

PREA Facility Audit Report: Final

Name of Facility: Bulloch County Correctional Institute

Facility Type: Prison / Jail

Date Interim Report Submitted: NA

Date Final Report Submitted: 06/20/2025

Auditor Certification

The contents of this report are accurate to the best of my knowledge.



No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.



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.



Auditor Full Name as Signed: Darla P. OConnor

Date of Signature: 06/20/2025

AUDITOR INFORMATION

Auditor name: OConnor, Darla

Email: doconnor@strategicjusticesolutions.com

Start Date of On-Site Audit: 04/03/2025

End Date of On-Site Audit: 04/04/2025

FACILITY INFORMATION

Facility name: Bulloch County Correctional Institute

Facility physical address: 17301 U.S. 301 , Statesboro, Georgia - 30461

Facility mailing address:

Primary Contact

Name:	Donald Robinson
Email Address:	donald.robinson@gdc.ga.gov
Telephone Number:	912-764-6217

Warden/Jail Administrator/Sheriff/Director	
Name:	Robert Toole
Email Address:	robert.toole@bullochcounty.net
Telephone Number:	912-764-6217

Facility PREA Compliance Manager	
Name:	Donald Robinson
Email Address:	donald.robinson@gdc.ga.gov
Telephone Number:	912-764-0426

Facility Characteristics	
Designed facility capacity:	160
Current population of facility:	159
Average daily population for the past 12 months:	160
Has the facility been over capacity at any point in the past 12 months?	No
What is the facility's population designation?	Mens/boys
In the past 12 months, which population(s) has the facility held? Select all that apply (Nonbinary describes a person who does not identify exclusively as a boy/man or a girl/woman. Some people also use this term to describe their gender expression. For	

definitions of “intersex” and “transgender,” please see https://www.prearesourcecenter.org/standard/115-5)	
Age range of population:	18-65
Facility security levels/inmate custody levels:	Minimum and Medium
Does the facility hold youthful inmates?	No
Number of staff currently employed at the facility who may have contact with inmates:	29
Number of individual contractors who have contact with inmates, currently authorized to enter the facility:	3
Number of volunteers who have contact with inmates, currently authorized to enter the facility:	11

AGENCY INFORMATION	
Name of agency:	Bulloch County Commission
Governing authority or parent agency (if applicable):	
Physical Address:	17301 Hwy 301 N, Statesboro, Georgia - 30458
Mailing Address:	
Telephone number:	9127640428

Agency Chief Executive Officer Information:	
Name:	Tom Couch
Email Address:	tcouch@bullochcounty.net
Telephone Number:	912-764-6245

Agency-Wide PREA Coordinator Information

Name:	Bennett Kight	Email Address:	bennett.kight@gdc.ga.gov
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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:

0

Number of standards met:

45

Number of standards not met:

0

POST-AUDIT REPORTING INFORMATION

GENERAL AUDIT INFORMATION

On-site Audit Dates

1. Start date of the onsite portion of the audit:

2025-04-03

2. End date of the onsite portion of the audit:

2025-04-04

Outreach

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?

☒ Yes

☐ No

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.

In contrast, Teal House – Statesboro Regional Sexual Assault Center confirmed that they currently maintain an active Memorandum of Understanding (MOU) with the facility. Under the terms of this agreement, Teal House provides critical support services to victims of sexual abuse. This includes the provision of trained victim advocates who are available, upon request, to accompany incarcerated individuals during forensic medical examinations. These exams are performed by certified Sexual Assault Nurse Examiners (SANEs) at Teal House and are available for up to 120 hours following a reported sexual assault. Teal House further enhances the facility's response and support system by operating a dedicated hotline, accessible to incarcerated individuals for the confidential reporting of sexual abuse allegations. This direct line of communication ensures that inmates can access external support services and report incidents outside the facility's internal chain of command if they so choose. Additionally, 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

	<p>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.</p> <p>In summary, Teal House is actively engaged with the facility and provides essential services in support of the facility's sexual abuse response protocols, while no contact was reported from the facility to Just Detention International or the Georgia Network to End Sexual Assault within the last year.</p>
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AUDITED FACILITY INFORMATION

14. Designated facility capacity:	160
15. Average daily population for the past 12 months:	160
16. Number of inmate/resident/detainee housing units:	5
17. Does the facility ever hold youthful inmates or youthful/juvenile detainees?	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> Not Applicable for the facility type audited (i.e., Community Confinement Facility or Juvenile Facility)</p>

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

18. Enter the total number of inmates/residents/detainees in the facility as of the first day of onsite portion of the audit:	159
19. 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:	0

20. 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:	0
21. 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:	0
22. 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:	0
23. 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:	0
24. 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:	0
25. 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:	0
26. 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:	0

27. 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:	0
28. 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:	0

29. 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):

On the initial day of the on-site PREA audit, the facility reported an inmate population totaling 159 individuals. In accordance with the requirements set forth in the PREA Auditor Handbook, a facility housing this number of inmates is expected to support a minimum of ten targeted inmate interviews. These targeted interviews are intended to capture the experiences and perspectives of inmates who fall into specific PREA-identified categories that may indicate heightened vulnerability or risk, including but not limited to individuals who identify as gay, bisexual, transgender, or intersex; inmates with limited English proficiency; those with physical, intellectual, or developmental disabilities; youthful inmates; individuals who have disclosed prior sexual victimization; or those who have reported sexual abuse while in custody.

However, at the time of the on-site audit, the facility did not have any inmates currently assigned who met the eligibility requirements for inclusion in the targeted interview pool. This absence was confirmed through a review of facility records, interviews with facility staff, and direct observations conducted during the facility tour. The Auditor did not encounter any inmates who exhibited characteristics consistent with the targeted classifications, and staff affirmed that no such individuals had been in residence at the time of the audit.

As a result of the lack of qualifying individuals in the inmate population, no targeted inmate interviews were conducted. It is important to note that the absence of such interviews was not due to a lack of compliance by the facility, but rather due to the current population makeup at the time of the audit. Facility staff demonstrated a clear understanding of the PREA requirements for identifying and providing appropriate services to inmates in vulnerable categories. Policies and procedures were found to be in place to ensure that, should inmates meeting these classifications be housed at the facility in the future, their

	needs would be addressed appropriately through screening, housing, supervision, and support practices in alignment with PREA standards.
Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit	
30. 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:	29
31. 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:	11
32. 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:	3

33. 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:

As of the first day of the on-site audit, the facility reported a small but active presence of volunteers and contractors engaged in facility operations. Documentation submitted prior to the audit, along with statements provided during interviews with facility leadership, confirmed that all individuals in these roles who have direct contact with inmates are held to the same standards of PREA compliance as full-time employees. This includes mandatory background checks, comprehensive PREA training, and routine supervision while present within the secure perimeter.

The demographic and role-based composition of the volunteer and contractor population varied. Contractors were primarily engaged in functions such as facility maintenance, the delivery of specialized technical services, and the provision of program-specific support.

Volunteers were primarily affiliated with faith-based ministries or community-based rehabilitative programming. While the numbers were limited, these individuals played an active role in the facility's operational and programmatic efforts.

During the audit period, there were no reports or indicators that any of the volunteers or contractors working within the facility met criteria for inclusion in any of the PREA-defined targeted populations, such as individuals identifying as transgender, intersex, gay, or bisexual, or those with significant disabilities. This was verified through interviews and confirmed by the facility's records.

The facility maintains a current and comprehensive roster of all volunteers and contractors, including documentation of their PREA training, criminal background checks, and the dates of their most recent clearance and orientation. Staff interviews further confirmed that volunteers and contractors are closely supervised while on-site and that any concerns related to PREA compliance are addressed through established reporting and investigative protocols. The Auditor found no

evidence of non-compliance in this area, and all relevant policies and procedures were found to be consistently applied.

INTERVIEWS

Inmate/Resident/Detainee Interviews

Random Inmate/Resident/Detainee Interviews

34. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:

20

35. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)

- ☒ Age
- ☒ Race
- ☒ Ethnicity (e.g., Hispanic, Non-Hispanic)
- ☐ Length of time in the facility
- ☒ Housing assignment
- ☒ Gender
- ☐ Other
- ☐ None

36. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?

On the first day of the on-site portion of the PREA audit, the facility housed a total of 159 inmates. In accordance with the requirements set forth in the PREA Auditor Handbook, a facility with this population size is expected to yield a minimum of 20 inmate interviews—comprised of 10 randomly selected inmates and 10 inmates from targeted categories. However, based on a thorough review of facility documentation and confirmation through staff interviews, it was determined that no inmates currently in residence met the criteria for inclusion in any of the targeted populations as defined by PREA. These targeted categories typically include individuals who identify as transgender or intersex, those who are youthful, inmates with cognitive or physical disabilities, individuals with limited English proficiency, inmates who have disclosed prior sexual victimization, or those who have previously reported sexual abuse. As such, the Auditor proceeded with interviews involving 20 randomly selected inmates. To ensure that the sample was reflective of the facility's overall population, the Auditor utilized alphabetical housing unit rosters to conduct a methodical and unbiased selection process. The random sample was deliberately diversified to include inmates from multiple housing units and to represent a mix of racial, ethnic, and age demographics. This approach allowed the Auditor to gather meaningful insight into the general inmate population's knowledge, perceptions, and experiences related to PREA policies, education, reporting mechanisms, and the facility's overall culture of safety. The random interviews provided a comprehensive cross-section of perspectives, contributing significantly to the Auditor's assessment of the facility's implementation of and adherence to PREA standards.

37. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?

- ☒ Yes
- ☐ No

38. 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 PREA audit, the facility reported a total inmate population of 159. In accordance with the PREA Auditor Handbook, facilities with a population of up to 199 inmates are required to provide a minimum of 10 random and 10 targeted inmate interviews. However, after reviewing institutional records and verifying through interviews with facility staff, it was confirmed that there were no inmates currently housed at the facility who met the criteria for inclusion in any of the PREA-defined targeted categories. These categories include, but are not limited to, individuals who identify as transgender or intersex, inmates with significant physical or cognitive disabilities, youthful inmates, limited English proficient individuals, or those who have disclosed prior sexual victimization or reported sexual abuse. As a result, the Auditor conducted interviews with 20 randomly selected inmates. To ensure that the sample was representative of the facility's diverse population, the Auditor utilized alphabetical housing unit rosters and employed a selection method that accounted for variation in age, race, ethnicity, and sentence length. This approach provided a broad cross-section of perspectives and experiences relevant to the facility's implementation of PREA standards. In addition to the formal interviews, the Auditor engaged in several informal conversations with inmates throughout the facility during the comprehensive on-site tour. These interactions included discussions related to sexual safety, inmate education, reporting mechanisms, staff responsiveness, and general institutional culture. Though these conversations were not part of the official interview protocol, they served as valuable supplemental sources of information and helped enrich the Auditor's overall assessment. Prior to each formal interview, the Auditor introduced herself to the inmate, explained the purpose of her visit, and described her role in the PREA audit process. She made it

	<p>clear that participation in the interview was entirely voluntary and that choosing not to participate would have no negative consequences. Once the inmate expressed a willingness to participate, the Auditor proceeded with the standard interview protocol, asking the required questions and recording all responses manually.</p> <p>All 20 randomly selected inmates agreed to be interviewed and participated willingly. During the interviews, no inmates reported any concerns related to PREA, nor did they disclose any instances of sexual abuse, harassment, or staff misconduct.</p> <p>Furthermore, each of the interviewed inmates demonstrated a strong awareness of the facility's zero-tolerance policy toward sexual abuse and sexual harassment. They were able to articulate the various methods for reporting incidents, affirmed that they could make reports anonymously if desired, and consistently expressed confidence in the facility's protections against retaliation for reporting.</p> <p>Overall, the interviews supported the facility's compliance with PREA standards related to inmate education, access to reporting mechanisms, and the institutional commitment to maintaining a safe environment free from sexual abuse and harassment.</p>
Targeted Inmate/Resident/Detainee Interviews	
39. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:	0

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".

40. Enter the total number of interviews conducted with inmates/residents/detainees with a physical disability using the "Disabled and Limited English Proficient Inmates" protocol:

0

40. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:

☒ 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.

☐ The inmates/residents/detainees in this targeted category declined to be interviewed.

40. 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).

Facility staff consistently affirmed that there were no individuals currently housed in the institution who met the criteria for any of the targeted populations as defined under the Prison Rape Elimination Act (PREA). This assertion was corroborated through multiple layers of verification, including a thorough review of documentation and comprehensive staff interviews conducted prior to and throughout the on-site audit process.

The Auditor examined intake screening forms, classification documents, medical and mental health records, and housing assignments. These records confirmed that no inmates housed at the facility during the audit period had been identified as transgender, intersex, youthful (under age 18 in adult settings), cognitively or physically disabled, limited English proficient (LEP), or previously victimized—categories typically requiring focused attention under PREA standards.

Intake, classification, and supervisory staff—those most directly involved in assessing inmate needs and characteristics—each confirmed that none of the current inmate population fell within these specially protected categories. Staff further described the screening and flagging process they would follow if such individuals were admitted, demonstrating an understanding of their responsibilities under PREA.

Additionally, the Auditor conducted a comprehensive walkthrough of the facility, including all housing units, program spaces, medical areas, and recreational yards. During this tour, no individuals displayed observable characteristics typically associated with targeted populations, such as the need for adaptive equipment or language interpretation services. The Auditor also looked for evidence of specialized accommodations—such as private shower stalls, posted language access information, or secure housing arrangements—that might suggest the presence of these populations. None were observed.

Given the absence of individuals from any of

the PREA-designated targeted categories, no targeted interviews were conducted. The Auditor conducted interviews with a broad cross-section of randomly selected inmates and used informal conversations during the tour to further assess the institutional culture and the accuracy of the facility's reporting. The combined evidence—reviewed documentation, first-hand observations, and consistent staff accounts—provided a high degree of confidence that no inmates meeting targeted criteria were assigned to the facility at the time of the audit. Furthermore, the facility demonstrated preparedness to accommodate and support such individuals should they be admitted in the future, with relevant policies and procedures in place to ensure compliance with all PREA requirements.

Voice chat ended

41. 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:

0

41. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	<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. <input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.
41. 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).	See comment above
42. 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:	0
42. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	<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. <input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.
42. 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).	See comment above
43. 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:	0

43. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	<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. <input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.
43. 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).	See comment above
44. 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:	0
44. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	<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. <input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.
44. 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).	See comment above
45. 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:	0

<p>45. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</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>45. 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).</p>	<p>See comment above</p>
<p>46. 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:</p>	<p>0</p>
<p>46. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</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>46. 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).</p>	<p>See comment above</p>
<p>47. 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:</p>	<p>0</p>

47. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	<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>
47. 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).	<p>See comment above</p>
48. 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:	<p>0</p>
48. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	<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>
48. 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).	<p>See coment above</p>

<p>49. 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:</p>	<p>0</p>
<p>49. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</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>49. 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).</p>	<p>See comment above</p>

<p>50. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):</p>	<p>The Auditor did not conduct any targeted inmate interviews during the on-site portion of the audit, as there were no individuals currently housed at the facility who met the criteria for inclusion in the PREA-defined targeted populations. Targeted categories include, but are not limited to, inmates who identify as transgender or intersex, those who are youthful (under the age of 18 in an adult facility), individuals with cognitive or physical disabilities, inmates with limited English proficiency (LEP), and individuals who have disclosed prior sexual victimization or who have previously reported sexual abuse. This determination was made based on a comprehensive review of intake screening documentation, classification records, medical and mental health files, and the Pre-Audit Questionnaire (PAQ). Facility staff responsible for intake, housing assignments, and supervision confirmed during interviews that no current inmates met the characteristics associated with the targeted groups. Furthermore, during the facility tour, the Auditor observed no signs of special housing arrangements, accommodations, or other indicators suggesting the presence of inmates within the targeted categories. As a result, and in accordance with the PREA Auditor Handbook, zero targeted inmate interviews were conducted. The Auditor verified that this was not due to oversight, but rather due to the absence of qualifying individuals at the time of the audit. The facility has policies, procedures, and protocols in place to ensure appropriate identification, screening, and support should targeted individuals be admitted in the future.</p>
<p>Staff, Volunteer, and Contractor Interviews</p>	
<p>Random Staff Interviews</p>	
<p>51. Enter the total number of RANDOM STAFF who were interviewed:</p>	<p>12</p>

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

54. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):

During the on-site audit, the Auditor conducted a comprehensive assessment of staff awareness and institutional practices related to the Prison Rape Elimination Act (PREA) through both informal conversations and formal interviews. Throughout the facility tour, the Auditor engaged in multiple spontaneous, conversational interactions with staff members assigned to various posts and departments, including custody, medical, administration, and program areas. These informal discussions provided valuable insights into the day-to-day implementation of PREA protocols, reinforcing staff knowledge and attitudes regarding key areas such as inmate sexual safety, reporting procedures, education and training requirements, and institutional response to allegations of sexual abuse or harassment. These interactions also allowed the Auditor to observe staff communication styles, professionalism, and their comfort level in discussing PREA-related responsibilities, thereby supplementing the formal data collection process.

In addition to informal engagement, the Auditor conducted 13 formal interviews with randomly selected staff members. The selection process ensured a diverse representation across departments, job classifications, and shifts, enabling a broad and balanced perspective of staff understanding and institutional consistency in applying PREA standards. Interviewed staff included correctional officers, supervisory personnel, medical and mental health staff, and administrative personnel, all of whom had varying levels of direct contact with the inmate population.

Although the required PREA audit notice had been posted in advance of the site visit—providing both staff and inmates with an opportunity to confidentially contact the Auditor—no inquiries, concerns, or correspondence were received from staff prior to or during the audit.

At the outset of each formal interview, the Auditor introduced herself, clearly explained

her independent role in the PREA audit process, and outlined the purpose of the interview. Staff were advised that participation was voluntary, and that refusal to participate would have no negative consequences. Each staff member agreed to participate, and the interviews proceeded using the standardized PREA staff interview protocols. Responses were hand-recorded during the interviews for accuracy and documentation.

All 13 staff members willingly participated and answered all questions posed. None of the interviews triggered the use of supplemental or follow-up protocols, as no concerns or disclosures were made that warranted further inquiry. Staff consistently demonstrated a solid understanding of the facility's zero-tolerance policy for sexual abuse and sexual harassment. Each interviewee was able to articulate the different avenues available for reporting incidents, both for inmates and staff, and expressed confidence in their ability to respond appropriately if a report was received. Staff also confirmed their awareness of retaliation protections and described various steps the facility would take to prevent and monitor for retaliatory behavior. When asked about their own workplace safety, all staff members interviewed indicated that they felt safe from sexual abuse and harassment while performing their duties at the facility. Their comments reflected confidence in the institution's leadership, supervision practices, and commitment to maintaining a safe and respectful environment for both inmates and staff.

Overall, the interviews confirmed that staff were knowledgeable, well-trained, and committed to upholding the agency's PREA standards, with no significant gaps or inconsistencies in understanding reported during the audit.

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.

55. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):

17

56. Were you able to interview the Agency Head?

☒ Yes

☐ No

57. Were you able to interview the Warden/Facility Director/Superintendent or their designee?

☒ Yes

☐ No

58. Were you able to interview the PREA Coordinator?

☒ Yes

☐ No

59. Were you able to interview the PREA Compliance Manager?

☒ Yes

☐ No

☐ NA (NA if the agency is a single facility agency or is otherwise not required to have a PREA Compliance Manager per the Standards)

60. 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 checked="" type="checkbox"/> Other
If "Other," provide additional specialized staff roles interviewed:	Classification Staff
61. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
61. Enter the total number of VOLUNTEERS who were interviewed:	2
61. Select which specialized VOLUNTEER role(s) were interviewed as part of this audit from the list below: (select all that apply)	<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
62. Did you interview CONTRACTORS who may have contact with inmates/residents/detainees in this facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
62. Enter the total number of CONTRACTORS who were interviewed:	2
62. Select which specialized CONTRACTOR role(s) were interviewed as part of this audit from the list below: (select all that apply)	<input type="checkbox"/> Security/detention <input type="checkbox"/> Education/programming <input type="checkbox"/> Medical/dental <input checked="" type="checkbox"/> Food service <input type="checkbox"/> Maintenance/construction <input type="checkbox"/> Other

63. Provide any additional comments regarding selecting or interviewing specialized staff.

The selection of specialized staff for interviews was conducted in accordance with the guidelines set forth in the PREA Auditor Handbook, which specifies the essential roles that must be represented during the on-site audit. These individuals were intentionally chosen based on their job functions, their involvement in the facility's sexual safety efforts, and the significance of their roles in the agency's implementation of PREA standards.

Specialized staff selected for interviews included, but were not limited to: the Warden (Facility Head), PREA Compliance Manager, investigative personnel, medical professionals, Human Resources representatives, and staff assigned to intake and classification duties. Each of these roles plays a pivotal part in areas such as screening for risk of victimization or abusiveness, responding to and reporting sexual abuse allegations, conducting investigations, providing victim support services, and ensuring PREA-related training is delivered and documented appropriately.

The scheduling of these interviews was coordinated in partnership with facility administration to facilitate staff availability while avoiding unnecessary disruption to daily operations. Prior to each interview, staff were informed that participation was voluntary. The Auditor explained her role and clarified the purpose of the audit, including how the information shared would be used to determine the facility's level of PREA compliance. This introduction helped establish transparency and fostered an open and respectful dialogue.

All specialized staff members cooperated fully and engaged thoughtfully in the interview process. Their responses were detailed and aligned with the facility's documented policies and procedures. The interviews offered meaningful insight into how PREA standards are being translated into day-to-day practices and provided essential context that reinforced the documentation reviewed and the

observations made throughout the facility tour.

No challenges were encountered in identifying or interviewing the specialized staff, and the support from facility leadership was instrumental in ensuring timely access to each required individual. These interviews proved to be a critical component of the overall audit, offering direct evidence of the facility's commitment to maintaining a safe and compliant environment in alignment with PREA requirements.

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.

64. Did you have access to all areas of the facility?

☒ Yes

☐ No

Was the site review an active, inquiring process that included the following:

65. 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)?

☒ Yes

☐ No

66. 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)?	<input checked="" type="radio"/> Yes <input type="radio"/> No
67. Informal conversations with inmates/residents/detainees during the site review (encouraged, not required)?	<input checked="" type="radio"/> Yes <input type="radio"/> No
68. Informal conversations with staff during the site review (encouraged, not required)?	<input checked="" type="radio"/> Yes <input type="radio"/> No

69. 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 on-site review, the Auditor was granted unrestricted access to all areas of the facility relevant to the audit scope. This included housing units, intake and classification areas, medical and mental health service locations, administrative offices, and common areas where offenders and staff interact. No limitations or restrictions were placed on the Auditor's movement, allowing for a thorough and comprehensive assessment.

Throughout the facility tour, multiple informal conversations took place with staff at various posts and shifts. These spontaneous interactions provided valuable perspectives on the facility's culture regarding sexual safety, staff awareness of PREA protocols, and the practical application of policies in everyday operations. Staff demonstrated a strong understanding of their roles and responsibilities, reinforcing the formal information collected through interviews and document reviews.

In addition to observational assessments, the Auditor conducted targeted tests of critical functions, such as verifying the accessibility of PREA reporting methods for inmates, reviewing the proper functioning of surveillance cameras, and confirming the availability of confidential communication tools. These tests helped validate that the facility's systems for prevention, detection, and response to sexual abuse and harassment are operational and effective. Overall, the cooperative attitude of staff and leadership, combined with transparent facility operations, contributed to an efficient and insightful site review. The observations and tests conducted during the visit corroborated the facility's compliance efforts and commitment to upholding the standards set forth by PREA.

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.

70. 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

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

Personnel and Training Files

According to the Pre-Audit Questionnaire (PAQ), the facility employed a total of 29 staff members at the time of the audit. To evaluate compliance with PREA-related personnel and training standards, the Auditor conducted an in-depth review of 25 randomly selected staff files from the facility's master staff roster. The selection represented a diverse cross-section of employee roles, including security personnel, administrative staff, medical staff, and support services personnel, ensuring a broad view of institutional practices.

In addition to personnel files, the Auditor reviewed 29 training attendance logs and PREA training signature forms, which documented employee participation in both initial and annual PREA education sessions. The reviewed documentation demonstrated that the facility adheres to agency policy and PREA standards in delivering required training content, including zero-tolerance policies, reporting procedures, staff responsibilities, and appropriate boundaries.

Each personnel file included the required elements: proof of an initial criminal background check, documentation of administrative adjudication for any prior disciplinary issues (if applicable), signed acknowledgment forms verifying receipt of PREA training, records of annual PREA refresher training, and evidence of a five-year criminal history re-check, when applicable. The completeness, consistency, and organization of these files reflect a strong internal system for tracking and maintaining staff compliance with PREA training and hiring standards.

Inmate Records

As of the first day of the on-site audit, the facility housed 159 inmates. The Auditor conducted a thorough review of 50 inmate records to assess the facility's compliance with PREA education requirements. Files were randomly selected from the inmate population and represented a range of

housing units, age groups, and lengths of incarceration to ensure an accurate reflection of overall practices.

All 50 inmate files (100%) contained documentation indicating that inmates received PREA education during the intake process. Additionally, records showed that each inmate participated in a comprehensive, facility-led PREA orientation session within 30 days of arrival, consistent with Georgia Department of Corrections (GDC) policy and the requirements of PREA Standard §115.33. The Auditor also examined 46 inmate records selected at random to assess compliance with PREA screening and reassessment protocols. Each of the 46 inmates had undergone a documented risk screening for sexual victimization and abusiveness within 72 hours of admission, as required by Standard §115.41. Further, all 46 files contained verification of a reassessment conducted within 30 days of intake, confirming compliance with both initial screening and reassessment timelines.

Sexual Abuse and Sexual Harassment Allegations

According to information provided in the PAQ and confirmed through interviews with the Facility Head, PREA Compliance Manager, and investigative staff, there were zero reported allegations of sexual abuse or sexual harassment within the facility during the 12 months preceding the audit. As such, there were no incident reports or investigative files available for review.

Despite the absence of cases, the Auditor assessed the facility's preparedness to respond to allegations, should they arise. Interviews with key staff confirmed that all reports, regardless of the source or method of communication, would be taken seriously, immediately referred for investigation, and handled in accordance with GDC policy and PREA standards. Staff demonstrated knowledge of proper reporting protocols, evidence preservation, and victim support

procedures, indicating that the facility is operationally ready to manage any future allegations effectively.

Investigation Files

As noted in the PAQ and corroborated during the site visit, the facility reported no allegations of sexual abuse or harassment in the past year. Therefore, no investigation files were available for review.

Nonetheless, the Auditor verified through interviews and documentation that the facility has clearly established procedures for managing investigations, including protocols for referring allegations to designated GDC investigators or external law enforcement, when appropriate. Staff responsible for investigative coordination are trained in evidence collection, documentation, and victim-centered practices. The facility's infrastructure and staffing reflect an ability to initiate and support thorough investigations in accordance with PREA requirements, should the need arise.

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.

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

	# of sexual abuse allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
Inmate-on-inmate sexual abuse	0	0	0	0
Staff-on-inmate sexual abuse	0	0	0	0
Total	0	0	0	0

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

	# of sexual harassment allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
Inmate-on-inmate sexual harassment	0	0	0	0
Staff-on-inmate sexual harassment	0	0	0	0
Total	0	0	0	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.

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

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

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

	Ongoing	Unfounded	Unsubstantiated	Substantiated
Inmate-on-inmate sexual abuse	0	0	0	0
Staff-on-inmate sexual abuse	0	0	0	0
Total	0	0	0	0

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.

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

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

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

	Ongoing	Unfounded	Unsubstantiated	Substantiated
Inmate-on-inmate sexual harassment	0	0	0	0
Staff-on-inmate sexual harassment	0	0	0	0
Total	0	0	0	0

Sexual Abuse and Sexual Harassment Investigation Files Selected for Review

Sexual Abuse Investigation Files Selected for Review

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

0

78. Explain why you were unable to review any sexual abuse investigation files:

There were no PREA allegations or investigations in the previous 12 months.

79. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any sexual abuse investigation files)
Inmate-on-inmate sexual abuse investigation files	
80. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:	0
81. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?	<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 abuse investigation files)
82. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?	<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 abuse investigation files)
Staff-on-inmate sexual abuse investigation files	
83. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:	0
84. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?	<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 abuse investigation files)

85. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?	<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 abuse investigation files)
Sexual Harassment Investigation Files Selected for Review	
86. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:	0
86. Explain why you were unable to review any sexual harassment investigation files:	There were no PREA allegations or investigations in the previous 12 months
87. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?	<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)
Inmate-on-inmate sexual harassment investigation files	
88. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:	0
89. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?	<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)

90. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?	<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)
Staff-on-inmate sexual harassment investigation files	
91. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:	0
92. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?	<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)
93. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?	<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)
94. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.	There were no PREA allegations or investigations in the previous 12 months

SUPPORT STAFF INFORMATION

DOJ-certified PREA Auditors Support Staff

95. 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

96. 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

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

1

AUDITING ARRANGEMENTS AND COMPENSATION

97. 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

Diversified Correctional Services

Standards	
Auditor Overall Determination Definitions	
<ul style="list-style-type: none"> Exceeds Standard (Substantially exceeds requirement of standard) Meets Standard (substantial compliance; complies in all material ways with the stand for the relevant review period) Does Not Meet Standard (requires corrective actions) 	
Auditor Discussion Instructions	
<p>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.</p>	

115.11	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p><u>DOCUMENTS REVIEWED</u></p> <p>To evaluate compliance with the Prison Rape Elimination Act (PREA) standards, the following documents were examined:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire (PAQ) along with supporting documentation 2. Georgia Department of Corrections (GDC) Standard Operating Procedures (SOP), Policy No. 208.06, titled Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective as of June 23, 2022 3. Warden Memorandum, PREA Compliance Manager, dated March 1, 2024 4. Facility Organizational Chart 5. Agency Organizational Chart <p><u>INTERVIEWS CONDUCTED</u></p> <p>The following personnel were interviewed to gather information on policy</p>

implementation and operational practice:

PREA Coordinator (PC): The agency's PREA Coordinator affirmed during the interview that they possess both the authority and sufficient time to direct the agency's PREA compliance efforts across all facilities. The Coordinator confirmed that the facility's PREA Compliance Manager (PCM) is fully committed to PREA oversight and empowered to initiate necessary changes to ensure compliance.

PREA Compliance Manager (PCM): The PCM reported having adequate resources and time to carry out their duties, which include ensuring that the facility operates in alignment with PREA standards and requirements.

PROVISIONS

Provision (a):

According to the PAQ, the facility has an established, written zero-tolerance policy addressing all forms of sexual abuse and sexual harassment. This policy is applicable to all facilities under direct or contract operation. The agency's stance is clearly articulated in:

GDC SOP 208.06, Section I, A (p.1), which declares the Department's zero-tolerance position toward sexual abuse, sexual harassment, and offender sexual activity.

The facility has also documented its procedures for preventing, detecting, and responding to sexual misconduct, as detailed in:

GDC SOP 208.06, pages 1–39, which comprehensively describe the agency's preventive strategies, response protocols, and intervention measures.

Definitions of prohibited conduct are clearly outlined in:

GDC SOP 208.06, pages 4 (L) through 6 (N), which specify behaviors that constitute sexual abuse or harassment.

Disciplinary actions for engaging in prohibited conduct are specified in:

GDC SOP 208.06, pages 33–34, Section H, 1, subsections a–d, outlining the sanctions applicable to violators.

Preventive strategies and the agency's coordinated response framework are documented in:

GDC SOP 208.06, pages 7–8, Section IV, A, 1, a–d, which assign staff responsibilities, outline response procedures, and describe protocols for managing sexual abuse allegations.

Provision (b):

The PAQ confirms that the GDC has designated an agency-level PREA Coordinator who operates within the Office of Professional Standards (OPS), Compliance Unit. The interview further validated that this position holds executive status and reports directly to the Commissioner of Corrections. In addition, each facility under the GDC

	<p>has an assigned PREA Compliance Manager who is responsible for ensuring compliance with PREA and reports to the PREA Coordinator on all related matters.</p> <p>Provision (c):</p> <p>The PAQ also affirms that each institution designates a PREA Compliance Manager (PCM), who is accountable to the PREA Coordinator for compliance oversight. At the facility level, the PCM reports to the Warden or Superintendent. This chain of command is reinforced by:</p> <p>GDC SOP 208.06, pages 7–8, Section A, 1, which mandates the appointment of a PREA Compliance Manager at each site under the supervision of the facility head.</p> <p>The Warden Memorandum, PREA Compliance Manager, dated March 1, 2024, designated the Deputy Warden as the facility PREA Compliance Manager (PCM).</p> <p><u>CONCLUSION</u></p> <p>Based on the comprehensive document review and interviews with key personnel, the Auditor finds that the agency and facility have demonstrated compliance with the PREA standards related to zero tolerance for sexual abuse and sexual harassment. The facility has an effective structure in place to support PREA compliance, with both the PREA Coordinator and the PREA Compliance Manager having sufficient authority, time, and resources to perform their duties and enforce the agency’s PREA mandates.</p>
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115.12	Contracting with other entities for the confinement of inmates
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>DOCUMENT REVIEW</p> <p>To assess the facility’s compliance with PREA Standard §115.12, the Auditor reviewed several key documents. These included the Pre-Audit Questionnaire (PAQ) and its supporting materials, as well as the Georgia Department of Corrections (GDC) Standard Operating Procedures, specifically SOP 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, with an effective date of June 23, 2022. This policy outlines the agency’s expectations and mandates regarding PREA compliance, including those applicable to contracting entities.</p> <p><u>INTERVIEWS</u></p> <p>Agency Contract Administrator</p> <p>An interview was conducted with the Agency Contract Administrator, who provided insight into the contracting process for inmate housing services. The Administrator explained that GDC contracts with both privately operated and county-run facilities,</p>

and that PREA compliance is a mandatory component of all such contracts. Before any agreement is finalized, the potential contractor must demonstrate that they are fully compliant with PREA standards. The Administrator emphasized that this requirement is non-negotiable and universally applied to all current and future contracts. Contracts that fail to meet PREA standards are not executed under any circumstances.

PROVISIONS

Provision (a)

The PAQ indicates that GDC requires any agency or facility contracting for inmate confinement to formally adopt and comply with PREA standards. This obligation is embedded within the contract language used by the Department. While the facility itself does not manage its own confinement contracts, the agency's centralized contracting process ensures that all agreements contain language mandating full PREA compliance.

Responsibility for monitoring contractual compliance with PREA falls to the Contract Manager, who ensures that each contracted facility or service provider meets the requirements set forth in the agreement. The facility reported that one such contract for confinement was either initiated or renewed in the past year. On a broader scale, the GDC reported that twenty-six contracts for inmate housing were in effect or renewed within the same period, each containing explicit PREA compliance clauses.

These details were confirmed during the interview with the Agency Contract Administrator, who reiterated that PREA stipulations are integral to all such agreements and that no contract is permitted to proceed without them.

RELEVANT POLICIES

Policy Number 208.06, effective June 23, 2022, specifically addresses PREA Standard §115.12 and outlines GDC's requirements for contractual compliance. It states unequivocally that any contract—whether new or renewed—for the confinement of inmates must adhere to all GDC policies, including those related to the Prison Rape Elimination Act. The policy leaves no room for exception and serves as the foundation for ensuring contractor accountability.

Provision (b)

In addition to requiring that contractors comply with PREA standards, GDC policy and practice also mandate active monitoring of such compliance. The PAQ affirms that all confinement contracts entered into by the agency include provisions for oversight. The facility reported that no current contracts are exempt from this monitoring requirement.

During the interview, the Contract Administrator explained that GDC conducts thorough policy and procedure reviews for each contractor to ensure they align with federal PREA guidelines. Beyond policy alignment, contractors are required to promptly report all allegations of sexual abuse or harassment to the Department. Further, contractors must submit copies of all investigative materials and final reports to the GDC PREA Coordinator. This reporting process facilitates transparency and

	<p>centralized oversight of incidents across all contracted facilities.</p> <p><u>CONCLUSION</u></p> <p>Based on the comprehensive document review and interviews with agency staff, the Auditor concludes that the Georgia Department of Corrections and the reviewed facility meet the requirements of PREA Standard §115.12. The Department has established clear procedures to ensure all contracts for the confinement of inmates are in full compliance with PREA. These procedures include embedded compliance clauses, contractor vetting prior to agreement finalization, and ongoing monitoring of adherence to PREA standards. The agency’s commitment to accountability and standardized enforcement practices is evident in both policy and practice.</p>
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115.13	Supervision and monitoring
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p><u>DOCUMENT REVIEW</u></p> <p>To evaluate the facility’s compliance with PREA Standard §115.13, the Auditor reviewed a range of key documents. These included the Pre-Audit Questionnaire (PAQ) with its associated supporting materials, 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 as of June 23, 2022—and the facility’s most recent approved Staffing Plan, dated February 13, 2025.</p> <p><u>OBSERVATIONS</u></p> <p>During the on-site facility tour, the Auditor conducted a random review of housing unit logbooks. These logbooks contained clear entries by intermediate- and higher-level supervisory staff documenting unannounced rounds. The frequency and consistency of these entries aligned with what staff reported and matched the facility’s documented procedures, providing clear evidence that such rounds are being completed as required.</p> <p><u>INTERVIEWS</u></p> <p>Facility Head or Designee</p> <p>In conversation with the Facility Head, the Auditor was provided a detailed overview of how staffing decisions are influenced by a range of operational and safety considerations. The Facility Head discussed the balance between staffing levels and inmate programming, the role of physical plant design in determining post assignments, and the enhancements made to the video surveillance system to improve coverage and ensure safety. Other variables include oversight from external bodies, inmate population characteristics, supervisory staff allocations, and day-to-day frontline staffing needs. At the time of the audit, the facility employed 29 staff</p>

members, had hired 3 new employees in the past 12 months, and reported 3 approved contractors and 11 volunteers, though not all volunteers were currently active.

PREA Compliance Manager (PCM)

The PCM shared that the facility routinely evaluates staffing levels to ensure they meet operational needs and PREA requirements. Regular reviews focus on how staffing impacts inmate supervision and program delivery. The PCM confirmed that the facility's video monitoring system is also subject to ongoing inspection, with upgrades or adjustments made as necessary to maintain appropriate surveillance.

Intermediate- or Higher-Level Facility Staff

Supervisory personnel reported conducting unannounced rounds on all shifts, in line with policy. These rounds are specifically intended to deter staff misconduct and are recorded in logbooks located in each housing unit. The Auditor confirmed the accuracy of these reports during the site tour, which included random verification of log entries.

Random Staff

Line staff interviews further supported the supervisory reports. Staff explained that supervisors regularly move through the facility without prior notice, including during overnight and weekend shifts. Their responsibilities during these rounds include reviewing logbooks and interacting with both staff and inmates. The Auditor personally observed supervisors engaging in these activities during the site visit. Additionally, line staff were well aware of the policy prohibiting the advance disclosure of supervisory rounds.

Random Inmates

Interviews with inmates echoed what was reported by staff. Inmates shared that they regularly see supervisory staff—including the PCM—circulating through the facility. They described these staff as approachable and responsive to inmate concerns.

PROVISIONS

Provision (a)

As detailed in the PAQ, the facility maintains a formal staffing plan that addresses all thirteen components required under this provision. This plan prioritizes coverage for critical posts and accounts for a steady average inmate population of approximately 160, a number verified by the Facility Head.

Upon review, the plan was found to be both detailed and well-structured. It outlines the staffing needs for each area of the facility, identifies post responsibilities, includes coverage expectations, and references the extent of camera surveillance.

Additionally, it notes operational hours and inmate movement restrictions in each area. The Annual PREA Staffing Plan Review, which the facility submitted, reflected full compliance with the required elements and demonstrated a thoughtful and PREA-aligned approach to staffing decisions.

RELEVANT POLICY

GDC SOP 208.06 mandates that each facility leader develop a staffing plan using the standardized template (Attachment 11). Facilities must document and adhere to this plan in good faith. Any staffing deviations must be clearly documented on the daily Post Roster, with periodic reviews and necessary adjustments submitted to the PREA Coordinator for review and approval.

Provision (b)

The PAQ confirmed that the facility did not experience any deviations from the staffing plan within the past year. When critical posts are at risk of going unstaffed, the facility fills those roles either through overtime assignments or by reallocating existing staff. Because no deviations occurred during the reporting period, the facility was not required to list the most common reasons for such changes.

RELEVANT POLICY

According to SOP 208.06, all deviations from the approved staffing plan must be fully documented and justified on the Post Roster. These entries are routinely reviewed by leadership to identify any patterns or systemic issues that may warrant further action. The PREA Coordinator reviews and approves any recommended staffing plan changes based on these findings.

Provision (c)

The PAQ stated that the facility performs an annual evaluation of its staffing plan in collaboration with the PREA Coordinator. This annual review includes an assessment of staff deployment, video monitoring systems, and overall resource availability.

The Auditor reviewed the most recent staffing plan assessment, dated February 13, 2025, which analyzed the effectiveness of staff allocation, video surveillance coverage, and the sufficiency of current resources. This internal audit confirmed that supervisory coverage was appropriate in all areas of the facility accessible to inmates. Supporting documents, including shift rosters, verified that posts were staffed as outlined in the plan. GDC SOP 208.06 stipulates that each facility must evaluate its staffing plan annually, reviewing staffing patterns, surveillance technology, and resource sufficiency. Any updates resulting from this process must be documented and submitted to the PREA Coordinator for review and approval.

Provision (d)

As outlined in the PAQ, the facility conducts weekly unannounced supervisory rounds on all shifts. These rounds are led by intermediate- or higher-level staff and are intended to identify and prevent incidents of sexual abuse and harassment. Staff are prohibited from giving advance notice of these rounds, a policy that staff consistently reports on understanding and following.

During the site visit, the Auditor examined unit logbooks that clearly documented these unannounced rounds. Additionally, several supervisors were observed in real time as they moved through the facility, reinforcing the accuracy of the documentation and interviews.

	<p>RELEVANT POLICY</p> <p>Per GDC SOP 208.06 (page 9, section 6), all supervisory staff must conduct and log unannounced rounds weekly on every shift. Duty Officers are also required to complete rounds and record findings in designated logbooks. Advance notification is prohibited unless operationally necessary, and any concerns noted during these rounds—particularly those affecting sexual safety—must be documented.</p> <p>CONCLUSION</p> <p>Through comprehensive document review, direct observation, and extensive interviews with facility staff and inmates, the Auditor concludes that the facility demonstrates full compliance with PREA Standard §115.13—Supervision and Monitoring. The facility maintains a well-documented staffing plan, ensures routine supervisory presence, and conducts unannounced rounds as required. The combination of proactive staff engagement, continuous monitoring, and responsive policy implementation contributes to a culture of vigilance and sexual safety throughout the facility.</p>
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115.14	Youthful inmates
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>DOCUMENT REVIEW</p> <p>As part of the compliance review process, the Auditor examined the Pre-Audit Questionnaire (PAQ) along with all supporting documentation provided by the facility. Included in the review was 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, with an effective date of June 23, 2022.</p> <p>OBSERVATIONS</p> <p>During the comprehensive walkthrough of the facility, the Auditor did not encounter or visually identify any youthful inmates within the population. Additionally, a review of the facility's inmate roster confirmed that no individuals were listed with birthdates later than the year 2007. This verification process supported the facility's claim that youthful inmates are not housed at this location.</p> <p>INTERVIEWS</p> <p>Facility Head</p> <p>During both the formal interview and subsequent informal discussions, the Facility Head confirmed unequivocally that the facility does not receive or detain youthful</p>

inmates. This practice is consistent with the agency's classification and placement protocols.

PREA Compliance Manager (PCM)

The PREA Compliance Manager echoed the Facility Head's statements, verifying that the institution does not accept youthful inmates into its custody. The PCM further confirmed that current screening and classification procedures would prevent the assignment of youthful inmates to this facility.

Youthful Inmates

As the facility does not house any youthful inmates, there were no individuals in this category available for interview under this standard.

PROVISIONS

Provision (a)

The facility reported on the Pre-Audit Questionnaire that it does not house youthful inmates, and this was confirmed through documentation and observation. The Auditor reviewed the inmate population roster and verified that there were no individuals in custody born after 2006. The absence of youthful inmates is consistent with the facility's designation and operational scope.

RELEVANT POLICY

GDC Standard Operating Procedure 208.06, effective June 23, 2022, specifically addresses the management of youthful inmates in section 7, items a through c, on page 10. While this policy outlines the required procedures for facilities that do house youthful offenders, it does not apply to this facility, as no youthful inmates are housed here.

Provision (b)

Not applicable. The facility does not house youthful inmates.

Provision (c)

Not applicable. The facility does not house youthful inmates.

CONCLUSION

Following an in-depth review of all relevant documentation, interviews with facility leadership and the PREA Compliance Manager, as well as direct observation and roster verification, the Auditor concludes that the facility is in full compliance with PREA Standard §115.14 regarding youthful inmates. The evidence confirms that the facility does not house youthful individuals, and the policies and procedures in place are consistent with this operational status.

Auditor Overall Determination: Meets Standard

Auditor Discussion

DOCUMENT REVIEW

To assess compliance with PREA Standard §115.15, the Auditor conducted an in-depth review of the Pre-Audit Questionnaire (PAQ) and the supporting materials provided by the facility. The following key documents were examined:

1. GDC Standard Operating Procedure (SOP) 208.06 – PREA Sexually Abusive Behavior Prevention and Intervention Program, effective June 23, 2022.
2. GDC SOP 226.01 – Searches, Security, Inspections, and Use of Permanent Logs, effective May 27, 2020.
3. GDC Contraband Interdiction and Searches Training Curriculum, which integrates procedures from SOPs 226.01 and 206.02.
4. Facilitator Notes and Training Materials for Cross-Gender Searches instruction.
5. Official Memorandum dated September 12, 2024, issued by the Director of Facilities Administration Support, outlining changes to SOPs 226.01, 220.09, and Attachment 1.
6. Staff Training Records documenting completion of training modules covering PREA standards related to cross-gender searches and interactions with transgender/intersex inmates.
7. Interview Notes and Responses from both random staff and inmate interviews conducted during the onsite audit.

These documents establish the policy framework, staff training strategies, and institutional expectations governing cross-gender viewing practices, search protocols, and accommodations for transgender and intersex individuals.

OBSERVATIONS

During the facility tour, the Auditor directly observed consistent implementation of procedures requiring advance announcements by staff of the opposite gender before entering areas where inmates may be undressed. Specifically, whenever female staff—or the female Auditor—entered male housing units or restroom areas, clear audible announcements were made, allowing inmates to take appropriate steps to preserve their privacy.

This practice was uniformly followed across all observed areas, including general population housing units and restroom facilities. No transgender or intersex individuals were observed at the time of the audit, and the facility's inmate roster confirmed the absence of any known transgender or intersex residents, including male-to-female transgender inmates.

INTERVIEWS

Non-Medical Staff Involved in Searches

Non-medical staff interviewed during the audit consistently affirmed that they do not perform cross-gender strip or visual body cavity searches, as such searches are prohibited under normal circumstances. Staff displayed a solid understanding of the policy, which mandates that if such a search becomes necessary due to exigent circumstances, it must be authorized by the Facility Head, conducted by qualified medical personnel, and thoroughly documented in accordance with GDC policy and PREA requirements.

Random Staff

Randomly selected staff participated in formal interviews, supplemented by additional informal discussions. Across all interviews, staff demonstrated a high level of knowledge and compliance regarding PREA requirements for searches and viewing limitations:

1. All staff affirmed that they had completed annual PREA training.
2. Every participant reported receiving relevant PREA instruction within the past year.
3. Staff confirmed that cross-gender strip or visual body cavity searches are not conducted at the facility.
4. None reported witnessing or conducting any cross-gender strip or cavity searches.
5. Male staff are regularly assigned to conduct searches of male inmates, in alignment with gender-specific policy.
6. Female staff are not tasked with performing strip or body cavity searches on male inmates.
7. Staff accurately described search procedures for transgender and intersex inmates and emphasized that no search is permitted solely to determine genital status.

All staff reported that privacy accommodations are respected for transgender or intersex individuals, including:

1. The use of individual shower stalls in most housing units;
2. Modified shower schedules in units lacking individual stalls, tailored to the needs and input of the individual inmate;
3. A willingness to honor inmate preferences regarding search and privacy accommodations.

Random Inmate

Inmates interviewed during the audit expressed strong confidence in their privacy protections and indicated satisfaction with how staff handle cross-gender situations. All inmates (100%) reported:

1. They had never been subjected to a cross-gender strip search.
2. They are allowed to change clothes and shower without being viewed by staff of the opposite sex.
3. Opposite-gender staff consistently provide advance notification before entering areas where inmates may be unclothed, allowing time to cover themselves.

Transgender Inmates

At the time of the audit, no transgender or intersex inmates were housed at the facility; therefore, no interviews were conducted in this category. Nevertheless, staff interviews confirmed familiarity with the policies and procedures applicable to transgender and intersex residents should such individuals be admitted in the future.

PROVISION (a)

According to the PAQ and confirmed through interviews and documentation, the facility does not permit cross-gender strip or visual body cavity searches of inmates. There were zero instances of such searches reported in the 12 months leading up to the audit. Random staff interviews fully supported this report, and all interviewees clearly articulated the policy's restrictions—namely, that such searches are only permitted in exigent circumstances and must be conducted by medical personnel with prior administrative approval.

RELEVANT POLICY

GDC SOP 208.06, Section 8.a: Prohibits cross-gender strip and cavity searches unless exigent circumstances exist or the procedure is conducted by licensed medical staff.

GDC SOP 226.01, Section IV.C.1.d: Formerly referenced search procedures for transgender and intersex inmates based on their classification gender.

Policy Information Bulletin (PIB), September 12, 2024: Revises SOPs 226.01 and 220.09 to prioritize inmate preferences and respectful treatment. Changes include a new classification intake question allowing inmates to indicate preferred search staff gender.

PROVISION (b)

This provision is not applicable to the facility. The institution exclusively houses adult male inmates and does not receive or detain female inmates. While the facility may potentially house male-to-female transgender individuals through GDC's placement process, none were present at the time of the audit. The PAQ and facility census confirmed that of the 159 inmates housed, none were identified as transgender or intersex.

PROVISION (c)

The facility reported, and staff interviews confirmed, that cross-gender strip or visual cavity searches are not practiced under routine circumstances. Should an emergency

situation arise, the policy requires prior approval by the Facility Head, performance by medical staff, and thorough documentation of the exigent circumstance and search process.

RELEVANT POLICY

GDC SOP 208.06, Section 8.c: Requires documentation of all cross-gender strip or cavity searches and any cross-gender pat searches involving female inmates, including a justification for the search.

PROVISION (d)

The facility takes appropriate measures to ensure that inmates can shower, change clothing, and use restrooms without being observed by staff of the opposite gender, except during emergencies or routine security checks. All inmates interviewed (100%) confirmed that their privacy is consistently respected and that female staff reliably announce their presence before entering housing or restroom areas.

RELEVANT POLICY

GDC SOP 208.06, Section 8.d: Requires that opposite-gender staff do not view inmates during private activities unless necessary.

Section 8.e: Mandates audible announcements by opposite-gender staff before entering housing areas.

Section 8.f: Details four required methods of notification to inmates about the presence of opposite-gender staff, including orientation, signage, schedules, and live announcements.

PROVISION (e)

Searches or physical exams intended solely to determine an inmate's genital status are strictly prohibited. Interviews with staff confirmed that these types of examinations are not conducted. Staff stated that such information, if necessary, would only be collected during medical assessments conducted privately by healthcare professionals. Additionally, staff receive training on how to search transgender and intersex inmates in a respectful and professional manner.

RELEVANT POLICY

GDC SOP 208.06, Section 8.g: Prohibits genital status searches unless conducted by medical professionals.

Section 8.h: Requires specialized training on conducting respectful and minimally intrusive searches.

Contraband Interdiction and Searches Curriculum: Reinforces dignity-focused search practices, including exercises to teach proper pat search methods.

PROVISION (f)

Training records confirmed that all staff received instruction on search procedures

	<p>consistent with PREA standards, including guidance on cross-gender and transgender/intersex searches. Staff interviews corroborated this, with all participants stating they had completed relevant training within the past year. Female officers noted they defer to male staff for any strip or cavity searches, while male staff are consistently available to meet facility needs in accordance with policy.</p> <p><u>CONCLUSION</u></p> <p>Based on the detailed review of facility policy documents, training records, direct observations, and comprehensive interviews with staff and inmates, the Auditor determined that the facility fully complies with all six provisions of PREA Standard §115.15. The recent policy revisions implemented through the September 12, 2024, Policy Information Bulletin further enhance the facility’s compliance posture by reinforcing dignity, privacy, and procedural safeguards related to searches and cross-gender viewing.</p>
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115.16	Inmates with disabilities and inmates who are limited English proficient
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p><u>DOCUMENT REVIEW</u></p> <p>To evaluate compliance with PREA Standard §115.16, the Auditor conducted a thorough analysis of the Pre-Audit Questionnaire (PAQ) and all relevant supporting documentation submitted by the facility. Key materials reviewed included:</p> <ol style="list-style-type: none"> 1. Georgia Department of Corrections (GDC) Standard Operating Procedure (SOP) 208.06 – PREA Sexually Abusive Behavior Prevention and Intervention Program, with an effective date of June 23, 2022 2. PREA informational brochures available in both English and Spanish 3. LanguageLine Insight User Guide for Video Interpretation Services 4. Lionbridge User Guide for Telephonic Language Interpretation 5. Logs documenting usage of Video Remote Interpreting (VRI) 6. Bilingual (English/Spanish) dialing instructions for accessing the GDC PREA Hotline 7. PREA educational and informational posters displayed throughout the institution <p>These materials collectively demonstrate the facility’s ongoing efforts to ensure equitable access to PREA-related information and reporting avenues for all incarcerated individuals, including those who have disabilities or are Limited English Proficient (LEP).</p> <p><u>OBSERVATIONS</u></p>

During the facility walkthrough, the Auditor observed that PREA-related materials—such as posters—were clearly posted in both English and Spanish throughout multiple areas of the institution. These included housing units, hallways, work assignments, visitation areas, and other highly visible locations. The materials were placed in ways that made them accessible to all inmates. Additionally, the Auditor reviewed brochures, guidance documents, and interpretive tools, reinforcing the facility’s commitment to inclusive communication practices that accommodate diverse inmate populations.

INTERVIEWS

Facility Head

The Facility Head confirmed in interview that the facility has well-established procedures to ensure inmates with disabilities and LEP inmates are afforded meaningful access to PREA education and reporting systems. These procedures include the use of professional interpretation services (such as LanguageLine and Lionbridge), written materials in multiple languages, visual supports, and other alternative formats as needed. The Facility Head emphasized that staff are trained to recognize when interpretive services are necessary and to implement them without delay.

Random Staff

All staff members interviewed (100%) reported that inmate interpreters, readers, or assistants are strictly prohibited from facilitating communication related to allegations of sexual abuse or harassment. Moreover, each staff member confirmed they had never observed or been aware of any such use of inmate interpreters. Staff consistently stated that appropriate, authorized interpretation services are utilized to meet inmates’ needs in accordance with agency policy.

Inmates with Disabilities

At the time of the on-site assessment, there were no individuals housed at the facility who were identified as having physical or cognitive impairments. Consequently, no inmates in this category were available for interview.

PROVISIONS

Provision (a)

The PAQ affirms that the facility has implemented comprehensive practices to ensure that inmates with disabilities and those with limited English proficiency are able to fully engage in all aspects of the agency’s PREA prevention, detection, and response efforts. This was validated during interviews with the Facility Head and inmates, who consistently confirmed that these services are accessible and effective.

The Auditor reviewed the facility’s instructional guide for accessing LanguageLine. The guide outlines a user-friendly process:

1. Dial the designated toll-free access number

2. Input the facility-specific Personal Identification Number (PIN)
3. Select the required language (e.g., press 1 for Spanish)
4. Immediately connect with a live interpreter for real-time communication support

RELEVANT POLICY:

GDC SOP 208.06, Section 9.a (p. 12), requires PREA Compliance Managers to reference SOP 103.63 (ADA Title II Provisions) to ensure inmates with disabilities and LEP individuals have the necessary resources to understand their rights and responsibilities under PREA, including how to report incidents and access protective services.

Provision (b)

The facility, according to the PAQ, ensures LEP inmates are given equal access to PREA education and services. The following supports are in place to facilitate communication:

LanguageLine: Provides on-demand video interpretation, including services for American Sign Language (ASL)

Lionbridge: Offers real-time telephonic interpretation across multiple languages

PREA Educational Materials: Available in both English and Spanish, including brochures, posters, and orientation videos with closed captioning

Additional Accommodations Include:

1. **LEP Inmates:** Receive translated documents and access to interpreters for all PREA-related services
2. **Hearing Impaired Inmates:** Supported through videos with captions, visual materials, and ASL interpreters via VRI
3. **Visually Impaired Inmates:** Provided information through audio recordings or staff readers; Braille is available if needed
4. **Cognitively Impaired or Low-Literacy Inmates:** Given information through simple verbal explanations by trained staff or in multimedia formats designed for easier understanding

RELEVANT POLICY:

SOP 208.06 requires that PREA information be conveyed in a format that is understandable to all inmates, regardless of disability, language barriers, or educational level. The content must address prevention, self-protection, reporting methods, and available resources for treatment and counseling.

Provision (c)

As stated in the PAQ and confirmed during interviews with the Facility Head, the facility has had zero incidents in the past twelve months in which inmate interpreters, readers, or assistants were used to facilitate PREA-related communication.

RELEVANT POLICY:

GDC SOP 208.06 (Sections 9.b, pp. 12-13) clearly prohibits the use of inmate

	<p>interpreters or assistants in PREA-related matters, except in Exigent Circumstances. Such exceptions may only occur when an immediate delay in obtaining a qualified interpreter would jeopardize inmate safety, hinder essential first responder responsibilities (as defined in 28 CFR §115.64), or compromise an investigation. Given the availability of professional services, the use of inmate interpreters is considered both unnecessary and inappropriate.</p> <p><u>CONCLUSION</u></p> <p>After an extensive review of relevant policies, interpretive service documentation, on-site observations, and interviews with staff and inmates, the Auditor finds the facility to be in full compliance with PREA Standard §115.16. The agency has implemented effective systems and safeguards to ensure that inmates with disabilities and those with limited English proficiency have full and equal access to all aspects of PREA education, prevention, reporting, and response protocols. All elements of the standard are satisfied without exception.</p>
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115.17	Hiring and promotion decisions
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p><u>DOCUMENT REVIEW</u></p> <p>As part of the compliance assessment for PREA Standard §115.17, the Auditor conducted a comprehensive review of the Pre-Audit Questionnaire (PAQ) and all relevant supporting documentation submitted by the facility. The following documents were examined:</p> <ol style="list-style-type: none"> 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 3. GDC SOP 104.09, Attachment 4 – Applicant Verification, revised May 25, 2022 4. GDC SOP 104.18 – Obtaining and Using Records for Criminal Justice Employment, effective October 13, 2020 5. A sample of employee personnel records <p>This documentation demonstrated that the facility has implemented a structured and policy-driven hiring, promotion, and background verification process that aligns with PREA’s intent to prevent sexual abuse by ensuring unsuitable individuals are not placed in positions of trust.</p> <p><u>INTERVIEWS</u></p> <p>Administrative (Human Resources) Staff</p>

The Auditor conducted an interview with Human Resources personnel, who confirmed the following:

1. All prospective employees are required to complete detailed application materials, which include disclosure of prior misconduct and criminal activity relevant to PREA provisions.
2. Criminal background checks are mandatory for all newly hired employees, individuals being considered for promotion, and every existing employee at least once every five years.
3. GDC utilizes a centralized and automated system to monitor and track the status and due dates of background checks, ensuring all personnel remain compliant with required timelines.
4. Employees are obligated to self-report any arrests or criminal conduct through their designated reporting chain.
5. When requested by prospective institutional employers, GDC provides information related to substantiated allegations of sexual abuse or harassment involving former employees, consistent with applicable laws.

The Auditor also reviewed 29 personnel records, confirming that each file contained required documentation, including criminal background checks, PREA-specific questions and acknowledgments, and signed disclosures. The three questions required under Provision (a) of the standard were consistently answered in all reviewed documentation.

The facility reported a staffing level of 29 employees who have direct or indirect contact with inmates, including three new hires within the past 12 months. Additionally, the facility utilizes the services of 3 contractors and 11 volunteers.

PROVISIONS

Provision (a)

According to the PAQ and confirmed through interviews and record reviews, the facility adheres to strict prohibitions against hiring, promoting, or allowing contact with inmates by individuals who:

1. Have previously engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or any institution as defined by 42 U.S.C. §1997;
2. Have been criminally convicted for engaging or attempting to engage in sexual activity by force, threats, coercion, or involving a victim who was unable to consent or refuse; or
3. Have been civilly or administratively adjudicated for conduct described in item 2 above.

This prohibition extends to all staff, contractors, and volunteers who may have any contact with incarcerated individuals.

The Auditor conducted a random review of 25 staff personnel files. All reviewed files were complete and demonstrated compliance with the PREA standard. Each included documentation of criminal background checks, completed PREA acknowledgment forms, and affirmative responses to the required screening questions related to past misconduct, including sexual abuse or harassment.

RELEVANT POLICY

GDC SOP 208.06, PREA Sexually Abusive Behavior Prevention and Intervention Program (effective 6/23/2022), Sections 10(a)(i-v), p. 13-14, outlines the following:

- i. The Department shall not employ or promote anyone who may have contact with offenders and who has:
 - a) Engaged in sexual abuse in any correctional or detention setting as defined in 42 U.S.C. §1997
 - b) Been convicted of forced or coercive sexual activity in the community, or
 - c) Been civilly or administratively adjudicated for such conduct
- ii. Past incidents of sexual harassment are considered in employment decisions
- iii. Pre-employment requirements include:
 - a) Direct questions on prior misconduct, including in applications and interviews
 - b) Background checks on all employees and volunteers before start date and at designated intervals (at least every five years)
 - c) Tracking systems at the facility level to ensure timely background checks
- iv. When requested, GDC must disclose substantiated allegations of sexual abuse or harassment involving former staff to potential institutional employers, unless prohibited by law
- v. Failure to disclose prior misconduct or providing false information is grounds for termination

GDC SOP 104.09, Filling a Vacancy (effective 5/27/2022), Section F.1 (pp. 7), outlines procedures for evaluating applicants through:

- a) Application and background data review
- b) Interviews conducted by assigned personnel
- c) Structured interview evaluations using formal rating systems
- d) Professional reference checks (Attachment 5), which must include information on any disciplinary actions and substantiated allegations of sexual abuse

Provision (b)

According to the information provided in the Pre-Audit Questionnaire (PAQ), the

facility considers any known incidents of sexual harassment when determining whether to hire or promote an individual or when evaluating the use of contractors who may have contact with inmates. This practice was confirmed through interviews with Human Resources (HR) staff, who verified that such incidents are taken seriously and factored into all employment-related decisions involving inmate contact.

RELEVANT POLICY

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 6/23/2022, section 10(a)(ii), explicitly states that the Department will take into account any prior incidents of sexual harassment when considering candidates for hire or promotion into positions involving offender contact.

Provision (c)

As reported in the PAQ, the facility adheres to a rigorous hiring process that includes conducting criminal background checks on all prospective employees who may have direct contact with inmates. Additionally, in accordance with applicable federal, state, and local laws, the Department makes reasonable efforts to contact previous institutional employers to obtain information regarding any substantiated allegations of sexual abuse or any resignation that occurred during an open investigation into such allegations.

Although the PAQ reflects that eight individuals were hired in the past year, HR staff clarified that three of these hires had direct inmate contact. These hiring practices were confirmed through interviews with HR and through the Auditor's review of twenty-five personnel files. Each file reviewed included documentation of a completed criminal background check, responses to the three required PREA-related questions, and proof of completed PREA training.

RELEVANT POLICY

SOP 208.06 (pp. 13-14, sections 10(a)(ii-iii)) outlines that before hiring individuals who may interact with inmates, the Department must:

Inquire directly with all applicants about past misconduct as described in SOP 104.09, Filling a Vacancy, through application materials, interviews, and written self-evaluations. Employees are obligated to disclose any such misconduct on a continuing basis.

Conduct criminal history checks on all staff and volunteers prior to their start date, and annually thereafter. A systematic tracking mechanism is in place at each facility to ensure timely completion of these background checks.

Provision (d)

The PAQ indicates that the facility requires criminal background checks prior to engaging the services of any contractor who may come into contact with inmates.

The facility currently holds three service contracts, and all associated personnel covered under those contracts were subjected to background screening. Additionally, consistent with GDC policy, criminal background checks are repeated at minimum every five years for all contractors.

RELEVANT POLICY

GDC SOP 208.06 (p. 15, section 10(b)(ii)) mandates that:

A criminal history check must be conducted before a contractor is permitted to work in a facility, with subsequent re-checks performed at least every five years.

New employees are required to complete SOP 104.09 Attachment 4, Applicant Verification.

Contractors and volunteers must complete SOP 208.06 Attachment 13, Contractor/Volunteer Verification Form.

Provision (e)

As stated in the PAQ, the facility ensures that all employees and contractors who have potential contact with inmates undergo a criminal background check at least once every five years. This ongoing requirement was confirmed by HR during interviews.

RELEVANT POLICY

Per GDC SOP 104.18, Obtaining and Using Records for Criminal Justice Employment, effective 10/13/2020, the following procedures are in place:

1. Applicants must complete and sign the GDC Criminal/Driver History Consent Form (Attachment 1), which remains valid for the duration of employment.
2. The signed consent must accompany each request submitted to appropriate law enforcement agencies.
3. Applicants who decline to sign the consent form are automatically disqualified from employment consideration.
4. For Peace Officer Standards and Training (P.O.S.T.) certified positions, background checks must cover all states in which the applicant has previously resided.
5. If a hiring decision is negatively impacted by criminal history information, the applicant must be notified in writing, including a summary of the criminal history used in the decision-making process. Failure to do so may constitute a misdemeanor offense.
6. Background checks are conducted upon application, at the time of promotion, and at least every five years for all current staff and contractors. HR confirmed compliance with these requirements.

Provision (f)

The PAQ states that all applicants and employees who might have direct contact with inmates must respond to questions regarding past sexual misconduct. These

	<p>questions are asked during application and interview stages, as well as in written self-assessments. Employees are also expected to continue reporting any future misconduct throughout their employment. HR staff confirmed that these inquiries are made consistently and that employees sign written affirmations annually.</p> <p>During interviews, HR personnel further explained that these questions align with the requirements in Provision (a) and are systematically included in all application packets, annual re-certifications, and promotion processes.</p> <p>Provision (g)</p> <p>According to the PAQ, any material omission or deliberate falsification of information concerning past misconduct is grounds for immediate termination. This policy was verified during HR interviews.</p> <p>RELEVANT POLICY</p> <p>GDC SOP 208.06 (p. 14, section 10(a)(v)) reinforces that any omission of relevant information or the intentional provision of false information related to previous sexual misconduct will result in termination of employment.</p> <p>Provision (h)</p> <p>The facility affirmed in the PAQ that unless legally prohibited, it will provide information about substantiated allegations of sexual abuse or harassment involving a former employee to institutional employers upon request. This policy was verified through interviews with HR personnel, who acknowledged that the Department complies fully with such requests when permissible under law.</p> <p><u>CONCLUSION</u></p> <p>Following a comprehensive review of the PAQ, supporting documentation, applicable policies, and personnel files, and after conducting interviews with Human Resources personnel, the Auditor concludes that the facility complies fully with each element of this PREA standard related to hiring, promotion, and contractor vetting procedures. All documentation and interview responses reflect adherence to agency policy and demonstrate a consistent implementation of safeguards to prevent sexual abuse within the facility.</p>
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115.18	Upgrades to facilities and technologies
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<u>DOCUMENT REVIEW</u>

The Auditor conducted a comprehensive review of the Pre-Audit Questionnaire (PAQ) along with all supporting materials submitted by the facility in advance of the on-site audit. This review encompassed relevant agency policies, facility plans, and documentation related to any physical plant changes or technological upgrades.

Special emphasis was placed on 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. This policy outlines the Department's operational framework for implementing PREA standards, with particular focus on the use of facility design, video monitoring, and other technologies to aid in the prevention, detection, and response to sexual abuse.

OBSERVATIONS

During the on-site tour of the facility, the Auditor observed the current configuration of video surveillance cameras and the use of strategically placed security mirrors designed to improve line-of-sight visibility and staff supervision in inmate-accessible areas.

In addition, the Auditor noted visible evidence of recent and ongoing enhancements to the facility's technological infrastructure. Portions of the surveillance system, including camera equipment, had been newly installed or upgraded, and further improvements were actively underway in various parts of the institution. These advancements reflect the facility's ongoing efforts to bolster its ability to monitor inmate activity, reduce blind spots, and promptly detect and respond to any incidents of sexual misconduct—further supporting the facility's PREA compliance initiatives.

INTERVIEWS

Facility Head or Designee

During a formal interview, the Facility Head confirmed that a wide-reaching video monitoring system is in place, providing extensive coverage throughout the facility. In areas where camera coverage may be limited, security mirrors are used to address potential blind spots and strengthen visibility.

The Facility Head reported that the institution is currently engaged in a multi-phase project to enhance and expand the camera and video surveillance system. While this initiative is not yet fully completed, it involves the installation of additional surveillance equipment and integration of updated technologies aimed at improving oversight and increasing staff's ability to monitor inmate movement and behavior.

The Facility Head also emphasized that all future construction projects, renovations, or modifications to the physical plant are carefully planned with PREA compliance in mind. Prior to any such changes, executive leadership and facility supervisors hold planning meetings to assess the potential impact on safety and security. These meetings routinely include analysis of camera placement, visibility, potential blind spots, and technology needs—ensuring facility modifications are designed with inmate safety and sexual abuse prevention as priorities.

	<p>The discussions in these planning sessions often encompass broader institutional data such as reports or trends in sexual abuse allegations, use of force reviews, PREA-related grievances, video review findings, staff absenteeism, and overall morale. By grounding physical plant decisions in operational data and PREA requirements, the facility ensures a comprehensive and safety-focused approach to institutional improvement.</p> <p><u>PROVISIONS</u></p> <p>Provision (a) As indicated in the PAQ and corroborated during the interview process and document review, the agency/facility has not constructed any new buildings, acquired additional facilities, or made significant structural modifications to existing buildings since August 20, 2012, or since the previous PREA audit—whichever date is more recent. This was confirmed by the Facility Head.</p> <p>Provision (b) The PAQ stated that the facility has not implemented any major upgrades to its video monitoring or electronic surveillance systems. This information was also verified during the interview with the Facility Head. However, it is important to note that the facility is currently undertaking a phased enhancement of its existing surveillance infrastructure to further strengthen PREA compliance and inmate safety.</p> <p><u>CONCLUSION</u> Based on the Auditor’s in-depth review of relevant documentation, direct observation during the on-site tour, and interviews with facility leadership, it is determined that the facility is in full compliance with PREA Standard §115.18 – Upgrades to Facilities and Technology.</p> <p>While the facility has not undergone any substantial physical expansions or completed system-wide surveillance upgrades since the last PREA audit, the institution has demonstrated an ongoing and proactive commitment to improving technological and structural systems. These efforts reflect a sustained focus on inmate protection, staff accountability, and adherence to the core principles of the Prison Rape Elimination Act.</p>
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115.21	Evidence protocol and forensic medical examinations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>DOCUMENT REVIEW</p> <p>The Auditor performed an in-depth analysis of documentation submitted both prior to and during the audit process. The review encompassed a variety of key documents essential to evaluating the facility’s compliance with PREA Standard §115.21.</p>

Materials examined included:

1. The fully completed Pre-Audit Questionnaire (PAQ), along with all related attachments and supporting materials.
2. Georgia Department of Corrections (GDC) Standard Operating Procedure (SOP) 208.06, titled PREA Sexually Abusive Behavior Prevention and Intervention Program, effective June 23, 2022.
3. GDC SOP 103.06, Investigation of Allegations of Sexual Contact, Sexual Abuse, and Sexual Harassment of Offenders, effective August 11, 2022.
4. GDC SOP 103.10, Evidence Handling and Crime Scene Processing, effective August 30, 2022.
5. A Memorandum of Understanding (MOU) executed between the facility and Teal House Sexual Assault & Advocacy Center, dated March 12, 2025.

INTERVIEWS

PREA Coordinator (PC):

In an interview with the PREA Coordinator, the Auditor was informed that the facility employs a consistent and standardized protocol for the collection and preservation of evidence. This protocol is aligned with national best practices and is suitable for both administrative and criminal investigations. Although the facility does not currently house youthful inmates, the evidence procedures are developmentally appropriate for minors, should the need arise.

PREA Compliance Manager (PCM):

The PREA Compliance Manager confirmed that the facility maintains a formal agreement with Teal House Sexual Assault & Advocacy Center to provide all Sexual Assault Forensic Exams (SAFEs). The center also delivers victim advocacy services as part of its contractual obligations. The PCM noted that no forensic medical exams were necessary during the 12 months prior to the audit.

SANE/SAFE-Certified Medical Personnel:

Medical professionals trained and certified as Sexual Assault Nurse Examiners (SANE) and Sexual Assault Forensic Examiners (SAFE) described the comprehensive procedures used when a victim requires a forensic examination. All exams are conducted off-site at Teal House. Inmates are transported at no cost, and the exam process includes informed consent, trauma-informed medical evaluation, detailed documentation, STI and HIV prophylaxis, and strict adherence to chain-of-custody protocols for any evidence collected.

Random Staff:

A sample of staff selected at random demonstrated clear knowledge of the appropriate steps to take in response to an allegation of sexual abuse. Staff accurately described how to secure and protect evidence and the required actions until specialized medical or investigative personnel assume control of the situation.

Inmates (victims);

At the time of the audit, there were no inmates in the facility who had made a report of sexual abuse. Therefore, no interviews were conducted within this category.

Rape Crisis Center Representatives:

Representatives from the Teal House confirmed the existence of an active MOU with the facility to provide a full spectrum of services to inmates who report sexual abuse. These services include 24/7 hotline access, on-site emotional support, accompaniment during forensic medical exams, culturally competent and linguistically accessible support, accommodations for individuals with disabilities, and guidance in navigating administrative processes.

PROVISIONS

Provision (a):

The facility reported in its PAQ—and confirmed during interviews—that it is responsible for conducting all administrative investigations. Criminal investigations, including evidence collection at crime scenes, fall under the jurisdiction of the Bulloch County Sheriff's Department. All investigations follow a consistent, evidence-based collection protocol designed to preserve the integrity and admissibility of physical evidence.

RELEVANT POLICY: GDC SOP 208.06 mandates compliance with SOPs 103.06 and 103.10, ensuring standardized, policy-driven investigative and evidence-handling procedures.

Provision (b):

Although the facility does not house youthful inmates, policies and procedures in place are developmentally appropriate and would be applicable if youthful residents were ever admitted. The Auditor reviewed the inmate roster and confirmed that no individuals born after 2007 were in custody.

RELEVANT POLICY: SOP 208.06 specifies that the facility's evidence collection procedures are modeled after the U.S. Department of Justice's National Protocol for Sexual Assault Medical Forensic Examinations (Adults/Adolescents), with modifications as needed for minors.

Provision (c):

According to the PAQ and verified through documentation and interviews, all inmates have the right to access forensic medical services free of charge. These services are rendered at Teal House by licensed SANE personnel. No forensic exams were reported during the 12 months preceding the audit.

Exam Procedure Summary: The forensic medical process includes informed consent, a full-body examination, narrative documentation of the incident, optional photographic evidence (with consent), STI prevention treatment, and secure evidence storage for law enforcement.

RELEVANT POLICY: SOP 208.06 (page 16) requires activation of the SANE protocol for all sexual abuse allegations within 72 hours and adherence to SOP 507.04.85 for informed consent practices.

Provision (d):

The Auditor confirmed that the facility maintains a valid agreement with Teal House to

	<p>provide both forensic medical exams and comprehensive victim advocacy services.</p> <p>RELEVANT POLICY: SOP 208.06 establishes a tiered approach to providing victim advocacy, prioritizing partnerships with rape crisis centers, followed by community-based organizations, and internal staff if external options are unavailable.</p> <p>Provision (e): If an inmate elects to utilize victim advocacy services, Teal House staff are available to accompany and support them during the forensic medical examination and any investigative interviews. Services include emotional support, crisis counseling, information dissemination, and referrals to additional resources.</p> <p>Provision (f): As detailed under Provision (a), facility investigators conduct administrative investigations, while the Bulloch County Sheriff's Office is responsible for criminal investigations, crime scene management, and any necessary interpretation or language access services.</p> <p>Provision (g): This provision is not applicable for Auditor evaluation and was therefore not assessed during the audit.</p> <p>Provision (h): In compliance with the MOU, Teal House provides trained victim advocates who are available to support any inmate who reports a sexual assault. Advocates may accompany victims through the medical and investigative processes and continue to provide emotional support thereafter.</p> <p><u>CONCLUSION</u></p> <p>Following a comprehensive evaluation of policies, procedures, staff interviews, external partner feedback, and supporting documentation, the Auditor finds the facility to be in full compliance with PREA Standard §115.21 – Evidence Protocol and Forensic Medical Examinations. The facility maintains a uniform, developmentally appropriate protocol for the collection of physical evidence and ensures that all inmates have access to timely, no-cost forensic medical examinations. Additionally, robust partnerships and protocols are in place to ensure the consistent availability of professional victim advocacy services.</p>
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115.22	Policies to ensure referrals of allegations for investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p><u>DOCUMENTS REVIEWED</u></p> <p>As part of the audit process, the Auditor conducted a thorough examination of the</p>

Pre-Audit Questionnaire (PAQ) along with the facility's supporting documentation to assess compliance with the Prison Rape Elimination Act (PREA) standards. The review included, but was not limited to, the following essential policy documents:

1. Georgia Department of Corrections (GDC) Standard Operating Procedure (SOP) 208.06 – PREA Sexually Abusive Behavior Prevention and Intervention Program, effective June 23, 2022.
2. GDC SOP 103.06 – Investigation of Allegations of Sexual Contact, Sexual Abuse, and Sexual Harassment of Offenders, effective August 11, 2022.

These documents provide the operational framework for the facility's PREA compliance efforts and define the required processes for preventing, detecting, reporting, and investigating allegations of sexual misconduct within the facility. They also establish the roles and responsibilities of facility personnel in handling such cases.

INTERVIEWS

Agency Head Designee:

During the interview, the designated representative of the Agency Head reiterated the agency's unwavering commitment to a zero-tolerance policy for sexual abuse and sexual harassment. The designee confirmed that all reports, regardless of whether they are administrative or criminal in nature, are immediately and comprehensively investigated. Internal agency staff are responsible for administrative investigations, while criminal investigations are referred to the Bulloch County Sheriff's Office. The process for referring cases to law enforcement is clearly outlined in policy and accessible to the public via the GDC website. Documentation of all referrals is consistently maintained as part of the agency's recordkeeping protocol.

Investigative Staff:

Staff members assigned to investigative duties reported that every allegation of sexual abuse or harassment is formally addressed. Administrative cases are managed internally by appropriately trained personnel, and incidents that may constitute criminal behavior are referred to local law enforcement authorities, specifically the Bulloch County Sheriff's Department, for investigation.

PROVISIONS

Provision (a):

The PAQ affirms, and interviews confirm, that the facility ensures all allegations of sexual abuse and harassment are subjected to a formal investigation. This commitment to investigative follow-through was supported by the Agency Head Designee during the interview. Notably, the facility reported zero allegations of sexual abuse or harassment in the 12 months leading up to the on-site audit.

RELEVANT POLICY:

GDC SOP 208.06 (Page 30, Section G.1) clearly stipulates that all reports of sexual

abuse and sexual harassment—regardless of their initial classification—are treated as formal allegations and are investigated in accordance with established procedures.

Provision (b):

According to both the PAQ and accompanying documentation, the facility maintains a well-defined and consistently implemented protocol for referring allegations that may involve criminal conduct to the appropriate investigative authority. These referral procedures are made public through the GDC’s official website: <http://www.gdc.ga.gov/content/101-208-policy-compliance-unit>. During interviews, facility leadership confirmed that all criminal referrals are formally recorded and properly archived.

RELEVANT POLICY:

GDC SOP 208.06 (Page 31, Section G.8 a-c):

Requires facility staff to immediately report certain types of allegations (e.g., incidents involving penetration or observable physical injury) to both the regional office and the agency’s PREA Coordinator.

Outlines specific responsibilities for conducting investigations, including gathering physical evidence, interviewing witnesses, and reviewing prior complaints. Stipulates that determinations of credibility must be based solely on factual evidence, without regard to whether the person is staff or an inmate. It further prohibits the use of polygraph examinations as a condition for proceeding with an investigation.

GDC SOP 103.06 (Page 1, Section I):

Declares that all allegations of sexual abuse, sexual harassment, or sexual contact involving sentenced offenders and staff, contractors, volunteers, or other inmates will be investigated in a fair and impartial manner.

Affirms that investigations are conducted professionally and without subjecting the alleged victim to retaliation, threats, or coercion.

Provision (c):

As stated under Provision (a), every allegation—whether administrative in scope or criminal in nature—is thoroughly investigated, reflecting a consistent and systematic application of agency protocols. The facility has demonstrated an effective and reliable process for addressing all reports of sexual abuse or harassment in accordance with both internal and external investigative responsibilities.

Provisions (d) and (e):

These provisions do not fall within the scope of this audit and were therefore not evaluated during the current assessment.

CONCLUSION

Based on a detailed review of documentation, policy directives, and interviews with facility leadership and investigative personnel, the Auditor concludes that the facility is in full compliance with PREA Standard §115.71. The agency has established comprehensive procedures for ensuring that every allegation of sexual abuse or harassment is met with an appropriate investigative response, whether handled

	internally or referred to law enforcement. Policies promote transparency, accountability, and protection of incarcerated individuals' rights, all of which align with the objectives and mandates of PREA. The facility's demonstrated practices reflect a proactive, zero-tolerance culture that supports the safety and dignity of all residents.
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115.31	Employee training
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p><u>DOCUMENT REVIEW</u></p> <p>The Auditor conducted an in-depth analysis of a range of documents to evaluate the facility's compliance with staff training requirements under PREA Standard §115.31. The following materials were reviewed as part of the assessment:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire (PAQ) and all supplemental materials submitted by the facility. 2. 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. 3. The facility's PREA training curriculum, which includes structured training modules covering key content areas. 4. Training attendance records, sign-in rosters, and signed acknowledgment forms attesting to staff participation and comprehension. 5. A sample of individual training records drawn from various departments and job classifications across the facility. <p>These records were thoroughly reviewed to assess the adequacy, frequency, and relevance of PREA training provided to staff, ensuring alignment with GDC policy and the federal PREA standards.</p> <p><u>INTERVIEWS</u></p> <p>Random Staff:</p> <p>A representative sample of staff—spanning both custody and non-custody roles—was interviewed to validate training practices. Every staff member recalled completing PREA training prior to any inmate contact as part of the agency's onboarding process. Additionally, all staff confirmed that PREA training is refreshed annually and reinforced regularly through multiple avenues, including shift briefings, roll-call sessions, staff meetings, and in-service updates.</p> <p>Interviewees consistently demonstrated a clear and accurate understanding of their</p>

responsibilities related to the prevention, detection, reporting, and response to sexual abuse and harassment. Staff were able to articulate the core components of PREA training, including all ten required elements, and provided specific examples of how they apply the training in their daily duties.

PROVISIONS

Provision (a):

The PAQ states that all staff who may have contact with inmates receive comprehensive PREA training that covers, at a minimum, the ten fundamental areas listed in the standard. These include:

1. The Department's zero-tolerance policy regarding sexual abuse and sexual harassment.
2. Staff responsibilities for preventing, detecting, reporting, and responding to sexual misconduct.
3. Inmates' right to be free from sexual abuse and harassment.
4. Protections against retaliation for reporting abuse—for both inmates and staff.
5. Understanding the dynamics of sexual abuse and harassment in correctional environments.
6. Recognizing common reactions of victims.
7. Identifying signs of potential or actual sexual abuse and knowing how to respond appropriately.
8. Avoiding inappropriate relationships with inmates.
9. Maintaining professional and respectful communication with all inmates, including those who identify as LGBTI or gender nonconforming.
10. Legal obligations related to mandatory reporting to external authorities.

The Auditor verified that the facility's training curriculum includes all required content areas and that these are clearly presented, often organized by topic number to enhance clarity and retention. Training materials are tailored to specific staff roles, with specialized content assigned to employees based on their job responsibilities.

A review of 25 randomly selected staff training files confirmed that each included up-to-date documentation of training completion and signed acknowledgment forms, demonstrating full compliance with this provision.

RELEVANT POLICY:

GDC SOP 208.06, page 19, Section 1(a)(i-x), mandates annual PREA training for all staff, encompassing the ten core elements described above.

Provision (b):

The Auditor confirmed, through both document review and staff interviews, that PREA training is gender-responsive and adapted to reflect the characteristics and needs of the male inmate population housed at the facility. Training content is designed to increase staff understanding of gender-specific dynamics and enhance their ability to work effectively with the individuals in their care.

When staff are reassigned to facilities housing a different gender population, GDC policy requires that they complete supplemental training before beginning their duties. Interviewed staff affirmed their awareness of and compliance with this requirement, noting that the initial training had included material specific to the male facility and its residents.

The Auditor also verified that the curriculum includes modules addressing interactions with transgender and intersex individuals, reinforcing inclusive and respectful staff-inmate communication.

RELEVANT POLICY:

GDC SOP 208.06, page 20, Sections 1(b-d), outlines requirements for gender-specific training, retraining upon reassignment, and specialized instruction for members of the Sexual Abuse Response Team (SART) and those working with vulnerable populations.

Provision (c):

Training records for 25 of the 29 current staff were examined. Each file included verification that the staff member had completed PREA training within the previous 12 months. Although formal refresher training is required at a minimum every two years, the facility supplements this requirement by providing ongoing annual education through a variety of informal channels, such as shift huddles, visual reminders (e.g., PREA posters), handouts, and staff development sessions.

All interviewed staff confirmed participation in recent PREA training and demonstrated a strong grasp of the material, indicating that key messages are effectively communicated and reinforced.

Provision (d):

The facility maintains well-organized records of staff training participation. Verification of attendance is completed through physical sign-in sheets or electronic confirmations. In addition, staff are required to sign acknowledgment forms stating they have received and understood the training content.

The Auditor reviewed the acknowledgment forms in all sampled files and found this documentation practice to be consistent and reliable across the board. The thorough maintenance of training records supports the agency's ability to track compliance and ensure accountability.

CONCLUSION

Following a comprehensive review of staff training records, policy documents, instructional materials, and interviews with facility personnel, the Auditor finds the facility to be in full compliance with PREA Standard §115.31 – Employee Training.

The facility has implemented a robust and well-structured training program that ensures all staff are equipped with the knowledge and skills necessary to uphold PREA standards. Training is timely, comprehensive, and responsive to the facility's gender-specific needs. Staff demonstrate a clear understanding of their roles in

	preventing, identifying, and responding to sexual abuse and harassment, reflecting a strong institutional culture of safety, accountability, and respect for inmate rights.
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115.32	Volunteer and contractor training
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p><u>DOCUMENT REVIEW</u></p> <p>The Auditor conducted a thorough review of documentation submitted by the facility to evaluate compliance with PREA Standard §115.32 – Volunteer and Contractor Training. The following materials were examined:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire (PAQ) and all corresponding supporting documentation. 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. 3. Volunteer and Contractor PREA Training Curriculum, tailored to the roles and responsibilities of non-employee personnel. 4. Signed Acknowledgments of PREA Training Completion, which verify each individual’s receipt and understanding of the training content. <p>These documents were assessed to confirm that training content, delivery, and documentation meet the requirements outlined in PREA standards and GDC policy.</p> <p><u>INTERVIEWS</u></p> <p>Volunteer:</p> <p>During an interview, a facility volunteer confirmed that they received PREA training prior to engaging in any activities involving inmate interaction. The volunteer noted that the training was specifically designed for their role and addressed the nature and scope of their responsibilities within the correctional environment. When questioned by the Auditor, the volunteer was able to articulate the purpose of PREA and accurately describe the appropriate steps to take if they were to witness or become aware of an incident involving sexual abuse or sexual harassment.</p> <p>Contractor:</p> <p>A contractor interviewed during the audit similarly confirmed completion of PREA training prior to being permitted to work in areas where they would have contact with inmates. The contractor emphasized that the training was customized to their specific role and responsibilities. The Auditor asked targeted questions about the contractor’s knowledge of PREA, and the contractor demonstrated a clear understanding of the Act and their duty to report and respond to any potential or observed incidents of</p>

sexual misconduct.

PROVISIONS

Provision (a):

The facility reported in the PAQ that all volunteers and contractors with inmate contact receive training on their responsibilities related to preventing, detecting, and responding to sexual abuse and sexual harassment in accordance with agency policies and procedures. A total of 11 contractors and volunteers were identified as having received this required training.

The Auditor validated this claim through both interviews and document review. All 11 training records contained signed Acknowledgments of Receipt of PREA Training, confirming that the individuals completed the annual training and understood the material presented.

RELEVANT POLICY:

GDC SOP 208.06, page 20, Section 2(a), mandates that all volunteers and contractors who may have contact with offenders must receive a copy of the PREA policy and be trained in their responsibilities under PREA. Attachment 19, Staff PREA Brochure, may be used as a supplemental tool in delivering this training.

Provision (b):

As reported in the PAQ, the level and type of training provided to each volunteer and contractor is determined based on the nature of the services they provide and the extent of their contact with inmates. Regardless of their specific role, all volunteers and contractors are informed of the agency's zero-tolerance policy toward sexual abuse and sexual harassment and are instructed on how to report such incidents.

This information was reinforced during interviews. Both the contractor and volunteer confirmed they were made aware of the zero-tolerance policy and were given clear procedures for reporting allegations or concerns related to sexual misconduct. Their responses demonstrated that the training was not only delivered, but also understood and internalized.

RELEVANT POLICY:

GDC SOP 208.06, page 20, Section 2(b), stipulates that the scope of training for volunteers and contractors is based on their function and level of offender contact. However, it requires that all volunteers and contractors with offender contact must be notified of the Department's zero-tolerance stance and be informed of how to report related incidents.

Provision (c):

The PAQ indicated that the agency maintains documentation verifying that volunteers and contractors have received and understood their PREA training. This was substantiated by the Auditor through the review of signed acknowledgment forms included in each volunteer and contractor file.

As stated in Provision (b), these forms are retained in the individual's personnel file

	<p>and serve as proof that they have received, reviewed, and comprehended the training. The Auditor found this documentation to be present, complete, and consistent across all sampled records.</p> <p>RELEVANT POLICY:</p> <p>GDC SOP 208.06, page 21, Section 2(c), requires that training participation be documented either via signature or electronic verification. The policy further mandates that volunteers and contractors sign Attachment 1 – PREA Education Acknowledgment Statement, certifying that they understand the training content. The policy also encourages volunteers and contractors to seek clarification from Department staff if any part of the training is unclear or requires further explanation.</p> <p>CONCLUSION</p> <p>Based on a comprehensive review of relevant documentation, policy, and interview responses, the Auditor concludes that the facility is in full compliance with PREA Standard §115.32 – Volunteer and Contractor Training.</p> <p>The facility has implemented appropriate procedures to ensure that all volunteers and contractors who have inmate contact are adequately trained on PREA-related responsibilities. The training content is role-specific, effectively communicated, and consistently documented. Furthermore, both volunteers and contractors demonstrated a clear understanding of the zero-tolerance policy and the procedures for reporting incidents of sexual abuse or sexual harassment, reflecting a proactive and informed approach to maintaining inmate safety.</p>
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115.33	Inmate education
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>DOCUMENTATION REVIEW</p> <p>The auditor conducted a thorough examination of materials relevant to PREA Standard §115.33 – Inmate Education, assessing the facility’s adherence to federal requirements. Reviewed documentation included the following:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire (PAQ) along with relevant attachments 2. Georgia Department of Corrections (GDC) Standard Operating Procedure (SOP) 208.06, titled Prison Rape Elimination Act (PREA) Sexually Abusive 3. Behavior Prevention and Intervention Program, with an effective date of June 23, 2022 4. GDC-produced instructional video titled Discussing the Prison Rape Elimination Act, dated February 23, 2023 5. LanguageLine Insight Video Interpreting User Guide

6. PREA Inmate Information Guide Brochure published by GDC (undated)
7. GDC Offender Handbook (undated)
8. "Reporting is the First Step" informational poster
9. Poster identifying Outside Confidential Support Agency contacts
10. Memorandum of Understanding (MOU) between the facility and Jefferson County Correctional
11. Intake documentation confirming inmates received PREA education
12. Inmate-signed PREA Education Acknowledgement forms
13. Inmate education tracking spreadsheet detailing the dates when PREA education was delivered

OBSERVATIONS ON SITE

During the facility tour, the auditor visually confirmed that PREA-related materials were displayed conspicuously throughout the premises. Informational posters highlighting the agency's zero-tolerance stance on sexual abuse and harassment, as well as clear, accessible instructions for reporting incidents, were observed in inmate housing units, adjacent to telephones, and within other communal areas.

Materials were provided in both English and Spanish, with additional accessibility features for inmates with visual, hearing, or cognitive impairments. Examples include captioned and ASL-interpreted video content, and Braille materials available upon request. The Discussing the Prison Rape Elimination Act video was available in English and Spanish and was shown to be readily available for inmate education.

INTERVIEWS

Intake Staff

Staff responsible for the intake process consistently affirmed that all new inmates receive information about the facility's zero-tolerance policy and methods for reporting sexual misconduct immediately upon arrival. This educational effort includes a combination of written brochures, a PREA video presentation, and verbal explanations.

Staff further reported that all inmates complete a more comprehensive PREA education session within 15 days of their arrival. Topics covered during this session include:

1. Rights to be free from sexual abuse, harassment, and retaliation
2. Procedures for reporting incidents, including confidential and third-party options
3. The agency's responsibilities in responding to and investigating allegations
4. Staff also confirmed that accommodations are provided to ensure equitable access for those with limited English proficiency, disabilities, or literacy challenges.

Additionally, inmates who transfer from another institution with different PREA policies receive the orientation again. Documentation of education—including signed

acknowledgment forms—is maintained in each inmate’s file and reviewed prior to housing assignment.

Random Inmates

Interviews with randomly selected inmates supported staff reports. All interviewed inmates confirmed they had received PREA-related information—both written and verbal—upon arrival. They affirmed that they had viewed the PREA orientation video and understood the facility’s zero-tolerance policy, their rights, and how to report misconduct.

PROVISIONS

Provision (a)

According to the PAQ, all 276 inmates admitted to the facility during the prior 12 months received initial PREA education during the intake process. This was verified by both intake staff interviews and documentation review.

Intake staff described this initial session as an overview designed to introduce key safety information until the inmate receives the full orientation. Review of education logs and files for a sample of 50 inmates demonstrated full (100%) compliance with the mandate to deliver this education within 24 hours of admission.

RELEVANT POLICY:

GDC SOP 208.06 (page 21, Section 3) requires that each inmate receive written and verbal education—available in English or Spanish—regarding the agency’s zero-tolerance stance and reporting methods immediately upon arrival. Acknowledgment of this education must be documented and retained in the inmate’s institutional file.

Provision (b)

The PAQ reported that of the 276 inmates admitted within the last year who remained at the facility longer than 30 days, all received comprehensive PREA education within the required timeframe. Staff interviews and auditor-reviewed documentation confirmed this claim.

This more detailed orientation includes:

1. A full explanation of the agency’s zero-tolerance policy
2. Definitions and real-life examples of sexual abuse and harassment
3. Risk-reduction strategies
4. All available methods for reporting, including anonymous and third-party reports
5. Overview of investigative procedures
6. Information on support and treatment services for victims
7. A reminder that staff of any gender may supervise housing areas

The Arks Media-produced video is approximately 15 minutes long and presented in a trauma-informed format. It includes narration, closed captioning, and ASL to ensure accessibility. Education may be delayed under exigent circumstances, but must be completed within 30 days and appropriately documented.

RELEVANT POLICY:

Per GDC SOP 208.06 (pages 21-22, Section 3.a.i-ix), designated facility staff must deliver this training within 15 days of an inmate's arrival. The Discussing PREA video is a required component of the education. Participation must be documented via signature and retained.

ADDITIONAL RESOURCES

The "Reporting is the First Step" poster, visible throughout the facility, outlines the primary reporting methods:

1. **Telephone:** Internal PREA hotline (*7732)
2. **Mail:** Addresses for PREA Coordinator and Victim Services
3. **Email:** Facility-approved reporting emails
4. **Third-Party Reporting:** Allows friends or family to report on the inmate's behalf

The GDC PREA hotline allows unlimited, anonymous reporting. Staff stated no complaints have been received regarding the one-minute time limit on voicemail.

Additional references in the GDC Offender Handbook (pp. 45-47) and the PREA Inmate Information Brochure further reiterate rights, reporting processes, and available services.

RECORD REVIEW

The auditor examined education records for 50 inmates. Each file contained evidence of timely intake education and follow-up comprehensive education within 30 days. Documents reviewed included signed acknowledgment forms, video attendance logs, and spreadsheet entries, all aligning with PREA mandates.

Provision (c)

As described under Provision (a), interviews with intake staff confirmed all inmates receive the initial PREA education prior to their housing assignment. This ensures immediate awareness of reporting options and protection policies.

The PAQ states that all inmates completed PREA orientation within 72 hours of admission. This information was corroborated by both documentation and interviews.

Provision (d)

The facility reported—and the auditor confirmed—that educational resources are accessible to all inmates, including those with limited English proficiency, disabilities, or literacy barriers. The facility utilizes a range of strategies to ensure meaningful communication:

1. **LEP Inmates:** PREA materials are translated into Spanish; LanguageLine interpretation is available for other languages, including ASL
2. **Hearing Impaired:** Videos are captioned and interpreted in ASL; Video Remote Interpreting services are also used

3. **Visually Impaired:** Staff read materials aloud or offer audio recordings; Braille materials are provided upon request
4. **Cognitive Impairments:** Staff deliver simplified content verbally and ensure comprehension through active checks
5. **Limited Literacy:** Audio-visual materials and staff assistance are provided to ensure understanding

These provisions collectively support the agency's inclusive educational practices.

Provision (e)

As confirmed by the PAQ and verified during the audit, the facility maintains PREA education documentation in each inmate's institutional file.

The auditor reviewed signed acknowledgment forms for a representative sample of 50 inmates, all of whom had documentation confirming receipt of both initial and comprehensive PREA education within required timeframes.

RELEVANT POLICY:

GDC SOP 208.06 (page 22, Section 3.b) stipulates that inmate participation in PREA training must be documented and retained in the institutional file.

Provision (f)

The PAQ and on-site observations confirmed that PREA information is continuously and prominently displayed throughout the facility. Inmates have access to:

1. Posters with reporting instructions and agency policy
2. PREA content in handbooks and brochures
3. Visual reminders located in housing units, common areas, and near telephones

These materials reinforce PREA principles and reporting mechanisms on a consistent basis.

CONCLUSION

Following a detailed assessment of the PAQ, GDC policies, educational tools, on-site observations, interviews with staff and inmates, and review of institutional documentation, the auditor finds the facility to be in full compliance with PREA Standard §115.33 – Inmate Education.

The institution has adopted an inclusive, thorough, and well-documented approach to ensure all inmates are informed of their rights, the agency's zero-tolerance stance, and how to report incidents safely and confidentially. The facility's education efforts are timely, accessible, and supported by proper documentation, demonstrating a strong commitment to maintaining a sexually safe environment for all incarcerated individuals.

115.34	Specialized training: Investigations
	<p data-bbox="256 185 959 219">Auditor Overall Determination: Meets Standard</p> <p data-bbox="256 264 544 297">Auditor Discussion</p> <p data-bbox="256 342 639 376"><u>DOCUMENTS REVIEWED</u></p> <p data-bbox="256 387 1477 499">In assessing the facility's adherence to PREA Standard §115.34, which addresses specialized training for investigators, the Auditor conducted a detailed examination of relevant documentation. The following materials were reviewed to verify compliance:</p> <ol data-bbox="320 566 1469 1025" style="list-style-type: none"> 1. The completed Pre-Audit Questionnaire (PAQ) and related attachments. 2. 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. 3. Detailed lesson plans and curricula outlining the content and objectives of the specialized training provided to investigators. 4. Sign-in sheets and training attendance logs indicating the participation of investigative staff in the mandated training sessions. 5. Certificates of training completion demonstrating successful fulfillment of the specialized training requirement for personnel responsible for investigating allegations of sexual abuse and harassment. <p data-bbox="256 1059 1477 1216">Together, these documents substantiate that the facility and the broader agency have taken appropriate measures to ensure investigative staff receive the focused training necessary to conduct thorough, trauma-informed, and policy-compliant investigations into PREA-related allegations.</p> <p data-bbox="256 1261 456 1294"><u>INTERVIEWS</u></p> <p data-bbox="256 1305 635 1339">Investigative Personnel</p> <p data-bbox="256 1350 1445 1507">Interviews conducted with members of the investigative team confirmed that each had received the specialized training mandated by PREA standards. These staff members discussed the training content in detail, citing coverage of key areas such as:</p> <ol data-bbox="320 1574 1430 1865" style="list-style-type: none"> 1. Administering Miranda and Garrity warnings appropriately; 2. Interviewing alleged victims of sexual abuse using trauma-informed techniques; 3. Procedures for collecting and preserving physical and testimonial evidence within a secure environment; and 4. Understanding the standards of proof required to support administrative findings or pursue criminal prosecution. <p data-bbox="256 1899 1461 2011">Investigators demonstrated a strong grasp of the material and reported using these techniques when conducting investigations in the facility, further indicating effective application of the training.</p> <p data-bbox="256 2056 456 2089"><u>PROVISIONS</u></p>

Provision (a):

The PAQ affirms that all staff responsible for investigating sexual abuse or harassment within the facility are required to complete specialized training. This training is tailored specifically to conducting investigations in confinement settings. Interviews with investigative personnel supported this statement, with each confirming they had completed the required training and were fully aware of its practical applications.

RELEVANT POLICY:

Georgia Department of Corrections SOP 208.06 (page 23, Section 4, paragraphs a-c) specifies the following obligations:

- (a) All personnel assigned to investigate incidents of sexual abuse or harassment must complete specialized PREA training tailored for confinement settings.
- (b) The training must cover trauma-informed victim interviewing, use of Miranda and Garrity warnings, evidence collection within secure environments, and thresholds for administrative and criminal determinations.
- (c) The agency is responsible for maintaining records that confirm successful training completion by all individuals conducting these investigations, whether they are internal staff or external professionals.

Provision (b):

The information submitted in the PAQ, as well as statements provided during staff interviews, indicated that the content of the specialized training aligns with the requirements outlined in GDC SOP 208.06. Investigators reported receiving instruction in each of the required subject areas, and they described how this training informs their approach to handling allegations. The training prepares them to recognize trauma responses, properly collect and document evidence, and make informed decisions regarding case outcomes.

Provision (c):

The facility maintains records to confirm that all investigators have fulfilled the training requirement. The Auditor reviewed multiple forms of documentation, including:

1. Investigator training logs;
2. Signed certificates of completion;
3. Entries in personnel files indicating specialized training status.

All reviewed records confirmed that investigative staff had completed the training. Interviewed staff also independently affirmed their certification status, further corroborating the documentary evidence.

Provision (d):

This section is not applicable to the audit and, in accordance with PREA audit methodology, was not assessed during this review.

CONCLUSION

Following a comprehensive review of the Pre-Audit Questionnaire, agency policy,

	investigator training curricula, attendance documentation, and interviews with investigative personnel, the Auditor concludes that the facility is in full compliance with PREA Standard §115.34 – Specialized Training for Investigators.
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115.35	Specialized training: Medical and mental health care
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p><u>DOCUMENT REVIEW</u></p> <p>To evaluate the facility’s adherence to PREA standards regarding specialized training for medical and mental health care professionals, the Auditor conducted a detailed examination of relevant documentation. The materials reviewed included:</p> <ol style="list-style-type: none"> 1. The Pre-Audit Questionnaire (PAQ) along with all supporting documentation. 2. Georgia Department of Corrections (GDC) Standard Operating Procedure (SOP) 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, dated June 23, 2022. 3. Training curricula, lesson plans, and instructional materials tailored specifically for health services personnel. 4. Attendance logs and training records associated with the facility’s medical staff. <p>The reviewed materials outlined the agency’s standards and expectations for healthcare staff in relation to identifying, responding to, and reporting incidents of sexual abuse and harassment, consistent with the requirements of PREA.</p> <p><u>INTERVIEWS</u></p> <p>Facility Head</p> <p>In the interview, the Facility Head confirmed that all medical staff assigned to the facility are required to complete the general PREA training provided to all employees, as well as specialized instruction focused on their specific responsibilities as healthcare providers. The administrator affirmed that these training obligations had been met by the current on-site medical provider.</p> <p>Medical Practitioner</p> <p>The facility employs a single nurse who serves as the sole on-site medical care provider. During the interview, the nurse stated that she had completed both the general PREA training during the orientation process and ongoing refresher sessions. In addition, she had received training specifically related to the medical professional’s role in identifying symptoms of sexual abuse, responding in accordance with facility protocols, and ensuring proper reporting and documentation. The nurse demonstrated a solid understanding of PREA-related procedures and clearly articulated her responsibilities when responding to potential abuse cases.</p>

Mental Health Services

The facility does not have designated mental health staff assigned on-site. As a result, no interviews were conducted with mental health professionals. In instances where mental health services are needed, they are coordinated through external GDC providers.

PREA Compliance Manager (PCM)

The PREA Compliance Manager affirmed that medical practitioners are required to complete the full employee PREA training as outlined under §115.31, in addition to specialized instruction relevant to their medical duties. The PCM confirmed that training documentation is maintained and reviewed periodically to ensure ongoing compliance with agency standards.

PROVISIONS**Provision (a):**

According to responses in the PAQ and corroborating interviews with facility leadership and the medical provider, the agency mandates that all medical and mental health practitioners working regularly within its facilities complete specialized training related to PREA. The nurse at this facility confirmed participation in this training. Although lesson plans and training summaries were provided for review, the facility did not initially furnish complete documentation, such as individual certificates or full training rosters, as requested by the Auditor.

RELEVANT POLICY:

GDC SOP 208.06 (page 23, section 5) requires that all medical and mental health professionals, whether employed directly by GDC or contracted, complete specialized PREA training annually. This training must be documented and retained in the employee's training records. Practitioners are also required to participate in the department's annual PREA in-service training to reinforce core concepts and enhance skills.

Provision (b):

This provision is not applicable to this facility. Policy prohibits on-site medical personnel from performing forensic medical exams. Such procedures are instead referred to external, qualified medical professionals trained in forensic evidence collection.

Provision (c):

The PAQ reports that documentation verifying specialized training is retained for all medical personnel. This was partially supported through the review process. Although the on-site nurse verbally confirmed her completion of the required training and demonstrated clear understanding of the training content, only limited written documentation was available for review during the audit.

Provision (d):

The PAQ further indicates that medical staff are included in the agency's general training programs for employees, contractors, and volunteers. This was confirmed during interviews. The nurse verified participation in this broader training, and the

	<p>PREA Compliance Manager noted that these sessions are routinely conducted and records are maintained to document staff participation.</p> <p>CONCLUSION</p> <p>Based on the review of training materials, policy documents, and staff interviews, the Auditor concludes that the facility is in compliance with PREA Standard §115.35 concerning specialized training for medical and mental health care providers. While some of the requested documentation—such as comprehensive training certificates—was not fully available at the time of the audit, the available evidence indicates that the medical practitioner assigned to the facility has completed both general and specialized PREA training. The interviews, policy confirmations, and available records demonstrate the agency’s commitment to ensuring medical staff are adequately trained to identify, respond to, and report incidents of sexual abuse and harassment in alignment with the PREA standards.</p>
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115.41	Screening for risk of victimization and abusiveness
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p><u>DOCUMENT REVIEW</u></p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire (PAQ) and supporting documentation. 2. 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. 3. GDC, SOP 208.06. Attachment 2, Revised 06-23-2022. 4. Inmate Initial Risk Assessment Records. 5. Inmate Risk 30-Day Reassessment Records. <p><u>INTERVIEWS</u></p> <p>PREA Coordinator (PC)</p> <p>Through the interview process the PC indicated medical staff, mental health staff, classification staff and the PCM have access to the screening information collected during intake. All information is limited to a need-to-know basis for staff, only for the purpose of treatment, security, and management decisions, such as housing and cell assignments, as well as work, education, and programming assignments. The PC also verified the GDC does not detain inmates solely for civil immigration purposes.</p> <p>PREA Compliance Manager (PCM)</p>

Through the interview process the PCM stated the purpose of the risk screening assessment is to make the inmate safer inside the facility. Information is collected through the risk screening that when taken as a whole, can be analyzed by staff to determine if an inmate is at higher-than-average risk for sexual victimization or abusiveness. It assists the staff of the institution in keeping inmates safer by housing potentially abusive inmates in a different area than those who are potential victims.

Risk Screening Staff

Through the interview process risk screening staff indicated the initial risk screening is completed within the first 24 hours after the inmate arrives. This initial screening considers prior acts of sexual abuse, prior convictions for violent offenses and history of prior institutional violence or sexual abuse. A second risk screening is completed within 30 days of the first risk screening. Additional screenings are also completed after a PREA allegation, if the inmate leaves the facility and returns to the facility, or new information becomes known regarding the possible safety of the inmate. Transgender inmates are risk assessed within 24 hours, within the first thirty days and a minimum of every six months thereafter.

Through the interview process, risk screening staff indicated inmates are not disciplined for refusal to answer questions during an assessment. It was reported they would prod to see what the opposition to answering the question was and then another attempt to engage the inmate would follow. However, disciplinary action would not be taken if the inmate chose not to respond.

Random Inmate

Through the interview process random inmates acknowledged being asked questions relative to their concern for sexual safety, and if they felt like they were in danger of being harmed. They remembered being asked questions about their sexual orientation, gender identity, if they had ever been sexually victimized and is this their first incarceration? They reported having their initial risk assessment within 24 hours of arriving at the facility and their 30-day risk assessment within a few weeks of arriving at the facility.

PROVISIONS

Provision (a)

On the PAQ the facility reported there is a policy that requires screening (upon admission to a facility or transfer to another facility) for risk of sexual abuse victimization or sexual abusiveness toward other inmates.

RELEVANT POLICY

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. 23, D, 1. The policy states all inmates shall be assessed during an intake screening and upon transfer to another facility for their risk of being sexually abused by other inmate or sexually

abusive toward other inmate.

Through the interview process, 100% of the random inmates interviewed indicated they had participated in a risk assessment within the first 24 hours of arrival. Further, 100% of the inmates interviewed indicated they were reassessed within several weeks of arrival. When asked, 100% of the inmates remembered being asked questions about their sexual orientation, gender identity, if they had ever been sexually victimized and was this their first incarceration.

Provision (b)

The facility reported on the PAQ that policy states inmates are screened for risk of sexual victimization or risk of abusing other inmates within 24 hours of arrival.

RELEVANT POLICY

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, pp. 23-24, D, 2, indicates Counseling staff members will conduct a screening for risk of victimization and abusiveness in SCRIBE using SCRIBE's version of Attachment 2, PREA Sexual Victim/Sexual Aggressor Classification Screening Instrument. This screening will be conducted within 24 hours of arrival at the facility and again within 30 days of arrival. Information from this assessment will be used to determine classification decisions with the goal of keeping separate inmates at elevated risk of being sexually victimized from those at elevated risk of being sexually abusive. Note: The results of the risk assessment should not hinder classification opportunities.

As stated in policy, counseling staff members conduct screening for risk of sexual victimization and abusiveness. All individuals who conduct risk assessments acknowledged they are completed within 24 hours of the inmate's arrival and then again within 30-days of arrival. The inmates acknowledged during interviews they had participated in a risk assessment upon arrival and had been reassessed within several weeks after the initial assessment.

The Auditor reviewed the PAQ which indicated in the past 12 months, 100% of 276 inmates were screened for the risk of sexual victimization or sexual abusiveness within 72 hours of their entry into the facility. While the PAQ states 72 hours, the policy and practice of the facility is for inmates to be screened for risk of sexual victimization or sexual abusiveness within 24 hours of their entry into the facility.

Provision (c)

On the PAQ the facility reported the risk assessment is conducted using an objective screening instrument. The Auditor reviewed a copy of the intake form and screening assessment form. Staff members who conduct Intake screenings utilize SOP 208.06. Attachment 2, Revised 06-23-2022 Screening Form. The inmate is reassessed within thirty days, after the initial meeting.

RELEVANT POLICY

GDC, SOP 208.06. Attachment 2, Revised 06-23-2022, indicates the instrument is weighted and scored based upon responses to specific questions required in the Standard. Attachment 2 asks the questions required by the Standard and is a satisfactory assessment tool. Questions one through eight address the vulnerability of the inmate, and questions nine through fourteen address the possible sexual aggressiveness of the inmate. It adheres to the minimum criteria in the standard, as outlined in Provision (d).

The Auditor requested supporting documentation for inmate Risk Assessments.

Provision (d)

The facility reported on the PAQ that their risk screening instrument includes all the elements of this provision. The Auditor reviewed the risk screening document, GDC, SOP 208.06. Attachment 2, Revised 06-23-2022. The risk screening instrument does not address the question of detaining inmates solely for civil immigration purposes. However, the agency does not detain inmates solely for civil immigration purposes in any of their facilities. This was confirmed by the PC during the interview process. Therefore, for all intents and purposes the risk screening instrument includes the elements of this provision.

The Auditor reviewed the risk screening instrument. It included the following items:

1. Is the inmate a former victim of institutional (prison or jail) rape or sexual assault?
2. Is the inmate 25 years old or younger or 60 years old or older?
3. Is the inmate small in physical stature? (BMA <18.5)
4. Does the inmate have a developmental disability/mental illness (disability) /physical disability?

NOTE: The assessment tool uses the phrase mental illness. A more accurate and inclusive term would be mental disability. As there are mental disabilities that are not considered mental illness. I realize this tool is an attachment to the PREA policy and as such cannot be changed as if it were a random independent form. Having said that I am recommending the process begin that would allow this wording to be changed. In the meantime I am recommending at the facility level that it be changed by hand to the original attachment before copies are made.

5. Is this the inmate's first incarceration ever (prison or jail)
6. Is or is perceived to be gay/lesbian/bisexual/transgender/intersex or gender non-conforming?
7. Does the inmate have a history of prior sexual victimization (sex abuse)?
8. The inmate's own perception of being vulnerable?
9. Does the inmate have a criminal history (convictions) that is exclusively non-

violent?

10. Does the inmate have a conviction(s) for sex offenses against adult and/or child?

11. Does the inmate have a history of institutional (prison or jail) sexually aggressive behavior?

12. Does the inmate have a history of sexual abuse/sexual assault toward others (adult and/or children)?

13. Is the inmate's current offense sexual abuse/sexual assault toward others (adult and/or children)?

14. Does the inmate have a prior conviction(s) for violent offenses?

The scoring of the assessment is one point for each yes answer given to a question or part of a question. If a question has more than one part, then one point is given for each part of the question that is answered yes. An example would be question 4. If an inmate has a developmental disability and a physical disability, that would be a total of 2 points for the question.

Provision (e)

According to the Pre-Audit Questionnaire (PAQ), the facility affirms that the initial risk screening process takes into account an inmate's known history of sexually abusive behavior, prior convictions for violent crimes, and any documented incidents of institutional violence or sexual abuse. This practice was verified through staff interviews, during which risk screening personnel confirmed these factors are actively considered when evaluating inmates for potential sexual abusiveness. The Auditor's review of the screening instrument further confirmed the inclusion of questions addressing these risk factors.

During interviews, screening staff consistently reported that they continue to monitor the inmate population and will initiate a reassessment when circumstances warrant, including referrals, inmate or staff requests, allegations of sexual abuse, or the receipt of additional information that may impact an inmate's classification regarding vulnerability or potential for abusiveness.

Provision (f)

The PAQ reflects that inmates undergo a reassessment of risk within thirty (30) days of their arrival at the facility. The reassessment process also accommodates any new or additional information obtained after the initial screening that may alter the inmate's risk status. Screening staff confirmed this procedure during interviews, noting the reassessment is an integral part of the facility's ongoing efforts to ensure inmate safety.

RELEVANT POLICY:

GDC Standard Operating Procedure (SOP) 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective 6/23/2022,

outlines that inmates must be reassessed within thirty (30) days of admission to the facility. Additionally, reassessment is mandated whenever new, relevant information is received that may affect an inmate's vulnerability or propensity for abuse.

The Auditor's examination of the PAQ indicated that, within the previous 12 months, 276 inmates remained housed at the facility for more than thirty days. Facility documentation showed that 100% of these inmates were reassessed for their risk of being sexually victimized or sexually abusive within the prescribed 30-day timeframe.

Provision (g)

The facility reported in the PAQ that inmate risk levels are reassessed whenever circumstances warrant, such as upon referral by staff, at the inmate's request, following an incident of sexual abuse, or when any new information becomes available that could influence the inmate's risk classification. This protocol was corroborated through interviews with screening staff who explained that they routinely re-screen inmates under these conditions to ensure appropriate housing and supervision decisions.

Relevant Policy:

As outlined in GDC SOP 208.06, effective 6/23/2022, page 24, section D, subsection 2(c), the policy requires reassessment of inmates under the following circumstances: referral, inmate or staff request, following a report of sexual abuse, or upon receipt of new information that may impact the risk classification.

Staff interviews confirmed that in addition to the routine 30-day reassessment, inmates are re-screened in response to any of these events, ensuring risk classification remains current and accurate.

Provision (h)

The PAQ indicates that inmates are not subject to disciplinary action for choosing not to answer or for withholding information during the risk assessment process. Interviews with screening staff validated this report. Staff emphasized that while they attempt to explain the purpose and importance of each question—especially in terms of enhancing the inmate's safety—they respect the inmate's decision to refrain from responding. Staff noted they may revisit unanswered questions later if a more appropriate or comfortable opportunity arises.

RELEVANT POLICY:

GDC SOP 208.06, effective 6/23/2022, page 24, section D, paragraph 23, states that while inmates should be encouraged to provide as much information as possible to facilitate effective protection, they cannot be penalized for choosing not to answer questions related to their personal risk factors.

Interviews with all risk screening staff consistently confirmed that inmates are not disciplined for non-responsiveness during the risk assessment process.

Provision (i)

	<p>According to the PAQ, the facility has implemented controls to restrict the dissemination of sensitive information collected during the screening process, ensuring that such data is used strictly for security, treatment, and management decisions. During interviews, the PREA Coordinator confirmed that access to screening information is limited to staff who have a legitimate need to know, such as medical personnel, mental health providers, classification officers, intake staff, and the PREA Compliance Manager. These individuals use the information solely to support decisions regarding housing, cell assignments, work, education, and programming. Risk screening staff affirmed this approach during their interviews.</p> <p>RELEVANT POLICY:</p> <p>GDC SOP 208.06 mandates that staff implement proper safeguards to limit access to risk screening information. These controls are intended to prevent misuse or unauthorized disclosure of sensitive data and to ensure that such information is not used to the detriment of the inmate by either staff or fellow inmates.</p> <p>CONCLUSION:</p> <p>Based on comprehensive document review, policy analysis, interviews with key personnel and inmates, and direct observations, the Auditor concludes that the facility meets all the requirements of PREA Standard §115.41, pertaining to the screening of inmates for risk of sexual victimization and abusiveness.</p> <p>NOTE:</p> <p>As previously mentioned, the terminology used in question 4 of Attachment 2—specifically, the term mental illness—is outdated and may not accurately reflect the full range of mental disabilities. The Auditor strongly recommends initiating the appropriate process for revising the form to replace mental illness with mental disability for clarity and inclusiveness. In the interim, the facility is encouraged to manually amend the master copy of the screening tool prior to making reproductions.</p>
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115.42	Use of screening information
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>DOCUMENTATION REVIEW</p> <p>As part of the comprehensive audit process, the following documents were reviewed and analyzed:</p> <ol style="list-style-type: none"> 1. The completed Pre-Audit Questionnaire (PAQ) and all supporting materials submitted by the facility. 2. Georgia Department of Corrections (GDC) Standard Operating Procedures (SOP), including: 3. SOP 208.06 – Prison Rape Elimination Act (PREA): Sexually Abusive Behavior

Prevention and Intervention Program, effective June 23, 2022.

4. SOP 220.09 – Classification and Management of Transgender and Intersex Offenders, effective July 26, 2019.
5. PREA Standard 115.13 – Facility PREA Staffing Plan, effective July 1, 2023.

INTERVIEWS

PREA Coordinator (PC):

The PREA Coordinator explained that, in accordance with GDC policy, an inmate's gender is initially documented according to the legal designation on record—typically the sex assigned at birth. However, classification decisions do not end there. Each case is individually assessed to ensure appropriate and safe placement decisions for all individuals, including those who identify as transgender or intersex.

The Coordinator further emphasized that the perceptions of transgender and intersex individuals regarding their safety are seriously considered in all placement and programming decisions. These assessments are re-evaluated at minimum every six months, or immediately following a report or incident of sexual abuse or victimization. Inmates are also interviewed during reassessments to gather information about potential enemies, risks, or threats, which then directly informs housing and programming assignments.

PREA Risk Screening Staff:

Staff charged with conducting the PREA risk screenings confirmed that each inmate is evaluated using a validated screening tool and that face-to-face interviews are conducted to gather individualized information. These personal interviews allow for a more comprehensive understanding of each inmate's background and risk factors, which supports informed housing, work, and program placement decisions.

PREA Compliance Manager (PCM):

The PCM stated that the GDC is not bound by any legal agreement, consent decree, or court order requiring the development or use of specialized housing exclusively for lesbian, gay, bisexual, transgender, or intersex (LGBTI) individuals. Accordingly, LGBTI inmates are integrated into the general population unless there is a substantiated safety concern warranting alternative arrangements.

The PCM also emphasized that all housing, work, and program assignment decisions are grounded in the results of risk screening assessments and take into account any safety concerns expressed by inmates. These factors are given serious consideration, particularly for transgender and intersex individuals, to ensure that vulnerable populations are separated from those identified as having a higher risk of predatory behavior.

Transgender Inmate:

There were no transgender inmates housed at the facility at the time of the onsite audit. Therefore, interviews with transgender individuals under this standard were not applicable.

PROVISIONS

Provision (a): Use of Screening Information

The PAQ indicates that information gathered during the risk screening process is applied to make informed decisions regarding housing placements, work assignments, educational enrollment, and programming involvement. This process helps prevent placing vulnerable inmates with those assessed as likely perpetrators of sexual abuse.

The PCM confirmed that screening results are actively used in classification decisions. The Auditor's review of facility records verified that the screening outcomes are consistently incorporated into the decision-making process.

RELEVANT POLICY:

SOP 208.06, p. 24, Section 4, requires Wardens/Superintendents to identify and designate safe housing for inmates determined to be at high risk for sexual victimization. These designations must be documented in both Attachment 7 (PREA Local Procedure Directive and Coordinated Response Plan) and Attachment 11 (Staffing Plan Template).

Provision (b): Individualized Determinations for Safety

According to both the PAQ and staff interviews, individual assessments are conducted to determine the safest and most appropriate placements for each inmate, particularly those who are transgender or intersex.

RELEVANT POLICY:

SOP 208.06, pp. 24-25, Section 5, mandates that placement decisions for transgender and intersex individuals be made on a case-by-case basis. Consideration is given to the inmate's health and safety, and classification decisions must not result in management or operational difficulties. These procedures align with the directives found in SOP 220.09.

Provision (c): Case-by-Case Housing Decisions

The facility stated in the PAQ that housing and program placement decisions for transgender and intersex inmates are not determined solely by gender identity or anatomy, but instead rely on individualized assessments considering the security of the institution and the specific needs of the inmate.

RELEVANT POLICY:

SOP 220.09, Sections IV.8 and IV.9, detail the classification procedures for transgender and intersex individuals, which include:

A thorough intake interview conducted by diagnostic staff to evaluate mental and physical health, educational background, work history, substance use, and PREA risk factors.

Completion of a Personal Data Sheet and a Classification Profile, which includes

specific housing and programming recommendations.
Submission of a referral to the Statewide Classification Committee (SCC) for approval.
Documentation of the individual's status in SCRIBE and maintenance on the Transgender and Intersex Offender List (TIOL).
A policy prohibition against housing transgender inmates in specialized units based solely on gender identity.

Provision (d): Reassessment of Placements

The PAQ and interviews confirmed that housing and program assignments for transgender and intersex inmates are re-evaluated at least twice annually. These reviews ensure that decisions remain appropriate and continue to safeguard inmate wellbeing, particularly following incidents or threats.

RELEVANT POLICY:

SOP 208.06 mandates reassessment of transgender and intersex inmates' housing and program placements every six months, with a focus on any new factors that might affect safety.

Provision (e): Inmate's Safety Views Considered

The facility reported in the PAQ that it carefully considers the personal safety concerns expressed by transgender and intersex inmates when determining housing and programming assignments. Staff interviews corroborated this practice.

RELEVANT POLICY:

SOP 220.09 requires that transgender and intersex inmates be given the opportunity to voice any concerns regarding their safety. These views must be treated with careful, serious consideration.

Provision (f): Showering Accommodations

The facility reported that transgender and intersex inmates are provided with the opportunity to shower separately from other inmates. The PCM affirmed this practice, and while there were no transgender inmates present during the audit, staff interviews confirmed that accommodations would be provided if necessary.

RELEVANT POLICY:

SOP 220.09 specifies that transgender and intersex inmates must be afforded the option to shower separately to preserve privacy and enhance safety.

Provision (g): Prohibition of Segregated Housing Based on Identity

Based on the PAQ and staff interviews, the facility does not place inmates in segregated housing solely due to their sexual orientation or gender identity. The PREA Coordinator confirmed that unless a court order, consent decree, or legal judgment mandates such placement, all inmates are housed in general population with individualized consideration for safety.

Additional staff confirmed that when needed, transgender and intersex inmates are

	<p>provided access to separate shower facilities or designated times to bathe in privacy. Housing units are equipped with private stalls to support these accommodations. Random staff interviews further supported that the facility is prepared to honor requests for separate shower access. In the past, transgender inmates have expressed satisfaction with the privacy and dignity afforded to them in these arrangements.</p> <p>RELEVANT POLICY:</p> <p>SOP 220.09 clearly states that LGBTI inmates are not to be housed in designated wings, units, or facilities solely based on their identity—unless required by legal ruling and justified as necessary for protection.</p> <p>CONCLUSION</p> <p>Upon a detailed review of agency policies, classification procedures, PREA screening documentation, and findings from staff and inmate interviews, the Auditor finds the facility to be in full compliance with PREA Standard §115.42: Use of Screening Information. The facility demonstrates a commitment to utilizing risk-based screening information in a meaningful way to guide individualized decisions around housing, programming, and services. Special attention is given to ensure the protection and dignity of vulnerable populations, including transgender and intersex inmates, thereby supporting a safe and respectful correctional environment.</p>
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115.43	Protective Custody
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>DOCUMENT REVIEW</p> <p>During the audit process, the following documentation was thoroughly reviewed:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire (PAQ) along with all supporting materials submitted by the facility. 2. Georgia Department of Corrections (GDC) Standard Operating Procedure (SOP) 208.06, titled Prison Rape Elimination Act (PREA): Sexually Abusive Behavior Prevention and Intervention Program, with an effective date of June 23, 2022. <p>INTERVIEWS</p> <p>Facility Head or Designee</p> <p>In the interview, the Facility Head confirmed that any assignment to segregated</p>

housing—regardless of the underlying reason—is fully documented and reviewed at least once every 30 days to evaluate the continued need for such placement.

Staff Assigned to Segregated Housing Units

Staff members responsible for managing and monitoring inmates in segregated housing stated during both formal interviews and informal discussions that they have not encountered a case in which an inmate was involuntarily placed in segregation due to sexual victimization or concerns related to retaliation following a PREA allegation.

Inmates in Segregated Housing

At the time of the onsite audit, there were no inmates housed in segregation due to allegations of sexual abuse or concerns related to sexual victimization. All inmates currently assigned to the segregated housing unit were there for either administrative reasons or as the result of disciplinary actions.

PREA Compliance Manager (PCM)

The PCM affirmed during the interview that, within the past 12 months, no inmates had been placed in protective custody or involuntary administrative or disciplinary segregation due to being identified as victims of sexual abuse or because they were considered at high risk for sexual victimization.

PROVISIONS

Provision (a): Prohibition on Involuntary Segregation Without Assessment

The PAQ indicates that GDC policy strictly prohibits the involuntary placement of inmates identified as high risk for sexual victimization into segregated housing unless all viable alternatives for separation from likely abusers have first been assessed and deemed unavailable. According to the PAQ and confirmed by the PCM and Facility Head, no inmates have been placed in involuntary segregation for this reason in the past 12 months. As a result, no inmate interviews were applicable under this provision.

RELEVANT POLICY:

GDC SOP 208.06 mandates that inmates at significant risk for sexual victimization are not to be assigned to protective segregation unless a comprehensive assessment confirms no alternative housing options exist to ensure their safety. If an immediate assessment is not feasible, short-term placement in involuntary segregation is permitted for no longer than 24 hours.

Further, Section D, paragraph 8 (a-d) of SOP 208.06 states:

1. Offenders placed in segregation must receive services in accordance with SOP 209.06, Administrative Segregation.
2. Segregated housing placement is to be temporary and not exceed 30 days unless no safer alternative can be found.
3. Any limitations on programs, education, work, or privileges must be

documented along with the reason and duration.

4. A review of continued placement must occur every 30 days, and the rationale must be documented in SCRIBE.

Provision (b): Access to Programs and Services

The PAQ notes that if an inmate were to be placed in segregated housing for protection, efforts would be made to ensure continued access to programs, educational services, privileges, and work assignments, to the greatest extent possible. The Facility Head confirmed that, although such placements have not occurred, this standard would be followed if needed.

RELEVANT POLICY:

SOP 208.06 affirms that inmates in protective segregation should retain access to facility services and opportunities. If limitations are necessary, the facility must document:

1. What opportunities were restricted
2. The length of time restrictions remained in effect
3. Justification for the restrictions

As verified by the Facility Head and the PAQ, no such placements have occurred in the past year, so no inmates were interviewed under this provision.

Provision (c): Time Limit on Protective Segregation

As reported in the PAQ and validated by the PCM, no inmates assessed as being at risk for sexual victimization have remained in involuntary segregated housing beyond 30 days while awaiting an alternative housing arrangement within the last 12 months.

RELEVANT POLICY:

SOP 208.06, Section D.8, reiterates that placement in segregation for protective purposes must not exceed 30 days unless no alternative means of separation can be arranged. Any such placement must be justified in SCRIBE and reassessed regularly.

Provision (d): Ongoing Review of Segregation Placements

The facility reported, and staff confirmed, that no inmates were held in involuntary segregation beyond 30 days for protective reasons within the last 12-month period. As no placements fell under this provision, no inmates were available for interviews.

RELEVANT POLICY:

SOP 208.06 stipulates that inmates in the Restrictive Housing Unit (RHU) due to risk of sexual abuse must only be placed there following an assessment confirming no safer alternative. Such placements are reviewed weekly for necessity and appropriateness.

Provision (e): Regular Review of Continued Need for Segregation

	<p>The PAQ and the PCM confirmed that no inmates had been placed in protective custody in the last year. Therefore, no 30-day reviews were required, and no inmates were interviewed under this standard.</p> <p>RELEVANT POLICY:</p> <p>According to SOP 208.06, Section D.8.d, the facility must conduct and document a 30-day review to determine whether an inmate should remain in protective custody or be transitioned to a less restrictive setting.</p> <p>CONCLUSION</p> <p>Based on comprehensive document analysis, interviews with key staff, and verification of practices against policy, the Auditor concludes that the facility is in full compliance with PREA Standard §115.43 – Protective Custody. There have been no instances in the last twelve months where inmates were involuntarily placed in segregation due to risk of sexual victimization. The facility has demonstrated adherence to GDC policy and federal standards by ensuring proper assessments, access to services, and required documentation would be provided if such a placement were necessary in the future.</p>
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115.51	Inmate reporting
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p><u>DOCUMENT REVIEW</u></p> <p>The Auditor reviewed the Pre-Audit Questionnaire (PAQ) and an array of supporting documents provided by the facility. These materials included 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 as of June 23, 2022.</p> <p>Additional reviewed materials included:</p> <ol style="list-style-type: none"> 1. The Offender PREA Brochure, available in both English and Spanish. 2. The Staff Guide on the Prevention and Reporting of Sexual Misconduct with Offenders, which offers guidance and protocols for identifying, preventing, and reporting sexual misconduct in correctional settings. <p><u>OBSERVATIONS</u></p> <p>During the on-site portion of the audit, the Auditor conducted a visual inspection of the facility. PREA posters in English and Spanish were prominently displayed in various high-traffic and private areas, including housing units, communal dayrooms, intake holding areas, hallways, and the dining facility. The facility also featured PREA-</p>

themed wall art, emphasizing the facility's efforts to promote awareness and accessibility of PREA-related information.

The Auditor tested multiple inmate telephones located in different housing units. All phones were fully operational and easily accessible to inmates, providing a direct means to report abuse or contact external agencies, including the PREA hotline.

INTERVIEWS

PREA Compliance Manager (PCM)

The PCM emphasized that inmates are afforded several avenues for reporting incidents of sexual abuse or harassment. These include both internal and external reporting mechanisms, such as contacting outside agencies not affiliated with GDC. The PCM specifically mentioned the State Board of Pardons and Paroles and the Office of Victim Services as independent reporting options available to incarcerated individuals.

Random Staff

Staff interviews confirmed that employees understand their responsibilities in receiving, documenting, and forwarding any report or allegation of sexual abuse or harassment. Staff articulated that inmates can report incidents through multiple reporting channels, including verbally to staff, by writing a grievance, by utilizing the PREA hotline, or by having a third party (such as a family member) report on their behalf. Staff stated they are trained to handle reports submitted anonymously and affirmed that staff members may also report privately, either verbally or in writing, using avenues such as the chain of command, the PREA Compliance Manager, or a higher-level administrator.

Random Inmates

Inmates interviewed demonstrated awareness of several methods for reporting sexual abuse or harassment. These included calling the PREA hotline, notifying the PREA Compliance Manager, asking family members to report on their behalf, or speaking directly with staff. Inmates consistently expressed understanding that reports can be made confidentially and without fear of retaliation.

PROVISIONS

Provision (a)

According to the PAQ and corroborated through interviews with the PCM, the facility provides multiple internal methods that allow inmates to confidentially report allegations of sexual abuse, sexual harassment, staff misconduct contributing to such incidents, or retaliation by staff or inmates.

DOCUMENT REVIEW

The Auditor reviewed the Pre-Audit Questionnaire (PAQ) and an array of supporting documents provided by the facility. These materials included 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 as of June 23, 2022.

Additional reviewed materials included:

1. The Offender PREA Brochure, available in both English and Spanish.
2. The Staff Guide on the Prevention and Reporting of Sexual Misconduct with Offenders, which offers guidance and protocols for identifying, preventing, and reporting sexual misconduct in correctional settings.

OBSERVATIONS

During the on-site portion of the audit, the Auditor conducted a visual inspection of the facility. PREA posters in English and Spanish were prominently displayed in various high-traffic and private areas, including housing units, communal dayrooms, intake holding areas, hallways, and the dining facility. The facility also featured PREA-themed wall art, emphasizing the facility's efforts to promote awareness and accessibility of PREA-related information.

The Auditor tested multiple inmate telephones located in different housing units. All phones were fully operational and easily accessible to inmates, providing a direct means to report abuse or contact external agencies, including the PREA hotline.

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PROVISIONS

Provision (a)

According to the PAQ and corroborated through interviews with the PCM, the facility provides multiple internal methods that allow inmates to confidentially report allegations of sexual abuse, sexual harassment, staff misconduct contributing to such incidents, or retaliation by staff or inmates.

RELEVANT POLICY:

GDC SOP 208.06, p. 26, E.1.a-b, outlines the following:

1. Offenders may report allegations verbally, in writing, anonymously, or through third parties.
2. Reports can be made via internal or external channels and must be promptly documented and investigated.
3. A Sexual Abuse Hotline (PREA Hotline) is maintained, which does not require a PIN and is monitored by the Office of Professional Standards under the direction of the Department's PREA Coordinator or designee.

Provision (b)

The facility stated on the PAQ, and the PCM confirmed, that inmates are also provided with at least one method to report abuse or harassment to an external, public, or private entity that is independent of the agency.

RELEVANT POLICY:

GDC SOP 208.06, p. 27, E.2.a.i-iii, identifies the following:

1. Ombudsman's Office, P.O. Box 1529, Forsyth, GA 31029, Phone: 478-992-5358.
2. Email to the PREA Coordinator at PREA.report@gdc.ga.gov.
3. State Board of Pardons and Paroles, Office of Victim Services, 2 Martin Luther King Jr. Drive SE, Atlanta, GA 30334.
4. Of these, the Office of Victim Services functions as an external and independent entity, while the other two are internal to the agency.

The facility clarified that it does not detain individuals solely for civil immigration purposes, making immigration-related reporting provisions inapplicable.

Provision (c)

The facility stated, and random staff interviews confirmed, that all staff are trained to accept reports of sexual abuse and sexual harassment via multiple channels—verbal, written, anonymously, and through third-party reports. Staff are aware of their obligation to document all verbal allegations immediately.

RELEVANT POLICY

GDC SOP 208.06, p. 27, E.2.b, mandates that staff accept reports through all listed methods and that verbal reports must be promptly documented in writing.

Provision (d)

According to the PAQ, the agency provides a confidential mechanism for staff to report sexual abuse or harassment involving inmates. The PCM also verified this

	<p>during interviews. Staff may report in writing, verbally, or via phone or email, and are encouraged to report up the chain of command, including to supervisory or administrative personnel.</p> <p>RELEVANT POLICY</p> <p>GDC SOP 208.06, p. 27, E.2.c, directs staff to immediately report any knowledge, suspicion, or information regarding sexual abuse or harassment to their immediate supervisor or designated SART member.</p> <p>The Staff Guide on Prevention and Reporting of Sexual Misconduct with Offenders reinforces these expectations. This resource provides essential education for staff on recognizing misconduct, setting and maintaining professional boundaries, and understanding reporting protocols. It ensures staff are well-informed and properly equipped to foster a safe and respectful environment.</p> <p>CONCLUSION</p> <p>Based on the comprehensive review of policies, documents, facility observations, and interviews with staff and inmates, the Auditor concludes that the facility is in full compliance with all provisions of this standard regarding inmate reporting mechanisms. The facility offers multiple internal and external options for both inmates and staff to report sexual abuse and harassment confidentially, and it ensures those reports are appropriately documented and investigated.</p>
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115.52	Exhaustion of administrative remedies
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>DOCUMENT REVIEW</p> <p>The Auditor conducted a thorough review of the Pre-Audit Questionnaire (PAQ) along with all accompanying documentation submitted by the facility. This included an examination of the Georgia Department of Corrections (GDC) Standard Operating Procedures (SOP), specifically Policy Number 208.06, titled Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, with an effective date of June 23, 2022. This policy governs all procedures and practices related to the prevention, detection, and response to sexual abuse and harassment within GDC facilities.</p> <p>INTERVIEWS</p> <p>Random Staff</p> <p>During interviews with randomly selected staff, it was consistently reported that allegations involving sexual abuse and sexual harassment are not subject to the standard inmate grievance process. Staff explained that when such allegations are received through a grievance form, they are immediately redirected as a formal</p>

report and forwarded to the appropriate personnel for investigation. These reports bypass normal grievance procedures and associated timelines.

Random Inmates

Through both structured interviews and informal discussions with inmates, individuals likewise reported that PREA-related allegations are excluded from the traditional grievance process. Inmates demonstrated awareness that any written complaint or grievance containing allegations of sexual abuse or harassment would instead be processed as a formal report, ensuring prompt referral for investigation outside of routine grievance channels.

PROVISIONS

Provision (a)

The facility reported on the PAQ, and staff confirmed during interviews, that allegations of sexual abuse and sexual harassment are not processed through the administrative grievance system. Rather than moving through standard grievance timelines or steps, these reports are handled as formal PREA allegations in accordance with investigative protocols.

RELEVANT POLICY:

GDC SOP 208.06, p. 27, Section E.3, clearly states that allegations of sexual abuse and sexual harassment are not grievable matters. The policy further emphasizes that such allegations must be reported using the procedures outlined in the PREA policy, which includes multiple confidential and accessible avenues for reporting abuse.

When a grievance is submitted that includes a PREA-related allegation, it is immediately removed from the grievance process and treated as an official written report, triggering the facility's investigatory response under PREA guidelines.

Provision (b) through Provision (g)

Not Applicable.

As explicitly stated in Provision (a) and supported by facility policy and interviews, allegations of sexual abuse and sexual harassment are not subject to the facility's grievance process. As such, Provisions (b) through (g), which relate to timelines, appeal rights, emergency procedures, and limitations on disciplinary action for filing grievances, are not applicable in this context.

CONCLUSION

Following a comprehensive review of relevant policies, documentation, and interviews with both staff and inmates, the Auditor concludes that the facility fully complies with the requirements of this standard concerning the exhaustion of administrative remedies. The agency appropriately excludes sexual abuse and sexual harassment allegations from the standard grievance process and ensures these are treated as immediate formal reports, in alignment with the PREA standards and agency policy.

115.53	Inmate access to outside confidential support services
	<div data-bbox="256 185 959 221" data-label="Text"> <p>Auditor Overall Determination: Meets Standard</p> </div> <div data-bbox="256 264 542 295" data-label="Section-Header"> <p>Auditor Discussion</p> </div> <div data-bbox="256 338 574 371" data-label="Section-Header"> <p><u>DOCUMENT REVIEW</u></p> </div> <div data-bbox="256 412 1476 445" data-label="Text"> <p>The following materials were reviewed as part of the compliance assessment process:</p> </div> <div data-bbox="317 512 1476 1090" data-label="List-Group"> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire (PAQ) and accompanying documentation. 2. Georgia Department of Corrections (GDC) Standard Operating Procedure (SOP) 208.06, titled Prison Rape Elimination Act (PREA) Sexually Abusive 3. Behavior Prevention and Intervention Program, with an effective date of June 23, 2022. 4. A Memorandum of Understanding (MOU) between Bulloch County Correctional and Teal House/Statesboro Regional Sexual Assault Center. 5. The facility's undated PREA informational brochure provided to inmates. 6. "Reporting is the First Step" visual materials. 7. Posters and notices providing contact information for the external confidential support services agency. 8. GDC's Male Inmate Handbook, revised September 25, 2017. 9. The Inmate Intake Packet, which contains PREA-related and other orientation materials. </div> <div data-bbox="256 1131 504 1164" data-label="Section-Header"> <p><u>OBSERVATIONS</u></p> </div> <div data-bbox="256 1202 1444 1444" data-label="Text"> <p>During the Auditor's on-site facility inspection, PREA-related materials were clearly visible in numerous locations throughout the institution. Contact information for the PREA Hotline was posted adjacent to inmate telephones for convenience. Three hotline numbers were available—two internal Georgia Department of Corrections PREA lines and one direct line to an independent, external confidential support service provider.</p> </div> <div data-bbox="256 1482 1481 1641" data-label="Text"> <p>Auditor inspection of several inmate telephones confirmed all were fully operational. A test call was placed to the external agency, and the Auditor successfully connected with a trained advocate. The call required no personal identifying information, and the advocate affirmed that confidentiality was respected during the conversation.</p> </div> <div data-bbox="256 1680 458 1713" data-label="Section-Header"> <p><u>INTERVIEWS</u></p> </div> <div data-bbox="256 1751 510 1785" data-label="Section-Header"> <p>Random Inmate</p> </div> <div data-bbox="256 1823 1468 2067" data-label="Text"> <p>Inmates randomly selected for interviews consistently reported that they were made aware of how to contact Teal House for support in matters involving sexual abuse or harassment. All participants confirmed they had been provided with both the mailing address and a toll-free number to reach the agency. Each inmate also demonstrated awareness of Teal House's role and verified that phone calls to the agency are free of charge and confidential. Inmates were equally knowledgeable about the limits of</p> </div>

confidentiality, explaining that disclosures involving intent to harm self or others, potential victimization of vulnerable individuals, or criminal activity would necessitate mandatory reporting.

PREA Compliance Manager (PCM)

The PREA Compliance Manager stated that the facility has a Memorandum of Understanding (MOU) with Teal House. During intake, new arrivals receive literature that outlines Teal House's services, including 24-hour hotline access, emotional support resources, and mailing information.

Intermediate or Higher-Level Staff

Through informal discussions and formal interviews, staff confirmed that they conduct daily checks of inmate telephones to ensure all units are operational. Staff emphasized that the availability of these communication tools is essential to allow inmates to maintain contact with family members as well as external support organizations.

PROVISIONS

Provision (a): Inmate Access to External Support

The PAQ and supporting documentation indicated that the facility provides inmates with access to outside advocates for emotional support services related to sexual abuse. These services are offered through Teal House, a designated rape crisis center. This relationship is supported by a Memorandum of Understanding currently in place. Inmate interviews validated this access.

According to posted materials and facility procedures, the following services are available through Teal House:

1. Emotional support for victims of sexual abuse.
2. Hospital accompaniment and support during forensic medical exams.
3. A toll-free, 24/7 crisis hotline (1-866-489-2225).
4. Confidential written correspondence by mail to 209 S. College Street, Statesboro, GA 30458.
5. In-person crisis counseling in a designated, private space that ensures confidentiality.

Per the PAQ, inmates are informed of their right to:

1. Contact rape crisis centers or victim advocacy organizations using toll-free numbers and mailing addresses.
2. Communicate with these external organizations in as confidential a manner as security and operational concerns allow.
3. Utilize the hotline or mail to seek emotional support for both past and current

sexual victimization.

RELEVANT POLICY:

As detailed in GDC SOP 208.06 (dated June 23, 2022), Section B(e), the PREA Compliance Manager—under the direction of the Warden or Superintendent—is required to pursue an MOU with a rape crisis center to provide confidential victim advocacy services. If such an agreement is not feasible, the institution must document its efforts and assign appropriately trained internal staff. Posting of contact information and training records must be maintained. Completion of Attachment 12, the PREA Victim Advocate Request Form, is required for all allegations of sexual abuse or harassment.

Provision (b): Notification of Monitoring and Mandatory Reporting Limits

The facility reported through the PAQ that inmates are informed prior to accessing support services about the extent to which their communications may be monitored and the conditions under which disclosures will be reported, as required by law. These conditions include suspected abuse or neglect of a minor or vulnerable adult, or any threat of self-harm or harm to others.

Inmate interviews confirmed awareness of these limitations. All interviewees articulated that while services were confidential, disclosures of certain types—particularly those involving threats or criminal activity—would be reported to appropriate authorities by Teal House staff.

RELEVANT POLICY:

GDC SOP 208.06, Section B(f), outlines the role of community-based victim advocates, who must pass appropriate screening and meet the same criteria as contractors and volunteers. Advocates are empowered to support inmates during forensic exams and investigations but are not authorized to intervene in custody, safety, or investigative decisions.

Provision (c): Agreements with Community Providers

The PAQ confirmed that the facility maintains an MOU—pending formal renewal—with Teal House to provide advocacy and emotional support for inmates who are victims of sexual abuse. Documentation reviewed by the Auditor included communications concerning the ongoing MOU renewal process.

Teal House also supplies a trained Sexual Assault Victim Advocate who is available to support victims throughout all stages of the forensic examination and investigation. Their role includes providing emotional support, informational assistance, and accompaniment during court proceedings or other stages of the legal process. Inmates demonstrated understanding of the advocate's supportive but limited confidentiality role during interviews.

	<p><u>CONCLUSION</u></p> <p>After a comprehensive review of policy documents, direct observations, and interviews with staff and inmates, the Auditor finds that the facility meets the requirements outlined in each subsection of this standard. The agency has demonstrated compliance in ensuring inmates have confidential access to qualified external victim advocacy services and are fully informed of both the scope and limits of these services.</p>
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115.54	Third-party reporting
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p><u>DOCUMENTATION REVIEW</u></p> <p>The following materials were examined during the audit process:</p> <ol style="list-style-type: none"> 1. The facility's completed Pre-Audit Questionnaire (PAQ) and the associated supporting documents. 2. Georgia Department of Corrections (GDC) Standard Operating Procedure (SOP) 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, with an effective date of June 23, 2022. 3. The undated GDC PREA Offender Brochure, which outlines inmates' rights and reporting options. 4. The official Georgia Department of Corrections website, specifically the PREA section located at: https://gdc.georgia.gov/organization/about-gdc/research-and-reports-0/prison-rape-elimination-act-prea, which provides comprehensive information regarding PREA compliance, reporting methods, and support services. <p><u>INTERVIEWS</u></p> <p>Random Inmates</p> <p>During confidential interviews with randomly selected inmates, every individual expressed an awareness of third-party reporting procedures. Inmates stated that they understood reports of sexual abuse or sexual harassment could be made on their behalf by external individuals or agencies, and they would utilize this option if needed. The facility has taken steps to ensure that information about how third parties can submit such reports is made readily accessible and well-publicized through brochures, postings, and the GDC website.</p> <p><u>PROVISIONS</u></p>

Provision (a): Third-Party Reporting

The PAQ submitted by the facility confirmed that the institution provides and supports mechanisms for third parties—including family members, friends, advocates, legal representatives, and outside agencies—to report allegations of sexual abuse or sexual harassment on behalf of an inmate. These third-party reporting options are clearly outlined in both the GDC PREA Offender Brochure and on the agency’s official website.

According to GDC SOP 208.06, pages 26–27, Section E.2.a.i–iii, several channels are available for submitting third-party reports, including:

1. **By Mail:** Reports can be sent to the Ombudsman’s Office at P.O. Box 1529, Forsyth, GA 31029. The office can also be reached by telephone at 478-992-5358.
2. **By Email:** Individuals may send a report to the agency's PREA Coordinator at the following email address: PREA.report@gdc.ga.gov.
3. **Through the State Board of Pardons and Paroles:** Reports can also be directed to the Office of Victim Services, located at 2 Martin Luther King Jr. Drive, S.E., Balcony Level, East Tower, Atlanta, GA 30334.

These contact methods are consistently made available via printed materials within the facility, prominently displayed postings, and digital resources through the GDC website.

Information provided to inmates—along with public-facing materials—serves to inform and empower third parties to act on behalf of residents. Every inmate interviewed (100%) during the audit acknowledged their awareness of these third-party reporting options, demonstrating the facility’s effectiveness in communication and training in this area.

CONCLUSION

Based on the comprehensive review of policies, procedures, documentation, interview responses, and posted resources, the Auditor concludes that the facility fully complies with all requirements outlined in this provision of the PREA standards. The institution has implemented effective systems that allow and encourage third-party reporting of sexual abuse or harassment, ensuring inmates have multiple avenues of protection and advocacy.

115.61 Staff and agency reporting duties

Auditor Overall Determination: Meets Standard

Auditor Discussion

DOCUMENT REVIEW

The following documents were thoroughly reviewed as part of the audit process:

1. The facility's completed Pre-Audit Questionnaire (PAQ) and all corresponding evidence provided to support compliance.
2. Georgia Department of Corrections (GDC) Standard Operating Procedure (SOP) 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, with an effective date of June 23, 2022.

INTERVIEWS

PREA Coordinator (PC)

During the interview, the PREA Coordinator confirmed that the facility adheres strictly to the requirement to report all allegations of sexual abuse and sexual harassment, including those submitted anonymously or by third parties. Such reports are forwarded without delay to the designated facility investigator.

Medical Staff

Interviews with medical staff revealed a comprehensive understanding of their obligations under PREA and state-mandated reporting laws. Medical professionals were able to clearly explain the steps they would take if an inmate disclosed an incident of sexual abuse, including how they would immediately notify the appropriate personnel. They were also aware of their duty to inform inmates—at the start of services—about the limits of confidentiality, ensuring that victims are aware that certain information must be shared in compliance with legal reporting requirements.

Facility Head or Designee

The Facility Head confirmed during the interview that they are fully informed of the legal and policy requirements related to the reporting of sexual abuse and sexual harassment. The Facility Head acknowledged that all staff are expected to report immediately any allegation, suspicion, or knowledge of such misconduct—whether it occurred at the facility in question or at another facility under the agency's jurisdiction. Additionally, the Facility Head reinforced the obligation to report any acts of retaliation or staff negligence that could be linked to incidents of sexual abuse or harassment.

Random Staff

Interviews with randomly selected staff demonstrated a high level of awareness and understanding of their reporting responsibilities. Staff consistently described how they would respond to a sexual abuse allegation in accordance with established policy—namely, by immediately notifying their supervisor or the designated PREA Compliance Manager (PCM). Staff also understood the confidentiality requirements surrounding such reports and emphasized that they would only disclose information to personnel with a legitimate need to know, such as medical staff or investigators. Each employee interviewed (100%) confirmed that PREA-related concerns are directed to the PCM, who ensures prompt communication with the appropriate investigative personnel.

PROVISIONS

Provision (a): Mandatory Staff Reporting

According to the PAQ, the facility affirmed that the agency requires all employees to report immediately any knowledge, suspicion, or disclosure of sexual abuse or harassment. This reporting obligation extends to acts of retaliation and any staff failures that may have facilitated such incidents. The Facility Head verified this requirement during the interview process.

RELEVANT POLICY

GDC SOP 208.06 (effective 6/23/2022), Section E.2.c, page 27, specifies that all staff must promptly forward any allegation or suspicion of sexual abuse or harassment to their supervisor or the designated SART member. The policy further states that reports must also include incidents of retaliation against individuals who reported abuse, as well as staff negligence or violations of duty that could have contributed to such incidents.

Provision (b): Confidentiality of Reports

The facility indicated on the PAQ that staff are prohibited from disclosing information related to sexual abuse reports, except to the degree necessary for effective treatment, investigation, and security or management functions. Random staff confirmed adherence to this principle, demonstrating awareness of the confidentiality standards laid out in agency policy.

RELEVANT POLICY

GDC SOP 208.06, page 24, Section 3, NOTE, states that staff must not share details of a sexual abuse report with anyone other than authorized supervisory personnel and only when disclosure is necessary to make appropriate treatment, investigative, or management decisions.

Provision (c): Practitioner Duty to Inform and Limits of Confidentiality

As noted in the PAQ, medical and mental health professionals are required to notify inmates, at the beginning of services, of their obligation to report allegations and the limits of confidentiality. Interviews with these professionals confirmed their awareness of and compliance with this mandate.

RELEVANT POLICY

SOP 208.06 mandates that, unless otherwise restricted by law, practitioners must report allegations of sexual abuse and inform inmates—prior to providing services—about their duty to report and the extent to which their communications will remain confidential.

Provision (d): Special Reporting Requirements for Vulnerable Populations

The PAQ indicates that if an alleged victim is under 18 years old or qualifies as a vulnerable adult under applicable statutes, the agency is required to report the allegation to the appropriate state or local services agency, in accordance with mandatory reporting laws. This procedure was confirmed during the interview with the Facility Head.

	<p>RELEVANT POLICY</p> <p>SOP 208.06 outlines that informed consent must be obtained from offenders before reporting past incidents of sexual victimization that did not occur in a facility, unless the individual is under 18. In such cases, or if the person is identified as a vulnerable adult, the agency is required to notify the appropriate external authorities in accordance with state law.</p> <p>Provision (e): Routing of Allegations to Investigative Personnel</p> <p>The PAQ affirmed, and the PREA Coordinator confirmed, that all allegations—whether reported directly, anonymously, or through third-party sources—are referred to the facility’s designated investigator for appropriate follow-up and action.</p> <p>RELEVANT POLICY</p> <p>SOP 208.06 requires that all staff must promptly report any incident, suspicion, or information related to sexual abuse or sexual harassment, including acts of retaliation or staff negligence. These reports must be submitted in line with agency policy to ensure prompt investigation and protective action.</p> <p><u>CONCLUSION</u></p> <p>After a comprehensive review of policy documents, interviews with facility personnel and inmates, and analysis of supporting evidence, the Auditor finds that the agency/facility is in full compliance with the PREA standard concerning staff and agency responsibilities for reporting allegations of sexual abuse and sexual harassment. All required provisions have been met, and the systems in place effectively support timely, confidential, and appropriate reporting and response.</p>
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115.62	Agency protection duties
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p><u>DOCUMENT REVIEW</u></p> <p>The Auditor conducted a thorough review of the Pre-Audit Questionnaire (PAQ) and all supporting materials submitted by the facility. Key documents examined included the Georgia Department of Corrections (GDC) Standard Operating Procedures (SOP), specifically:</p> <p>Policy Number 208.06, titled Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective June 23, 2022.</p> <p>Attachment 7 of SOP 208.06, titled PREA Local Procedure Directive and Coordinated Response Plan, which outlines facility-level protocols for responding to incidents of sexual abuse and coordinating among involved departments and personnel.</p> <p><u>INTERVIEWS</u></p>

Facility Head or Designee

During the on-site interview, the Facility Head confirmed that immediate protective measures would be taken in any instance where an inmate is believed to be at risk of sexual abuse. The priority is to safeguard the alleged victim, which may involve relocating them to a safer area within the facility or transferring them to another institution altogether, depending on the circumstances. The Facility Head also stated that, if the alleged perpetrator is identified, they would be promptly placed in segregated housing to prevent further contact with the victim and to support the integrity of the investigation.

Random Staff

Interviews with randomly selected staff members affirmed that staff are trained to respond swiftly when an inmate discloses a sexual abuse allegation. Staff reported that their first action would be to separate the victim and the alleged perpetrator to ensure the victim's safety. Staff would then notify their immediate supervisor and take steps to preserve any potential evidence. All staff interviewed emphasized that inmate protection is the top priority in these situations.

PROVISIONS

Provision (a): Immediate Protection from Imminent Risk

According to the PAQ, the agency/facility maintains a practice of taking immediate action whenever it learns that an inmate is subject to a substantial risk of imminent sexual abuse. In the past 12 months, the agency/facility reported no cases in which it determined that an inmate was at such risk.

This practice was validated through interviews with the Facility Head and random staff members. Both formal interviews and informal discussions consistently confirmed that staff understand and implement the agency's obligation to act swiftly in these circumstances.

RELEVANT POLICY

The GDC Standard Operating Procedure 208.06, including Attachment 7 (PREA Local Procedure Directive and Coordinated Response Plan), establishes a comprehensive institutional framework for addressing incidents of sexual abuse. This policy delineates responsibilities and actions required of:

1. First responders
2. Medical providers
3. Facility investigators
4. Facility administration and leadership

The SOP affirms the agency's commitment to taking immediate protective action when there is knowledge or suspicion that an inmate is at substantial risk of sexual

	<p>abuse. This response plan ensures all necessary departments are engaged in a coordinated effort to protect the victim and initiate appropriate investigative procedures.</p> <p><u>CONCLUSION</u></p> <p>Based on the comprehensive review of policy documents, the PAQ, and information obtained during staff interviews, the Auditor concludes that the facility is in full compliance with the provisions of the standard concerning agency protection duties. The facility has demonstrated that appropriate procedures are in place and that staff are knowledgeable and prepared to act without delay when faced with any threat of imminent sexual abuse.</p>
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115.63	Reporting to other confinement facilities
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p><u>DOCUMENT REVIEW</u></p> <p>A detailed review was conducted of the Pre-Audit Questionnaire (PAQ) and all supporting documentation submitted by the facility. Key among these was the Georgia Department of Corrections (GDC) Standard Operating Procedures (SOP), specifically:</p> <p>Policy Number 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, with an effective date of June 23, 2022.</p> <p><u>INTERVIEWS</u></p> <p>Agency Head Designee</p> <p>During the interview, the Agency Head Designee affirmed that when a report of a PREA-related incident is received—whether the incident involves sexual harassment, sexual abuse, or staff sexual misconduct—it is thoroughly investigated in line with established GDC policy and PREA standards. This applies to all GDC facilities regardless of where the alleged incident took place.</p> <p>Facility Head</p> <p>In a separate interview, the Facility Head confirmed that any allegation of sexual abuse or harassment that is received from another agency is immediately forwarded for investigation. Additionally, if an inmate housed at the facility discloses an incident that occurred while at another correctional institution, the facility where the event allegedly took place is notified promptly and always within a 72-hour timeframe, in accordance with policy.</p>

PROVISIONS

Provision (a): Reporting Allegations of Abuse from Other Facilities

According to the PAQ, when a facility receives an allegation that an inmate was sexually abused at a different institution, the Facility Head ensures that notification is sent to the appropriate official at the facility where the alleged abuse occurred. The agency reported that no such allegations were received in the previous 12 months. This was confirmed through the interview with the Facility Head.

RELEVANT POLICY:

GDC SOP 208.06 (effective 6/23/2022), p. 27, section 2(a), outlines that when an allegation arises involving sexual abuse at another Department facility, the Warden or Superintendent (or their designee) of the facility where the victim is currently housed must notify the Warden/Superintendent of the institution where the incident allegedly took place. Additionally, the Department's PREA Coordinator must also be notified. For allegations involving staff misconduct at another institution, the notification is directed to the Regional SAC and the PREA Coordinator. If the incident involves a non-GDC facility, the appropriate external office and the GDC PREA Coordinator must be notified.

Provision (b): Timeliness of Notification

The PAQ reflects that GDC policy mandates the Facility Head to provide such notification as quickly as possible, and no later than 72 hours after the allegation is received. The Facility Head confirmed adherence to this timeline during the interview.

RELEVANT POLICY:

Per SOP 208.06, p. 28, section 2(b), notification regarding an allegation of sexual abuse must be made promptly and no later than 72 hours following receipt of the allegation.

Provision (c): Documentation of Notification

The facility reported in the PAQ that when such notifications are made, they are documented in accordance with policy requirements. No such notifications were made during the prior 12 months, and this was affirmed by the Facility Head.

As outlined in the policy referenced under Provision (b), institutions are required not only to make notification within 72 hours, but also to formally document that such notification occurred.

RELEVANT POLICY:

GDC SOP 208.06, p. 28, sections 2(b) and 2(c), clearly require that the facility both notify the appropriate party within 72 hours and maintain documentation verifying the notification was made.

Provision (d): Investigation of Allegations Received from Other Facilities

	<p>According to the PAQ, the facility follows a policy that requires all allegations received from another facility or agency to be investigated according to PREA standards. In the past year, the facility did not receive any such allegations. This was confirmed in the interview with the Facility Head.</p> <p>RELEVANT POLICY:</p> <p>GDC SOP 208.06, p. 28, section 2(d), specifies that the head of the facility—or the appropriate Department office—that receives notification of a sexual abuse allegation is responsible for ensuring the incident is investigated unless a prior investigation has already been conducted.</p> <p><u>CONCLUSION</u></p> <p>After an in-depth review of the facility’s policies, practices, and documentation, along with corroborating interviews, the Auditor concludes that the facility is in full compliance with all requirements under this standard related to reporting to other confinement agencies. The institution has appropriate protocols in place, follows required timelines, and maintains thorough documentation to support compliance.</p>
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115.64	Staff first responder duties
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p><u>DOCUMENT REVIEW</u></p> <ol style="list-style-type: none"> 1. An in-depth review was conducted of the Pre-Audit Questionnaire (PAQ) and supporting documentation provided by the facility. This included a review of the Georgia Department of Corrections (GDC) Standard Operating Procedures, specifically: 2. Policy Number 208.06, titled Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, with an effective date of June 23, 2022. <p><u>INTERVIEWS</u></p> <p>Security Staff - First Responders</p> <p>Interviews with security staff designated as first responders confirmed they had received training on appropriate PREA protocols through a combination of annual in-service sessions, on-the-job training, and periodic staff briefings. They clearly articulated their roles in responding to sexual abuse allegations, including separating involved parties, preserving evidence, and immediately notifying supervisors.</p> <p>Non-Security First Responders</p>

Non-custody personnel, when interviewed, demonstrated a clear understanding of their responsibilities upon receiving a report of sexual abuse. They indicated that their first course of action would be to alert security staff, ensure the victim and alleged perpetrator are kept apart, advise the involved individuals not to take any actions that might compromise evidence (e.g., washing, eating, or changing clothes), and secure the area until relieved by security. They also emphasized their commitment to maintaining confidentiality and recognized its importance throughout the process.

General Facility Staff

Across the board, facility staff consistently and accurately described the steps to be taken in the event of a sexual abuse report. Each individual interviewed was able to outline the required procedures, which include: protecting the victim, preventing contact with the alleged perpetrator, preserving the crime scene and any physical evidence, ensuring medical care is provided as needed, and promptly reporting the incident through the proper chain of command.

Inmates Who Reported Sexual Abuse

The facility reported no PREA allegations of sexual abuse within the past 12 months. As a result, there were no inmate interviews conducted under this category for this standard.

PROVISIONS

Provision (a): First Responder Duties

According to the PAQ and confirmed through interviews, there were no incidents in the past 12 months that triggered these protocols.

The PAQ indicates that the facility has implemented a first responder protocol, as required by agency policy, that applies to both security and non-security personnel. This policy ensures that staff are prepared to act swiftly and appropriately in response to allegations of sexual abuse. The interviews with staff from various roles confirmed that these protocols are not only in place but are well understood and followed in practice.

RELEVANT POLICY:

GDC SOP 208.06 (effective 6/23/2022), p. 28, section 3, requires each facility to establish a written, site-specific plan that outlines coordinated response actions following an incident of sexual abuse. This plan must define the responsibilities of first responders, medical and mental health staff, investigative personnel, and facility administrators. It is maintained as part of Attachment 7 – PREA Local Procedure Directive and Coordinated Response Plan, which includes updated contact information for all key personnel.

GDC SOP 208.06, p. 27, section F.1, further defines the obligations of first responders as follows:

1. Actions taken must follow the institution's Coordinated Response Plan.
2. All allegations must be reported to the GDC PREA Unit within two business days via the official email and using the designated notification form (Attachment 10).
3. Upon learning of an allegation, the responding correctional officer must:
4. Identify and separate all involved inmates.
5. Secure and protect the crime scene to preserve potential evidence.
6. Notify a shift supervisor as soon as possible.
7. Instruct all involved parties not to perform actions (e.g., showering, brushing teeth, changing clothes) that could destroy evidence.
8. Complete and submit an Incident Report (Form CN 6601) in line with GDC's Administrative Directive 6.6.
9. Maintain confidentiality and only disclose information on a need-to-know basis for treatment, security, and administrative purposes.

Provision (b): Non-Security Staff Responsibilities

The facility's PAQ confirms that in cases where the first responder is not a member of the security staff, that individual is still responsible for instructing the alleged victim not to take any actions that could compromise or destroy evidence.

The Auditor also reviewed training materials issued to all categories of staff, contractors, and volunteers. These materials clearly define a "first responder" as any person who first becomes aware of an allegation of sexual abuse. The training reinforces that all such individuals are required to take immediate protective steps—securing the scene, removing uninvolved persons, separating victim and perpetrator, and communicating observations to supervisory staff or the PREA Compliance Manager.

CONCLUSION

Based on the comprehensive review of relevant documentation, policy provisions, training curricula, and interviews with staff, the Auditor concludes that the facility has met all requirements under this standard. Staff across roles demonstrated both knowledge and understanding of their duties as first responders to allegations of sexual abuse. The facility is in full compliance with the standard concerning staff first responder responsibilities.

115.65	Coordinated response
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

DOCUMENT REVIEW

1. The Auditor conducted a thorough review of the Pre-Audit Questionnaire (PAQ) and all accompanying documentation provided by the facility. Key documents included:
2. 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.
3. Attachment 7 to SOP 208.06, PREA Local Procedure Directive and Coordinated Response Plan, last revised on June 23, 2022.

INTERVIEWS

Facility Head or Designee

During the interview, the Facility Head confirmed the existence and implementation of a Coordinated Response Plan. This plan outlines the specific roles and responsibilities assigned to various staff members in the event of a sexual abuse incident. The Facility Head indicated that staff are consistently trained on this plan through multiple channels, including annual in-service training, monthly departmental staff meetings, and routine on-the-job training sessions. Staff are expected to understand the plan and apply it effectively when responding to any PREA-related incidents.

PROVISIONS

Provision (a): Written Coordinated Institutional Plan

According to the information submitted in the PAQ, the facility has developed a written institutional plan designed to coordinate actions taken by various personnel—including first responders, medical and mental health professionals, investigative staff, and facility administrators—in response to reports of sexual abuse. The Facility Head reaffirmed the existence of this plan during the interview process.

The Auditor reviewed the Coordinated Response Plan specific to the facility. The plan was found to be sufficient, it appeared to be somewhat basic in nature, offering general guidance rather than detailed, scenario-specific instructions. Nonetheless, it includes the essential components required to guide staff actions in the event of a PREA incident.

RELEVANT POLICY

GDC SOP 208.06, page 28, section 3, mandates that each correctional facility must maintain a written Coordinated Response Plan. This plan is intended to facilitate seamless collaboration among staff first responders, medical and mental health practitioners, investigators, and facility leadership. It must remain current and include contact information (names and phone numbers) for all coordinating parties. The plan is maintained as Attachment 7 under the facility's PREA Local Procedure Directive and

	<p>Coordinated Response Plan.</p> <p>GDC SOP 208.06, Attachment 7 specific to the facility, revised June 23, 2022, is a two-page document that outlines the coordinated institutional response to sexual abuse incidents. The purpose of this document is to ensure clearly defined responsibilities and communication among all involved parties. The plan includes contact details for key personnel involved in the notification and investigation process, and it clearly delineates reporting duties in a 15-step process. These steps are actionable and measurable, and the plan also incorporates procedures for screening for risk of victimization, ensuring appropriate housing placements, and identifying inmates considered at risk within the facility.</p> <p><u>CONCLUSION</u></p> <p>Following a detailed review and analysis of the Coordinated Response Plan, supporting documentation, policy references, and interview responses, the Auditor concludes that the facility has met all requirements of this provision. The existence of a written institutional plan, coupled with ongoing staff training and a clearly defined reporting process, demonstrates the facility's compliance with the PREA standard concerning coordinated institutional response to sexual abuse incidents.</p>
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115.66	Preservation of ability to protect inmates from contact with abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p><u>DOCUMENT REVIEW</u></p> <p>To assess compliance with PREA Standard §115.66, the Auditor reviewed the following documentation:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire (PAQ) and accompanying supporting materials; 2. 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. <p><u>INTERVIEWS</u></p> <p>Agency Head or Designee</p> <p>During the interview, the Agency Head's Designee affirmed that the State of Georgia does not engage in collective bargaining agreements. Therefore, there are no contractual limitations or restrictions that would impact the agency's ability to remove staff from contact with inmates in cases where sexual abuse or sexual harassment allegations have been made or substantiated.</p> <p><u>PROVISIONS</u></p>

	<p>Provision (a):</p> <p>The PAQ clearly states that the State of Georgia does not participate in collective bargaining. This information was confirmed during the on-site interview with the Agency Head's Designee, who reiterated that there are no union contracts or similar agreements in place that would impede the Department's ability to take immediate and appropriate action to protect inmates from contact with alleged abusers.</p> <p>Provision (b):</p> <p>Per PREA audit guidelines, auditors are not required to evaluate this provision.</p> <p>CONCLUSION</p> <p>Based on the review of policy, the Pre-Audit Questionnaire, and the interview with the Agency Head's Designee, the Auditor concludes that the agency/facility is in full compliance with PREA Standard §115.66 – Preservation of Ability to Protect Inmates from Contact with Abusers. The absence of collective bargaining agreements in the State of Georgia ensures that the agency maintains the unrestricted ability to separate alleged or substantiated abusers from inmate populations when necessary.</p>
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115.67	Agency protection against retaliation
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>DOCUMENT REVIEW</p> <ul style="list-style-type: none"> • Pre-Audit Questionnaire (PAQ) along with supporting documentation relevant to agency procedures for protecting individuals from retaliation following the report or investigation of sexual abuse or sexual harassment. Reviewed documents included: • 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. • Attachment 8 to SOP 208.06: Retaliation Monitoring Checklist, effective June 23, 2022. <p>INTERVIEWS</p> <p>Agency Head or Designee</p> <p>The Agency Head affirmed that retaliation monitoring procedures are in place and that they begin on the same day an allegation of sexual abuse or harassment is reported. The monitoring period is a minimum of 90 days, and if the allegation is deemed unfounded, the monitoring may be discontinued. Monitoring extends to any individual involved in the incident—whether the alleged victim or a cooperating witness—who expresses concern about potential retaliation.</p>

Facility Head or Designee

The Facility Head explained that a variety of safeguards are implemented to protect both incarcerated individuals and staff from acts of retaliation. For inmates, retaliation monitoring includes observing for changes in housing assignments, job placements, or any increase in disciplinary infractions. For staff, it involves monitoring for negative performance evaluations or involuntary work reassignments. These efforts are coordinated by the designated Retaliation Monitor, who echoed the same approach during their interview.

Retaliation Monitor

The Retaliation Monitor emphasized the facility's commitment to maintaining a safe environment where inmates and staff can report PREA-related incidents without fear of reprisal. According to the monitor, the scope of retaliation monitoring is not limited to alleged victims; it also includes any individual involved in the investigative process who reports concerns of retaliation. Monitoring continues for at least 90 days and includes monthly in-person status checks, documented using Attachment 8: Retaliation Monitoring Checklist. The Retaliation Monitor stated that no incidents of retaliation have been reported at the facility in the past 12 months.

Segregated Housing Due to Risk of Sexual Victimization

At the time of the onsite audit, the facility reported that there were no inmates housed in segregation due to identified risk of sexual abuse or due to having reported sexual victimization.

Inmates Who Reported Sexual Abuse

The facility reported there were no sexual abuse allegations in the past 12 months. Consequently, no inmates were interviewed for this standard.

PROVISIONS**Provision (a): Policy to Protect Against Retaliation**

According to the PAQ, the agency has established a written policy that ensures protection from retaliation for inmates and staff who report or cooperate in investigations of sexual abuse or harassment. The facility assigns designated personnel—specifically, the Chaplain, per the Deputy Warden's memo—as the Retaliation Monitor responsible for overseeing these efforts. The standard monitoring period is 90 days unless circumstances require an extension.

RELEVANT POLICY

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
Page 28, Section 4(a): Retaliation against any individual reporting or participating in

an investigation of sexual abuse/harassment will result in disciplinary action.
Page 28–29, Section 4(b): Facilities are required to safeguard those who report or assist in investigations from retaliation. Protection strategies include housing or job reassignments, removal of alleged perpetrators, and emotional support services.
Section 4(c): The designated Retaliation Monitor must evaluate whether any changes in the treatment of staff or inmates suggest retaliatory behavior and respond accordingly.

Provision (b): Protective Measures

The PAQ indicates, and the Facility Head confirmed, that the agency applies multiple strategies to protect individuals from retaliation. These include:

1. Reassignment of inmate housing or work details.
2. Removal of alleged perpetrators from contact with the reporter.
3. Providing emotional support for inmates or staff expressing concern about retaliation.

RELEVANT POLICY

These protective strategies are outlined in GDC SOP 208.06, p. 28–29, Section 4(b).

Provision (c): Monitoring Practices

The PAQ and Retaliation Monitor confirmed that conduct and treatment of involved parties are actively observed for indicators of retaliation for at least 90 days, with extensions as needed. No retaliation cases were reported in the last year. Policy guidance in Section 4(c) requires action to be taken if any signs of retaliation are detected.

Provision (d): Periodic Status Checks

As reported in the PAQ and verified during interviews, retaliation monitoring involves regular status checks. Per GDC SOP 208.06, p. 28–29, Section 4(c)(i–iii):

These checks include reviews of inmate disciplinary reports, housing and program changes, and staff performance evaluations or reassignments.

Attachment 8 must be completed and filed for each monitored individual.

Monitoring may extend beyond 90 days if concerns persist but must cease if the allegation is determined to be unfounded.

Provision (e): Protection for Other Cooperators

If any individual—not limited to the victim—who cooperates with an investigation expresses fear of retaliation, the facility is obligated to respond accordingly. The Retaliation Monitor confirmed that these individuals are also eligible for monitoring and protective measures. This provision is addressed in SOP 208.06, which mandates protection for all individuals involved in an investigation who may face retaliation.

Provision (f): Not Audited

	<p>Per the PREA Auditor Handbook, Provision (f) is not subject to audit.</p> <p><u>CONCLUSION</u></p> <p>Based on a comprehensive review of policies, facility documentation, and staff and inmate interviews, the Auditor finds that the facility fully complies with the requirements of this standard. The agency has effective safeguards in place to protect against retaliation and consistently applies these measures through designated personnel, structured monitoring tools, and clear procedures. All aspects of the standard are met.</p>
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115.68	Post-allegation protective custody
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>DOCUMENT REVIEW</p> <p>The Auditor reviewed the Pre-Audit Questionnaire (PAQ) along with supporting documentation submitted by the facility. This included the Georgia Department of Correction (GDC) Standard Operating Procedures (SOP), Policy Number 208.06, titled Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, with an effective date of June 23, 2022. This policy outlines procedures and safeguards related to the placement of inmates in segregated housing following allegations of sexual abuse.</p> <p>INTERVIEWS</p> <p>Facility Head or Designee</p> <p>During the interview, the Facility Head confirmed that when necessary, either the victim or the alleged abuser may be transferred to another institution as a safety measure. The Facility Head emphasized that involuntary placement in segregated housing is not a routine response for victims of sexual abuse. Rather, such placement is considered only after all other housing options have been assessed and deemed insufficient to ensure the individual's safety. In the rare event that an inmate is placed in involuntary segregation for protection, the facility provides ongoing reviews every 30 days to evaluate whether continued separation from the general population is still necessary. Additionally, inmates in such protective custody are granted access to programming, education, and work assignments to the extent possible, in accordance with facility safety and security protocols.</p> <p>Staff Supervising Inmates in Segregated Housing</p> <p>Staff responsible for overseeing inmates housed in segregation confirmed that there</p>

are a range of housing strategies available to ensure inmate safety. They reiterated that placement in segregation for protective purposes is used only as a last resort. Efforts are consistently made to identify and implement alternative housing arrangements before resorting to involuntary segregation.

Inmates in Segregated Housing Due to Risk of Sexual Abuse

At the time of the on-site audit, the facility reported zero inmates who were housed in segregation due to risk of sexual victimization or as a result of alleging sexual abuse.

PROVISIONS

Provision (a)

According to the PAQ, the agency has established and implemented a policy that prohibits placing inmates who allege sexual abuse in involuntary segregated housing unless all other options have been thoroughly assessed and determined to be inadequate in providing necessary protection. Facility records indicate that over the past twelve months, there were no inmates placed involuntarily in segregation for 1 to 24 hours during the assessment process, nor were any inmates held involuntarily in segregated housing for more than 30 days while awaiting alternate placement. Segregated Housing staff confirmed this during interviews.

The PAQ further indicates that in instances where involuntary segregated housing is deemed necessary, a 30-day review process is in place to evaluate the continuing need for such placement. This practice was verified by the Facility Head.

RELEVANT POLICY

The applicable policy is GDC SOP 208.06, PREA Sexually Abusive Behavior Prevention and Intervention Program, effective June 23, 2022. According to Section 8 (a-d), found on page 25 of the SOP:

1. Inmates identified as being at high risk for sexual victimization or aggression are not to be placed in involuntary segregated housing solely on that basis, unless it is determined there is no available alternative means to separate them from likely abusers. Such determinations must be clearly documented in SCRIBE case notes, including justification for why other options could not be utilized.
2. Subsection a states that inmates placed in segregation must continue to receive services in accordance with SOP 209.06, Administrative Segregation.
3. Subsection b clarifies that involuntary segregated placement should be temporary, and should not typically exceed 30 days while an alternative means of housing is arranged.
4. Subsection c requires that if there are any restrictions to the inmate's access to education, programs, privileges, or work opportunities during their time in segregated housing, these limitations must be documented, including: (1) what opportunities were limited, (2) the length of those limitations, and (3) the rationale for each limitation.

	<p>5. Subsection d mandates a documented review every 30 days for each inmate placed in such housing to determine if continued separation from the general population is still justified.</p> <p>CONCLUSION</p> <p>After a comprehensive review of documentation, facility policy, and staff interviews, the Auditor concludes that the facility is in full compliance with the requirements of the standard concerning post-allegation protective custody. There is clear evidence that the agency has implemented appropriate procedures to ensure the safety of alleged victims while safeguarding their access to programs and services, and that involuntary segregation is used only when absolutely necessary and for the shortest duration possible.</p>
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115.71	Criminal and administrative agency investigations
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>DOCUMENT REVIEW</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire (PAQ) and accompanying evidence were reviewed. 2. The Auditor examined the Georgia Department of Correction (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. <p>INTERVIEWS</p> <p>Investigative Staff</p> <p>During interviews, the designated investigator explained the investigative process and clarified the following key points:</p> <ol style="list-style-type: none"> 1. Investigations are initiated without delay upon receipt of an allegation, regardless of the method by which it is reported—whether face-to-face, over the phone, in writing, by third parties, or anonymously. 2. The investigator has attended and completed the required specialized training for conducting PREA-related investigations. The Auditor verified this by reviewing training documentation. 3. A consistent and structured approach is utilized for all investigations. The process typically begins with an interview of the victim, followed by any witnesses, with the accused individual being interviewed last. The procedure may vary slightly when addressing sexual harassment claims compared to

sexual assault or abuse cases.

4. In cases of alleged sexual abuse, investigators meet victims at designated SAFE/SANE sites, when applicable. Investigators are responsible for collecting and securing physical evidence, unless it is obtained directly by the SAFE/SANE team.
5. All investigative personnel have received training in evidence collection. This was confirmed by examining training records.
6. In cases where there is evidence indicating a criminal act, compelled interviews are conducted only after consulting with prosecutors to ensure the interviews will not interfere with potential criminal proceedings. The OPS-Criminal Division ensures that Miranda warnings are issued in such instances.
7. Investigators assess the credibility of each individual based on facts uncovered during the investigation. All individuals are treated as credible until proven otherwise. No polygraph testing is used in PREA-related cases.
8. Administrative investigations are guided by the facts as they emerge. Investigators also examine whether staff conduct or negligence contributed to the incident. Findings are documented in the final investigative report.
9. If a criminal offense is suspected, the case is referred to the OPS-Criminal Division for further investigation.

The investigator also confirmed that investigations continue regardless of changes in employment or incarceration status of the involved parties. Investigations are completed to their conclusion. The agency collaborates fully with the OPS-Criminal Division and maintains communication regarding the progress of investigations.

PREA Coordinator (PC)

The PREA Coordinator affirmed that the agency retains all investigative documentation—administrative or criminal—for a minimum of five years after the accused individual is no longer incarcerated or employed by the agency. Most inmate data is permanently stored in the agency's SCRIBE system.

PREA Compliance Manager (PCM)

The PCM confirmed that neither the departure of the alleged victim nor the alleged abuser from the agency's employment or custody is grounds for terminating an investigation. All investigations proceed to resolution.

Facility Head or Designee

The Facility Head's designee reported that, in the past 12 months, there were zero substantiated criminal allegations referred for prosecution.

Inmates Who Reported Sexual Abuse

The facility reported no PREA allegations of sexual abuse within the past 12 months. As a result, there were no inmate interviews conducted under this category for this standard.

PROVISIONS

Provision (a):

As reported in the PAQ and confirmed through interviews, the agency maintains a policy requiring all allegations of sexual abuse, harassment, or threatened abuse to be investigated promptly, thoroughly, and objectively, including those reported anonymously or by third parties.

Provision (b):

Only trained personnel are authorized to investigate sexual abuse allegations. Investigators confirmed completion of this specialized training, which the Auditor verified through training logs.

Provision (c):

Investigators collect and preserve all forms of evidence—direct, circumstantial, physical (including DNA), and electronic monitoring. They interview victims, accused individuals, and witnesses. Previous complaints involving the alleged abuser are reviewed. Investigators affirmed adherence to this process.

Provision (d):

Compelled interviews are only conducted after consulting with the prosecutor when criminal charges are likely. This policy is implemented to avoid obstructing possible prosecution.

Provision (e):

Credibility assessments are made individually and not influenced by the person's status as an inmate or staff member. No inmate is required to submit to a polygraph as a condition for moving forward with an investigation.

Provision (f):

Administrative investigations examine whether staff action or inaction contributed to the abuse. All relevant evidence, credibility evaluations, and findings are documented in a comprehensive written report.

Provision (g):

Criminal investigations are fully documented in written reports, including detailed accounts of all evidence and attached supporting documentation. If determined to be criminal, the investigation is referred to the OPS-Criminal Division.

Provision (h):

The PAQ indicated that six substantiated criminal allegations were referred for prosecution in the past year. The Facility Head's designee confirmed this.

Provision (i):

	<p>Investigative records are retained for at least five years beyond the incarceration or employment period of the accused or longer if required by law or litigation hold. The PC confirmed compliance with this requirement.</p> <p>Provision (j):</p> <p>The agency's policy mandates that investigations are not terminated due to the departure of the alleged abuser or victim from custody or employment. The PCM validated this practice.</p> <p>Provision (k):</p> <p>This provision is not applicable to the audit process.</p> <p>Provision (l):</p> <p>Although the agency's policy states it will cooperate with outside investigative entities, all PREA-related administrative and criminal investigations are conducted internally. Investigative staff confirmed that no external agency is responsible for handling such investigations.</p> <p><u>CONCLUSION</u></p> <p>Following a thorough review of relevant documentation, policy, interview responses, and evidence, the Auditor concludes that the agency is in full compliance with all elements of the standard concerning criminal and administrative investigations related to sexual abuse and harassment under PREA</p>
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115.72	Evidentiary standard for administrative investigations
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p><u>DOCUMENT REVIEW</u></p> <p>The Auditor reviewed the Pre-Audit Questionnaire (PAQ) along with supporting materials provided by the agency. Key policies examined included the 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, with an effective date of June 23, 2022.</p> <p><u>INTERVIEW</u></p> <p>Investigative Staff</p>

	<p>During the interview process, investigative staff affirmed that, in the course of an investigation into alleged sexual abuse or sexual harassment, all forms of available evidence are gathered and considered. This includes physical evidence collected from the victim, alleged perpetrator, and scene of the incident, as well as testimonial evidence obtained through interviews with all relevant parties. Staff emphasized that the facility adheres to a standard of preponderance of the evidence when determining whether an allegation is substantiated and does not require a higher burden of proof.</p> <p><u>PROVISIONS</u></p> <p>Provision (a) According to the PAQ, the agency affirms that no evidentiary standard higher than a preponderance of the evidence is imposed when substantiating allegations of sexual abuse or sexual harassment during administrative investigations. This was confirmed through interviews with investigative staff who reported that the determination of substantiation is guided by whether it is more likely than not that the abuse or harassment occurred.</p> <p>RELEVANT POLICY:</p> <p>The Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number 208.06, PREA Sexually Abusive Behavior Prevention and Intervention Program (effective 6/23/2022), Section G(5), page 30, similarly affirms that a preponderance of the evidence is the evidentiary threshold used in administrative investigations involving allegations of sexual abuse or harassment.</p> <p><u>CONCLUSION</u></p> <p>After thoroughly reviewing relevant documentation and interviewing key staff involved in the investigative process, the Auditor concludes that the facility fully complies with the requirements of this standard. The facility and the broader agency clearly implement and adhere to the required evidentiary standard of preponderance of the evidence in all administrative investigations concerning allegations of sexual abuse or sexual harassment. Accordingly, the facility meets all elements of this PREA standard.</p>
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115.73	Reporting to inmates
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p><u>DOCUMENT REVIEW</u></p> <p>1. Pre-Audit Questionnaire (PAQ) and supporting documentation.</p>

2. 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
3. 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, attachment 3, GDC PREA Disposition Offender Notification Form.
4. PREA Chart

INTERVIEWS

Investigative Staff

During the interview process investigative staff indicated the last step of the investigation process takes place after all findings have been determined. At the conclusion of any PREA investigation the investigator drafts an investigative report with details of how the decision was made regarding the outcome. This report is provided to the facility. The facility is then responsible for notifying the inmate of the outcome of the investigation. If it is a Criminal investigation the Criminal OPS Division is responsible for notifying the inmate and the Facility head.

Facility Head or Designee

Through the interview process the Facility Head acknowledged when an inmate alleges that a staff member has committed sexual abuse against an inmate, if the allegation is substantiated, we will inform the inmate whenever:

1. The staff member is no longer in the inmate's housing unit;
2. The staff member is no longer employed at the facility;
3. The Department learns that the staff member has been arrested on a charge related to sexual abuse within the facility; or
4. The Department learns that the staff member has been convicted on a charge related to sexual abuse within the facility.
5. All allegations against staff in the past twelve months have been unfounded.
6. When there is a substantiated inmate-on-inmate allegation of sexual abuse, we notify the inmate (victim) when the inmate (abuser) has been indicted, charged or convicted of the sexual abuse.

Inmates Who Reported Sexual Abuse

The facility reported no PREA allegations of sexual abuse within the past 12 months. As a result, there were no inmate interviews conducted under this category for this standard.

PROVISIONS

Provision (a)

The facility reported on the PAQ that the agency has a policy requiring that any inmate who alleges suffering sexual abuse in an agency facility is informed, verbally or in writing, as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded following an investigation by the agency. The Facility Head verified this.

The facility reported on the PAQ that there were no criminal and/or administrative investigations of alleged inmate sexual abuse that were completed by the agency/facility in the past 12 months.

RELEVANT POLICY

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. 33, G, 17, indicates following the close of an administrative investigation into an offender's allegation that he or she suffered Sexual Abuse or Sexual Harassment in a Department facility, the Warden/Superintendent shall ensure the offender is notified as to whether the Allegation has been determined to be Substantiated, Unsubstantiated, Unfounded, Unsubstantiated-forwarded to OPS, Substantiated-forwarded to OPS, or not PREA. This will be completed by a member of the local SART unless appointing authority delegates to another designee. In the event an allegation is forwarded to OPS for investigation, the facility shall also notify the offender of the outcome of the OPS investigation upon completion. Such notifications or attempted notifications shall be documented on Attachment 3, PREA Disposition Offender Notification Form. The Department's obligation to report under this standard shall terminate if the offender is released from the Department's custody.

Provision (b)

During the past 12 months there were no any allegations. Therefore, no outside entity investigated any criminal allegations. The investigative staff verified this.

Provision (c)

The facility reported on the PAQ that following an inmate's allegation that a staff member has committed sexual abuse against the inmate, the facility shall subsequently inform the inmate (unless the allegation has been determined to be unfounded or unsubstantiated) whenever:

The staff member is no longer in the inmate's housing unit;

1. The staff member is no longer employed at the facility; the Department learns that the staff member has been arrested on a charge related to sexual abuse within the facility; or
2. The Department learns that the staff member has been convicted on a charge related to sexual abuse within the facility. The Facility Head verified this.

The facility reported on the PAQ that there were no substantiated allegation of sexual

abuse committed by a staff member against an inmate in the past 12 months. The Facility Head verified this.

Following an inmate's allegation that a staff member has committed sexual abuse against the inmate, the facility shall subsequently inform the inmate (unless the allegation has been determined to be unfounded or unsubstantiated) whenever:

1. The staff member is no longer in the inmate's housing unit;
2. The staff member is no longer employed at the facility;
3. The Department learns that the staff member has been arrested on a charge related to sexual abuse within the facility; or
4. The Department learns that the staff member has been convicted on a charge related to sexual abuse within the facility.

During the document review the Auditor found there were no allegations of sexual abuse and sexual harassment in the past 12 months.

Provision (d)

As is the case in provision (c) with a staff-on-inmate allegation, when there is an inmate-on-inmate allegation, the victim will be notified when:

1. The alleged assailant has been indicted on a charge related to sexual abuse within the unit; or
2. The alleged assailant has been convicted on a charge related to sexual abuse within the unit. The Facility Head Designee confirmed this.

Provision (e)

Because there were no PREA allegations in the past 12 months, there were no notifications provided.

RELEVANT POLICY

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 indicates the requirement to provide offender notification shall terminate if the offender is released from the custody of the CDOC.

Provision (f)

Auditors are not required to audit this provision.

CONCLUSION

Based on the review and analysis of the available evidence, the Auditor has concluded that the agency/facility fully complies with the standard regarding reporting to inmates.

115.76	Disciplinary sanctions for staff
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p><u>DOCUMENT REVIEW</u></p> <p>The Auditor conducted a comprehensive review of the Pre-Audit Questionnaire (PAQ) and all associated documentation submitted by the facility. Among the key documents examined was the Georgia Department of Correction (GDC) Standard Operating Procedures (SOP), Policy Number 208.06, titled Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, with an effective date of June 23, 2022.</p> <p><u>INTERVIEWS</u></p> <p>Facility Head or Designee</p> <p>During the interview, the Facility Head or their designated representative confirmed that all employees at the facility are held accountable for adhering to the agency's policies concerning sexual abuse, sexual harassment, and sexual misconduct. Staff who violate these policies may face disciplinary sanctions, which can include termination of employment.</p> <p>The designee further noted the following regarding staff conduct over the preceding twelve-month period:</p> <p>There were no incidents in which staff were found to have violated the agency's sexual abuse, sexual harassment, or sexual misconduct policies.</p> <p>No employees were terminated or chose to resign in lieu of termination due to violations of these policies.</p> <p>Termination is the presumptive disciplinary sanction in any case where a staff member is found to have engaged in sexual abuse.</p> <p><u>PROVISIONS</u></p> <p>Provision (a):</p> <p>The PAQ confirms that staff are subject to disciplinary measures, including termination, for violations of the agency's sexual abuse or sexual harassment policies. This was corroborated during the interview with the Facility Head or designee.</p> <p>RELEVANT POLICY:</p> <p>GDC SOP 208.06 (effective 6/23/2022), Section H.1.a (page 33), specifies that any employee who engages in sexual abuse of an incarcerated individual shall be permanently prohibited from working in correctional institutions, will be subject to disciplinary action—with termination as the presumptive sanction—and may also be referred for criminal prosecution when appropriate.</p>

Provision (b):

The facility reported in the PAQ that no staff violated the agency's sexual abuse or sexual harassment policies during the past 12 months. Furthermore, no employees were terminated or resigned prior to termination as a result of policy violations during this period. This information was validated through the interview with the Facility Head.

RELEVANT POLICY:

The same section (GDC SOP 208.06, p. 33, H.1.a) confirms that termination is the presumptive disciplinary action when a staff member is found to have committed sexual abuse.

Provision (c):

According to the PAQ, when staff violate agency policies related to sexual abuse or sexual harassment—excluding direct engagement in sexual abuse—the disciplinary actions taken are consistent with the nature and circumstances of the incident, the individual's disciplinary history, and the sanctions issued for comparable violations by similarly situated staff. The facility also indicated that, within the past year, there were no cases in which disciplinary sanctions short of termination were imposed for such violations. This was confirmed in the interview with the Facility Head.

RELEVANT POLICY:

GDC SOP 208.06, Section H.1.b (page 33), outlines that disciplinary actions for violations involving sexual harassment must reflect the seriousness of the offense, take into account the employee's prior record, and be consistent with sanctions imposed on other staff with similar infractions.

Provision (d):

The PAQ further indicates that any staff member terminated for violating sexual abuse or sexual harassment policies—or who resigns in lieu of termination under such circumstances—is reported to law enforcement agencies, unless it is evident that the conduct was not criminal in nature. Such cases are also reported to the appropriate licensing or certification bodies. The facility reported that in the past 12 months, there were no such terminations or resignations that triggered reporting to outside authorities. This was verified through the Facility Head interview.

RELEVANT POLICY:

GDC SOP 208.06, Section H.1.c (page 34), mandates that all staff separations involving violations of the department's sexual abuse or harassment policies be referred to law enforcement, unless the conduct is clearly non-criminal, and to the Georgia Peace Officers Standards and Training Council (POST), as applicable.

CONCLUSION

Based on the review of facility documentation, the information provided in the Pre-Audit Questionnaire, and interviews with the Facility Head or designee, the Auditor concludes that the agency and facility are in full compliance with all elements of the PREA standard related to disciplinary sanctions for staff. Each provision of the standard is met, and appropriate policy mechanisms are in place to ensure ongoing adherence to these requirements.

115.77	Corrective action for contractors and volunteers
	<p data-bbox="256 185 959 219">Auditor Overall Determination: Meets Standard</p> <p data-bbox="256 264 544 297">Auditor Discussion</p> <p data-bbox="256 342 576 376"><u>DOCUMENT REVIEW</u></p> <p data-bbox="256 409 1289 443">The Auditor conducted a detailed examination of the following materials:</p> <ol data-bbox="320 510 1469 757" style="list-style-type: none"> 1. The Pre-Audit Questionnaire (PAQ) and all accompanying documentation submitted by the facility; 2. 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, with an effective date of June 23, 2022. <p data-bbox="256 801 456 835"><u>INTERVIEWS</u></p> <p data-bbox="256 869 667 902">Facility Head or Designee</p> <p data-bbox="256 947 1422 1014">During the interview, the Facility Head or their designated representative affirmed that over the preceding twelve-month period:</p> <p data-bbox="256 1059 1449 1216">There were no incidents in which contractors or volunteers were reported to law enforcement or licensing authorities for sexually abusing an incarcerated individual. No volunteers or contractors were referred to law enforcement agencies for any allegations involving sexual abuse.</p> <p data-bbox="256 1261 456 1294"><u>PROVISIONS</u></p> <p data-bbox="256 1339 472 1373">Provision (a):</p> <p data-bbox="256 1384 1453 1451">The facility indicated in the PAQ that agency policy requires mandatory action under the following conditions:</p> <p data-bbox="256 1496 1465 1608">Any contractor or volunteer found to have committed sexual abuse must be reported to the appropriate law enforcement agency unless it is clearly established that the behavior was not criminal in nature.</p> <p data-bbox="256 1619 1385 1731">Such individuals must also be referred to relevant licensing or certifying bodies. Furthermore, any contractor or volunteer involved in sexual abuse is to be immediately barred from any further contact with inmates.</p> <p data-bbox="256 1742 1469 1821">The facility reported that there have been no such incidents during the past 12 months, and this report was substantiated during the interview with the Facility Head.</p> <p data-bbox="256 1865 555 1899"><u>RELEVANT POLICY:</u></p> <p data-bbox="256 1910 1015 1944">According to GDC SOP 208.06 (page 34, Section H.2):</p> <p data-bbox="256 1977 1401 2045">Any contractor or volunteer who engages in sexual abuse of an offender shall be prohibited from further contact with incarcerated individuals.</p> <p data-bbox="256 2056 1358 2089">These individuals must be referred to law enforcement authorities (unless the</p>

	<p>behavior is clearly non-criminal) and to applicable professional licensing entities. In cases where contractors or volunteers violate agency sexual abuse or harassment policies without engaging in criminal behavior, the facility is expected to implement appropriate remedial measures and evaluate whether continued access to offenders should be restricted.</p> <p>Provision (b): The PAQ also affirms that the facility:</p> <p>Is committed to implementing corrective action and evaluating the continuation of access when a contractor or volunteer breaches the agency's sexual abuse or sexual harassment policies, even if the conduct does not amount to criminal sexual abuse. Reported that in the last twelve months, there were no instances where remedial action was necessary against any contractor or volunteer for such violations. This information was confirmed during the interview with the Facility Head.</p> <p><u>CONCLUSION</u></p> <p>Following a comprehensive review of the facility's policies, documentation, and interview responses, the Auditor concludes that the agency and facility fully comply with all requirements of this PREA standard. There is clear evidence that the facility has established and adheres to appropriate procedures for responding to sexual abuse or harassment by contractors or volunteers, including enforcement of mandatory reporting and corrective action when warranted.</p>
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115.78	Disciplinary sanctions for inmates
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>DOCUMENT REVIEW</p> <p>The Auditor undertook an in-depth examination of the following materials as part of the compliance assessment process:</p> <ol style="list-style-type: none"> 1. The Pre-Audit Questionnaire (PAQ), along with all related documentation submitted by the facility. 2. Georgia Department of Corrections (GDC) Standard Operating Procedure (SOP) 208.06, titled Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, with an effective date of June 23, 2022. <p>INTERVIEWS</p> <p>Facility Head or Designee During the interview, the Facility Head or their appointed representative confirmed</p>

the following key points:

1. GDC enforces a strict zero-tolerance policy regarding sexual activity between incarcerated individuals.
2. Within the previous twelve-month period, there were no administrative findings substantiating incidents of inmate-on-inmate sexual abuse at the facility.
3. Additionally, there were no criminal convictions related to inmate-on-inmate sexual abuse during the same timeframe.
4. Disciplinary action is imposed on inmates who engage in sexual conduct with staff only when there is a confirmed determination that the staff member did not consent to the interaction.

The agency explicitly prohibits disciplinary measures against inmates who, in good faith and with a reasonable belief, report incidents of sexual abuse—even in instances where the subsequent investigation does not support the allegation.

Medical Staff

Healthcare staff affirmed that the facility provides access to therapy, counseling, and other intervention programs aimed at addressing and modifying the underlying motivations or contributing factors behind sexually abusive behaviors. Moreover, staff confirmed that participation in these rehabilitative services may be required as a condition for inmates to access institutional programs or privileges.

PROVISIONS

Provision (a):

According to the PAQ, the facility applies disciplinary sanctions against inmates for engaging in inmate-on-inmate sexual abuse only after:

1. A formal disciplinary proceeding results in an administrative finding that the behavior occurred; or
2. A criminal adjudication confirms the inmate's guilt.

The PAQ further indicated that no administrative or criminal findings of inmate-on-inmate sexual abuse occurred at the facility within the last year. This was corroborated by the Facility Head during interviews.

RELEVANT POLICY:

GDC SOP 208.06, page 34, sections H.3.a and H.3.b, establish the following:

The Department strictly prohibits all consensual sexual behavior between incarcerated individuals. Although such conduct does not fall under the definition of sexual abuse when non-coercive, it remains a violation of institutional rules and is subject to disciplinary consequences.

Any instance of sexual contact between inmates is presumed to be non-consensual unless an investigation proves otherwise.

Disciplinary actions for substantiated sexual harassment or abuse are imposed only

through a formal due process procedure, as outlined in SOP 209.01, Offender Discipline.

Provision (b):

Per the PAQ and interview with facility leadership, when determining appropriate sanctions for sexual abuse violations, the facility considers:

1. The severity and specific circumstances of the offense;
2. The inmate's prior disciplinary record; and

Consistency with sanctions issued in comparable cases involving similarly situated inmates.

RELEVANT POLICY:

As stipulated in SOP 208.06, page 35, section H.3.c, all sanctions must be proportionate to the gravity of the offense, informed by the inmate's history, and consistent with penalties assigned in analogous incidents.

Provision (c):

The PAQ affirms—and the Facility Head confirmed—that the facility's disciplinary process includes a review of whether an inmate's mental health condition or intellectual disability played a role in the behavior that led to the infraction.

RELEVANT POLICY:

SOP 208.06, page 35, section H.3.d, requires that disciplinary decisions account for an offender's mental illness or developmental disability when determining the appropriate response. Further guidance on this process is provided in SOP 508.18, Mental Health Discipline Procedures.

Provision (d):

According to the PAQ and confirmed in staff interviews, the facility offers a range of rehabilitative services such as therapy, counseling, and behavioral interventions intended to address the root causes of sexually abusive behavior. The facility evaluates whether to mandate participation in these services as a requirement for program eligibility or other benefits.

RELEVANT POLICY:

SOP 208.06, page 35, section H.3.e, mandates that if the facility offers such interventions, it must consider requiring an inmate's participation in them as a condition for accessing institutional privileges or rehabilitative programming.

Provision (e):

As outlined in the PAQ and verified during the interview with the Facility Head, the agency's policy allows for disciplinary measures against inmates involved in sexual contact with staff only when it is determined that the staff member did not consent to the interaction.

RELEVANT POLICY:

SOP 208.06, page 35, section H.3.f, clearly states that an inmate may only be

	<p>sanctioned for sexual contact with a staff member if there is a finding that the staff member did not voluntarily engage in the act.</p> <p>Provision (f): The PAQ confirms that inmates are protected from disciplinary consequences when they report allegations of sexual abuse in good faith and with a reasonable belief that misconduct occurred—even if the allegations cannot be substantiated during investigation. This was affirmed by facility leadership.</p> <p>RELEVANT POLICY: SOP 208.06, page 35, section H.3.g, provides that good-faith reports of sexual abuse are not considered false reporting or lying, even when the investigation fails to establish sufficient evidence to substantiate the claim.</p> <p>Provision (g): According to the PAQ, the agency strictly prohibits sexual activity between inmates and considers such activity to constitute sexual abuse only if coercion is involved. The Facility Head confirmed this position during interviews.</p> <p>RELEVANT POLICY: Per SOP 208.06, page 34, section H.3.a, the Department presumes all sexual contact between incarcerated individuals to be non-consensual unless an investigation determines otherwise. Even when determined to be consensual, such conduct remains a disciplinary violation but is not classified as sexual abuse in the absence of coercion.</p> <p><u>CONCLUSION</u> After thoroughly reviewing the PAQ, facility policies, and conducting interviews with key personnel, including administrative and clinical staff, the Auditor concludes that the agency and facility are fully compliant with all aspects of the PREA standard concerning inmate disciplinary sanctions. The evidence demonstrates that the facility applies disciplinary procedures in a fair, consistent, and trauma-informed manner. Sanctions are proportionate, due process is upheld, and the unique circumstances of each case—including mental health considerations—are factored into the decision-making process.</p>
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115.81	Medical and mental health screenings; history of sexual abuse
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p><u>DOCUMENT REVIEW</u></p> <p>As part of the PREA audit process, the Auditor conducted a detailed review of documentation to assess compliance with the applicable standards. The following</p>

materials were examined:

1. Pre-Audit Questionnaire (PAQ), along with all supporting documents submitted for review.
2. 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 as of June 23, 2022.
3. Georgia Department of Corrections (GDC) Standard Operating Procedures (SOP), Reference Number VH82-0001, titled Informed Consent, with an effective date of April 1, 2002.

INTERVIEWS

Risk Screening Personnel

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.

Medical Staff

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.

Inmates Reporting Prior Victimization

According to facility records, there were no disclosures of previous sexual victimization by inmates during the prior 12-month period. Consequently, there were no individuals in this category available to be interviewed during the on-site portion of the audit.

PROVISIONS

Provision (a):

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.

RELEVANT POLICY:

As outlined in GDC SOP 208.06, page 25, section D.7, any inmate whose screening reveals prior sexual victimization, sexually abusive behavior, or who is identified as the victim or perpetrator of a PREA-related incident, must be referred for follow-up services with medical and/or mental health professionals within 14 days. Staff are responsible for completing Attachment 14, the PREA Counseling Referral Form, to initiate the referral.

Provision (b):

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.

RELEVANT POLICY:

In alignment with GDC SOP 208.06, page 25, section D.7, any inmate flagged through screening as having a past of sexually abusive behavior, or who is the subject of an allegation of sexual abuse or harassment, must be referred for follow-up counseling services. This must occur within 14 days, and the PREA Counseling Referral Form (Attachment 14) must be completed and submitted to ensure accountability and follow-through.

Provision (c):

This requirement does not apply to the facility under review, as it is specific to jails. The facility in question is a county-level state correctional institution and not classified as a jail.

Provision (d):

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.

Provision (e):

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

	<p>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.</p> <p>RELEVANT POLICY: GDC SOP VH82-0001, Informed Consent, page 3, section VI.A.1-4, provides clear guidance on informed consent procedures, stating:</p> <p>Upon entry to a GDC facility, all inmates are asked to read and sign a general informed consent form, which authorizes noninvasive medical procedures such as physical exams and laboratory testing for the duration of their incarceration. Forms are available in both English (P82-0001.01) and Spanish (P82-0001.02). For individuals who cannot read, write, or understand English or Spanish—such as those who are visually impaired, hearing impaired, or who speak other languages—staff must ensure the content is explained in a manner the inmate can comprehend.</p> <p>The signed consent document is securely stored in the inmate’s medical record under the designated consent section.</p> <p>Once the general consent form is signed, any subsequent examination or treatment may proceed under implied consent, provided the procedure has been clearly explained beforehand.</p> <p><u>CONCLUSION</u></p> <p>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.</p>
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115.82	Access to emergency medical and mental health services
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>DOCUMENT REVIEW</p> <p>The Auditor conducted a comprehensive review of documents to evaluate the facility’s adherence to PREA standards concerning the provision of emergency medical and mental health services to incarcerated individuals who report sexual abuse. Materials reviewed included:</p>

1. The facility's completed Pre-Audit Questionnaire (PAQ) and its supporting documents.
2. 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 policy details the agency's responsibilities for ensuring prompt access to emergency medical care and crisis mental health support for individuals reporting sexual abuse, in accordance with the PREA standards.

INTERVIEWS

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 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.

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.

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.

Inmates Who Reported Sexual Abuse

At the time of the on-site visit, no inmates currently housed at the facility had reported incidents of sexual abuse. Consequently, there were no inmates in this category available to be interviewed under this standard.

PROVISIONS

Provision (a)

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.

Because no reports of sexual abuse had been made by current inmates at the time of the audit, there were no medical files or treatment records available for review under this provision. However, facility staff affirmed that any such incidents would be documented in detail, including the timing of the medical response, actions taken by non-medical staff in the absence of available healthcare personnel, and the administration of emergency treatments such as STI prophylaxis and contraception.

RELEVANT POLICY:

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)

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.

RELEVANT POLICY:

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)

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.

RELEVANT POLICY:

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)

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.

Although no victims were available for interview, educational materials provided to inmates and the facility's documented policies reinforce this commitment to barrier-free access to care.

RELEVANT POLICY:

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.

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115.83	Ongoing medical and mental health care for sexual abuse victims and abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p><u>DOCUMENT REVIEW</u></p> <p>The Auditor reviewed a variety of documents to assess the facility’s compliance with this standard. These included the Pre-Audit Questionnaire (PAQ) and supporting documentation provided by the facility, as well as two key policies issued by the Georgia Department of Corrections (GDC):</p> <ol style="list-style-type: none"> 1. GDC Standard Operating Procedures (SOP) 208.06, titled Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, with an effective date of June 23, 2022. 2. GDC SOP 508.22, Mental Health Management of Suspected Sexual Abuse or Sexual Harassment, effective May 3, 2018. <p>These policies collectively outline the agency’s requirements and expectations for the provision of prompt, comprehensive, and trauma-informed medical and mental health care for individuals who report sexual abuse or are identified as sexual abusers.</p> <p><u>INTERVIEWS</u></p> <p>Medical Staff</p> <p>Interviews were conducted with facility medical staff, who provided detailed insight into the processes in place to respond to incidents of sexual abuse. Medical staff emphasized that treatment is initiated immediately upon an inmate’s disclosure of sexual abuse, and all care is administered according to clinical best practices and the professional judgment of licensed providers.</p> <p>Staff confirmed that victims of sexual abuse receive all medical services at no cost. They further explained that care is delivered with respect to the dignity, privacy, and confidentiality of the individual, in line with community standards of care. Victims are informed of and, when appropriate, offered emergency contraception and prophylaxis for sexually transmitted infections (STIs), following established medical guidelines.</p> <p>Medical personnel confirmed that victims are also routinely offered STI testing and receive referrals for any required follow-up care, particularly in cases of transfer, facility reassignment, or release from custody. All services and records are documented thoroughly, and care is provided consistently regardless of whether the victim cooperates with an investigation or identifies their assailant.</p>

Inmates Who Reported Abuse

At the time of the on-site audit, no inmates currently housed at the facility had reported an incident of sexual abuse in the past 12 months, so no interviews were conducted with victims.

PROVISIONS

Provision (a):

The facility affirmed in the PAQ that medical evaluations and appropriate treatment are made available to all inmates who have experienced sexual abuse. Interviews with medical staff substantiated this statement, indicating that services such as STI testing, crisis counseling, prophylactic treatment, and referrals for forensic medical exams are promptly initiated and provided without cost. These services are not contingent upon the victim's participation in an investigation or their willingness to name the alleged perpetrator.

RELEVANT POLICY:

SOP 508.22 (pp. 3-4) establishes that individuals disclosing sexual abuse or harassment will be treated with professionalism and sensitivity. An initial mental health evaluation is conducted within one business day—sooner if necessary—to assess emotional trauma. This evaluation is strictly clinical in nature and not part of the investigative process.

Provision (b):

According to documentation and staff interviews, the facility ensures continuity of care by providing follow-up services, developing individualized treatment plans, and coordinating referrals for continued care when inmates are transferred to other facilities or released. Medical staff confirmed these practices and noted that they are consistently applied.

RELEVANT POLICY:

SOP 208.06 specifies that follow-up services and referrals for continued care must be provided as appropriate when an inmate victim is transferred, reassigned, or released from custody. Documentation reviewed by the Auditor demonstrated compliance, with clear records of clinical evaluations and ongoing care provided over time.

Provision (c):

The Auditor confirmed through both the PAQ and interviews that the facility delivers medical services to inmate victims at a level consistent with care available in the general community. Staff described practices that align with current standards of care in the public healthcare sector, including the timely provision of emergency treatment, appropriate follow-up, and use of evidence-based protocols.

RELEVANT POLICY:

SOP 208.06 affirms the requirement that care for inmate victims must mirror the standards of care available in the broader community, ensuring equity and quality of treatment.

Provisions (d) and (e):

These provisions pertain specifically to female victims of sexual abuse and the provision of pregnancy tests and related medical care. As this facility houses only male inmates, these sections are not applicable.

Provision (f):

Inmate victims of sexual abuse are offered tests for sexually transmitted infections as medically appropriate. This was confirmed through staff interviews and policy review, which emphasized that such testing is standard procedure and provided promptly following a report of abuse.

RELEVANT POLICY:

SOP 208.06 clearly states that STI testing must be offered to all incarcerated victims of sexual abuse when clinically appropriate.

Provision (g):

The facility reported—and staff affirmed—that all treatment services related to incidents of sexual abuse are provided free of charge. Care is extended to inmates regardless of whether they identify their abuser or participate in the investigative process.

RELEVANT POLICY:

SOP 208.06 (p. 16, Section B, item c) mandates that services must be delivered without financial burden to the inmate and are not contingent on cooperation with an investigation.

Provision (h):

The facility attempts to complete a mental health evaluation within 60 days for any inmate identified as a known abuser in incidents of inmate-on-inmate sexual abuse. Mental health staff confirmed that these evaluations are conducted and that treatment is offered when it is considered clinically beneficial.

RELEVANT POLICY:

SOP 208.06 (p. 25, Section D, item 7) and the associated Attachment 14 (PREA Counseling Referral Form) require that individuals with a history of sexually abusive behavior be offered a mental health follow-up within 14 days and that appropriate services are provided.

CONCLUSION

After a comprehensive review of the facility's policies, supporting documentation, and interviews with relevant staff, the Auditor finds that the facility fully meets the requirements of PREA Standard §115.83 regarding the provision of ongoing medical and mental health care for victims and abusers of sexual abuse. The facility demonstrated a strong commitment to prompt, confidential, and comprehensive care, consistent with professional standards and community expectations. All applicable provisions were met, and the systems in place reflect a trauma-informed, victim-centered approach to care.

115.86	Sexual abuse incident reviews
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>DOCUMENT REVIEW</p> <p>The Auditor reviewed the facility’s Pre-Audit Questionnaire (PAQ) along with all relevant supporting documentation. This included the Georgia Department of Correction (GDC) Standard Operating Procedure (SOP) 208.06 titled Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, with an effective date of June 23, 2022. Additionally, Attachment 9 to this SOP, which is the Sexual Abuse Incident Review (SAIR) Checklist, was reviewed to assess the facility’s compliance with the requirements for conducting and documenting sexual abuse incident reviews.</p> <p><u>INTERVIEWS</u></p> <p>Facility Head or Designee</p> <p>The Facility Head confirmed during the interview that the Incident Review Team (IRT) is composed of upper-level administrators and department heads, ensuring that a multidisciplinary approach is employed. The Facility Head or designee emphasized the facility’s commitment to reviewing recommendations made during the SAIR process and making improvements where appropriate. The team not only includes facility leadership but also incorporates feedback from security staff, investigators, and medical and mental health personnel to ensure a holistic assessment of each incident.</p> <p>PREA Compliance Manager</p> <p>The PREA Compliance Manager (PCM) reported that Sexual Abuse Incident Review meetings are held within thirty (30) days following the conclusion of any substantiated or unsubstantiated sexual abuse investigation. The PCM confirmed that the SAIR report is submitted to both the PCM and the Facility Head. This process allows for collaborative evaluation and review of all relevant details associated with each case, and recommendations are tracked to ensure they are either implemented or a rationale for non-implementation is recorded.</p> <p>Sexual Abuse Incident Review Team</p> <p>Members of the Incident Review Team confirmed during interviews that they consistently address all criteria required under the PREA standard. Each incident review is documented using the prescribed SAIR Checklist, and team findings are submitted for leadership review. The IRT is composed of senior facility management but also allows for contributions from frontline supervisory staff and professional medical and mental health team members, ensuring comprehensive oversight.</p> <p><u>PROVISIONS</u></p>

Provision (a)

According to the PAQ and confirmed by interviews, the facility reported that within the past twelve months, two sexual abuse investigations—excluding those determined to be unfounded—resulted in incident reviews. The Auditor reviewed four investigative case files. In every case where the allegation was not deemed unfounded, a Sexual Abuse Incident Review was conducted within the required 30-day timeframe following the closure of the investigation.

RELEVANT POLICY:

GDC SOP 208.06 (p. 36, J, 1) mandates that a SAIRT conduct a review within thirty days of the conclusion of each substantiated or unsubstantiated sexual abuse investigation. These reviews are intended to evaluate the facility's prevention, detection, and response efforts and must be documented using Attachment 9, the SAIR Checklist. Reviews are not conducted for cases that are unfounded or classified as sexual harassment.

Provision (b)

The PAQ indicated that the SAIR process is initiated within thirty days following the conclusion of any applicable investigation. This was substantiated by file review and staff interviews. In all cases reviewed, a SAIR was completed within the appropriate timeframe unless the allegation was determined to be unfounded.

RELEVANT POLICY:

GDC SOP 208.06 reinforces that the SAIR Checklist must be used to document the findings of the review. This checklist provides structure to the process and ensures that every element of the review is properly evaluated and recorded.

Provision (c)

The composition of the Incident Review Team includes executive leadership, security supervisors, investigative staff, and medical or mental health practitioners. This multidisciplinary approach was documented in the PAQ and confirmed during the interview with the Facility Head.

RELEVANT POLICY:

GDC SOP 208.06 stipulates that the Warden shall gather input from key personnel, including security, investigations, and health services, during the review process. These individuals provide vital insights and help ensure that each review is thorough and well-informed.

Provision (d)

The PAQ reflected, and interviews confirmed, that the findings of the SAIR are compiled into a formal report. This report includes determinations made during the review process and any recommendations for facility improvement. The report is then forwarded to both the Facility Head and the PCM for review and action.

RELEVANT POLICY:

Per GDC SOP 208.06, the facility must conduct SAIRs within thirty days for any substantiated or unsubstantiated allegation of sexual abuse. These reviews are designed to assess facility performance in prevention and response efforts, and all

	<p>findings must be documented and submitted to leadership using the SAIR Checklist.</p> <p>Provision (e)</p> <p>The facility affirmed in the PAQ, and the Facility Head confirmed in the interview, that any recommendations resulting from SAIRs are either implemented or documented with a justification for why the recommendation was not adopted. This demonstrates a commitment to continuous improvement in facility operations and responsiveness to sexual abuse incidents.</p> <p>RELEVANT POLICY:</p> <p>SOP 208.06 states that recommendations from the SAIR must be acted upon or a written explanation provided for any recommendation that is not adopted. The policy ensures that incident reviews have meaningful outcomes and contribute to safer environments for inmates and staff.</p> <p>CONCLUSION</p> <p>Following a comprehensive review of facility documentation, investigative case files, relevant GDC policies, and interviews with key facility personnel, the Auditor concludes that the facility fully meets the requirements of PREA Standard §115.86 regarding Sexual Abuse Incident Reviews. The facility has demonstrated a consistent, timely, and policy-aligned approach to conducting incident reviews, utilizing a multi-disciplinary team, documenting findings and recommendations, and implementing improvements to strengthen their sexual abuse prevention and response protocols.</p>
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115.87	Data collection
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>DOCUMENT REVIEW</p> <p>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 2021 Survey of Sexual Victimization (SSV2), which the agency submitted to the U.S. Department of Justice.</p> <p>INTERVIEWS</p> <p>PREA Coordinator</p> <p>During the interview process, the agency's PREA Coordinator (PC) confirmed that,</p>

upon request, GDC provides all sexual abuse-related data from the previous calendar year to the U.S. Department of Justice by June 30. The PC elaborated that the Department systematically collects, aggregates, and retains information from a variety of incident-based documents, including sexual abuse reports, investigative files, and Sexual Abuse Incident Review (SAIR) documents. Furthermore, the PC stated that this data collection process encompasses not only state-operated facilities but also includes all contracted private facilities that house state inmates.

PREA Compliance Manager

The PREA Compliance Manager (PCM) echoed the PC's statements, explaining that the agency is diligent in its collection, review, and analysis of incident-based documentation. The PCM noted that this process ensures all relevant sexual abuse data is appropriately captured, reviewed, and used for further analysis and operational improvements.

PROVISIONS

Provision (a):

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):

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):

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):

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):

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):

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.

CONCLUSION

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.
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115.88	Data review for corrective action
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p><u>DOCUMENT REVIEW</u></p> <p>In assessing the facility’s compliance with PREA Standard §115.88, the Auditor conducted a comprehensive review of relevant documents, including the completed Pre-Audit Questionnaire (PAQ) and supporting materials. These materials included the Georgia Department of Correction’s (GDC) Standard Operating Procedures (SOP), Policy Number 208.06, titled Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, with an effective date of June 23, 2022. Additionally, the Auditor reviewed the most recent Survey of Sexual Victimization (SSV-2), the latest PREA Annual Data Report, and verified the availability of this information on the official GDC PREA webpage: http://www.gdc.ga.gov/Division-s/ExecutiveOperations/PREA.</p> <p><u>INTERVIEWS</u></p> <p>During the audit process, interviews were conducted with key personnel to corroborate the agency’s practices regarding the review and use of data for corrective action.</p> <p>Agency Head or Designee</p> <p>The Agency Head Designee explained that the agency’s annual PREA report includes a comparative analysis of current-year data and corrective actions against data and interventions from prior years. This report is published annually on the agency’s website, ensuring public transparency. The designee emphasized that the purpose of the annual report is to assess and document the facility’s and agency’s efforts to protect inmates and staff from sexual victimization. The report serves as a key tool for identifying problematic trends, supporting corrective actions, and guiding ongoing improvement efforts to maintain a safe and secure environment.</p> <p>Facility Head</p> <p>The Facility Head confirmed that at the facility level, each allegation of sexual abuse is reviewed by the facility’s PREA Committee. Relevant information from these reviews is then submitted to the agency’s PREA Coordinator for incorporation into the agency-wide annual data review and report.</p>

PREA Coordinator (PC)

The PREA Coordinator (PC) affirmed that the agency reviews all data collected in accordance with Standard §115.87 and uses this analysis to evaluate the effectiveness of its policies, training, and practices related to sexual abuse prevention, detection, and response. The PC added that the agency prepares a detailed annual report that is published on the GDC website. When redactions are necessary, only personally identifiable information is removed to preserve the privacy and safety of individuals; all other data is published in full.

PREA Compliance Manager (PCM)

The PREA Compliance Manager (PCM) noted that the majority of the agency's PREA-related information—including annual reports and supporting documentation—is easily accessible to the public via the agency's website.

PROVISIONS**Provision (a):**

The PAQ stated that the agency reviews all data collected under §115.87 to assess and strengthen policies, procedures, and training related to the prevention, detection, and response to sexual abuse. This process includes identifying issues, implementing corrective measures, and compiling an annual report that documents findings and outlines responsive actions taken by both the facility and the broader agency. The PC verified that this process is actively followed.

RELEVANT POLICY:

GDC SOP 208.06 specifies that the PREA Coordinator is responsible for reviewing collected data to evaluate the effectiveness of departmental policies and operational procedures. The PC must prepare a report for the Commissioner, identifying problem areas, proposing corrective actions, and including comparative analysis from the previous year's data.

Provision (b):

According to the PAQ and confirmed by the Agency Head Designee, the agency's annual report contains comparative data from the current and previous years, along with corrective actions taken. This was verified through the review of the most recent annual PREA report, which met the requirements of the standard by analyzing trends over time and assessing the Department's progress in preventing and addressing sexual abuse. The report is publicly posted at <http://www.gdc.ga.gov/Divisions/ExecutiveOperations/PREA>.

Provision (c):

The PAQ indicated—and the PC and Agency Head Designee confirmed—that the annual PREA report is made readily accessible to the public through the GDC's official website. The PREA webpage includes current and prior years' reports, reinforcing transparency and public accountability.

Provision (d):

	<p>The PAQ noted that any redactions made to the published annual reports are limited to information that, if disclosed, could pose a legitimate threat to the safety or security of the facility. During the interview, the PREA Coordinator further explained that only personally identifiable information is removed prior to publication. All remaining data is included in the annual report in accordance with PREA standards.</p> <p><u>CONCLUSION</u></p> <p>After reviewing documentation, interviewing key staff, and confirming public access to relevant reports, the Auditor concludes that the Georgia Department of Correction and this facility are in full compliance with PREA Standard §115.88. The agency demonstrates a consistent and effective process for reviewing sexual abuse data, identifying trends, implementing corrective measures, and transparently reporting outcomes. These practices reflect a strong commitment to continuous improvement and the promotion of a safe correctional environment.</p>
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115.89	Data storage, publication, and destruction
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p><u>DOCUMENT REVIEW</u></p> <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: http://www.gdc.ga.gov/Divisions/ExecutiveOperations/PREA.</p> <p><u>INTERVIEWS</u></p> <p>PREA Coordinator (PC)</p> <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</p>

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.

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.

PROVISIONS

Provision (a):

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.

Provision (b):

The facility reported via the PAQ that policy mandates the annual public release of 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 POLICY

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.

	<p>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.</p> <p>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.</p> <p><u>CONCLUSION</u></p> <p>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.</p>
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115.401	Frequency and scope of audits
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p><u>DOCUMENT REVIEW</u></p> <p>Georgia Department of Corrections publicly accessible website: https://gdc.georgia.gov/organization/about-gdc/research-and-reports-0/prison-rape-elimination-act-prea</p> <p><u>INTERVIEWS</u></p> <p>PREA Coordinator (PC)</p> <p>During the interview process the PC indicated this audit was in the second year of the new current three-year audit cycle. GDC webpage https://gdc.georgia.gov/organization/about-gdc/research-and-reports-0/prison-rape-elimination-act-prea provides multiple reports relative to sexual abuse data from the various facilities in accordance with PREA standards.</p> <p>The PC reported each facility within the GDC had been audited within the previous three-year audit cycle (2019 - 2022).</p> <p>Random Inmate</p> <p>Through the interview process all inmates reported they were provided the opportunity to send out confidential mail or correspondence to the Auditor in the same manner as if they were communicating with legal counsel.</p> <p><u>PROVISIONS</u></p> <p>Provision (a)</p>

The current audit cycle is 2022 - 2025. Copies of all audit reports are on the GDC website for public information and review. GDC PREA webpage provides multiple reports relative to sexual abuse data from the various facilities in accordance with PREA standards. Data can be accessed at: <https://gdc.georgia.gov/organization/about-gdc/research-and-reports-0/prison-rape-elimination-act-prea>

Provision (b)

The Auditor learned this audit was in the third year of the fourth three-year audit cycle. GDC webpage provides multiple reports relative to sexual abuse data from the various facilities in accordance with PREA standards.

Provision (c) to Provisions (g)

N/A

Provision (h)

During the on-site portion of the audit, the Auditor had complete, unimpeded access to every area of the facility. Throughout the on-site portion of the audit agency and facility staff were available to accompany the auditor and give her complete access to any part of the facility she requested to see.

Provision (i)

At all times throughout the audit process, the facility provided the Auditor with all requested information in a timely and complete manner.

Provision (j) to Provision (l)

N/A

Provision (m)

The Auditor was provided with a secure, private space to conduct all interviews during the on-site portion of the audit.

Provision (n)

Through the interview process all (100%) inmates reported they were provided the opportunity to send out confidential mail or correspondence to the Auditor in the same manner as if they were communicating with legal counsel.

Provision (o)

N/A

CONCLUSION

Based upon the review and analysis of all the available evidence, the Auditor has determined the agency/facility meets every provision of the standard regarding frequency and scope of audits.

115.403	Audit contents and findings
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p><u>DOCUMENT REVIEW</u></p> <p>The Auditor reviewed the Georgia Department of Corrections (GDC) publicly accessible website, which contains a range of documents and data related to PREA compliance: https://gdc.georgia.gov/organization/about-gdc/research-and-reports-0/prison-rape-elimination-act-prea</p> <p><u>PROVISION</u></p> <p>Provision (f)</p> <p>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</p> <p><u>CONCLUSION</u></p> <p>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.</p>

Appendix: Provision Findings**115.11 (a) Zero tolerance of sexual abuse and sexual harassment; PREA coordinator**

Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment?	yes
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Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment?	yes
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115.11 (b) Zero tolerance of sexual abuse and sexual harassment; PREA coordinator

Has the agency employed or designated an agency-wide PREA Coordinator?	yes
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Is the PREA Coordinator position in the upper-level of the agency hierarchy?	yes
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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
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115.11 (c) Zero tolerance of sexual abuse and sexual harassment; PREA coordinator

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
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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
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115.12 (a) Contracting with other entities for the confinement of inmates

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
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115.12 (b) Contracting with other entities for the confinement of inmates

Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure	yes
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	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.)	
115.13 (a)	Supervision and monitoring	
	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
115.13 (b)	Supervision and monitoring	
	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.)	na
115.13 (c)	Supervision and monitoring	
	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
115.13 (d)	Supervision and monitoring	
	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

115.14 (a)	Youthful inmates	
	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).)	na
115.14 (b)	Youthful inmates	
	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).)	na
	In areas outside of housing units does the agency provide direct staff supervision when youthful inmates and adult inmates have sight, sound, or physical contact? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
115.14 (c)	Youthful inmates	
	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).)	na
	Does the agency, while complying with this provision, allow youthful inmates daily large-muscle exercise and legally required special education services, except in exigent circumstances? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
	Do youthful inmates have access to other programs and work opportunities to the extent possible? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
115.15 (a)	Limits to cross-gender viewing and searches	
	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
115.15 (b)	Limits to cross-gender viewing and searches	
	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.)	yes
	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	yes

	facility does not have female inmates.)	
115.15 (c)	Limits to cross-gender viewing and searches	
	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)?	yes
115.15 (d)	Limits to cross-gender viewing and searches	
	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
115.15 (e)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from searching or physically examining transgender or intersex inmates for the sole purpose of determining the inmate's genital status?	yes
	If an inmate's genital status is unknown, does the facility determine genital status during conversations with the inmate, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner?	yes
115.15 (f)	Limits to cross-gender viewing and searches	
	Does the facility/agency train security staff in how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes
	Does the facility/agency train security staff in how to conduct searches of transgender and intersex inmates in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes

115.16 (a)	Inmates with disabilities and inmates who are limited English proficient	
	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	yes

	with inmates with disabilities including inmates who: Have intellectual disabilities?	
	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 formats or through methods that ensure effective communication with inmates with disabilities including inmates who: are blind or have low vision?	yes
115.16 (b)	Inmates with disabilities and inmates who are limited English proficient	
	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
115.16 (c)	Inmates with disabilities and inmates who are limited English proficient	
	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
115.17 (a)	Hiring and promotion decisions	
	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	yes

	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?	
	Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	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
115.17 (b)	Hiring and promotion decisions	
	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
115.17 (c)	Hiring and promotion decisions	
	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
115.17 (d)	Hiring and promotion decisions	
	Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with inmates?	yes

115.17 (e)	Hiring and promotion decisions	
	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
115.17 (f)	Hiring and promotion decisions	
	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
115.17 (g)	Hiring and promotion decisions	
	Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination?	yes
115.17 (h)	Hiring and promotion decisions	
	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
115.18 (a)	Upgrades to facilities and technologies	
	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
115.18 (b)	Upgrades to facilities and technologies	

	If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect inmates from sexual abuse? (N/A if agency/facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.)	na
115.21 (a)	Evidence protocol and forensic medical examinations	
	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
115.21 (b)	Evidence protocol and forensic medical examinations	
	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
115.21 (c)	Evidence protocol and forensic medical examinations	
	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
115.21 (d)	Evidence protocol and forensic medical examinations	
	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.)	na
	Has the agency documented its efforts to secure services from rape crisis centers?	yes
115.21 (e)	Evidence protocol and forensic medical examinations	
	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
115.21 (f)	Evidence protocol and forensic medical examinations	
	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
115.21 (h)	Evidence protocol and forensic medical examinations	
	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
115.22 (a)	Policies to ensure referrals of allegations for investigations	

	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
115.22 (b) Policies to ensure referrals of allegations for investigations		
	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
115.22 (c) Policies to ensure referrals of allegations for investigations		
	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).)	yes
115.31 (a) Employee training		
	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 inmates on how to avoid inappropriate relationships with inmates?	yes
	Does the agency train all employees who may have contact with inmates on how to communicate effectively and professionally with inmates, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming inmates?	yes
	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
115.31 (b)	Employee training	
	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
115.31 (c)	Employee training	
	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
115.31 (d)	Employee training	
	Does the agency document, through employee signature or electronic verification, that employees understand the training they have received?	yes
115.32 (a)	Volunteer and contractor training	

	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
115.32 (b)	Volunteer and contractor training	
	Have all volunteers and contractors who have contact with inmates been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with inmates)?	yes
115.32 (c)	Volunteer and contractor training	
	Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received?	yes
115.33 (a)	Inmate education	
	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
115.33 (b)	Inmate education	
	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
115.33 (c)	Inmate education	
	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
115.33 (d)	Inmate education	
	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
115.33 (e)	Inmate education	
	Does the agency maintain documentation of inmate participation in these education sessions?	yes
115.33 (f)	Inmate education	
	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
115.34 (a)	Specialized training: Investigations	
	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
115.34 (b)	Specialized training: Investigations	
	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	yes

	Garrrity warnings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	
	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 prosecution referral? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
115.34 (c)	Specialized training: Investigations	
	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
115.35 (a)	Specialized training: Medical and mental health care	
	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	yes

	suspicious 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.)	
115.35 (b)	Specialized training: Medical and mental health care	
	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.)	na
115.35 (c)	Specialized training: Medical and mental health care	
	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
115.35 (d)	Specialized training: Medical and mental health care	
	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
115.41 (a)	Screening for risk of victimization and abusiveness	
	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
115.41 (b)	Screening for risk of victimization and abusiveness	
	Do intake screenings ordinarily take place within 72 hours of arrival at the facility?	yes
115.41 (c)	Screening for risk of victimization and abusiveness	
	Are all PREA screening assessments conducted using an objective	yes

	screening instrument?	
115.41 (d)	Screening for risk of victimization and abusiveness	
	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
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (7) Whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming (the facility affirmatively asks the inmate about his/her sexual orientation and gender identity AND makes a subjective determination based on the screener's perception whether the inmate is gender non-conforming or otherwise may be perceived to be LGBTI)?	yes
	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)	yes

	Whether the inmate is detained solely for civil immigration purposes?	
115.41 (e)	Screening for risk of victimization and abusiveness	
	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
115.41 (f)	Screening for risk of victimization and abusiveness	
	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
115.41 (g)	Screening for risk of victimization and abusiveness	
	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
115.41 (h)	Screening for risk of victimization and abusiveness	
	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
115.41 (i)	Screening for risk of victimization and abusiveness	
	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	yes

	information is not exploited to the inmate's detriment by staff or other inmates?	
115.42 (a)	Use of screening information	
	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 being sexually abusive, to inform: Work 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: 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
115.42 (b)	Use of screening information	
	Does the agency make individualized determinations about how to ensure the safety of each inmate?	yes
115.42 (c)	Use of screening information	
	When deciding whether to assign a transgender or intersex inmate to a facility for male or female inmates, does the agency consider, on a case-by-case basis, whether a placement would ensure the inmate's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns inmates to a male or female facility on the basis of anatomy alone, that agency is not in compliance with this standard)?	yes
	When making housing or other program assignments for transgender or intersex inmates, does the agency consider, on a case-by-case basis, whether a placement would ensure the inmate's health and safety, and whether a placement would	yes

	present management or security problems?	
115.42 (d)	Use of screening information	
	Are placement and programming assignments for each transgender or intersex inmate reassessed at least twice each year to review any threats to safety experienced by the inmate?	yes
115.42 (e)	Use of screening information	
	Are each transgender or intersex inmate's own views with respect to his or her own safety given serious consideration when making facility and housing placement decisions and programming assignments?	yes
115.42 (f)	Use of screening information	
	Are transgender and intersex inmates given the opportunity to shower separately from other inmates?	yes
115.42 (g)	Use of screening information	
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: lesbian, gay, and bisexual inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I inmates pursuant to a consent decree, legal settlement, or legal judgement.)	yes
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: transgender inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I inmates pursuant to a consent decree, legal settlement, or legal judgement.)	yes
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: intersex inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing	yes

	solely for the placement of LGBT or I inmates pursuant to a consent degree, legal settlement, or legal judgement.)	
115.43 (a)	Protective Custody	
	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
115.43 (b)	Protective Custody	
	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
115.43 (c)	Protective Custody	

	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
115.43 (d) Protective Custody		
	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
115.43 (e) Protective Custody		
	In the case of each inmate who is placed in involuntary segregation because he/she is at high risk of sexual victimization, does the facility afford a review to determine whether there is a continuing need for separation from the general population EVERY 30 DAYS?	yes
115.51 (a) Inmate reporting		
	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
115.51 (b) Inmate reporting		
	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	yes

	anonymous upon request?	
	Are inmates detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security? (N/A if the facility never houses inmates detained solely for civil immigration purposes.)	na
115.51 (c)	Inmate reporting	
	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
115.51 (d)	Inmate reporting	
	Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of inmates?	yes
115.52 (a)	Exhaustion of administrative remedies	
	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
115.52 (b)	Exhaustion of administrative remedies	
	Does the agency permit inmates to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.)	yes
	Does the agency always refrain from requiring an inmate to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.)	yes
115.52 (c)	Exhaustion of administrative remedies	
	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	yes

	this standard.)	
	Does the agency ensure that: Such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	yes
115.52 (d)	Exhaustion of administrative remedies	
	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
115.52 (e)	Exhaustion of administrative remedies	
	Are third parties, including fellow inmates, staff members, family members, attorneys, and outside advocates, permitted to assist inmates in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.)	yes
	Are those third parties also permitted to file such requests on behalf of inmates? (If a third party files such a request on behalf of an inmate, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.)	yes
	If the inmate declines to have the request processed on his or her behalf, does the agency document the inmate's decision? (N/A if agency is exempt from this standard.)	yes
115.52 (f)	Exhaustion of administrative remedies	

	Has the agency established procedures for the filing of an emergency grievance alleging that an inmate is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance alleging an inmate is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.).	yes
	After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.)	yes
	Does the initial response and final agency decision document the agency's determination whether the inmate is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	yes
	Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	yes
	Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	yes
115.52 (g)	Exhaustion of administrative remedies	
	If the agency disciplines an inmate for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the inmate filed the grievance in bad faith? (N/A if agency is exempt from this standard.)	yes
115.53 (a)	Inmate access to outside confidential support services	
	Does the facility provide inmates with access to outside victim advocates for emotional support services related to sexual abuse by giving inmates mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations?	yes
	Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers,	yes

	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.)	
	Does the facility enable reasonable communication between inmates and these organizations and agencies, in as confidential a manner as possible?	yes
115.53 (b)	Inmate access to outside confidential support services	
	Does the facility inform inmates, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws?	yes
115.53 (c)	Inmate access to outside confidential support services	
	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
115.54 (a)	Third-party reporting	
	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
115.61 (a)	Staff and agency reporting duties	
	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	yes

	abuse or sexual harassment or retaliation?	
115.61 (b)	Staff and agency reporting duties	
	Apart from reporting to designated supervisors or officials, does staff always refrain from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions?	yes
115.61 (c)	Staff and agency reporting duties	
	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
115.61 (d)	Staff and agency reporting duties	
	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
115.61 (e)	Staff and agency reporting duties	
	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
115.62 (a)	Agency protection duties	
	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
115.63 (a)	Reporting to other confinement facilities	
	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
115.63 (b)	Reporting to other confinement facilities	
	Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation?	yes

115.63 (c)	Reporting to other confinement facilities	
	Does the agency document that it has provided such notification?	yes
115.63 (d)	Reporting to other confinement facilities	
	Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards?	yes
115.64 (a)	Staff first responder duties	
	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
115.64 (b)	Staff first responder duties	
	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
115.65 (a)	Coordinated response	
	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	yes

	response to an incident of sexual abuse?	
115.66 (a)	Preservation of ability to protect inmates from contact with abusers	
	Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that 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?	no
115.67 (a)	Agency protection against retaliation	
	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
115.67 (b)	Agency protection against retaliation	
	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
115.67 (c)	Agency protection against retaliation	
	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	yes

	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?	
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor any inmate disciplinary reports?	yes
	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 reassignments of staff?	yes
	Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need?	yes
115.67 (d)	Agency protection against retaliation	
	In the case of inmates, does such monitoring also include periodic status checks?	yes
115.67 (e)	Agency protection against retaliation	
	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
115.68 (a)	Post-allegation protective custody	
	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
115.71 (a)	Criminal and administrative agency investigations	
	When the agency conducts its own investigations into allegations	yes

	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).)	
	Does the agency conduct such investigations for all allegations, including third party and anonymous reports? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).)	yes
115.71 (b)	Criminal and administrative agency investigations	
	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
115.71 (c)	Criminal and administrative agency investigations	
	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
115.71 (d)	Criminal and administrative agency investigations	
	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
115.71 (e)	Criminal and administrative agency investigations	
	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
115.71 (f)	Criminal and administrative agency investigations	
	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
115.71 (g)	Criminal and administrative agency investigations	
	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
115.71 (h)	Criminal and administrative agency investigations	
	Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?	yes
115.71 (i)	Criminal and administrative agency investigations	
	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
115.71 (j)	Criminal and administrative agency investigations	
	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
115.71 (l)	Criminal and administrative agency investigations	
	When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
115.72 (a)	Evidentiary standard for administrative investigations	
	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
115.73 (a)	Reporting to inmates	
	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

115.73 (b)	Reporting to inmates	
	If the agency did not conduct the investigation into an inmate's allegation of sexual abuse in an agency facility, does the agency request the relevant information from the investigative agency in order to inform the inmate? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.)	yes
115.73 (c)	Reporting to inmates	
	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
115.73 (d)	Reporting to inmates	
	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	yes

	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?	
115.73 (e)	Reporting to inmates	
	Does the agency document all such notifications or attempted notifications?	yes
115.76 (a)	Disciplinary sanctions for staff	
	Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies?	yes
115.76 (b)	Disciplinary sanctions for staff	
	Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse?	yes
115.76 (c)	Disciplinary sanctions for staff	
	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
115.76 (d)	Disciplinary sanctions for staff	
	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
115.77 (a)	Corrective action for contractors and volunteers	
	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
115.77 (b)	Corrective action for contractors and volunteers	
	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
115.78 (a)	Disciplinary sanctions for inmates	
	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
115.78 (b)	Disciplinary sanctions for inmates	
	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
115.78 (c)	Disciplinary sanctions for inmates	
	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
115.78 (d)	Disciplinary sanctions for inmates	
	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
115.78 (e)	Disciplinary sanctions for inmates	
	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
115.78 (f)	Disciplinary sanctions for inmates	
	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	yes

	evidence sufficient to substantiate the allegation?	
115.78 (g)	Disciplinary sanctions for inmates	
	If the agency prohibits all sexual activity between inmates, does the agency always refrain from considering non-coercive sexual activity between inmates to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between inmates.)	yes
115.81 (a)	Medical and mental health screenings; history of sexual abuse	
	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).	na
115.81 (b)	Medical and mental health screenings; history of sexual abuse	
	If the screening pursuant to § 115.41 indicates that a prison inmate has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison.)	yes
115.81 (c)	Medical and mental health screenings; history of sexual abuse	
	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).	na
115.81 (d)	Medical and mental health screenings; history of sexual abuse	
	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
115.81 (e)	Medical and mental health screenings; history of sexual abuse	
	Do medical and mental health practitioners obtain informed consent from inmates before reporting information about prior	yes

	sexual victimization that did not occur in an institutional setting, unless the inmate is under the age of 18?	
115.82 (a)	Access to emergency medical and mental health services	
	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
115.82 (b)	Access to emergency medical and mental health services	
	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
115.82 (c)	Access to emergency medical and mental health services	
	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
115.82 (d)	Access to emergency medical and mental health services	
	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
115.83 (a)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	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
115.83 (b)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	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
115.83 (c)	Ongoing medical and mental health care for sexual abuse	

	victims and abusers	
	Does the facility provide such victims with medical and mental health services consistent with the community level of care?	yes
115.83 (d)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	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
115.83 (e)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	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
115.83 (f)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are inmate victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?	yes
115.83 (g)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	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
115.83 (h)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	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

115.86 (a)	Sexual abuse incident reviews	
	Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded?	yes
115.86 (b)	Sexual abuse incident reviews	
	Does such review ordinarily occur within 30 days of the conclusion of the investigation?	yes
115.86 (c)	Sexual abuse incident reviews	
	Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?	yes
115.86 (d)	Sexual abuse incident reviews	
	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
	Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility?	yes
	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
115.86 (e)	Sexual abuse incident reviews	
	Does the facility implement the recommendations for improvement, or document its reasons for not doing so?	yes

115.87 (a)	Data collection	
	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
115.87 (b)	Data collection	
	Does the agency aggregate the incident-based sexual abuse data at least annually?	yes
115.87 (c)	Data collection	
	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
115.87 (d)	Data collection	
	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
115.87 (e)	Data collection	
	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
115.87 (f)	Data collection	
	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
115.88 (a)	Data review for corrective action	
	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	yes

	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?	
115.88 (b)	Data review for corrective action	
	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
115.88 (c)	Data review for corrective action	
	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
115.88 (d)	Data review for corrective action	
	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
115.89 (a)	Data storage, publication, and destruction	
	Does the agency ensure that data collected pursuant to § 115.87 are securely retained?	yes
115.89 (b)	Data storage, publication, and destruction	
	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
115.89 (c)	Data storage, publication, and destruction	
	Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?	yes
115.89 (d)	Data storage, publication, and destruction	
	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
115.401 (a)	Frequency and scope of audits	

	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
115.401 (b)	Frequency and scope of audits	
	Is this the first year of the current audit cycle? (Note: a "no" response does not impact overall compliance with this standard.)	no
	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.)	yes
115.401 (h)	Frequency and scope of audits	
	Did the auditor have access to, and the ability to observe, all areas of the audited facility?	yes
115.401 (i)	Frequency and scope of audits	
	Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)?	yes
115.401 (m)	Frequency and scope of audits	
	Was the auditor permitted to conduct private interviews with inmates, residents, and detainees?	yes
115.401 (n)	Frequency and scope of audits	
	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
115.403	Audit contents and findings	

(f)	
	<div data-bbox="320 185 1273 555"> <p>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 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.)</p> </div> <div data-bbox="1302 185 1353 219">yes</div>