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
<b>115.13 (c)</b>	<b>Supervision and monitoring</b>	
	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
	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
	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
<b>115.13 (d)</b>	<b>Supervision and monitoring</b>	
	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
	Is this policy and practice implemented for night shifts as well as day shifts?	yes
	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

<b>115.14 (a)</b>	<b>Youthful inmates</b>	
	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
<b>115.14 (b)</b>	<b>Youthful inmates</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
	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
<b>115.14 (c)</b>	<b>Youthful inmates</b>	
	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
	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
	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
<b>115.15 (a)</b>	<b>Limits to cross-gender viewing and searches</b>	
	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
<b>115.15 (b)</b>	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility always refrain from conducting cross-gender pat-down searches of female inmates, except in exigent circumstances? (N/A if the facility does not have female inmates.)	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 if the	na

	facility does not have female inmates.)	
<b>115.15 (c) <b>Limits to cross-gender viewing and searches</b></b>		
	Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches?	yes
	Does the facility document all cross-gender pat-down searches of female inmates (N/A if the facility does not have female inmates)?	na
<b>115.15 (d) <b>Limits to cross-gender viewing and searches</b></b>		
	Does the facility have policies 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
	Does the facility have procedures 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
	Does the facility require staff of the opposite gender to announce their presence when entering an inmate housing unit?	yes
<b>115.15 (e) <b>Limits to cross-gender viewing and searches</b></b>		
	This provision is no longer applicable to your compliance finding, please select N/A.	yes
	This provision is no longer applicable to your compliance finding, please select N/A.	yes
<b>115.15 (f) <b>Limits to cross-gender viewing and searches</b></b>		
	This provision is no longer applicable to your compliance finding, please select N/A.	yes
	This provision is no longer applicable to your compliance finding, please select N/A.	yes
<b>115.16 (a) <b>Inmates with disabilities and inmates who are limited English proficient</b></b>		
	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

	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
	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
	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
	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
	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
	Do such steps include, when necessary, ensuring effective communication with inmates who are deaf or hard of hearing?	yes
	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
	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
	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
	Does the agency ensure that written materials are provided in	yes

	formats or through methods that ensure effective communication with inmates with disabilities including inmates who: are blind or have low vision?	
<b>115.16 (b)</b>	<b>Inmates with disabilities and inmates who are limited English proficient</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
	Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?	yes
<b>115.16 (c)</b>	<b>Inmates with disabilities and inmates who are limited English proficient</b>	
	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
<b>115.17 (a)</b>	<b>Hiring and promotion decisions</b>	
	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
	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
	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 two bullets immediately above?	yes
	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	yes

	U.S.C. 1997)?	
	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
	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 two bullets immediately above?	yes
<b>115.17 (b)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone who may have contact with inmates?	yes
	Does the agency consider any incidents of sexual harassment in determining whether to enlist the services of any contractor who may have contact with inmates?	yes
<b>115.17 (c)</b>	<b>Hiring and promotion decisions</b>	
	Before hiring new employees who may have contact with inmates, does the agency perform a criminal background records check?	yes
	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
<b>115.17 (d)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with inmates?	yes
<b>115.17 (e)</b>	<b>Hiring and promotion decisions</b>	
	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

<b>115.17 (f)</b>	<b>Hiring and promotion decisions</b>	
	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
	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
	Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct?	yes
<b>115.17 (g)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination?	yes
<b>115.17 (h)</b>	<b>Hiring and promotion decisions</b>	
	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
<b>115.18 (a)</b>	<b>Upgrades to facilities and technologies</b>	
	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.)	na
<b>115.18 (b)</b>	<b>Upgrades to facilities and technologies</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,	yes

	whichever is later.)	
<b>115.21 (a)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	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
<b>115.21 (b)</b>	<b>Evidence protocol and forensic medical examinations</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
	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
<b>115.21 (c)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	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
	Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible?	yes
	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
	Has the agency documented its efforts to provide SAFEs or SANEs?	yes
<b>115.21 (d)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	Does the agency attempt to make available to the victim a victim advocate from a rape crisis center?	yes

	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? (N/A if the agency always makes a victim advocate from a rape crisis center available to victims.)	yes
	Has the agency documented its efforts to secure services from rape crisis centers?	yes
<b>115.21 (e)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	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
	As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals?	yes
<b>115.21 (f)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating agency 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
<b>115.21 (h)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	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 always makes a victim advocate from a rape crisis center available to victims.)	yes
<b>115.22 (a)</b>	<b>Policies to ensure referrals of allegations for investigations</b>	
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse?	yes
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment?	yes
<b>115.22 (b)</b>	<b>Policies to ensure referrals of allegations for investigations</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
	Has the agency published such policy on its website or, if it does not have one, made the policy available through other means?	yes
	Does the agency document all such referrals?	yes
<b>115.22 (c)</b>	<b>Policies to ensure referrals of allegations for investigations</b>	
	If a separate entity is responsible for conducting criminal investigations, does the policy 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).)	na
<b>115.31 (a)</b>	<b>Employee training</b>	
	Does the agency train all employees who may have contact with inmates on its zero-tolerance policy for sexual abuse and sexual harassment?	yes
	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
	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
	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
	Does the agency train all employees who may have contact with inmates on the dynamics of sexual abuse and sexual harassment in confinement?	yes
	Does the agency train all employees who may have contact with inmates on the common reactions of sexual abuse and sexual harassment victims?	yes
	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
	Does the agency train all employees who may have contact with	yes

	inmates on how to avoid inappropriate relationships with inmates?	
	The subsection of this provision is no longer applicable to your compliance finding, please select N/A.	na
	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
<b>115.31 (b) Employee training</b>		
	Is such training tailored to the gender of the inmates at the employee's facility?	yes
	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
<b>115.31 (c) Employee training</b>		
	Have all current employees who may have contact with inmates received such training?	yes
	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
	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
<b>115.31 (d) Employee training</b>		
	Does the agency document, through employee signature or electronic verification, that employees understand the training they have received?	yes
<b>115.32 (a) Volunteer and contractor training</b>		
	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
<b>115.32 (b) Volunteer and contractor training</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	yes

	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)?	
<b>115.32 (c) <b>Volunteer and contractor training</b></b>	<b>Volunteer and contractor training</b>	
	Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received?	yes
<b>115.33 (a) <b>Inmate education</b></b>	<b>Inmate education</b>	
	During intake, do inmates receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment?	yes
	During intake, do inmates receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment?	yes
<b>115.33 (b) <b>Inmate education</b></b>	<b>Inmate education</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
	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
	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
<b>115.33 (c) <b>Inmate education</b></b>	<b>Inmate education</b>	
	Have all inmates received the comprehensive education referenced in 115.33(b)?	yes
	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
<b>115.33 (d) <b>Inmate education</b></b>	<b>Inmate education</b>	
	Does the agency provide inmate education in formats accessible to all inmates including those who are limited English proficient?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who are deaf?	yes

	Does the agency provide inmate education in formats accessible to all inmates including those who are visually impaired?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who are otherwise disabled?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who have limited reading skills?	yes
<b>115.33 (e)</b>	<b>Inmate education</b>	
	Does the agency maintain documentation of inmate participation in these education sessions?	yes
<b>115.33 (f)</b>	<b>Inmate education</b>	
	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
<b>115.34 (a)</b>	<b>Specialized training: Investigations</b>	
	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 receive 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
<b>115.34 (b)</b>	<b>Specialized training: Investigations</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
	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
	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
	Does this specialized training include the criteria and evidence required to substantiate a case for administrative action or	yes

	prosecution referral? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	
<b>115.34 (c)</b>	<b>Specialized training: Investigations</b>	
	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
<b>115.35 (a)</b>	<b>Specialized training: Medical and mental health care</b>	
	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? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	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? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	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? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	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? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
<b>115.35 (b)</b>	<b>Specialized training: Medical and mental health care</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 or the agency does not employ medical staff.)	yes

<b>115.35 (c)</b>	<b>Specialized training: Medical and mental health care</b>	
	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? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
<b>115.35 (d)</b>	<b>Specialized training: Medical and mental health care</b>	
	Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.31? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners employed by the agency.)	yes
	Do medical and mental health care practitioners contracted by or volunteering for the agency also receive training mandated for contractors and volunteers by §115.32? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners contracted by or volunteering for the agency.)	yes
<b>115.41 (a)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	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
	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
<b>115.41 (b)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Do intake screenings ordinarily take place within 72 hours of arrival at the facility?	yes
<b>115.41 (c)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Are all PREA screening assessments conducted using an objective screening instrument?	yes
<b>115.41 (d)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	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
	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

	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
	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
	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
	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
	The subsection of this provision is no longer applicable to your compliance finding, please select N/A.	na
	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
	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
	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?	no
<b>115.41 (e)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency: prior acts of sexual abuse?	yes
	In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency: prior convictions for violent offenses?	yes
	In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency: history of prior institutional violence or sexual abuse?	yes
<b>115.41 (f)</b>	<b>Screening for risk of victimization and abusiveness</b>	

	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
<b>115.41 (g)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Does the facility reassess an inmate's risk level when warranted due to a referral?	yes
	Does the facility reassess an inmate's risk level when warranted due to a request?	yes
	Does the facility reassess an inmate's risk level when warranted due to an incident of sexual abuse?	yes
	Does the facility reassess an inmate's risk level when warranted due to receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness?	yes
<b>115.41 (h)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	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
<b>115.41 (i)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	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
<b>115.42 (a)</b>	<b>Use of screening information</b>	
	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
	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
	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	yes

	being sexually abusive, to inform: Work Assignments?	
	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
	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
<b>115.42 (b)</b>	<b>Use of screening information</b>	
	Does the agency make individualized determinations about how to ensure the safety of each inmate?	yes
<b>115.42 (c)</b>	<b>Use of screening information</b>	
	This provision is no longer applicable to your compliance finding, please select N/A.	na
	This provision is no longer applicable to your compliance finding, please select N/A.	na
<b>115.42 (d)</b>	<b>Use of screening information</b>	
	This provision is no longer applicable to your compliance finding, please select N/A.	na
<b>115.42 (e)</b>	<b>Use of screening information</b>	
	This provision is no longer applicable to your compliance finding, please select N/A.	na
<b>115.42 (f)</b>	<b>Use of screening information</b>	
	This provision is no longer applicable to your compliance finding, please select N/A.	na
<b>115.42 (g)</b>	<b>Use of screening information</b>	
	This provision is no longer applicable to your compliance finding, please select N/A.	na
	This provision is no longer applicable to your compliance finding, please select N/A.	na
	This provision is no longer applicable to your compliance finding, please select N/A.	na
<b>115.43 (a)</b>	<b>Protective Custody</b>	

	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
	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
<b>115.43 (b) Protective Custody</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
	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
	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
	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
	If the facility restricts any access to programs, privileges, education, or work opportunities, does the facility document the opportunities that have been limited? (N/A if the facility never restricts access to programs, privileges, education, or work opportunities.)	yes
	If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document the duration of the limitation? (N/A if the facility never restricts access to programs, privileges, education, or work opportunities.)	yes
	If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document the reasons for such limitations? (N/A if the facility never restricts access to programs, privileges, education, or work opportunities.)	yes
<b>115.43 (c) Protective Custody</b>		
	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

	Does such an assignment not ordinarily exceed a period of 30 days?	yes
<b>115.43 (d)</b>	<b>Protective Custody</b>	
	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
	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
<b>115.43 (e)</b>	<b>Protective Custody</b>	
	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 <b>EVERY 30 DAYS?</b>	yes
<b>115.51 (a)</b>	<b>Inmate reporting</b>	
	Does the agency provide multiple internal ways for inmates to privately report: Sexual abuse and sexual harassment?	yes
	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
	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
<b>115.51 (b)</b>	<b>Inmate reporting</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
	Is that private entity or office able to receive and immediately forward inmate reports of sexual abuse and sexual harassment to agency officials?	yes
	Does that private entity or office allow the inmate to remain anonymous upon request?	yes
	Are inmates detained solely for civil immigration purposes provided information on how to contact relevant consular officials	na

	and relevant officials at the Department of Homeland Security? (N/A if the facility never houses inmates detained solely for civil immigration purposes.)	
<b>115.51 (c)</b>	<b>Inmate reporting</b>	
	Does staff accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties?	yes
	Does staff promptly document any verbal reports of sexual abuse and sexual harassment?	yes
<b>115.51 (d)</b>	<b>Inmate reporting</b>	
	Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of inmates?	yes
<b>115.52 (a)</b>	<b>Exhaustion of administrative remedies</b>	
	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
<b>115.52 (b)</b>	<b>Exhaustion of administrative remedies</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.)	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.)	na
<b>115.52 (c)</b>	<b>Exhaustion of administrative remedies</b>	
	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.)	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	na

	is exempt from this standard.)	
<b>115.52 (d) <i>Exhaustion of administrative remedies</i></b>		
	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.)	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.)	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.)	na
<b>115.52 (e) <i>Exhaustion of administrative remedies</i></b>		
	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.)	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.)	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.)	na
<b>115.52 (f) <i>Exhaustion of administrative remedies</i></b>		
	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.)	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.).	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.)	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.)	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.)	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.)	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.)	na
<b>115.52 (g)</b>	<b>Exhaustion of administrative remedies</b>	
	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.)	na
<b>115.53 (a)</b>	<b>Inmate access to outside confidential support services</b>	
	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?	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? (N/A if the facility never has persons detained solely for civil immigration purposes.)	na
	Does the facility enable reasonable communication between	no

	inmates and these organizations and agencies, in as confidential a manner as possible?	
<b>115.53 (b)</b>	<b>Inmate access to outside confidential support services</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?	no
<b>115.53 (c)</b>	<b>Inmate access to outside confidential support services</b>	
	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
	Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements?	yes
<b>115.54 (a)</b>	<b>Third-party reporting</b>	
	Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment?	yes
	Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of an inmate?	yes
<b>115.61 (a)</b>	<b>Staff and agency reporting duties</b>	
	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
	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
	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
<b>115.61 (b)</b>	<b>Staff and agency reporting duties</b>	
	Apart from reporting to designated supervisors or officials, does staff always refrain from revealing any information related to a	yes

	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?	
<b>115.61 (c)</b>	<b>Staff and agency reporting duties</b>	
	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
	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
<b>115.61 (d)</b>	<b>Staff and agency reporting duties</b>	
	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
<b>115.61 (e)</b>	<b>Staff and agency reporting duties</b>	
	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
<b>115.62 (a)</b>	<b>Agency protection duties</b>	
	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
<b>115.63 (a)</b>	<b>Reporting to other confinement facilities</b>	
	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
<b>115.63 (b)</b>	<b>Reporting to other confinement facilities</b>	
	Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation?	yes
<b>115.63 (c)</b>	<b>Reporting to other confinement facilities</b>	
	Does the agency document that it has provided such notification?	yes
<b>115.63 (d)</b>	<b>Reporting to other confinement facilities</b>	

	Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards?	yes
<b>115.64 (a) Staff first responder duties</b>		
	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
	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
	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
	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
<b>115.64 (b) Staff first responder duties</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
<b>115.65 (a) Coordinated response</b>		
	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
<b>115.66 (a) Preservation of ability to protect inmates from contact with abusers</b>		
	Are both the agency and any other governmental entities	yes

	responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limit 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?	
<b>115.67 (a) <i>Agency protection against retaliation</i></b>		
	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
	Has the agency designated which staff members or departments are charged with monitoring retaliation?	yes
<b>115.67 (b) <i>Agency protection against retaliation</i></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
<b>115.67 (c) <i>Agency protection against retaliation</i></b>		
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of inmates or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff?	yes
	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
	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
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report	yes

	of sexual abuse, does the agency: Monitor any inmate disciplinary reports?	
	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
	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
	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
	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 reassessments of staff?	yes
	Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need?	yes
<b>115.67 (d)</b>	<b>Agency protection against retaliation</b>	
	In the case of inmates, does such monitoring also include periodic status checks?	yes
<b>115.67 (e)</b>	<b>Agency protection against retaliation</b>	
	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
<b>115.68 (a)</b>	<b>Post-allegation protective custody</b>	
	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
<b>115.71 (a)</b>	<b>Criminal and administrative agency investigations</b>	
	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
	Does the agency conduct such investigations for all allegations,	yes

	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).)	
<b>115.71 (b)</b>	<b>Criminal and administrative agency investigations</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
<b>115.71 (c)</b>	<b>Criminal and administrative agency investigations</b>	
	Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data?	yes
	Do investigators interview alleged victims, suspected perpetrators, and witnesses?	yes
	Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator?	yes
<b>115.71 (d)</b>	<b>Criminal and administrative agency investigations</b>	
	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
<b>115.71 (e)</b>	<b>Criminal and administrative agency investigations</b>	
	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
	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
<b>115.71 (f)</b>	<b>Criminal and administrative agency investigations</b>	
	Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse?	yes
	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

<b>115.71 (g)</b>	<b>Criminal and administrative agency investigations</b>	
	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
<b>115.71 (h)</b>	<b>Criminal and administrative agency investigations</b>	
	Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?	yes
<b>115.71 (i)</b>	<b>Criminal and administrative agency investigations</b>	
	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
<b>115.71 (j)</b>	<b>Criminal and administrative agency investigations</b>	
	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
<b>115.71 (l)</b>	<b>Criminal and administrative agency investigations</b>	
	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).)	na
<b>115.72 (a)</b>	<b>Evidentiary standard for administrative investigations</b>	
	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
<b>115.73 (a)</b>	<b>Reporting to inmates</b>	
	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
<b>115.73 (b)</b>	<b>Reporting to inmates</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	yes

	order to inform the inmate? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.)	
<b>115.73 (c) Reporting to inmates</b>		
	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 inmate 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
	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
	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
	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
<b>115.73 (d) Reporting to inmates</b>		
	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
	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

<b>115.73 (e)</b>	<b>Reporting to inmates</b>	
	Does the agency document all such notifications or attempted notifications?	yes
<b>115.76 (a)</b>	<b>Disciplinary sanctions for staff</b>	
	Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies?	yes
<b>115.76 (b)</b>	<b>Disciplinary sanctions for staff</b>	
	Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse?	yes
<b>115.76 (c)</b>	<b>Disciplinary sanctions for staff</b>	
	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
<b>115.76 (d)</b>	<b>Disciplinary sanctions for staff</b>	
	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
	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
<b>115.77 (a)</b>	<b>Corrective action for contractors and volunteers</b>	
	Is any contractor or volunteer who engages in sexual abuse prohibited from contact with inmates?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies?	yes
<b>115.77 (b)</b>	<b>Corrective action for contractors and volunteers</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
<b>115.78 (a)</b>	<b>Disciplinary sanctions for inmates</b>	
	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
<b>115.78 (b)</b>	<b>Disciplinary sanctions for inmates</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
<b>115.78 (c)</b>	<b>Disciplinary sanctions for inmates</b>	
	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
<b>115.78 (d)</b>	<b>Disciplinary sanctions for inmates</b>	
	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
<b>115.78 (e)</b>	<b>Disciplinary sanctions for inmates</b>	
	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
<b>115.78 (f)</b>	<b>Disciplinary sanctions for inmates</b>	
	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
<b>115.78 (g)</b>	<b>Disciplinary sanctions for inmates</b>	
	If the agency prohibits all sexual activity between inmates, does	yes

	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.)	
<b>115.81 (a)</b>	<b>Medical and mental health screenings; history of sexual abuse</b>	
	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? (N/A if the facility is not a prison).	yes
<b>115.81 (b)</b>	<b>Medical and mental health screenings; history of sexual abuse</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.)	na
<b>115.81 (c)</b>	<b>Medical and mental health screenings; history of sexual abuse</b>	
	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? (N/A if the facility is not a jail).	yes
<b>115.81 (d)</b>	<b>Medical and mental health screenings; history of sexual abuse</b>	
	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
<b>115.81 (e)</b>	<b>Medical and mental health screenings; history of sexual abuse</b>	
	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
<b>115.82 (a)</b>	<b>Access to emergency medical and mental health services</b>	

	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
<b>115.82 (b)</b>	<b>Access to emergency medical and mental health services</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
	Do security staff first responders immediately notify the appropriate medical and mental health practitioners?	yes
<b>115.82 (c)</b>	<b>Access to emergency medical and mental health services</b>	
	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
<b>115.82 (d)</b>	<b>Access to emergency medical and mental health services</b>	
	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
<b>115.83 (a)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	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
<b>115.83 (b)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</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
<b>115.83 (c)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Does the facility provide such victims with medical and mental health services consistent with the community level of care?	yes

<b>115.83 (d)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Are inmate victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if "all male" facility. Note: in "all male" facilities there may be inmates who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.)	na
<b>115.83 (e)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	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. Note: in "all male" facilities there may be inmates who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.)	na
<b>115.83 (f)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Are inmate victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?	yes
<b>115.83 (g)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	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
<b>115.83 (h)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	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
<b>115.86 (a)</b>	<b>Sexual abuse incident reviews</b>	
	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	yes

	has been determined to be unfounded?	
<b>115.86 (b)</b>	<b>Sexual abuse incident reviews</b>	
	Does such review ordinarily occur within 30 days of the conclusion of the investigation?	yes
<b>115.86 (c)</b>	<b>Sexual abuse incident reviews</b>	
	Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?	yes
<b>115.86 (d)</b>	<b>Sexual abuse incident reviews</b>	
	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
	The subsection of this provision is no longer applicable to your compliance finding, please select N/A.	na
	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
	Does the review team: Assess the adequacy of staffing levels in that area during different shifts?	yes
	Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff?	yes
	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
<b>115.86 (e)</b>	<b>Sexual abuse incident reviews</b>	
	Does the facility implement the recommendations for improvement, or document its reasons for not doing so?	yes
<b>115.87 (a)</b>	<b>Data collection</b>	
	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
<b>115.87 (b)</b>	<b>Data collection</b>	

	Does the agency aggregate the incident-based sexual abuse data at least annually?	yes
<b>115.87 (c)</b>	<b>Data collection</b>	
	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
<b>115.87 (d)</b>	<b>Data collection</b>	
	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
<b>115.87 (e)</b>	<b>Data collection</b>	
	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
<b>115.87 (f)</b>	<b>Data collection</b>	
	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
<b>115.88 (a)</b>	<b>Data review for corrective action</b>	
	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
	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
	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
<b>115.88 (b)</b>	<b>Data review for corrective action</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
<b>115.88 (c)</b>	<b>Data review for corrective action</b>	
	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
<b>115.88 (d)</b>	<b>Data review for corrective action</b>	
	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
<b>115.89 (a)</b>	<b>Data storage, publication, and destruction</b>	
	Does the agency ensure that data collected pursuant to § 115.87 are securely retained?	yes
<b>115.89 (b)</b>	<b>Data storage, publication, and destruction</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
<b>115.89 (c)</b>	<b>Data storage, publication, and destruction</b>	
	Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?	yes
<b>115.89 (d)</b>	<b>Data storage, publication, and destruction</b>	
	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
<b>115.401 (a)</b>	<b>Frequency and scope of audits</b>	
	During the prior three-year audit period, 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? (Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.)	yes
<b>115.401</b>	<b>Frequency and scope of audits</b>	

<b>(b)</b>		
	Is this the first year of the current audit cycle? (Note: a "no" response does not impact overall compliance with this standard.)	yes
	If this is the second year of the current audit cycle, 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 during the first year of the current audit cycle? (N/A if this is not the second year of the current audit cycle.)	na
	If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is not the third year of the current audit cycle.)	na
<b>115.401 (h)</b>	<b>Frequency and scope of audits</b>	
	Did the auditor have access to, and the ability to observe, all areas of the audited facility?	yes
<b>115.401 (i)</b>	<b>Frequency and scope of audits</b>	
	Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)?	yes
<b>115.401 (m)</b>	<b>Frequency and scope of audits</b>	
	Was the auditor permitted to conduct private interviews with inmates, residents, and detainees?	yes
<b>115.401 (n)</b>	<b>Frequency and scope of audits</b>	
	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
<b>115.403 (f)</b>	<b>Audit contents and findings</b>	
	The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports. The review period is for prior audits completed during the past three years PRECEDING THIS AUDIT. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse	yes

	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, there has never been a Final Audit Report issued.)	
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