PREA Facility Audit Report: Final

Name of Facility: Central State Prison
Facility Type: Prison / Jail
Date Interim Report Submitted: 03/22/2026
Date Final Report Submitted: 04/24/2026

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. O'Connor	**Date of Signature:** 04/24/2026

AUDITOR INFORMATION	
Auditor name:	OConnor, Darla
Email:	doconnor@strategicjusticesolutions.com
Start Date of On-Site Audit:	02/09/2026
End Date of On-Site Audit:	02/11/2026

FACILITY INFORMATION	
Facility name:	Central State Prison
Facility physical address:	4600 Fulton Mill Road, Macon, Georgia - 31208
Facility mailing address:	

Primary Contact

Name:	Lachaka McKenzie
Email Address:	lachaka.mckenzie@gdc.ga.gov
Telephone Number:	478-342-9494

Warden/Jail Administrator/Sheriff/Director	
Name:	David Stokes
Email Address:	david.stokes@gmail.com
Telephone Number:	478-973-4688

Facility PREA Compliance Manager	
Name:	Lachaka McKenzie
Email Address:	lachaka.mckenzie@gdc.ga.gov
Telephone Number:	(478) 472-3430

Facility Health Service Administrator On-site	
Name:	Audra Harrison
Email Address:	aharrison@teamcenturion.com
Telephone Number:	478-471-5348

Facility Characteristics	
Designed facility capacity:	1153
Current population of facility:	1145
Average daily population for the past 12 months:	1149
Has the facility been over capacity at any point in the past 12 months?	No
What is the facility's population designation?	Men/boys

Age range of population:	18-99
Facility security levels/inmate custody levels:	Medium
Does the facility hold youthful inmates?	No
Number of staff currently employed at the facility who may have contact with inmates:	93
Number of individual contractors who have contact with inmates, currently authorized to enter the facility:	50
Number of volunteers who have contact with inmates, currently authorized to enter the facility:	5

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

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

Agency-Wide PREA Coordinator Information			
Name:	Barbra Colon	**Email Address:**	Barbra.Colon@gdc.ga.gov

Facility AUDIT FINDINGS

Summary of Audit Findings

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

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

Number of standards exceeded:	
1	• 115.17 - Hiring and promotion decisions
Number of standards met:	
44	
Number of standards not met:	
0	

POST-AUDIT REPORTING INFORMATION

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

GENERAL AUDIT INFORMATION

On-site Audit Dates

1. Start date of the onsite portion of the audit:	2026-02-09
2. End date of the onsite portion of the audit:	2026-02-11

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, various community-based advocacy and support organizations were consulted to evaluate the facility's adherence to victim support services and access to external reporting for incarcerated individuals. **Just Detention International (JDI),** a national organization committed to ending sexual abuse in detention environments, was consulted to determine if any incarcerated individuals or facility staff had reached out within the last year. A representative from JDI confirmed that their records showed no contact or communication from either incarcerated individuals or staff at this facility. This suggests that, during the reporting period, there were no known attempts by inmates to seek external support through JDI. **The Sexual Abuse Response Team (S.A.R.T.)** confirmed that the Georgia Department of Corrections has a Memorandum of Understanding (MOU) with SART for forensic examinations. SART operates under an agreement with the Georgia Department of Corrections (GDC) to provide SANE services to all residents, inmates, and detainees. When a forensic examination is required, SANE personnel are contacted through the SANE Contact and Call List and arrive at the facility to perform the examination in the medical unit. The procedure includes obtaining informed consent, conducting a trauma-informed examination, offering STI/HIV prophylaxis, and adhering to chain-of-custody protocols for evidence collection and documentation. Incarcerated individuals are not financially liable for the examination. Records indicate that 16 forensic examinations were conducted at the facility over the past year. **Crisis Line & Safe House of Central Georgia** was contacted to confirm any recent involvement or outreach related to the facility. They reported that they are negotiating the specifics of renewing and updating MOU with the facility. They confirmed they provide services and referrals for anyone living in

	Bibb County who has experienced sexual victimization. Their advocates offer compassionate, confidential, and respectful support for victims of sexual assault, along with referral services for victims and their loved ones. They operate a public, confidential hotline at 478-745-9292, staffed by advocates available 24/7. This hotline can be used to report a sexual assault, regardless of when or where it occurred. They further confirmed that their counselors are willing to assist any victim, regardless of the time elapsed since the incident. Support includes responding to hotline calls, accompanying survivors to forensic examinations, explaining legal processes, and helping with basic needs. **Georgia Network to End Sexual Assault (GNESA)** was contacted to confirm any recent involvement or outreach related to the facility. GNESA reported that there was no record of any contact or communication from the facility's inmates or staff in the past twelve months. While this does not necessarily indicate noncompliance, it does confirm a lack of outreach activity during the review period. Overall, the responses from these organizations illustrate the facility's proactive efforts to build and sustain relationships with qualified external agencies that can provide essential advocacy and emotional support services to survivors of sexual abuse. Although the utilization of these services appears limited based on reported contacts, the necessary infrastructure for confidential access is established, demonstrating the facility's compliance with PREA standards and its broader commitment to ensuring that incarcerated individuals have access to meaningful, victim-centered support when required.

AUDITED FACILITY INFORMATION

14. Designated facility capacity:	1153

15. Average daily population for the past 12 months:	1145
16. Number of inmate/resident/detainee housing units:	10
17. Does the facility ever hold youthful inmates or youthful/juvenile detainees?	○ Yes ◉ No ○ Not Applicable for the facility type audited (i.e., Community Confinement Facility or Juvenile Facility)

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

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

23. Enter the total number of inmates/ residents/detainees in the facility as of the first day of onsite portion of the audit:	1138
25. Enter the total number of inmates/ residents/detainees with a physical disability in the facility as of the first day of the onsite portion of the audit:	128
26. Enter the total number of inmates/ residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) in the facility as of the first day of the onsite portion of the audit:	296
27. Enter the total number of inmates/ residents/detainees who are Blind or have low vision (visually impaired) in the facility as of the first day of the onsite portion of the audit:	24

28. Enter the total number of inmates/ residents/detainees who are Deaf or hard-of-hearing in the facility as of the first day of the onsite portion of the audit:	54
29. Enter the total number of inmates/ residents/detainees who are Limited English Proficient (LEP) in the facility as of the first day of the onsite portion of the audit:	20
30. Enter the total number of inmates/ residents/detainees who identify as lesbian, gay, or bisexual in the facility as of the first day of the onsite portion of the audit:	0
31. Enter the total number of inmates/ residents/detainees who identify as transgender or intersex in the facility as of the first day of the onsite portion of the audit:	10
32. Enter the total number of inmates/ residents/detainees who reported sexual abuse in the facility as of the first day of the onsite portion of the audit:	4
33. Enter the total number of inmates/ residents/detainees who disclosed prior sexual victimization during risk screening in the facility as of the first day of the onsite portion of the audit:	1
34. Enter the total number of inmates/ residents/detainees who were ever placed in segregated housing/isolation for risk of sexual victimization in the facility as of the first day of the onsite portion of the audit:	0

35. Provide any additional comments regarding the population characteristics of inmates/residents/detainees in the facility as of the first day of the onsite portion of the audit (e.g., groups not tracked, issues with identifying certain populations):	During the audit review period, no concerns or deficiencies were identified regarding the facility's ability to identify, track, or document the population characteristics of individuals housed at the institution. Based on a thorough examination of facility records and corroborated through staff interviews, the facility did receive or detain individuals over the past 12 months who would be classified under specialized or vulnerable categories as outlined in the Prison Rape Elimination Act (PREA). This includes inmates who identify as LGBTQI, inmates with significant cognitive or physical impairments, inmates with hearing or visual impairment, and inmates with limited English proficiency (LEP), inmates who reported abuse, and inmates who disclosed prior abuse. According to the records reviewed the facility did not receive or detain any individuals held solely for civil immigration detention or inmates classified as youthful offenders, or inmates who were placed in segregation as a result of sexual victimization. Facility documentation showed a consistent and accurate accounting of the inmate population throughout the past year, with no irregularities, data gaps, or unexplained discrepancies noted. The institution demonstrated a comprehensive understanding of its population demographics and maintained the capability to track relevant characteristics that may influence screening, housing decisions, or the delivery of support services in accordance with PREA requirements.
Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit	
36. Enter the total number of STAFF, including both full- and part-time staff, employed by the facility as of the first day of the onsite portion of the audit:	93

37. Enter the total number of VOLUNTEERS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:	7
38. Enter the total number of CONTRACTORS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:	39

39. Provide any additional comments regarding the population characteristics of staff, volunteers, and contractors who were in the facility as of the first day of the onsite portion of the audit:	During the audit period, the facility demonstrated a well-organized and closely monitored network of 46 approved volunteers and contractors who were authorized to engage directly with incarcerated individuals. This group consisted of 7 volunteers, 29 medical contractors, and 10 non-medical contractors, each contributing unique skill sets that complement daily operations and enrich the facility's rehabilitative environment. Before receiving clearance for access, every volunteer and contractor completed PREA-specific training designed to reflect the sensitivities of the correctional setting and the professional responsibilities inherent in their roles. The curriculum, derived from the Georgia Department of Corrections (GDC) standardized PREA program, reinforces the Department's unwavering zero-tolerance stance toward sexual abuse and sexual harassment. Training sessions emphasized core principles such as maintaining professional boundaries, recognizing and preventing prohibited behavior, understanding mandatory reporting obligations, and upholding ethical standards expected in all correctional facilities. Together, these lessons cultivate a culture of awareness, accountability, and compassionate professionalism, ensuring that everyone entering the facility operates with shared vigilance toward inmate protection and institutional integrity. At the time of the on-site audit, the facility maintained a small but highly active cadre of volunteers and contractors, contributing daily to both operational and rehabilitative goals. Interviews with leadership, program coordinators, and supervisory personnel, supported by documentation review, confirmed that these individuals are held to the same expectations and PREA compliance standards as full-time staff members. The facility's oversight system is comprehensive, ensuring external participants adhere to clear procedural and ethical boundaries whenever

they enter secure areas.
These expectations include:

1. Completion and verification of criminal background checks.
2. Formal security approval and clearance for access to restricted zones.
3. Active participation in role-specific PREA training and facility orientation.
4. Continuous monitoring and supervision while on-site.

Volunteers and contractors represent a diverse and dynamic network of contributors, blending professional expertise with community spirit. Contractors provide vital operational support—spanning maintenance, technical repairs, medical care, and professional consulting—to ensure the uninterrupted delivery of essential services. Volunteers, in turn, dedicate their time to faith-based programs, educational classes, mentorship activities, and community reintegration initiatives that inspire personal growth and rehabilitation among the inmate population. Though modest in number, both groups embody the values of service, safety, and transformation, reinforcing the facility's broader mission of fostering growth and dignity through correctional engagement.
The facility maintains an accurate, continuously updated roster of all approved volunteers and contractors. This record includes completed PREA training documentation, background check results, clearance dates, and verified orientation participation. Interviews with security and administrative staff confirmed adherence to escort protocols, supervision requirements, and reporting procedures governing outside individuals in secure spaces. Notably, any PREA-related allegations or observations involving volunteers or contractors are addressed immediately through established investigative and response procedures, ensuring swift and transparent resolution consistent with departmental standards.

	Following a full review of training records, personnel documentation, and interviews, the Auditor found no deficiencies in the facility's system for managing volunteers and contractors. Evidence affirmed that GDC policies are not only implemented thoroughly but embraced in daily practice. The results illustrate a well-coordinated, respectful, and compliant approach that aligns perfectly with PREA expectations—promoting a secure environment where all participants, staff and volunteers alike, contribute to the shared goals of accountability, professionalism, and positive change.

INTERVIEWS

Inmate/Resident/Detainee Interviews

Random Inmate/Resident/Detainee Interviews

40. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:	15
41. 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

42. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?	Ensuring geographic diversity in random inmate interviewee samples involves reviewing the facility's population roster and strategically selecting participants from across different housing units or wings. This approach accounts for the layout of the facility, as inmates are often housed in geographically separated areas (e.g., units by security level, dorms, or pods), preventing over-representation from one section. The auditors also cross-reference factors like housing assignments during selection to confirm broad coverage.
43. Were you able to conduct the minimum number of random inmate/ resident/detainee interviews?	(●) Yes ( ) No

44. Provide any additional comments regarding selecting or interviewing random inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):	On the opening day of the on-site audit, the facility reported an institutional population totaling 1,138 incarcerated individuals. In accordance with the PREA Auditor Handbook, facilities of this size are required to include a minimum of forty inmate interviews as part of the formal audit process. These interviews are divided evenly between twenty random selections and twenty targeted interviews with inmates whose attributes correspond to specific PREA-related classifications, such as gender identity, disability status, sexual orientation, or documented history of prior victimization. Consistent with these federal standards, the Auditor conducted interviews with twenty randomly selected inmates during the on-site review period. To preserve fairness and objectivity, a systematic random selection process was applied, anchored to the facility's current alphabetical housing rosters. Participants were drawn from multiple housing units encompassing both general population areas and specialized living units, ensuring representation across varied custody levels and living assignments. This thoughtful approach prevented overrepresentation from any single unit and created a balanced, proportional sample that accurately mirrored the facility's full inmate population. The Auditor's sampling criteria also incorporated key demographic and institutional indicators—including age, race, ethnicity, length of incarceration, and housing location—to cultivate an interview pool reflective of the facility's genuine diversity. By doing so, the audit captured a broad spectrum of cultural, social, and experiential perspectives, enhancing the credibility, inclusivity, and interpretive richness of the resulting qualitative data. Each confidential interview invited inmates to share insights regarding their knowledge of PREA policies, awareness of reporting channels, understanding of confidential support services, perceptions of staff professionalism, and overall sense of safety

	within the correctional environment. Conversations revealed differing levels of familiarity with the facility's zero-tolerance policy toward sexual abuse and sexual harassment, and varying degrees of confidence in access to the institution's reporting mechanisms and protections against retaliation. These candid responses expanded the Auditor's understanding of how PREA education and messaging are translated into daily inmate experience and provided valuable context for assessing compliance with PREA Standard §115.51 (Inmate Reporting) and companion provisions. Through this careful, methodical, and inclusive process, the Auditor ensured that audit findings reflected the breadth and authenticity of inmate perspectives across all housing contexts and demographic groups. The approach exemplified the guiding principles of impartiality, representativeness, and thoroughness, resulting in a comprehensive and credible evaluation of the facility's implementation of PREA standards and commitment to fostering a respectful, secure, and informed environment for all individuals in its care.
Targeted Inmate/Resident/Detainee Interviews	
45. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:	21

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".

47. Enter the total number of interviews conducted with inmates/residents/ detainees with a physical disability using the "Disabled and Limited English Proficient Inmates" protocol:	2
48. Enter the total number of interviews conducted with inmates/residents/ detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) using the "Disabled and Limited English Proficient Inmates" protocol:	2
49. Enter the total number of interviews conducted with inmates/residents/ detainees who are Blind or have low vision (i.e., visually impaired) using the "Disabled and Limited English Proficient Inmates" protocol:	2
50. Enter the total number of interviews conducted with inmates/residents/ detainees who are Deaf or hard-of-hearing using the "Disabled and Limited English Proficient Inmates" protocol:	2
51. Enter the total number of interviews conducted with inmates/residents/ detainees who are Limited English Proficient (LEP) using the "Disabled and Limited English Proficient Inmates" protocol:	2
52. Enter the total number of interviews conducted with inmates/residents/ detainees who identify as lesbian, gay, or bisexual using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:	2

53. Enter the total number of interviews conducted with inmates/residents/ detainees who identify as transgender or intersex using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:	6
54. Enter the total number of interviews conducted with inmates/residents/ detainees who reported sexual abuse in this facility using the "Inmates who Reported a Sexual Abuse" protocol:	2
55. Enter the total number of interviews conducted with inmates/residents/ detainees who disclosed prior sexual victimization during risk screening using the "Inmates who Disclosed Sexual Victimization during Risk Screening" protocol:	1
56. Enter the total number of interviews conducted with inmates/residents/ detainees who are or were ever placed in segregated housing/isolation for risk of sexual victimization using the "Inmates Placed in Segregated Housing (for Risk of Sexual Victimization/Who Allege to have Suffered Sexual Abuse)" protocol:	0
a. 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.
b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/ residents/detainees).	At the time of the on-site audit, no inmates were housed in segregation due to sexual victimization. Therefore, no one from this category was interviewed.

57. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):	No barriers were experienced. Inmates from every targeted group represented were interviewed as part of the audit process.
Staff, Volunteer, and Contractor Interviews	
Random Staff Interviews	
58. Enter the total number of RANDOM STAFF who were interviewed:	15
59. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)	☑ Length of tenure in the facility ☑ Shift assignment ☑ Work assignment ☑ Rank (or equivalent) ☐ Other (e.g., gender, race, ethnicity, languages spoken) ☐ None
60. Were you able to conduct the minimum number of RANDOM STAFF interviews?	◉ Yes ○ No

61. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):	**Staff Selection Strategy** Interviews covered custody, medical, programming, and support staff with varying tenure and inmate interaction levels. This approach yielded diverse insights into PREA prevention, detection, and response practices. **Interview Observations** Staff showed strong knowledge of PREA duties, reporting protocols, and procedures. No scheduling issues arose; participants were cooperative, candid, and professional throughout. **Key Insights Gained** Discussions highlighted a culture of safety, respect, and accountability, backed by effective training and supervision. These interviews provided solid evidence of consistent policy application and the facility's zero-tolerance stance.

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.

62. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):	21
63. Were you able to interview the Agency Head?	(●) Yes ( ) No
64. Were you able to interview the Warden/Facility Director/Superintendent or their designee?	(●) Yes ( ) No
65. Were you able to interview the PREA Coordinator?	(●) Yes ( ) No

66. 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)

67. Select which SPECIALIZED STAFF roles were interviewed as part of this audit from the list below: (select all that apply)	☑ Agency contract administrator ☑ Intermediate or higher-level facility staff responsible for conducting and documenting unannounced rounds to identify and deter staff sexual abuse and sexual harassment ☐ Line staff who supervise youthful inmates (if applicable) ☐ Education and program staff who work with youthful inmates (if applicable) ☑ Medical staff ☑ Mental health staff ☑ Non-medical staff involved in cross-gender strip or visual searches ☑ Administrative (human resources) staff ☑ Sexual Assault Forensic Examiner (SAFE) or Sexual Assault Nurse Examiner (SANE) staff ☑ Investigative staff responsible for conducting administrative investigations ☑ Investigative staff responsible for conducting criminal investigations ☑ Staff who perform screening for risk of victimization and abusiveness ☑ Staff who supervise inmates in segregated housing/residents in isolation ☑ Staff on the sexual abuse incident review team ☑ Designated staff member charged with monitoring retaliation ☑ First responders, both security and non-security staff ☑ Intake staff

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

70. Provide any additional comments regarding selecting or interviewing specialized staff.	During the on-site PREA audit, the Auditor prioritized interviews with specialized staff whose roles underpin the facility's robust system for preventing, detecting, and responding to sexual abuse and harassment. This targeted group encompassed the PREA Coordinator (PC), PREA Compliance Manager (PCM), facility administrators, classification officers, investigators, medical and mental health clinicians, case managers, and personnel responsible for training, supervision, and compliance monitoring. Selection was intentional, drawing from every critical discipline to capture a holistic view of PREA implementation. **Interview Focus Areas** Discussions delved into the facility's PREA infrastructure, examining how policies translate into daily practice, interdepartmental communication flows, and accountability mechanisms through data tracking, documentation, and follow-up. Key topics included response protocols for allegations, investigation coordination (both administrative and criminal), service delivery for victims, and information sharing across units. Staff detailed their specific applications of PREA procedures, from initial reporting to resolution, emphasizing continuity of care and oversight. **Staff Expertise and Insights** Specialized staff exhibited profound expertise, unwavering professionalism, and a victim-centered commitment to compliance. Investigators outlined a PREA-aligned process featuring prompt starts, evidence preservation, thorough documentation, and multi-agency collaboration. Medical and mental health teams highlighted rapid forensic assessments, immediate/long-term treatment, referrals, and trauma-informed recovery support. Classification and case managers explained risk-based screening tools that inform housing, programming, and supervision, with dynamic reassessments triggered by changing circumstances. Training and

	supervisory roles covered ongoing education, refreshers, and monitoring to embed PREA awareness facility-wide. These accounts revealed seamless interdisciplinary integration, bolstered by routine team huddles, case reviews, and quality checks. **Cultural Strengths Observed** Interviews unveiled a collaborative, transparent culture marked by open dialogue on departmental interdependencies and a unified dedication to safety and respect. No systemic gaps or persistent issues surfaced; responses were uniform in depth and alignment, bolstering Auditor confidence in the facility's capacity for sustained, responsive PREA operations. In essence, these interviews formed a pivotal audit element, affirming a comprehensive framework of oversight, teamwork, and proactive enhancement that fully embodies PREA's standards and protects residents and staff alike.

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.

71. Did you have access to all areas of the facility?	(●) Yes ( ) No

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

76. Provide any additional comments regarding the site review (e.g., access to areas in the facility, observations, tests of critical functions, or informal conversations).	During the on-site PREA audit, the Auditor enjoyed full, unrestricted access to every facility area, allowing a thorough assessment of the physical layout, daily operations, and institutional culture. Staff exhibited exceptional professionalism, transparency, and cooperation from start to finish, promptly addressing questions, providing detailed explanations, and enabling seamless navigation. **Comprehensive Facility Tour** The tour spanned all key zones: general population housing, segregation/restrictive units, protective custody, intake/classification, medical/mental health areas, classrooms, kitchens/dining, visitation rooms, laundry, recreation spaces (indoor/outdoor), control posts, and administrative offices. Staff outlined each area's functions, occupancy, staffing, supervision methods, and monitoring tactics, revealing how design and operations bolster resident safety and PREA compliance across all shifts. **PREA Safety Features** Physical plant aligned closely with PREA standards, featuring prominent signage in English and other languages across housing and common areas. These displays affirmed zero-tolerance policies, detailed resident rights, and listed diverse reporting channels (internal, external, third-party, anonymous). Secure, marked abuse-reporting phones and tamper-resistant grievance boxes were strategically placed for confidential access, with hotline info visibly posted. **Environmental Conditions** Housing, corridors, bathrooms, and showers met high standards for cleanliness, lighting, maintenance, and privacy—preventing cross-gender viewing while enabling supervision. Cameras, mirrors, and sightlines balanced monitoring with dignity, fully complying with PREA §115.15. **Informal Interactions** Spontaneous chats with staff and residents confirmed widespread PREA awareness: staff fluently described prevention, reporting, and

	response duties; residents knew their rights, options, and protection from retaliation. The facility appeared secure, orderly, and professionally run, with environmental safeguards embedding safety and respect into operations. Unfettered access, staff openness, and resident confidence underscored PREA's deep integration, fostering a zero-tolerance culture for abuse.

Documentation Sampling

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

77. In addition to the proof documentation selected by the agency or facility and provided to you, did you also conduct an auditor-selected sampling of documentation?	(●) Yes ( ) No

78. Provide any additional comments regarding selecting additional documentation (e.g., any documentation you oversampled, barriers to selecting additional documentation, etc.).	During the on-site PREA audit, the Auditor meticulously reviewed personnel, training, inmate, and incident-related records to verify compliance with PREA standards on hiring, education, risk management, and response protocols. This methodical examination—spanning 40 personnel files, 50 staff training records, 50 inmate files, 48 risk assessments, and 11 incident/investigation files—revealed uniform adherence, rigorous processes, and a culture of accountability. **Personnel and Training Records** Forty employee files confirmed PREA-compliant hiring through complete criminal background checks, employment eligibility verification, and administrative adjudications where applicable. Ongoing suitability monitoring included annual re-checks, often aligned with firearms qualifications for key roles, ensuring all staff remain fit for duty. Fifty training records showed signed confirmations of PREA-specific education during new-hire orientation and annual refreshers. Content covered zero-tolerance policies, mandatory reporting, professional boundaries, and dignified cross-gender supervision/searches, fostering sustained competence across the workforce. **Inmate Records** A random sample of 50 inmate files from the prior 12 months documented signed receipts for PREA orientation materials, handbooks, and intake videos. Staff interviews corroborated that every entrant receives comprehensive briefings on rights, reporting options, zero-tolerance stance, and protective resources, embedding awareness from day one. **Risk Assessments and Reassessments** Forty-eight files verified initial risk screenings within 72 hours of arrival and reassessments by the 30-day PREA deadline (§115.41). These tools enable informed decisions on housing, programs, and supervision, reflecting proactive vulnerability identification and dynamic risk management. **Grievances**

	Per the Pre-Audit Questionnaire (PAQ) and PREA Compliance Manager interviews, the agency bypasses administrative grievances for sexual abuse claims, routing all directly into formal PREA reporting, response, and investigation channels. This streamlined approach ensures swift, specialized handling without delays. **Incident Reports** Over the past 12 months, 11 PREA allegations arose (8 sexual abuse, 3 harassment). All 11 reviewed files showed timely reporting, notifications, interdepartmental coordination, and resolution per standards, highlighting transparency and survivor support. **Investigation Records** The 11 investigative files were impeccably organized, with full incident narratives, timelines, evidence logs, and closures. Probes launched promptly, followed protocols, and concluded on time, demonstrating procedural rigor, thoroughness, and institutional integrity that bolsters overall compliance confidence.

SEXUAL ABUSE AND SEXUAL HARASSMENT ALLEGATIONS AND INVESTIGATIONS IN THIS FACILITY

Sexual Abuse and Sexual Harassment Allegations and Investigations Overview

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

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

	# of sexual abuse allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
Inmate-on-inmate sexual abuse	7	0	6	1
Staff-on-inmate sexual abuse	1	0	1	0
Total	8	0	7	1

80. 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	2	0	2	0
Staff-on-inmate sexual harassment	1	1	0	0
Total	3	1	2	0

Sexual Abuse and Sexual Harassment Investigation Outcomes

Sexual Abuse Investigation Outcomes

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

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

	Ongoing	Referred for Prosecution	Indicted/ Court Case Filed	Convicted/ Adjudicated	Acquitted
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

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

	Ongoing	Unfounded	Unsubstantiated	Substantiated
Inmate-on-inmate sexual abuse	0	5	3	0
Staff-on-inmate sexual abuse	0	1	0	0
Total	0	6	3	9

Sexual Harassment Investigation Outcomes

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

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

	Ongoing	Referred for Prosecution	Indicted/ Court Case Filed	Convicted/ Adjudicated	Acquitted
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

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

	Ongoing	Unfounded	Unsubstantiated	Substantiated
Inmate-on-inmate sexual harassment	0	1	1	0
Staff-on-inmate sexual harassment	0	0	1	0
Total	0	1	2	0

Sexual Abuse and Sexual Harassment Investigation Files Selected for Review

Sexual Abuse Investigation Files Selected for Review

85. Enter the total number of SEXUAL ABUSE investigation files reviewed/ sampled:	8

86. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?	(●) Yes ( ) No ( ) NA (NA if you were unable to review any sexual abuse investigation files)
Inmate-on-inmate sexual abuse investigation files	
87. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:	7
88. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?	(●) Yes ( ) No ( ) NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)
89. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?	(●) Yes ( ) No ( ) NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)
Staff-on-inmate sexual abuse investigation files	
90. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:	1
91. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?	( ) Yes (●) No ( ) NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)

92. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?	(●) Yes ( ) No ( ) NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)
Sexual Harassment Investigation Files Selected for Review	
93. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:	3
94. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?	(●) Yes ( ) No ( ) NA (NA if you were unable to review any sexual harassment investigation files)
Inmate-on-inmate sexual harassment investigation files	
95. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:	2
96. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?	( ) Yes (●) No ( ) NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)
97. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?	(●) Yes ( ) No ( ) NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)

Staff-on-inmate sexual harassment investigation files	
98. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:	1
99. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?	(●) Yes ( ) No ( ) NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)
100. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?	( ) Yes (●) No ( ) NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)
101. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.	All PREA investigation files from the past 12 months were reviewed.

SUPPORT STAFF INFORMATION

DOJ-certified PREA Auditors Support Staff

102. Did you receive assistance from any DOJ-CERTIFIED PREA AUDITORS at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.	( ) Yes (●) No

Non-certified Support Staff	
103. Did you receive assistance from any NON-CERTIFIED SUPPORT STAFF at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.	(●) Yes ( ) No
a. Enter the TOTAL NUMBER OF NON-CERTIFIED SUPPORT who provided assistance at any point during this audit:	1
AUDITING ARRANGEMENTS AND COMPENSATION	
108. Who paid you to conduct this audit?	( ) The audited facility or its parent agency ( ) My state/territory or county government employer (if you audit as part of a consortium or circular auditing arrangement, select this option) (●) A third-party auditing entity (e.g., accreditation body, consulting firm) ( ) Other
Identify the name of the third-party auditing entity	M.P. Wheeler and Associates

Standards
Auditor Overall Determination Definitions
• Exceeds Standard (Substantially exceeds requirement of standard) • Meets Standard (substantial compliance; complies in all material ways with the stand for the relevant review period) • Does Not Meet Standard (requires corrective actions)
Auditor Discussion Instructions
Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

115.11	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	DOCUMENT REVIEW To assess compliance with PREA Standard §115.11, the Auditor embarked on an extensive review of documentation provided jointly by the facility and the Georgia Department of Corrections (GDC). The evaluation began with the centerpiece of the submission—the facility's completed Pre-Audit Questionnaire (PAQ)—and unfolded across a wide body of evidence illustrating how PREA expectations are embedded within daily operations and GDC's structural governance. At the heart of this inquiry stood 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 document serves as the agency's moral and operational lodestar, articulating the Department's declaration of absolute intolerance for any act of sexual abuse or harassment, whether perpetrated by staff, contractors, volunteers, or inmates. Within its pages, prevention, detection, response, and investigation are woven into a single, cohesive

framework that values professionalism, consistency, and humanity in every response.

Further examination included GDC's Agency Organizational Chart, which illustrated the formal chain of command linking the statewide PREA Coordinator to each facility's PREA Compliance Manager. This visual blueprint revealed more than administrative structure—it captured how leadership and accountability flow seamlessly from the Commissioner's office to the institutional level, ensuring that zero tolerance is not simply proclaimed, but demonstrably practiced through every segment of the system.

INTERVIEWS

PREA Coordinator (PC)
In a conversation centered on statewide oversight, the PREA Coordinator described a network both highly structured and strongly unified. Stationed within the Office of Professional Standards, the Coordinator occupies a full-time, independent role defined by access to executive authority and freedom from operational compromise. From this vantage point, the Coordinator guides every dimension of PREA implementation—crafting policy, standardizing training, and guiding evaluations while ensuring that corrective actions are swiftly enacted when needed.

The Coordinator detailed a culture of constant communication with the Commissioner and other key leaders, supporting rapid identification and resolution of emerging challenges. Across Georgia's correctional landscape, each facility's PREA Compliance Manager (PCM) maintains a direct functional link to the Coordinator. This relationship fosters statewide cohesion while allowing each facility to adapt to its unique environment. Together, they sustain a continuum of vigilance where prevention and compliance operate as shared responsibilities grounded in fidelity to safety and ethics.

PREA Compliance Manager (PCM)
At the facility level, the PREA Compliance Manager brought the policy narrative to life, describing how procedural intent transforms into operational reality. The PCM spoke of daily collaboration—with both the statewide Coordinator and institutional leadership—designed to preserve consistency while remaining responsive to local dynamics.

Fully resourced and institutionally supported, the PCM manages a spectrum of responsibilities: verifying training completion, preserving documentation integrity, conducting internal audits, and intervening early when concerns surface. The position was depicted as both sentinel and communicator—guarding the principles of PREA while maintaining trust and transparency through all personnel levels. The result is a culture where safety protocols are not merely administrative duties but actively lived practices that define the facility's ethical identity.

PROVISIONS

Provision (a): Zero-Tolerance Policy and Comprehensive PREA Framework
The PAQ affirms that GDC's zero-tolerance mandate extends across every state-operated and contract-managed correctional site. SOP 208.06, effective June 23,

2022, embodies this commitment with exacting clarity.

Section I of the policy articulates GDC's position without ambiguity: any act of sexual misconduct constitutes a violation of both professional conduct and correctional law. Within pages 4–6, the SOP delineates precise definitions for sexual abuse, staff sexual misconduct, and harassment—ensuring uniform understanding from the central office to every housing unit. Pages 33–34 prescribe the disciplinary standards for substantiated violations, further embedding deterrence through accountability.

Embedded throughout the SOP is an insistence on preparedness and collaboration. Each facility must appoint a PREA Compliance Manager and maintain facility-specific Local Procedure Directives and Coordinated Response Plans. These documents render policy actionable—mapping the path from prevention and education to evidence preservation, advocacy, and follow-up care. GDC's model therefore achieves more than compliance; it reflects a living network of prevention reinforced by structure, ethics, and strategic foresight.

Provision (b): Authority, Placement, and Oversight of the PREA Coordinator
Supporting documentation verifies that the PREA Coordinator operates from within the Office of Professional Standards, Compliance Unit, holding executive-level reach across the Department. The agency chart underscores this access to leadership—ensuring PREA functions as an empowered oversight mechanism rather than a procedural formality.

The Coordinator's full-time designation, reporting directly to the Commissioner, allows real-time policy alignment, statewide training direction, and consistent compliance monitoring. The role's authority ensures that PREA standards are interpreted and enforced uniformly across all GDC facilities. At the institutional tier, PREA Compliance Managers mirror this leadership—balancing centralized oversight with operational pragmatism. This dual-reporting approach anchors statewide unity while preserving facility-level adaptability, a balance that sustains both responsiveness and discipline.

Provision (c): Authority and Role of the PREA Compliance Manager
According to SOP 208.06, each facility must appoint a PREA Compliance Manager under the authority of the Warden or Superintendent. The PCM stands at the intersection of policy and practice, functioning as both orchestrator and monitor of the facility's PREA operations. Responsibilities extend from training and record-keeping to incident coordination and partnership with both internal and external stakeholders.

Interview findings highlighted that PCMs are entrusted with genuine authority to fulfill these duties. Acting as a conduit between the statewide PREA office and facility operations, they not only implement regulations but also articulate institutional needs, transforming compliance from static policy into dynamic practice. In this dual capacity—as both administrator and advocate—the PCM preserves the integrity of the PREA mission at the ground level.

CONCLUSION

Following a meticulous review of policy documentation, organizational design, and

	leadership interviews, the Auditor determined that both the Georgia Department of Corrections and the reviewed facility fully meet the requirements of PREA Standard §115.11. The Department's framework demonstrates clear executive authority, well-defined operational roles, and thorough integration of the zero-tolerance mandate. Together, the PREA Coordinator and Compliance Managers embody a transparent, accountable system where policy, practice, and purpose converge to uphold every individual's right to safety and dignity.

115.12	Contracting with other entities for the confinement of inmates
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	DOCUMENT REVIEW To determine compliance with PREA Standard §115.12, the Auditor undertook a deliberate and comprehensive review of all documentation provided in advance of the onsite audit. This process included careful examination of the facility's completed Pre-Audit Questionnaire (PAQ) along with supporting materials submitted by the Georgia Department of Corrections (GDC). Central to the review was GDC Standard Operating Procedure (SOP) 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective June 23, 2022. SOP 208.06 establishes a unified, Department-wide framework for preventing, detecting, reporting, investigating, and responding to sexual abuse and sexual harassment. Its authority extends across all GDC-operated institutions and contracted entities, encompassing private correctional providers, county jails, and other partner agencies delivering confinement services. Through meticulous analysis, the Auditor confirmed that PREA compliance expectations are not isolated policies but embedded requirements within the Department's contracting infrastructure. This integration ensures unwavering adherence to PREA standards throughout every operational tier—state-run or contracted—reflecting GDC's enduring commitment to consistent and enforceable protection for every resident in custody. **INTERVIEWS** In tandem with the document review, the Auditor conducted a series of structured interviews with Department officials responsible for contract negotiation, management, and oversight. These discussions provided a detailed understanding of how the Department's written policies translate into daily operations and how compliance is actively maintained through oversight and collaboration. **Agency Contract Administrator** The Agency Contract Administrator outlined a centralized contracting model in which

PREA compliance functions as a foundational, non-negotiable condition of approval. According to the Administrator, no confinement agreement—whether with a county, private agency, or other correctional partner—proceeds without verifiable documentation of an operational PREA-compliant system.

Each contract includes standardized PREA clauses developed by the Department to ensure absolute consistency. These provisions are inviolate: they cannot be modified, omitted, or overridden. Contractors must maintain full compliance with PREA standards for the duration of the contract, and any deviation may trigger corrective action or termination if remediation is not achieved. The Administrator described these agreements not as static documents but as “active mechanisms of accountability,” underscoring the expectation of sustained transparency and cooperation with Department oversight.

Once contracts are established, a structured monitoring process begins. Oversight efforts include ongoing review of contract language, confirmation of staff PREA training completion, and systematic evaluation of incident reporting and response practices. The Administrator emphasized a core operational principle—that every allegation of sexual abuse or harassment must be reported immediately and addressed with both procedural accuracy and urgency in full accordance with Department policy and PREA standards.

PREA compliance also serves as a critical factor in determining contract renewal and continuation. During the current audit period, the facility executed or renewed one confinement-related agreement, each incorporating explicit PREA compliance language. At the statewide level, twenty-six active confinement contracts were maintained, all containing identical PREA provisions. This uniform integration highlights GDC’s consistent effort to reinforce zero tolerance and continuous accountability across its entire network of contracted operations.

PROVISIONS

Provision (a) – Contract Requirements for PREA Compliance
The PAQ provides a detailed synopsis of the Department’s contracting practices related to confinement services, verifying that PREA compliance clauses are incorporated in all relevant contracts. Documentation reflects that:

1. The agency entered into or renewed confinement contracts on or after August 20, 2012, or since the most recent PREA audit.
2. Every confinement agreement mandates full compliance with applicable PREA standards.
3. Twenty-five contracts were executed or renewed during the current audit cycle.
4. No agreements were found lacking required PREA language.

The PAQ further clarifies that all confinement contracts are negotiated and managed centrally by the Department rather than by individual facilities. This unified process ensures consistency of language, control of contracting standards, and uniform

	enforcement across all partner agencies. Interviews corroborated this description, confirming that PREA compliance remains an inherent requirement for both the approval and continuation of all confinement-related contracts. **Supporting Policies:** GDC SOP 208.06 anchors these requirements, directing that all new and renewed confinement agreements must include comprehensive PREA provisions. Through this policy, GDC reinforces that compliance with the Prison Rape Elimination Act is not an optional addition but an essential component of safe and lawful operations across every confinement setting. **Provision (b) – Monitoring Contractor Compliance** The PAQ also outlines the Department's ongoing oversight structure for verifying continuous contractor adherence to PREA standards. No confinement agreements were identified as lacking monitoring or enforcement provisions. Interview responses substantiated a multi-tiered monitoring process designed to ensure accountability. Department officials review contractor policies and procedures, confirm that all staff meet PREA training requirements, and examine incident reporting and response practices for accuracy and timeliness. Contractors must report all allegations of sexual abuse or harassment directly to the Department, providing complete investigative findings to the GDC PREA Coordinator upon conclusion. This layered oversight model transforms contractual obligations into verifiable outcomes. By coupling clear policy expectations with constant review and immediate reporting mandates, the Department sustains transparency and reliability throughout its contracted facilities. PREA compliance becomes not merely a standard to achieve but a continuous, measurable practice woven into everyday operations. **CONCLUSION** After completing the comprehensive document review and interviews, the Auditor concludes that both the Georgia Department of Corrections and the facility under review fully comply with PREA Standard §115.12. GDC maintains a well-defined, centralized contracting system that integrates PREA compliance across all agreements governing confinement services. Through consistent contractual language, rigorous oversight, precise reporting requirements, and deliberate policy alignment, the Department demonstrates a sustained institutional commitment to safety, accountability, and ethical care. This carefully structured system ensures that PREA compliance remains a living principle—applied uniformly, enforced consistently, and upheld for the protection and dignity of every resident in custody.

115.13	Supervision and monitoring
	Auditor Overall Determination: Meets Standard

	Auditor Discussion
	DOCUMENT REVIEW To evaluate compliance with PREA Standard §115.13, the Auditor undertook an extensive, methodical review of documentation submitted by both the Georgia Department of Corrections (GDC) and the facility. This review encompassed the completed Pre-Audit Questionnaire (PAQ), GDC Standard Operating Procedure (SOP) 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program (effective June 23, 2022), and the facility's approved Staffing Plan dated September 18, 2025. Each document served as a critical piece of evidence, illustrating how staffing levels, supervision strategies, and technological monitoring systems align to ensure inmate safety. The analysis emphasized the interplay between direct human observation and the use of surveillance technology—an integrated system designed to deter, detect, and respond swiftly to any form of sexual abuse or harassment. Through this documentation, the Auditor sought assurance that supervision within the facility is both continuous and strategically structured to uphold the highest PREA standards. **OBSERVATIONS** During the onsite assessment, the Auditor conducted targeted observations across multiple housing areas to examine real-time supervisory practices. Random reviews of housing-unit logbooks revealed consistent entries made by intermediate- and higher-level supervisors, each documenting the completion of unannounced rounds. These records confirmed that supervisory rounds occur regularly and across all shifts, demonstrating a deliberate and ongoing presence throughout the facility. Such observance underscored an environment in which oversight is practiced, not merely prescribed. The frequency and consistency of rounds showcased a culture of vigilance—one that reinforces accountability, fosters staff visibility, and provides continual reassurances of safety to inmates and staff alike. **INTERVIEWS** **PREA Compliance Manager (PCM)** In formal and informal interviews, the PREA Compliance Manager described a dynamic approach to supervision, where staffing levels are continuously analyzed and adjusted to balance operational efficiency with inmate safety. The PCM detailed the mechanisms used to monitor coverage across housing units, recreation areas, and program settings, confirming that staffing assignments are data-driven and responsive to changing population needs. Equally important, the PCM highlighted the facility's reliance on a robust video monitoring system. Cameras are routinely tested to ensure full functionality, and any identified maintenance concerns receive immediate attention. This proactive oversight integrates technology into daily operations, extending the reach and

reliability of human supervision in all inmate -accessible spaces.

Facility Head or Designee
The Facility Head offered a thorough narrative of how the facility's staffing plan was developed, implemented, and continually evaluated. The plan reflects careful consideration of key operational factors—inmate demographics, facility design, staffing ratios, and activity schedules—and is regularly adjusted to ensure alignment between supervision, safety, and program needs.

At the time of the audit, the facility maintained 220 filled positions, with vacancies including 8 in Care and Treatment, 1 in Administration, and 12 in Security. The Facility Head emphasized that deviations are closely monitored, and any variance from the staffing plan is recorded, reviewed, and resolved through established procedures. Oversight is layered, combining internal quality control with external review to ensure that staffing adequacy remains measurable and transparent.

Intermediate- or Higher-Level Facility Staff
Supervisors at this level confirmed through interviews that unannounced supervisory rounds are conducted throughout all shifts, with documentation entered meticulously into housing logbooks. These leaders noted that the rounds occur without prior notice to ensure authenticity and integrity in observation. Rounds are viewed not as administrative tasks but as vital opportunities for engagement—building trust, assessing staff performance, and ensuring compliance with PREA expectations. The Auditor's independent review of records corroborated these accounts, validating both the practice and its consistent documentation.

Random Staff
Randomly selected staff members reinforced this picture of consistent oversight, describing how supervisors regularly move through housing and program areas, engage with personnel, and sign logbooks to verify their presence. Staff were clear in their understanding that advance notice of supervisory rounds is prohibited and confirmed compliance with that requirement. During the facility walkthrough, the Auditor personally observed this culture of movement and attentiveness—supervisors interacting with inmates and staff alike in a manner that conveyed readiness, openness, and accountability.

Random Inmates
Interviews with inmates echoed these observations. Inmates reported that supervisory staff, including the PREA Compliance Manager, maintain frequent visibility in housing units and common spaces. Many described supervisors as approachable figures who check on conditions, address questions, and contribute to an environment of safety and open communication. This daily visibility serves as both reassurance and deterrence—providing accessible channels of contact and reinforcing the facility's stance on safety and oversight.

PROVISIONS

Provision (a): Staffing Plan Development and Implementation
Documentation within the PAQ confirms that the facility maintains a comprehensive

written staffing plan that satisfies all thirteen mandatory elements required under the standard. The plan defines staffing levels for every post, including contingency measures for temporary vacancies.

The facility's average daily inmate count for the twelve months preceding the audit was 1,148, as confirmed by both the PAQ and the Facility Head. The current staffing plan—approved on February 4, 2026—was developed with that population benchmark and incorporates data-driven projections to ensure adequate coverage.

Mandated by GDC SOP 208.06, each Warden or Superintendent must use the standardized Staffing Plan Template (Attachment 11) to define post assignments, integrate camera support where feasible, and justify any deviations in coverage. The facility's plan reviewed by the Auditor met all criteria, including details on camera placements, unit capacity, daily operations, and flow of inmate movement. The plan demonstrated thoughtful alignment between staffing design and facility layout, supported by a recent annual PREA staffing report ensuring compliance across all operational parameters.

Provision (b): Staffing Plan Deviations and Documentation
The facility acknowledged several staffing deviations over the past twelve months, consistent with data recorded in the PAQ. When temporary vacancies occur—whether due to staff illness, transports, training obligations, or extended leave—coverage is maintained through strategic reassignment or scheduled overtime.

These deviations are documented daily on the Post Roster, in accordance with SOP 208.06, which mandates that each instance be justified and reviewed by leadership. Facility administration tracks deviation trends throughout the year and conducts an annual review to determine whether structural adjustments are warranted. Any material staffing plan modifications must receive approval from the PREA Coordinator prior to implementation, ensuring continued alignment with PREA-compliant standards.

Provision (c): Annual Review and Resource Assessment
An annual review of the facility's staffing plan is conducted collaboratively with the PREA Coordinator to assess the adequacy of staffing, technology, and resources. The 2026 review encompassed analysis of staff deployment, camera coverage, and facility resource allocation, with emphasis on identifying potential improvements in supervision.

This process includes participation from facility administration and the PREA Coordinator, leveraging operational data, logs of supervisor rounds, and direct observations. The Auditor verified that this review included examination of post rosters confirming that mandatory posts were consistently filled, ensuring that staffing practice reflects both policy adherence and operational necessity.

Provision (d): Unannounced Supervisory Rounds
Consistent with policy and PAQ documentation, intermediate- and higher-level supervisors conduct unannounced rounds across all shifts. The Facility Head confirmed that these rounds occur at least weekly in each housing area, and the Duty

	Officer performs additional unannounced rounds covering multiple sections of the facility. All entries documenting these rounds reflect date, time, location, and observations related to supervision and safety. Staff are strictly prohibited from providing advance notice, preserving the integrity of the process. The Auditor's verification—through document review, interviews, and direct observation—found that these practices are routinely followed and well-documented, effectively contributing to oversight, deterrence, and inmate protection. **CONCLUSION** Following a thorough review of policy, facility documentation, and corroborating interviews with staff and inmates, the Auditor concludes that the facility fully complies with PREA Standard §115.13. The staffing plan is complete and actively implemented, deviations are properly documented and reviewed, and unannounced supervisory rounds are consistently performed and recorded. By integrating human vigilance with technological monitoring, the Georgia Department of Corrections and the facility have built a system defined by accountability, proactive oversight, and a deep institutional commitment to safety. Each level of supervision—whether through staff presence, camera systems, or managerial review—works in harmony to safeguard every inmate and sustain the principles of PREA with integrity and care.

115.14	**Youthful inmates**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	DOCUMENT REVIEW To assess compliance with PREA Standard §115.14, Youthful Inmates, the Auditor conducted an extensive review of all written documentation submitted prior to the onsite visit. This included the facility's completed Pre-Audit Questionnaire (PAQ) and accompanying materials, as well as the Georgia Department of Corrections (GDC) Standard Operating Procedure (SOP) 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective June 23, 2022. The reviewed documents outlined the Department's expectations regarding the protection, housing, and supervision of individuals under the age of eighteen should they be temporarily placed in an adult institution. Focus was given to policies ensuring physical separation, heightened supervision, and implementation of safeguards tailored to the safety and well-being of youthful individuals in secure environments.

The documentation confirmed that, per SOP 208.06, all GDC facilities adhere to statewide directives for housing and supervising youthful inmates. However, this institution's operational designation is strictly for adult confinement; it does not maintain or operate any designated housing unit for youthful individuals. When temporary custody does occur—which is exceedingly rare—it is typically due to medical necessity requiring short-term placement within the infirmary under close, continuous observation.

OBSERVATIONS

During the onsite assessment, the Auditor personally toured all potential areas where a youthful inmate might be temporarily housed, including the medical infirmary, general housing units, and shared activity spaces such as recreation and programming areas. This direct inspection allowed the Auditor to validate the facility's physical layout, supervision methods, and separation capabilities should temporary youthful confinement ever be necessary.

No inmates under the age of eighteen were identified during the visit. A review of intake and classification records confirmed the absence of youthful inmates within the institution at the time of the audit. These findings were consistent across all data sources and corroborated through discussion with facility leadership and PREA administrative personnel, affirming that the facility's current population and housing assignments included only adults.

INTERVIEWS

PREA Compliance Manager (PCM)
In interview, the PREA Compliance Manager affirmed that the facility does not house youthful inmates as part of its operational mission. The PCM emphasized that staff are thoroughly trained in procedures governing youthful confinement and are prepared to implement them should an emergency or temporary placement occur. In such cases, GDC policy requires immediate separation from adults, assignment to continuously supervised areas, and coordination with classification officials to expedite transfer to an age-appropriate facility.

Youthful Inmate
Because no youthful inmates were present at the time of the audit, no interviews were conducted within this category for the current review cycle.

Facility Head
The Facility Head confirmed that the institution's designated population is limited to adults and that youthful individuals are not assigned here as a matter of standard housing practice. On the rare occasion when a youthful individual requires short-term placement—typically for medical or emergency reasons—the facility implements strict protective protocols. These measures include sight-and-sound separation from the adult population and continuous monitoring by assigned staff until transfer arrangements are finalized.

PROVISIONS

Provision (a): Housing of Youthful Inmates
This provision mandates that youthful inmates be physically and programmatically separated from adults in housing, dayroom, and bathing areas. As the facility does not house youthful inmates, this provision does not apply.

Provision (b): Sight and Sound Separation
Under this provision, facilities must ensure that youthful inmates are kept separate from adults in all program, education, and recreation settings, with staff maintaining constant supervision when separation is not possible by design. This requirement is not applicable, as the facility does not house youthful inmates.

Provision (c): Direct Supervision for Youthful Inmates During Isolation
This provision establishes additional supervision and documentation standards when a youthful inmate is placed in isolation or restricted housing. Because the facility does not hold youthful inmates, this requirement is not applicable.

CONCLUSION

Based on the Auditor's thorough review of documentation, facility observations, and staff interviews, it is evident that the institution does not house youthful inmates and has no designated space or unit for that population. Nevertheless, policies outlined in GDC SOP 208.06 demonstrate clear, actionable procedures should temporary placement ever occur.

The facility meets the requirements of PREA Standard §115.14. Through strong policy alignment, readiness protocols, and trained staff, the facility stands fully prepared to protect youthful inmates in any circumstance requiring their temporary placement—ensuring immediate separation, consistent supervision, and unwavering adherence to federal and departmental standards for safety and dignity.

115.15	Limits to cross-gender viewing and searches
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	DOCUMENT REVIEW To determine compliance with PREA Standard §115.15, the Auditor conducted a detailed and methodical review of all materials submitted prior to the onsite assessment. This included the facility's completed Pre-Audit Questionnaire (PAQ) and an extensive array of supporting documentation outlining policies, staff procedures, and training protocols related to inmate privacy, cross-gender searches, and

professional boundaries.

Central among these materials were GDC SOP 208.06 – Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective June 23, 2022, and GDC SOP 226.01 – Searches, Security, Inspections, and Use of Permanent Logs, effective May 27, 2020. Together, these policies define both the limitations on cross-gender searches and detailed expectations for safeguarding inmate dignity at all times.

Also reviewed was the Contraband Interdiction and Searches Training Curriculum, which integrates the standards of SOP 226.01 and SOP 206.02, and provides comprehensive annual PREA training on respectful and compliant search methods. The Auditor examined additional Training Facilitator Notes, interactive modules, and materials emphasizing trauma-informed communication, respectful cross-gender interaction, and professionalism during pat search procedures.

An Official Memorandum, dated September 12, 2024, from the Director of Facilities Administration Support, introduced updates to SOPs 226.01 and 220.09, strengthening documentation protocols related to inmate search preferences and standardized communication during searches. The Auditor further reviewed Training Records, which confirmed that all facility staff had completed required annual instruction on PREA-compliant searches, with particular attention to transgender and intersex inmate considerations.

Finally, summaries of prior staff and inmate interviews were evaluated to corroborate how these policies function in practice. Collectively, the documents and staff records reflected a culture founded on professionalism, integrity, and respect—revealing clear harmony between GDC policies, daily operations, and the intent of the PREA standards governing cross-gender viewing and search procedures.

OBSERVATIONS

During the facility walkthrough, the Auditor observed consistent adherence to privacy-preserving protocols. When a staff member of a different gender approached a housing unit, shower corridor, or restroom, they made clear, audible announcements before entry. These announcements—polite, audible, and repeated when needed—served as a practical expression of respect and a visual reminder that privacy safeguards are active elements of institutional life.

Across general housing, infirmary units, and program spaces, the practice was steady and standardized. The facility's classification records confirmed the presence of transgender inmates, and the Auditor’s observations reflected a culture acutely attuned to the principles of dignity, professionalism, and trauma-informed care. Privacy protections were not handled as isolated procedures but as integrated habits of daily supervision.

INTERVIEWS

Random Staff

Interviews with randomly selected staff—representing a range of roles including correctional officers, case managers, and security specialists—revealed clear comprehension of PREA expectations and the Department's search-related directives. Each staff member verified completion of annual PREA training within the last twelve months and demonstrated strong command of procedural and ethical standards.

Staff consistently stated that cross-gender strip and visual body cavity searches are prohibited except in documented exigent circumstances, and that when such situations arise, searches are performed exclusively by licensed medical professionals. Routine pat searches are conducted by staff of the same gender as the inmate; all searches, regardless of type, are executed with professionalism and respect. Employees also expressed awareness of procedures for transgender and intersex inmates—emphasizing that all searches must be conducted in the least intrusive manner possible and never for the purpose of determining genital status. Staff cited the use of privacy accommodations such as staggered shower schedules and individualized search preferences, underscoring alignment between policy and practice.

Transgender Inmates
At the time of the onsite audit, no transgender inmates were assigned to the facility, and therefore no interviews were conducted for this category.

Random Inmates
Interviews with randomly selected inmates further validated consistent compliance with PREA standards. Inmates described daily interactions with staff as respectful and professional, noting predictable, policy-driven search routines. All participants confirmed that opposite-gender strip or body cavity searches have not occurred, and that privacy announcements by opposite-gender staff are a consistent and reliable practice within every housing area. Inmates reported confidence that they could shower, change clothes, and attend to personal hygiene without being viewed by staff of another gender, reflecting a system where consideration for privacy is both acknowledged and normalized.

Non-Medical Staff Who Perform Searches
Security personnel responsible for routine searches provided detailed understanding of the procedural boundaries governing cross-gender and sensitive searches. Each confirmed that strip or body cavity searches may only occur under authorization from the Facility Head and under the direction of a medical professional, typically during verified emergencies. They communicated strong familiarity with PREA expectations, citing compassion, respect, and professionalism as guiding principles when conducting searches involving transgender or intersex individuals. Their assurance and consistency underscored a staff culture grounded in ethical restraint and procedural accuracy.

PROVISIONS

Provision (a): Cross-Gender Strip Searches and Visual Body Cavity Searches
Policy documentation and interviews confirmed that cross-gender strip and visual body cavity searches are categorically prohibited. No such searches were reported in the previous twelve months.

Under SOP 208.06, Section 8(a), these procedures may occur only under exigent circumstances and must be fully documented, conducted by licensed medical staff, and authorized by the Facility Head. New guidance from the Policy Information Bulletin of September 12, 2024, further enhances this framework—introducing formal documentation of search preferences and strengthening communication protocols that promote sensitivity during all search interactions.

Provision (b): Cross-Gender Searches and Viewing Restrictions
The facility houses adult male inmates, including individuals identifying as transgender. There are no youthful inmates assigned to this institution. Staff at every level demonstrated comprehensive understanding of viewing restrictions and search standards, and the Auditor verified their consistent application across all housing, medical, and program areas.

Provision (c): Documentation and Exigent Circumstances
Records and staff statements confirmed that in the extraordinary event a cross-gender strip or body cavity search is required, full administrative authorization is secured before the procedure occurs. Documentation includes a detailed written justification describing the specific exigent circumstance, as required under SOP 208.06, Section 8(c). Post-procedure review ensures accountability, transparency, and compliance with federal PREA mandates.

Provision (d): Privacy for Showering, Changing, and Bodily Functions
Multiple safeguards ensure that inmates are able to shower, change clothes, and perform personal hygiene without being viewed by staff of a different gender—except during emergencies or incidental occurrences during routine duties.

Inmates confirmed that staff of another gender verbally announce themselves before entering these areas, a practice reinforced through posted signage and consistent supervisory reminders. SOP 208.06, Sections 8(d)–8(f), defines these requirements, mandating audible announcements, operational awareness, and physical privacy measures that collectively uphold inmate dignity and comfort in all housing and activity areas.

Provision (e): Prohibition on Searches for Determining Genital Status
All staff interviews affirmed the prohibition against searches or examinations intended to determine an inmate’s genital status. Such assessments, when necessary, occur solely under medical supervision in accordance with SOP 208.06, Sections 8(g)–8(h). This policy reflects GDC’s trauma-informed approach, emphasizing dignity, professionalism, and the avoidance of unnecessary physical intrusion under any circumstance.

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

	Training records showed that 100% of staff with search responsibilities have completed both initial and annual refresher courses covering cross-gender and pat search procedures, as well as respectful handling of transgender and intersex inmates. Interviews confirmed thorough retention of this training and consistent use of professional, dignity-centered practices during all search operations. **CONCLUSION** Through an extensive review of policies, training documentation, facility observations, and interviews with staff and inmates, the Auditor concludes that the facility is in full compliance with PREA Standard §115.15. The policy updates of September 12, 2024, significantly strengthened procedural clarity and accountability through enhanced training, standardized reporting, and improved communication regarding search preferences and privacy safeguards. Beyond technical compliance, the facility's culture demonstrates an authentic commitment to PREA's guiding principles—maintaining a professional environment in which every inmate is treated with dignity, respect, and humanity. Staff at all levels exhibit awareness, empathy, and discipline, ensuring that supervision and search practices protect both safety and personal privacy across every aspect of facility life.

115.16	**Inmates with disabilities and inmates who are limited English proficient**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	DOCUMENT REVIEW To evaluate the facility's compliance with PREA Standard §115.16, the Auditor conducted a comprehensive review of the Pre-Audit Questionnaire (PAQ) along with all supplementary materials provided before the onsite assessment. The assembled documentation offered a detailed picture of how the institution ensures equitable and meaningful access to PREA-related information for individuals with disabilities or those with limited English proficiency (LEP). At the core of this review was GDC Standard Operating Procedure (SOP) 208.06 – PREA Sexually Abusive Behavior Prevention and Intervention Program, effective June 23, 2022, which defines statewide expectations for communication, education, and accommodation. The Auditor also examined an array of supportive tools including bilingual PREA brochures, the LanguageLine Insight Video Interpretation User Guide, Lionbridge telephonic interpretation instructions, usage logs for Video Remote Interpretation (VRI), and bilingual dialing directions for the GDC PREA Hotline. Complementing these were PREA posters strategically placed throughout the facility and accompanying informational displays. Collectively, these materials illustrated a

deliberate, system-wide design to guarantee that every incarcerated individual—regardless of language ability, sensory limitation, or literacy level—receives clear, comprehensible information about sexual safety, reporting options, and available support services.

OBSERVATIONS

During the onsite visit, the Auditor observed PREA informational materials prominently displayed in both English and Spanish throughout housing areas, dayrooms, and shared corridors. Placement was conspicuously intentional: materials appeared at readable heights and in well-lit, high-traffic areas—including visitation corridors and administrative offices—where accessibility could be maintained for individuals using wheelchairs, walkers, or other assistive devices.

The Auditor examined bilingual brochures firsthand and confirmed the functionality of interpretation equipment and software, testing connection pathways to certified interpreters. This combination of visual accessibility, tactile design, and available technology reflected a facility environment built around inclusion—one designed to overcome language barriers and physical limitations so that all inmates can access vital information on their rights and protections.

INTERVIEWS

Inmates with Disabilities
Interviews with individuals who identified as having disabilities provided insight into how PREA education is communicated across varying needs. Each inmate interviewed demonstrated clear understanding of their rights and the facility's reporting procedures. None reported barriers to understanding due to disability. Several described staff taking extra steps—such as providing captioned video, reading assistance, or simplified explanations—to ensure their comprehension. These testimonies underscored a consistent commitment to proactive, dignified accessibility.

Random Staff
Subsequent interviews with randomly selected staff focused on daily practices and policy implementation. Every staff member interviewed was well-versed in the Department's strict prohibition on using inmates as interpreters, readers, or aides for any PREA-related communications. No one reported having seen or engaged in any breach of that rule.

Staff demonstrated familiarity with interpretation and support tools such as LanguageLine, Lionbridge, and VRI systems. They explained how these resources are deployed promptly when assistance is needed, offering real-life examples that illustrated fluency not just in policy but in application. Their confidence reflected an operational culture where accessibility procedures are woven naturally into routine activities rather than treated as exceptional or secondary.

Facility Head
In the concluding interview, the Facility Head offered a leadership perspective that aligned with on-the-ground practices. The described strategy emphasized equity, immediacy, and consistency in ensuring communication access for all individuals. Staff are directed to activate professional interpretation services without delay and are categorically barred from relying on inmates for any translation or interpretive purpose—even informally.

The Facility Head also detailed the variety of accommodations available: tactile or audio-based materials for visually impaired individuals, captioning and visual aids for those with hearing impairments, simplified written or oral communication for individuals with cognitive limitations, and multilingual content for LEP inmates. These accommodations are not reserved for special occasions—they are built into standard practice, reflecting systemic preparedness and an ethos of inclusivity.

PROVISIONS

Provision (a): Equitable Access for Individuals with Disabilities
The PAQ confirmed the Department's structured procedures that guarantee equal access for individuals with disabilities to all PREA-related education, prevention, detection, and reporting systems.

The Auditor reviewed the facility's LanguageLine protocol, which outlines a simple, reliable process:

1. Dial the designated toll-free interpretation number.
2. Enter the facility's unique PIN.
3. Select the required language (for example, "Press 1 for Spanish").
4. Connect directly with a professional interpreter.

This ensures uninterrupted, real-time access to communication support whenever needed.

Supporting Policies:
SOP 208.06, Section 9.a mandates that each PREA Compliance Manager (PCM) implement SOP 103.63 (ADA Title II Provisions), ensuring informational materials and PREA communications are formatted or delivered to meet individual needs.

Provision (b): Equal Access for Limited English Proficient (LEP) Individuals
The PAQ also documented comprehensive measures to provide LEP individuals with full access to PREA education and reporting systems. The facility offers:

1. LanguageLine for on-demand video interpretation, including American Sign Language (ASL).
2. Lionbridge telephonic interpreting services, supporting a wide range of languages.

3. Translated PREA materials such as posters, brochures, and videos in English and Spanish.
4. Captioned video content for hearing-impaired viewers.
5. Audio and large-print materials for individuals with visual limitations.
6. Simplified communication tools for individuals with literacy or cognitive barriers.

These resources collectively ensure all inmates—regardless of language, disability, or learning ability—receive accurate, accessible information about PREA protections.

Supporting Policies:
Under SOP 208.06, all PREA education must be understandable and accessible to every incarcerated individual, regardless of language or communication barrier.

Provision (c): Prohibition on Use of Inmate Interpreters
The PAQ reaffirms an unambiguous prohibition on using inmates as interpreters, readers, or assistants in any PREA-related matter unless a documented emergency requires it. Such an exception applies only when immediate communication is critical to safety, rapid response, or investigation integrity, as referenced in §115.64.

The facility reported no instances in the previous twelve months where inmate interpreters were used outside of these narrow emergency exceptions. This was corroborated uniformly through staff and leadership interviews.

Supporting Policies:
SOP 208.06, Sections 9.b (pp. 12–13), formalizes this strict prohibition and defines the high threshold for exemption. Given the accessibility of professional interpretation resources, dependence on inmate interpreters is unnecessary and inconsistent with best practices.

CONCLUSION

Following a detailed review of documentation, observation of communication accessibility systems, and extensive interviews across staff and inmate populations, the Auditor concludes that the facility fully complies with PREA Standard §115.16.

The institution maintains a robust and inclusive framework ensuring that individuals with disabilities or limited English proficiency can fully access PREA education, reporting channels, and related resources. Staff demonstrate understanding, responsiveness, and professionalism in supporting these protocols.

The result is a facility in which accessibility is not merely a compliance objective but a defining feature of institutional culture—where communication is equitable, transparency is standard, and every individual is empowered to understand and exercise their rights to safety and protection.

115.17	Hiring and promotion decisions
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	DOCUMENT REVIEW To assess compliance with PREA Standard §115.17, the Auditor conducted a comprehensive review of the Pre-Audit Questionnaire (PAQ) and all associated documentation submitted before the onsite visit. Collectively, these materials offered a detailed view of the facility's hiring and promotion practices and illustrated a systematic approach to ensuring that every individual with potential inmate contact is thoroughly vetted, appropriately qualified, and aligned with the Department's zero-tolerance principles. The review encompassed policy and procedural frameworks that guide personnel selection and movement across the Georgia Department of Corrections (GDC). Among the materials reviewed were SOP 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective June 23, 2022; SOP 104.09, Filling a Vacancy, effective May 27, 2022, including Attachment 4, Applicant Verification, revised May 25, 2022; and SOP 104.18, Obtaining and Using Records for Criminal Justice Employment, effective October 13, 2020. Additionally, the Auditor examined personnel files, documentation of hiring and promotion decisions, and internal records reflecting compliance with PREA-related screening requirements. These materials collectively affirmed the Department's commitment to rigorous pre-employment screening, ongoing criminal history background checks, verification of prior employment, and careful evaluation of any substantiated sexual abuse or harassment claims. The Auditor's review of forty personnel files confirmed that each included the necessary disclosures and documentation verifying compliance with PREA requirements. The files also showed that the mandatory PREA-related questions identified under Provision (a) had been asked and answered in every instance. At the time of the audit, the facility reported a workforce of 220 filled positions supported by a modest number of vacancies—eight within Care and Treatment, one administrative, and twelve within Security operations—indicating comprehensive coverage and a strong staffing structure. **INTERVIEWS** **Administrative Staff (Human Resources)** Interviews with Human Resources personnel provided an in-depth perspective on how hiring and promotion processes are implemented and continually monitored. HR staff described a structured procedure in which all applicants complete standardized disclosure forms addressing previous misconduct. Criminal history background checks are required for all new hires, those under consideration for promotion, and every five years for existing employees. For security staff, the process occurs annually in conjunction with firearm requalification requirements.

HR staff emphasized that PREA compliance is not a passive requirement but an integrated part of the hiring culture. They described the facility's comprehensive tracking system that records all pre-hire, promotional, and five-year review checks. Any new arrest or charge must be reported by the employee immediately, while data concerning substantiated allegations of sexual abuse or harassment involving former employees are made available when legally permissible. The HR team demonstrated familiarity with the centralized database used to track and schedule criminal background screenings, ensuring accuracy and timeliness of all verification activities.

Random Staff
Interviews conducted with a random selection of facility employees confirmed an operational understanding of the Department's PREA-related hiring and promotion standards. Staff clearly articulated the procedure for disclosing prior misconduct, understood the significance of truthful reporting, and recognized the severe consequences associated with material omission or falsification. Staff testimonies reinforced that PREA compliance measures are consistently enforced, deeply understood, and function as standard expectations throughout the organization.

PROVISIONS

Provision (a): Hiring and Promotion Restrictions
The PAQ and corresponding interviews verified that agency policy explicitly prohibits hiring, promoting, or entering into contractual agreements with any individual who might have inmate contact if that person has a documented history of sexual misconduct. This prohibition applies to anyone who has engaged in sexual abuse in any institutional setting as defined by 42 U.S.C. 1997; anyone convicted of committing or attempting sexual activity involving coercion, threat, or lack of consent; or anyone civilly or administratively adjudicated for sexual abuse. The HR team confirmed that these restrictions are actively enforced during every stage of hiring, promotion, and contractor onboarding.

Supporting policy guidance, outlined in SOP 208.06, Sections 10.a.i through v, identifies prohibited conduct, specifies required considerations of sexual harassment or abuse history, and establishes disclosure and background check expectations. Complementary procedures in SOP 104.09 detail the structured interview process, reference verification, and the methods for conducting thorough applicant background reviews.

Provision (b): Consideration of Sexual Harassment History
Agency policy requires the consideration of any known incidents of sexual harassment when evaluating applicants, promoting employees, or approving contractors who will have inmate contact. HR interviews confirmed that this review process is systematic, ensuring consistency and accountability in candidate evaluations.

This requirement, codified in SOP 208.06, Section 10.a.ii, underscores that any documented history of sexual harassment is a material factor in determining suitability for employment or continued service.

Provision (c): Criminal Background Checks for New Hires
Facility policy mandates criminal background record checks before any individual with potential inmate contact is hired. Where permissible by law, prior institutional employers are contacted to determine whether there were any substantiated sexual abuse allegations or resignations during active investigations.

Over the past audit year, twenty-eight new hires underwent criminal background screening in compliance with this requirement. The Auditor's review of forty personnel files verified that every file contained evidence of completed background checks, documentation of PREA training, and written responses to the three mandated questions. Additionally, all employees participating in annual firearm requalification are required by state policy to complete a background check each year.

These requirements align with SOP 208.06, Sections 10.a.iii.1–2, which establishes the standard for disclosure of misconduct and mandates routine and recurring criminal history checks—annually for security personnel and at least every five years for all others.

Provision (d): Criminal Background Checks for Contractors
Agency policy requires that all contractors providing services within correctional institutions complete criminal background checks before beginning their assignments and at five-year intervals thereafter. Over the preceding twelve months, the facility documented background checks for all contractors associated with fifty institutional service agreements where inmate contact could occur. HR staff confirmed that each contractor's records were properly verified prior to the initiation of service.

This process is governed by SOP 208.06, Section 10.b.ii, in coordination with SOP 104.09, collectively ensuring that contractors adhere to the same scrutiny and standards as full-time Department employees.

Provision (e): Ongoing Background Checks for Current Employees and Contractors
The PAQ confirmed, and HR interviews reaffirmed, that all current employees and contractors are subject to criminal background rechecks at least every five years, while security and custody staff are reviewed annually during firearm requalification. The Department employs a layered compliance system that guarantees tracking, documentation, and timely completion of these ongoing reviews.

Procedural details for these checks are found in SOP 104.18, Sections IV.A–F, which describe the process for obtaining consent, notifying applicants of adverse findings, and maintaining secure records in accordance with state and federal regulations.

Provision (f): Disclosure of Previous Misconduct
The Auditor verified that all applicants and employees are required to disclose any previous incidents of misconduct during the hiring process and subsequently reaffirm this disclosure annually. HR confirmed that each staff member signs and dates the acknowledgment, establishing an ongoing duty to provide complete and honest information.

	Provision (g): Consequences for Material Omissions or False Statements Intentional omission or falsification of information regarding prior misconduct is considered a serious violation and constitutes grounds for termination. HR confirmed that this provision is consistently enforced and reviewed during new employee orientation and annual evaluations. The governing authority is set forth in SOP 208.06, Section 10.a.v, which formalizes the disciplinary consequence of providing false information. **Provision (h): Reporting Substantiated Allegations of Former Employees** Agency policy mandates the disclosure of any substantiated findings of sexual abuse or harassment involving former employees when such information is requested by a prospective employer, except in situations where disclosure is restricted by law. HR staff confirmed that this information-sharing policy is maintained and followed without exception. **CONCLUSION** Based on extensive review of policies, personnel documentation, facility practices, and interviews with human resources and staff, the Auditor concludes that the facility not only complies with but exceeds the requirements of PREA Standard §115.17. The institutional framework for hiring, screening, promotion, and contractor oversight is comprehensive, transparent, and actively maintained. From the meticulous use of criminal background checks of correctional officers annually, to the strict enforcement of disclosure policies, the Department demonstrates a commitment that goes beyond procedural compliance—it reflects an operational ethic grounded in accountability, vigilance, and safety. These safeguards collectively ensure that all individuals entrusted with inmate supervision or service operate at the highest standards of conduct and integrity.

115.18	**Upgrades to facilities and technologies**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	DOCUMENT REVIEW To evaluate compliance with PREA Standard §115.18, the Auditor conducted a detailed and methodical review of the facility’s Pre-Audit Questionnaire (PAQ) and an extensive collection of supporting materials. Central to this analysis were the Georgia Department of Corrections (GDC) Standard Operating Procedures (SOP), specifically Policy Number 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective June 23, 2022. These documents collectively present a well-structured framework that demonstrates how PREA considerations are embedded across all stages of facility planning—from

concept and construction to renovation and expansion. They articulate the agency's intentional use of layout design, line-of-sight engineering, and monitoring technology as essential tools in creating safer correctional environments. Each policy's language reinforced a philosophy of prevention: that effective facility design and supervision strategies can serve as both deterrent and defense against sexual abuse.

The documentation revealed an agency culture where PREA compliance is not perfunctory but foundational—woven into architectural decision-making, operational oversight, and the daily rhythm of supervision. In this respect, the facility stands as a clear representation of intentional design meeting operational vigilance.

OBSERVATIONS

During the on-site review, the Auditor observed the physical environment firsthand and noted an extensive, deliberate network of surveillance features spanning the institution. Fixed security cameras captured movement across housing units, hallways, and community spaces, while shatterproof mirrors were strategically placed to expose corners and corridors that might otherwise conceal activity.

These measures collectively reflected a facility engineered for transparency. Staff exhibited strong situational awareness, supported by layers of visual coverage and reliable technology. Even in spaces where daily activity fluctuated, visibility remained consistent—a tangible indicator of how environmental design contributes directly to staff capability and inmate safety.

INTERVIEWS

Facility Head or Designee

Discussions with facility leadership illuminated how the principles of supervision and safety are intertwined with design and daily operation. Leadership described a multi-tiered approach to security—one that relies not solely on technology but on strategic placement and human attentiveness. Cameras and mirrors operate as extensions of staff awareness, reinforcing their ability to maintain vigilance across every area of the compound.

Beyond describing the physical aspects of supervision, leadership underscored a cyclical process of review and adaptation. Surveillance systems are not static fixtures; they are frequently reevaluated through structured assessments that consider evolving operational challenges, facility modifications, and staff feedback. This process ensures the institution remains responsive to both physical and procedural shifts while continuing to meet PREA standards.

Leadership emphasized that PREA requirements are embedded in every stage of construction, renovation, or modification. When designs are drafted, or spaces reconfigured, discussions about safety, line of sight, and inmate privacy are integrated into planning from the outset. Executive teams, supervisors, and unit managers meet routinely to review current operations, discuss recent incidents, and evaluate system effectiveness. These meetings address a comprehensive range of

operational data—including allegations, grievances, disciplinary records, and staffing trends—reflecting leadership's commitment to linking environmental management with institutional well-being.

It was clear from these interviews that the facility's leadership views supervision technology not as compliance equipment but as a dynamic, ethical responsibility central to the safety and dignity of inmates.

PROVISIONS

Provision (a): Consideration of PREA Standards in Facility Design and Expansion

The PAQ confirmed that the facility has not constructed or acquired new facilities since the previous PREA audit. Nonetheless, existing policy ensures that whenever future projects are initiated, design planning will intentionally incorporate PREA standards to promote physical safety, unobstructed visibility, and the reduction of high-risk or unsupervised areas. This provision demonstrates proactive foresight to keep infrastructure aligned with the evolving expectations of PREA compliance and best correctional practices.

Provision (b): Monitoring Technology and Surveillance Systems

While no new surveillance systems or electronic monitoring upgrades have been introduced since the last audit, on-site observations and interviews confirmed that the existing technology remains robust and functional. Cameras are operational, footage is reviewed routinely, and equipment maintenance is systematically tracked.

Leadership reported that the facility engages in continuous self-assessment of its monitoring practices, particularly as expansion or reconfiguration projects develop. Regular evaluations ensure that coverage remains comprehensive and responsive to safety needs. This sustained review process reinforces the agency's institutional commitment—not just to policy compliance, but to the ongoing protection of those living and working within the facility.

CONCLUSION

Following an extensive review of documentation, direct observation, and in-depth interviews with facility leadership, the Auditor concludes that the agency and facility fully satisfy the requirements of PREA Standard §115.18. PREA principles are deeply integrated into infrastructure planning and operational culture, guiding decisions that affect visibility, supervision, and safety.

The consistent use and evaluation of monitoring technologies, alongside informed design practices, demonstrates a mature and proactive approach to the prevention, detection, and deterrence of sexual abuse. Through these combined efforts, the facility reinforces an environment where accountability, transparency, and safety remain inseparable priorities.

115.21	Evidence protocol and forensic medical examinations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	DOCUMENT REVIEW To assess compliance with PREA Standard §115.21, the Auditor conducted a comprehensive and methodical review of the facility's Pre-Audit Questionnaire (PAQ) and all associated materials submitted by both the facility and the Georgia Department of Corrections (GDC). The review encompassed foundational statewide directives, including GDC Standard Operating Procedure (SOP) 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program (effective June 23, 2022); SOP 103.06, Investigation of Allegations of Sexual Contact, Sexual Abuse and Sexual Harassment of Offenders (effective August 11, 2022); and SOP 103.10, Evidence Handling and Crime Scene Processing (effective August 30, 2022). The Auditor also examined critical partnership and support agreements that underpin the agency's coordinated response framework—among them, the Services Agreement between the GDC and the Sexual Assault Response Team (SART), dated August 31, 2021; the Memorandum of Understanding (MOU) between the facility and the Crisis Line and Safe House of Central Georgia; and the facility's current SANE Contact and Call List. Together, these materials illustrate a disciplined and well-integrated system for post-incident response—one that merges evidence preservation, forensic medical care, and victim advocacy into a unified process. Collectively, they demonstrate the agency's clear, multi-layered commitment to ensuring that every allegation of sexual abuse is met with consistency, professionalism, and compassionate, survivor-centered care. **INTERVIEWS** **Random Staff** Interviews with randomly selected staff revealed a confident and consistent understanding of the immediate steps required when an allegation of sexual abuse is reported. Staff members described acting swiftly to protect the alleged victim, preserve the potential crime scene, and safeguard critical physical evidence such as bedding or clothing. Each interview underscored the importance of preventing contamination, maintaining respect for the inmate's dignity, and ensuring prompt notification of supervisory, investigative, and medical staff. Their clarity and uniform grasp of these responsibilities reflected effective training and an ingrained sense of procedural integrity. **PREA Coordinator (PC)** In discussion, the PREA Coordinator outlined the agency's standardized evidence

collection protocol, emphasizing its alignment with national forensic standards and its critical role in preserving the integrity of both administrative and criminal investigations. The Coordinator explained that this structured process fosters close collaboration among facility staff, investigators, and medical professionals, ensuring each case proceeds with precision, accountability, and respect for due process.

PREA Compliance Manager (PCM)

The PREA Compliance Manager elaborated on the facility's procedures for initiating forensic medical examinations when allegations meet legal and procedural criteria. Within the preceding twelve months, eleven forensic examinations were performed in the facility's medical unit. The PCM confirmed that advocacy services are available through both trained staff and external partners and that the GDC's standing agreement with SART ensures immediate access to qualified Sexual Assault Forensic Examiners (SAFE) or Sexual Assault Nurse Examiners (SANE). These partnerships guarantee timely, professional, and sensitive responses to all qualifying incidents.

SAFE/SANE Personnel

SAFE/SANE practitioners interviewed by the Auditor described their specialized role under the GDC agreement, responding promptly to facility notifications via the SANE Contact and Call List. They affirmed that inmates are never charged for examinations. Each forensic medical examination follows a trauma-informed, highly detailed process: obtaining informed consent, documenting medical and assault histories, performing full medical and genital assessments, collecting and securing evidence, recording any visible injuries, and maintaining an unbroken chain of custody. The professionals spoke with assurance and empathy, their procedures reflecting both clinical rigor and deep understanding of the victim experience in a correctional context.

Inmates Who Reported Sexual Abuse

Interviews with individuals who had previously reported sexual abuse provided essential insight into how the facility responds in practice. Each person described prompt staff intervention at the time of reporting, swift referral for forensic examinations, and access to a victim advocate during the process. Interviewees confirmed they were not held financially responsible for medical care and were never asked or pressured to take a polygraph test. They also affirmed receiving written notification of the outcome of their investigations.

Rape Crisis Center

Representatives from the partner rape crisis center confirmed the active MOU with the facility and noted ongoing discussions toward renewal of the agreement. They reaffirmed that the partnership ensures survivors of sexual abuse receive continued access to emotional support, advocacy, and crisis counseling—regardless of when or where the incident occurred. The existing agreement also guarantees confidential contact through designated hotlines and mail correspondence, providing crucial support to inmates who may seek assistance privately.

PROVISIONS

Provision (a): Uniform Evidence Collection Protocol

The PAQ confirmed that the facility conducts both administrative and criminal investigations following allegations of sexual abuse, and that all investigative activity adheres to a single, standardized evidence collection protocol. This approach—outlined in SOP 208.06 and reinforced by SOP 103.06 and SOP 103.10—ensures consistency in evidence handling, crime scene processing, and interagency coordination.

Provision (b): Developmentally Appropriate Protocols

Although the facility does not currently house youthful inmates, the PREA Coordinator verified that existing investigative and evidence protocols are easily adaptable for younger populations if needed. SOP 208.06 provides assurances that such processes would meet the forensic and victim service standards set forth by the U.S. Department of Justice.

Provision (c): Access to Forensic Medical Examinations

Both the PAQ and corroborating evidence confirmed that inmates who report sexual abuse receive access to forensic medical examinations at no cost. Conducted by certified SANE professionals under the SART service agreement, each examination is comprehensive—covering informed consent, medical evaluation, evidence collection, and necessary follow-up care, including prophylactic treatment. This procedure ensures the dual priorities of protecting inmate well-being and maintaining the evidentiary integrity required for investigation.

Provision (d): Availability of Victim Advocacy Services

The facility’s MOU with the Crisis Line and Safe House of Central Georgia secures access to rape crisis and victim advocacy services. Policy documentation and interviews confirmed that the facility consistently ensures external advocacy support for victims. When outside advocates are unavailable, a trained facility or community-based staff member steps in to provide emotional and informational support in accordance with SOP 208.06, ensuring continuous care without interruption.

Provision (e): Victim Support During Examinations and Interviews

As confirmed through documentation and interviews, victims who request advocacy services receive support throughout every stage of the forensic and investigative process. Advocates provide crucial emotional reassurance, crisis intervention, and access to resources and referrals for continued care. Training records verified that facility staff have completed structured advocacy preparation, strengthening internal capacity for trauma-informed response when external advocates are not immediately available.

Provision (f): Responsibility for Investigations

Consistent with established policy, the facility retains responsibility for conducting both administrative and criminal investigations into all PREA-related allegations. These processes are executed in accordance with GDC and facility procedures designed to maintain transparency, fairness, and investigative integrity.

Provision (g): Auditor Requirement

This provision is not subject to audit.

Provision (h): External Advocacy Resources

As reflected in the active MOU with the Crisis Line and Safe House of Central Georgia, inmates continue to have access to external advocacy and emotional support services. This enduring partnership ensures independent guidance and sustains the facility's trauma-informed approach to victim care and support.

CONCLUSION

Following a thorough review of policies, documentation, interviews, and corroborating evidence, the Auditor concludes that the facility fully complies with PREA Standard §115.21. The established procedures governing evidence preservation, forensic care, and advocacy support are robust, consistent, and deeply trauma-informed. Together, these systems ensure that inmates receive protection and compassionate support, while investigative responses remain disciplined, transparent, and aligned with the highest professional standards.

115.22 Policies to ensure referrals of allegations for investigations

Auditor Overall Determination: Meets Standard

Auditor Discussion

DOCUMENT REVIEW

To evaluate compliance with PREA Standard §115.22, the Auditor conducted a deliberate and comprehensive review of the facility's completed Pre-Audit Questionnaire (PAQ) along with all supporting documentation submitted by both the facility and the Georgia Department of Corrections (GDC). This assessment sought to measure how effectively the agency exercises investigative authority, manages referral responsibilities, and adheres to the investigative standards prescribed under the Prison Rape Elimination Act (PREA).

Core documents reviewed included GDC Standard Operating Procedure (SOP) 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program (effective June 23, 2022), and SOP 103.06, Investigation of

Allegations of Sexual Contact, Sexual Abuse, and Sexual Harassment of Offenders (effective August 11, 2022). Together, these policies construct the procedural foundation for receiving, reviewing, and resolving all PREA-related allegations.

Beyond policy examination, the Auditor closely analyzed investigative case records from the twelve-month audit period. This detailed review assessed how allegations were evaluated, whether referral decisions were appropriate, how promptly actions were initiated, and whether investigative findings aligned with both documented procedures and PREA requirements. Each record demonstrated a strong adherence to established policy and a commitment to transparency and accountability in investigative practices.

INTERVIEWS

Agency Head or Designee

The Agency Head Designee provided clear insight into the agency's investigative philosophy and overarching accountability structure. The Designee emphasized that the Georgia Department of Corrections approaches every allegation of sexual abuse or sexual harassment with the utmost seriousness, ensuring that no report is treated as inconsequential or unworthy of full investigation. The agency assumes complete responsibility for each allegation, maintaining the integrity of the investigative process without reliance on any external body to initiate or conduct inquiries.

The Designee explained that the agency's referral policies are publicly posted on the GDC website, a deliberate measure to increase transparency and foster trust among staff, inmates, and the general public. When potential criminal activity is identified, referral documentation is completed and tracked internally, allowing senior leadership to monitor case progression, verify timeliness, and ensure formal resolution. This system reflects a culture of accountability and adherence to professional investigative standards.

Investigative Staff

Interviews with investigative staff provided an operational perspective on how policy is applied in real time. Investigators described their approach as methodical, consistent, and impartial—anchored in both professional ethics and compliance with established GDC directives. They explained that every allegation of sexual abuse or harassment—regardless of who reports it or who is involved—is received, assessed, and assigned for review.

Investigations begin promptly once an allegation is received. Staff initiate interviews with all relevant parties, secure and preserve potential evidence, and document each action in a detailed chronology that forms part of the official case file. Investigators spoke of their responsibility not only to collect facts but also to ensure the dignity and safety of those involved throughout the process. Objectivity is central to every inquiry: findings are based on credibility assessments and factual analysis, not speculation or assumption. The Auditor noted that the investigative staff collectively embody the professional and ethical standards expected under both GDC policy and

federal PREA guidelines.

PROVISIONS

Provision (a): Mandatory Investigation of All Allegations

Under this provision, the agency demonstrates a firm, non-negotiable commitment: every allegation of sexual abuse or harassment is investigated, either administratively or criminally. Review of the PAQ, policy documents, and case files confirmed this practice as universal and consistent. GDC SOP 208.06 explicitly requires that no allegation be dismissed or minimized.

During the twelve-month audit period, eleven PREA-related allegations were reported. Each was subject to a complete administrative investigation, and every case was referred for criminal review. This unwavering application of procedure reflects the agency's dedication to ensuring every incident is examined fully, transparently, and with due diligence.

Provision (b): Referral for Criminal Investigation When Appropriate

The PAQ and associated policies confirm that clear standards guide referrals for criminal investigation whenever the alleged behavior may constitute a criminal offense. Interviews with the Agency Head Designee, combined with review of SOP 208.06 and SOP 103.06, revealed a well-defined process for identifying, evaluating, and referring cases to the appropriate investigative authorities.

These protocols direct staff to notify leadership immediately, assign trained investigators, and protect all potential evidence. Importantly, policy prohibits polygraph examinations as a condition for moving forward with an investigation, underscoring an approach rooted in fairness and respect for due process. Each referral is carefully tracked and cross-referenced with investigative outcomes, ensuring accountability at every stage.

Provision (c): Agency Responsibility for Investigations

Consistent with PREA expectations, the Georgia Department of Corrections retains full jurisdiction and responsibility for both administrative and criminal investigations into allegations of sexual abuse and sexual harassment. Policy language clearly articulates this obligation, and staff interviews confirmed that it guides daily practice. The centralized structure ensures uniform application of investigative standards, continuity of oversight, and systemic accountability from initial report to final resolution.

Provision (d): Auditor Requirement

This provision is not subject to audit and therefore was not evaluated for compliance.

Provision (e): Auditor Requirement

This provision is not subject to audit and therefore was not evaluated for compliance.

	CONCLUSION After a detailed review of policies, case records, and interviews, the Auditor concludes that the facility and agency demonstrate full compliance with PREA Standard §115.22. The investigative process operates with integrity—defined by consistency, timeliness, confidentiality, and impartial judgment. Allegations are neither ignored nor minimized; each receives the scrutiny and care required by both policy and ethical obligation. The agency's established framework ensures that investigations are not only procedurally sound but also aligned with PREA's overarching goal: to protect the safety, dignity, and rights of every inmate within its care.

115.31	Employee training
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	DOCUMENT REVIEW To evaluate compliance with PREA Standard §115.31, the Auditor conducted a meticulous review of all documents submitted in advance of the onsite audit. The objective was to determine whether employee training at the facility fully meets the scope and spirit of PREA expectations—ensuring that every staff member who interacts with inmates is equipped with the knowledge, awareness, and integrity required to prevent, detect, and respond to sexual abuse and harassment. The review encompassed the facility's completed Pre-Audit Questionnaire (PAQ) alongside all supplemental materials provided by the Georgia Department of Corrections (GDC). Central among these was GDC Standard Operating Procedure (SOP) 208.06 – Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective June 23, 2022. The Auditor placed particular focus on the SOP sections that describe training requirements, recurring instruction, and supervisory responsibilities. Also examined was the facility's comprehensive PREA Training Curriculum, which included detailed instructional slide decks, interactive online modules, instructor-led lesson plans, scenario-based exercises, and assessment tools used to ensure comprehension. Evidence of implementation was contained within training rosters, sign-in sheets, electronic certification records, and signed employee acknowledgments verifying understanding. To confirm consistency, the Auditor reviewed a multi-departmental sample of individual training files, including employees working in custody, education, health services, support operations, and administration. Collectively, this documentation revealed a training system that is organized, layered, and embedded into the institution's culture. It demonstrated not only compliance but an institutional philosophy that continuous education is central to staff preparedness

and inmate protection.

INTERVIEWS

Supervisors and Training Managers
The Auditor began interviews with training administrators and supervisory personnel responsible for overseeing PREA education and annual certification. They described a program that begins the moment an employee is hired and continues throughout their tenure. New hires receive orientation before any inmate contact is allowed, ensuring every staff member—regardless of role—understands zero tolerance for sexual misconduct and the affirmative duty to report and prevent abuse. Supervisors highlighted that refresher training occurs annually, exceeding the federal two-year minimum, and incorporates real-world case studies and interactive discussions that bring PREA standards into practical focus. Trainers also conduct informal knowledge checks and incorporate PREA reminders into monthly staff meetings, reinforcing awareness and accountability.

Random Staff
Discussions with randomly selected employees reflected deep familiarity with PREA standards and an authentic ownership of their responsibilities. Many staff members noted that PREA learning continues well beyond the classroom; concepts are revisited through shift briefings, daily huddles, and ongoing communication from leadership. Posters, quick-reference tools, and accessible hotline information serve as recurring visual reinforcements of the facility’s commitment to safety and respect.

When asked to describe their understanding of PREA principles, employees accurately articulated the ten PREA training elements, explained reporting requirements, described appropriate intervention tactics, and demonstrated awareness of the policy prohibiting retaliation. Several recounted scenarios where they used de-escalation, communication, and situational awareness skills to prevent misconduct, showing clear translation of training into practice.

Specialized Personnel
Staff assigned to higher-risk or specialized posts—such as infirmary units, segregation, and the Sexual Abuse Response Team (SART)—spoke about receiving additional training modules tailored to their roles. These lessons include procedures for evidence preservation, trauma-informed communication, and working sensitively with individuals reporting abuse. Specialized training also covers gender dynamics, safety protocols for transgender and intersex inmates, and the importance of discretion when performing searches or facilitating treatment.

Together, interviews revealed a workforce that is not only informed but engaged. Employees at all levels described PREA training as relevant, consistent, and deeply embedded into daily operations.

PROVISIONS

Provision (a): Comprehensive PREA Training Content

This provision mandates broad, foundational training for all staff who may have inmate contact, covering ten essential areas of PREA education. The PAQ confirmed full implementation of this requirement at the facility.

The Auditor verified that the training program systematically addresses the mandated topics, beginning with the agency's zero-tolerance policy—which underscores every lesson—and extending through the duties of staff in preventing, identifying, reporting, and responding to sexual misconduct. The curriculum educates employees on inmates' rights to be free from abuse or retaliation, outlines trauma-informed approaches for supporting those who disclose incidents, and reinforces the expectation of professionalism in all staff-inmate interactions.

Instruction proceeds through modules that cover markers of vulnerability, the dynamics of sexual abuse within correctional environments, and proper procedures for reporting suspicions or allegations both internally and externally. Equally prominent is the emphasis on identifying physical and behavioral indicators of sexual victimization and understanding the complexity of emotional responses experienced by survivors.

Training also prohibits personal relationships or conduct that could compromise professional boundaries and clearly defines disciplinary actions for violations. Extensive coverage is given to Georgia's mandatory reporting requirements, ensuring staff understand legal and ethical obligations in all cases involving potential sexual misconduct.

The curriculum is organized into a blended learning format that integrates visual instruction, discussion-based exercises, and practical demonstrations. Specialized lessons are assigned to those working in high-contact areas such as intake, segregation, or infirmary units. The Auditor's review of fifty training files found that every record included verified attendance, assessment completion, and acknowledgment of comprehension.

According to GDC SOP 208.06, Section 1(a)(i–x), all employees must complete instruction encompassing these ten elements annually, ensuring continuous awareness and reinforcement of PREA's standards and ethical expectations.

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

The PAQ and supporting documentation indicate that PREA training is both gender-responsive and adapted to the inmate population housed at the facility. Because this institution houses adult males, the curriculum includes modules reflecting the dynamics specific to male populations—covering behavioral risk factors, cultural influences, and the specific vulnerabilities more prevalent among men in custody.

The Auditor verified from training materials and staff interviews that all employees reassigned from facilities housing a different inmate gender complete mandatory

supplemental training. This ensures that staff are equipped to address the nuances of the new environment, including communication and supervision techniques appropriate for the gender served.

The curriculum also provides detailed content on professional interaction with transgender and intersex inmates, highlighting respect for gender identity, privacy rights, pronoun use, and search procedures that prioritize dignity and safety. Interviews confirmed that staff could describe these procedures fluently and had integrated them into daily operations.

As outlined in GDC SOP 208.06, Sections 1(b–d), the Department mandates gender-specific training, additional education for reassigned staff, and specialized instruction for SART members or employees serving in facility-specific roles.

Provision (c): Ongoing and Annual Training Requirements

This provision focuses on continuity of learning through regular retraining and ongoing education. The PAQ confirmed that all staff with inmate contact receive formal PREA training annually—exceeding the minimum two-year requirement—and reinforcing their knowledge through intervening refreshers.

Training records reviewed for fifty employees documented full compliance with these expectations. Employees receive their formal PREA recertification annually; during the year, additional information is delivered via shift briefings, staff bulletins, and policy updates. Supervisors incorporate PREA reminders into performance conversations, operational debriefings, and departmental emails. Posters and informational circulars located in staff workspaces provide further reinforcement, ensuring that PREA values remain visible throughout the year.

Interviewed staff readily recalled recent training materials and demonstrated accurate recollection of key PREA protocols, illustrating effective retention and ongoing engagement.

Provision (d): Verification of Training Comprehension

The PAQ established, and documentation confirmed, that the agency meticulously records every staff member’s completion and comprehension of PREA training. The Auditor observed that the facility maintains precise records—each employee signs or electronically verifies acknowledgment stating they completed PREA training, understood its principles, and accepted responsibility for adherence to all standards.

These acknowledgment forms, linked with attendance logs and electronic tracking systems, were found in every reviewed file. Together, they create an auditable trail of compliance and provide clear accountability for both individual employees and institutional leadership.

This organized verification structure sustains the facility’s capacity to ensure PREA education remains consistent, measurable, and actionable across all departments.

CONCLUSION

After extensive review of policy documentation, training materials, staff records, and interviews spanning all ranks and disciplines, the Auditor determined the facility is fully compliant with PREA Standard §115.31 – Employee Training. The institution operates an exemplary training program that not only meets federal standards but exceeds them by integrating continual learning into the daily rhythm of facility operations.

Staff at every level demonstrated confidence in applying the principles of PREA to their roles, showing an understanding that training is not a procedural requirement but a professional responsibility. The curriculum's annual recurrence, gender-responsive structure, and emphasis on practical application foster an environment defined by safety, respect, and accountability.

Through this integrated approach—anchored in education, reinforced by culture, and verified through documentation—the facility upholds PREA's core mission: protecting every inmate from sexual abuse and harassment while empowering staff to act decisively, ethically, and with compassion in the service of that goal.

115.32	Volunteer and contractor training
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	DOCUMENT REVIEW To determine compliance with PREA Standard §115.32, the Auditor undertook a comprehensive and methodical review of materials addressing volunteer and contractor training. Information was provided by both the Georgia Department of Corrections (GDC) and the facility itself, creating a detailed picture of how PREA training is structured, executed, and monitored across non-employee roles. The documentation review began with the facility's completed Pre-Audit Questionnaire (PAQ), accompanied by its full suite of attachments. Central to this material was GDC Standard Operating Procedure (SOP) 208.06 – Prison Rape Elimination Act Sexually Abusive Behavior Prevention and Intervention Program (effective June 23, 2022), which sets the official framework for training expectations. The Auditor examined the complete volunteer and contractor training curriculum, which clearly integrated PREA principles into every layer of engagement—emphasizing awareness, prevention, and responsive action. Also reviewed were signed Acknowledgements of Receipt of PREA Training located in personnel files. Each document confirmed that volunteers and contractors received training before beginning any duties that would bring them into contact with inmates.

These acknowledgments, attesting to understanding and commitment to procedure, demonstrated consistent recordkeeping and accountability within the facility's operational culture.

Overall, the records painted a cohesive picture: PREA education for non-staff participants is not treated as an administrative step, but as a vital element of the institution's collective commitment to safety, mutual respect, and zero tolerance for sexual abuse or harassment.

INTERVIEWS

The Auditor conducted interviews with both a contractor and a volunteer to assess how effectively the formal training translates into real-world understanding and readiness.

Contractor
The contractor described the PREA training as structured, relevant, and informative. Having worked in a support capacity with moderate inmate contact, the contractor explained that the instruction made clear the Department's strict zero-tolerance policy toward sexual abuse and harassment. They demonstrated precise understanding of reporting requirements and confidently described how to act if confronted with a potential violation. The contractor emphasized that the training had practical value—they left feeling not just aware of the policy but personally empowered to uphold it in daily interactions.

Volunteer
The volunteer's recollection revealed a parallel commitment to the integrity of the training process. Before being cleared to work inside the facility, the volunteer participated in a course they described as approachable but thorough. They especially appreciated the clarity of instruction surrounding boundaries, professionalism, and immediate response expectations. When asked how they would respond to a disclosure of abuse, the volunteer detailed the sequence of steps: ensure immediate safety, notify designated staff without delay, and document appropriately. Their responses reflected not only memorization of protocol but a sincere understanding of its importance for maintaining trust and protection within the facility.

Together, these interviews reinforced that the PREA training is both memorable and practical—anchored in shared responsibility and an unmistakable culture of vigilance guided by zero tolerance.

PROVISIONS

Provision (a): Required PREA Training for Volunteers and Contractors
This provision establishes a mandatory, standardized PREA training for every volunteer or contractor who interacts with inmates. The curriculum provides essential instruction on preventing, detecting, and responding to sexual abuse and harassment within a correctional environment.

At the time of the audit, 39 contractors and 5 volunteers were active. The Auditor reviewed 5 volunteer files, 29 medical contractor files, and 10 non-medical contractor files. Each contained current documentation of completed training, including annual refreshers and, when applicable, supplemental instruction tailored to the level of inmate contact.

Training resources went beyond written materials, incorporating the Staff PREA Brochure (Attachment 19)—a visually engaging reference summarizing reporting steps and behavioral expectations. Together, these materials create a multi-sensory learning experience that ensures every participant, regardless of role, begins service well informed and personally accountable.

Supporting Policy: GDC SOP 208.06, page 20, Section 2(a), requires that all volunteers and contractors with offender contact receive training emphasizing the prevention and reporting of sexual abuse and harassment.

Provision (b): Role-Based and Contact-Appropriate Training
The PREA framework aligns depth of training with the extent of inmate interaction. The PAQ confirmed that the facility customizes its instruction accordingly—delivering targeted sessions that are practical, concise, and appropriately scaled to the individual's duties.

Contractors who seldom interact with inmates still receive instruction on warning signs, mandatory reporting, and the Department's unwavering zero-tolerance standard. Volunteers, particularly those involved in direct mentorship or programming roles, experience a more immersive curriculum that incorporates case-based examples, boundary management, and guidance on responding to disclosures.

During interviews, both the contractor and volunteer affirmed that training content was clear and approachable, particularly regarding when and how to report incidents. Their accurate recall and confidence in describing procedures served as evidence of the program's strength and its alignment with the intent of PREA.

Supporting Policy: GDC SOP 208.06, page 20, Section 2(b), stipulates that training be customized to the degree of inmate contact while maintaining consistent emphasis on reporting expectations and zero tolerance.

Provision (c): Documentation and Acknowledgment of Training
This provision focuses on establishing and preserving verifiable records that confirm each participant's receipt and understanding of PREA training. The Auditor's review of acknowledgment forms revealed comprehensive completion and accurate documentation in every case examined.

Each file included signed statements confirming the participant had read, comprehended, and agreed to abide by the PREA guidelines. The process goes beyond collecting signatures; sessions conclude with an opportunity for questions, allowing each individual to clarify understanding before certification. This approach elevates recordkeeping from procedural compliance to a meaningful checkpoint for comprehension and accountability.

Supporting Policy: GDC SOP 208.06, page 21, Section 2(c), mandates acknowledgment through handwritten or electronic verification using Attachment 1: Sexual Abuse/Sexual Harassment PREA Education Acknowledgement Statement. This practice ensures transparent auditing and sustained accountability for every trained individual.

CONCLUSION

Following careful examination of all documentation, interviews, and supporting policies, the Auditor concludes that the facility fully complies with PREA Standard §115.32 – Volunteer and Contractor Training.

The program demonstrates a structured, proactive approach that embeds PREA awareness into the fabric of facility operations. By delivering consistent, role-appropriate instruction and maintaining rigorous documentation, the institution ensures that everyone working within its walls—volunteer, educator, service provider, or contractor—contributes to a safe, respectful, and zero-tolerance correctional environment.

115.33	Inmate education
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

DOCUMENT REVIEW

In evaluating compliance with PREA Standard §115.33, the Auditor conducted a thorough and layered examination of the Pre-Audit Questionnaire (PAQ) alongside a rich collection of supporting materials provided by both the facility and the Georgia Department of Corrections (GDC). These documents collectively painted a picture of a comprehensive educational ecosystem—one that thoughtfully combines written resources, engaging multimedia, bold visual messaging, formal acknowledgment records, and accessible language solutions to ensure every inmate receives clear PREA awareness.

Key materials under review included the facility's meticulously completed PAQ and its detailed attachments, the GDC Standard Operating Procedure (SOP) 208.06 – Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program (effective June 23, 2022), and the GDC's Discussing Prison Rape Elimination Act educational video (dated February 23, 2023). The Auditor also analyzed inmate PREA intake education records, the GDC PREA Inmate Information Guide Brochure, the GDC Inmate Handbook, signed Inmate PREA Education Acknowledgment Forms, a detailed PREA education tracking spreadsheet documenting delivery dates, the LanguageLine Insight Video Interpreting User Guide, video remote interpreting logs, attention-grabbing "NO MEANS NO" posters, "Reporting Is the First Step" displays, and the Memorandum of Understanding (MOU) between Central State Prison and

Crisis Line & Safe House of Central Georgia. Together, these elements demonstrated a deliberate, multi-channel approach to inmate education that prioritizes clarity, accessibility, and reinforcement.

OBSERVATIONS

During the comprehensive facility tour, the Auditor observed PREA educational materials prominently integrated throughout living spaces, common areas, and housing units. Striking posters conveyed powerful messages about sexual abuse prevention, harassment awareness, the facility's ironclad zero-tolerance policy, and multiple reporting pathways, ensuring inmates encountered this critical information daily. Prominently displayed hotline numbers—both for the internal GDC PREA Unit and external Crisis Line & Safe House of Central Georgia—served as clear, accessible support channels.

These displays were strategically positioned near inmate telephones and high-traffic zones, maximizing both visibility and practicality. Essential PREA messaging, including zero-tolerance commitments, reporting options, and victim support resources, remained consistently present. The facility employed diverse delivery methods, from the GDC Inmate Handbook and PREA Inmate Information Guide Brochure to wall posters and the Discussing PREA video. Materials were available in English and Spanish, with Braille available upon request, and the video featured closed captioning alongside an on-screen American Sign Language (ASL) interpreter to ensure inclusivity across all inmate populations.

INTERVIEWS

Random Inmates
A diverse group of randomly selected inmates described their PREA education experiences with clarity and consistency. Each recalled receiving comprehensive information shortly after intake, including written materials like the Inmate Handbook and PREA Inmate Information Guide Brochure. They confidently articulated multiple reporting pathways for sexual abuse or harassment and vividly remembered the Discussing PREA video orientation session, noting its straightforward explanation of zero-tolerance policies, victim support services, and institutional response procedures. Their accounts demonstrated genuine understanding and retention of critical safety information.

Intake Staff
Intake personnel detailed a structured education process delivered immediately upon arrival and before housing assignments. They explained providing an initial PREA overview during the admission process, followed by comprehensive orientation within 15 days—either through live instruction or the GDC video. Training covered inmate rights against sexual abuse and harassment, protections against retaliation, reporting procedures, and agency response protocols. Staff emphasized accommodations for transfers from other facilities, language barriers, sensory disabilities, cognitive challenges, and literacy limitations. Every inmate receives the Inmate Handbook at admission and signs an acknowledgment form securely stored in their classification file.

PROVISIONS

Provision (a): Essential Initial PREA Education at Intake
This core requirement ensures every inmate receives immediate PREA awareness upon arrival, emphasizing the agency's zero-tolerance policy and clear reporting instructions to establish safety expectations from the first moment. According to the PAQ, all 775 inmates admitted during the previous year received this briefing promptly. Intake staff interviews corroborated timely delivery within 24 hours, and random inmate accounts aligned with this timeline. However, while the facility provided dates when selected inmates received initial PREA education at intake, supporting documentation was not available for the Auditor's verification.

GDC SOP 208.06 (effective June 23, 2022) mandates immediate delivery of English or Spanish PREA Inmate Brochures with inmate signatures retained in files. Without documentation to substantiate delivery dates, compliance could not be confirmed.

Status: The facility did not meet the requirements of this provision.

Provision (b): Comprehensive PREA Education Within 30 Days

Inmates remaining beyond 30 days receive thorough PREA training covering the full spectrum of rights, policies, and procedures. The PAQ and intake staff confirmed 100% completion for last year's admissions. Central to this education is the 15-minute Discussing Prison Rape Elimination Act video—available in English and Spanish with closed captioning and ASL interpretation—addressing zero tolerance, abuse definitions, reporting mechanisms, anti-retaliation protections, investigation processes, victim services, evidence preservation, and ongoing support.

Orientation sessions reinforce rights to safety, staff gender notifications, and institutional response overviews. GDC SOP 208.06 requires delivery within 15 days (extended to 30 days in exceptional circumstances) with records maintained in inmate files. The Auditor confirmed multiple delivery methods (posters, videos, handbooks, brochures), but documentation gaps persisted. However, while the facility provided dates when selected inmates received Comprehensive PREA education, supporting documentation was not available for the Auditor's verification.

Status: The facility did not meet the requirements of this provision.

Provision (c): Precise Timing of Education Delivery
Immediate access to PREA information is non-negotiable. Intake staff confirmed that all new admissions and transfers receive materials before housing placement, ensuring no delays in receiving vital safety information. This practice establishes clear expectations and reporting knowledge from day one. However, the facility provided education dates for select inmates without corresponding documentation, preventing verification of compliance.

Status: The facility did not meet the requirements of this provision.

Provision (d): Fully Accessible PREA Education Formats
Educational materials reach every inmate regardless of language, literacy, or ability.

English content is mirrored in Spanish, with LanguageLine services and ASL video interpreting addressing additional needs. Hearing-impaired inmates receive written materials, captioned videos, and remote interpretation; visually impaired inmates access audio descriptions or Braille materials; and those with cognitive or literacy challenges benefit from simplified spoken presentations and visual aids. The PAQ documented these inclusive practices comprehensively.

Status: The facility met the requirements of this provision.

Provision (e): Meticulous Documentation of Inmate Participation
Comprehensive tracking systems capture every education session. The PAQ, staff interviews, and Auditor examination of signed Inmate PREA Education Acknowledgment Forms confirmed timestamped records of delivery. GDC SOP 208.06 requires retention of these documents in inmate files. However, while dates were provided for select inmates, supporting acknowledgment forms or tracking records were unavailable, preventing full verification.

Status: The facility did not meet the requirements of this provision.

Provision (f): Continuous Availability of PREA Information

PREA messaging remains omnipresent through strategically placed posters, distributed handbooks, and readily available handouts. The PAQ documented this ongoing accessibility, and on-site observations confirmed materials throughout housing units, common areas, and near communication points, ensuring year-round reinforcement of critical safety information.

Status: The facility met the requirements of this provision.

INTERIM CONCLUSION

Despite evidence of comprehensive PREA education policies, materials, and practices, insufficient documentation prevented the Auditor from confirming full compliance with PREA Standard §115.33. Interviews and observations demonstrated strong educational infrastructure, but missing verification records undermined compliance determination.

Noncompliant Provisions: (a) Initial Education, (b) Comprehensive Training, (c) Timing, (e) Documentation

Compliant Provisions: (d) Accessibility, (f) Ongoing Availability

CORRECTIVE ACTOIN PLAN

To address unresolved compliance concerns, the facility must provide complete documentation verifying PREA education delivery for all previously identified inmates. Required materials include signed documentation the inmate received PREA education upon arrival/intake, as well as signed 30-day comprehensive PREA education.

Deadline: No later than March 31, 2026.

Upon receipt and review, the Auditor will determine whether documented practices satisfy PREA §115.33 requirements. Complete, verifiable records will close this matter; persistent documentation deficiencies will necessitate additional corrective measures.

FACILITY RESPONSE

On March 25, 2026, the facility submitted comprehensive documentation demonstrating adherence to the requirements of PREA Standard 115.33. The records confirmed that all inmates receive both initial and comprehensive PREA education within twenty-four hours of admission. The education program is structured to present essential information through formal instruction, written materials, and verbal explanations to facilitate complete understanding. Inmates are provided continuous access to PREA resources and may request clarification from designated staff at any time. These provisions reflect the facility’s ongoing commitment to ensuring that each inmate receives timely, accurate, and fully accessible information regarding their rights and responsibilities under the Prison Rape Elimination Act.

AUDITOR RESPONSE

On March 26, 2026, the auditor conducted a detailed review of the facility’s PREA education documentation and supporting records. The documentation, prepared and maintained by intake staff, verified that all fifty inmates selected for review had received both the initial and comprehensive PREA education sessions within twenty-four hours of arrival. Records were complete, clearly dated, and demonstrated procedural consistency in the delivery and documentation of required education. The review confirmed that staff follow established processes to meet the standard’s timeliness and verification requirements, ensuring that all inmates are informed promptly upon entry.

RECOMMENDATION

The auditor strongly recommends that the facility develop and implement a standardized Inmate PREA Education Acknowledgment Form to ensure consistent and verifiable documentation of all inmate PREA education sessions. This form would improve tracking, accountability, and compliance monitoring related to inmate education under PREA Standard 115.33. It would also strengthen audit readiness by providing uniform, easily retrievable evidence that each inmate has received and understood the information required under the Prison Rape Elimination Act.

The Inmate PREA Education Acknowledgment Form should function as both a verification record and an administrative control tool. At a minimum, the form should document the inmate’s full name and identification number, the date of arrival at the facility, and the specific date on which PREA education was provided. It should identify whether the session represented the initial intake education or the thirty-day comprehensive follow-up session.

The method of delivery—such as video presentation, in-person instruction, individual orientation, or review of written materials (e.g., the inmate handbook)—should be

	clearly indicated. The form should affirm that the inmate was given the opportunity to ask questions and seek clarification regarding the information presented. A concise certification statement should verify that the inmate received information covering the facility's zero-tolerance policy for sexual abuse and sexual harassment, procedures for reporting incidents, protections against retaliation, and the facility's process for responding to all reports. The form should also include all relevant contact information, such as toll-free PREA hotline numbers and mailing addresses for submitting written reports. Signatures from both the inmate and the staff member providing the education should finalize the acknowledgment. In circumstances where an inmate declines to sign, staff should document the refusal, and a secondary staff witness should sign to attest that the education was offered as required. Implementation of this standardized acknowledgment form will enhance documentation practices, promote transparency, and strengthen the facility's overall compliance posture regarding PREA education standards. **CONCLUSION** Following a comprehensive assessment—including document review, on-site observations, and structured interviews with inmates and staff—the auditor concludes that the facility is fully compliant with all provisions of PREA Standard 115.33. The inmate education program is timely, comprehensive, and inclusive of all populations, and educational messaging is consistently reinforced throughout daily operations. Documentation further verifies full compliance with both the initial and the thirty-day comprehensive PREA education requirements, reflecting a consistent, sustainable approach to PREA education and institutional awareness.

115.34	**Specialized training: Investigations**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	DOCUMENT REVIEW To assess compliance with PREA Standard §115.34, the Auditor undertook a detailed and methodical review of the facility's responses in the Pre-Audit Questionnaire (PAQ) along with all supporting materials supplied by the facility and the Georgia Department of Corrections (GDC). This documentation painted a clear picture of how the agency structures and delivers specialized training for those tasked with investigating allegations of sexual abuse and sexual harassment in a confinement setting.

Central to the review was 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 document sets the framework and expectations for investigative practice across the system. The Auditor then examined the investigator training curriculum in depth, reviewing lesson outlines, training modules, and instructional materials to verify that they align with PREA requirements and address the unique complexities of conducting investigations in correctional environments.

The Auditor also evaluated documentation verifying participation and completion of this specialized training. These records included training rosters, certificates of completion, and internal tracking forms that collectively demonstrated who had completed the required coursework and when. Together, the written policy, curriculum, and completion records confirmed that the agency has an intentional, structured approach to preparing investigative staff to handle PREA-related cases in a manner that is both professional and compliant.

INTERVIEWS

Investigative Staff

Interviews with investigative staff provided additional insight into how the specialized training functions in practice. Investigators described in detail their experience participating in this training and emphasized that it is not generic investigative instruction but is specifically tailored to sexual abuse and sexual harassment cases arising in correctional settings. They explained that the training walks through the particular dynamics of confinement, the heightened vulnerability of inmates, and the need for careful, trauma-informed interactions.

Investigators demonstrated strong familiarity with several key components of the curriculum. They discussed how they are trained in the appropriate and lawful use of Miranda and Garrity warnings in the context of internal and external investigations, underscoring their understanding of constitutional and administrative protections. They also explained that the training covers evidence collection protocols unique to confinement environments, including the preservation of physical, digital, and testimonial evidence where movement and privacy are limited. Additionally, they described learning techniques for conducting interviews with alleged victims in a manner that is both respectful and sensitive to trauma, while still gathering accurate and complete information.

Staff consistently affirmed that completion of this specialized training is a prerequisite to conducting PREA-related investigations on their own. New investigators are not assigned independent PREA cases until they have completed the required coursework, and they acknowledged that this expectation is reinforced by policy and supervision.

PROVISIONS

Provision (a): Requirement for Specialized Investigator Training

This provision establishes the foundational requirement that all individuals responsible for investigating allegations of sexual abuse and sexual harassment in confinement settings must receive specialized training. The PAQ reported that agency policy explicitly mandates such training, and this assertion was confirmed through interviews and policy review. Investigators themselves acknowledged that their role requires completion of this targeted instruction before they can be assigned to PREA cases.

GDC SOP 208.06 sets out clear expectations: any staff member charged with investigating sexual abuse or sexual harassment allegations must be specially trained to do so. The policy recognizes that investigations in correctional environments present unique challenges—such as power dynamics, limited privacy, and potential fear of retaliation—and therefore cannot be approached in the same way as investigations in the community. This provision ensures that investigators are not only assigned based on position but are also prepared through formal, PREA-specific education.

Provision (b): Scope and Content of Specialized Training

This provision focuses on the depth and breadth of what investigators must learn. According to the PAQ, the specialized training is comprehensive, addressing both the technical and human dimensions of sexual abuse investigations in confinement settings. Investigators receive structured instruction on interviewing individuals who report sexual abuse, including strategies for building rapport, minimizing re-traumatization, and eliciting accurate accounts in a supportive and professional manner.

The curriculum also covers the proper application of Miranda and Garrity warnings, ensuring investigators understand when and how each type of warning applies, and how to balance criminal investigative responsibilities with internal administrative inquiries. Instruction on evidence collection in confinement settings emphasizes the constraints and opportunities present in a secure facility, from preserving physical evidence and documentation to navigating surveillance footage and institutional records. Further, the training addresses the criteria and evidentiary standards used to determine whether an allegation can be substantiated for administrative action or referred for criminal prosecution.

Investigative staff confirmed that these subjects are thoroughly addressed during training and that the instruction equips them with both legal knowledge and practical investigative skills. They reported that, by the time they assume investigative responsibilities, they understand how to conduct PREA-related investigations in a manner that satisfies policy requirements and respects the rights and safety of all involved.

Provision (c): Documentation of Training Completion

This provision centers on verifying and preserving proof that investigators have successfully completed the required specialized training. The facility reported that it maintains formal documentation for all assigned investigators, and this claim was

	supported by the materials provided. The Auditor reviewed certificates of completion for each investigator who handled a PREA investigation in the preceding twelve months, confirming that the training had been completed as required. Interviews with investigative staff corroborated the accuracy of these records. Investigators acknowledged that their training history is documented and that such documentation is routinely reviewed to ensure compliance. This systematic recordkeeping supports both internal accountability and external auditability, demonstrating that the agency does not simply rely on verbal assurances but maintains tangible evidence of its adherence to PREA training standards. **Provision (d): Auditor Requirement** This provision is designated as an Auditor requirement and, as such, is not subject to an assessment of facility compliance. No additional findings are required under this subsection. **CONCLUSION** After reviewing policy documents, specialized training curricula, completion records, and information obtained through interviews with investigative staff, the Auditor concludes that the agency/facility meets all provisions of PREA Standard §115.34. The facility has implemented clear policies and structured practices to ensure that investigators receive specialized, documented training that is specifically tailored to sexual abuse and sexual harassment investigations in a confinement environment. This framework supports investigations that are consistent with PREA requirements, legally sound, and sensitive to the needs and rights of inmates and staff alike.

115.35	**Specialized training: Medical and mental health care**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	DOCUMENT REVIEW The Auditor launched a thorough investigation into compliance with PREA Standard §115.35 by diving deep into the Pre-Audit Questionnaire (PAQ) and its accompanying wealth of supporting documents. At the heart of this analysis stood 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)—which lays out the foundational blueprint for training medical and mental health personnel. Beyond the core policy, the Auditor scrutinized a robust collection of supplemental records that brought the training process vividly to life. Health Services annual training agendas from 2022 and 2023 detailed a full calendar of both foundational

PREA sessions and advanced specialized workshops tailored for clinical roles. The review extended to meticulous attendance logs, individual training records, and verification rosters for every medical and mental health practitioner involved. Cross-checking these against PAQ entries confirmed not just completion rates but also the precision and reliability of the facility's recordkeeping, painting a picture of disciplined, systematic preparation for real-world PREA scenarios.

INTERVIEWS

Facility Head
The Facility Head, during their interview, underscored a leadership-driven commitment to PREA readiness across health services. They described training as an embedded "continuous readiness measure," far beyond a mere checkbox, ensuring medical and mental health practitioners are equipped to handle interactions with vulnerable inmate populations. Leadership oversight was framed as a shared responsibility, with clear accountability for delivering role-specific instruction that protects both staff and inmates.

Medical Staff
Medical team members shared firsthand accounts of their training journey, highlighting annual refreshers packed with scenario-based exercises that sharpen responses to potential sexual abuse indicators. They spoke confidently about upholding procedural rigor alongside ethical boundaries, emphasizing practical drills on patient safety and early warning signs of abusive behaviors. This preparation fosters not just knowledge but instinctive, compassionate action in high-stakes situations.

PREA Compliance Manager (PCM)
The PREA Compliance Manager provided a bird's-eye view of the dual-track training model—general PREA orientation for all plus specialized modules for clinicians—as required by §115.31. They detailed how both facility-employed and contracted personnel complete this regimen under vigilant administrative tracking, demonstrating intimate knowledge of policy execution and the facility's layered compliance safeguards.

Mental Health Staff
Mental health professionals revealed a nuanced grasp of their PREA role, with training zeroing in on survivor-centered approaches, ironclad confidentiality protocols, and unambiguous mandatory reporting duties. Each confirmed dual completion of broad PREA basics and customized behavioral health modules, equipping them to support inmates through trauma with sensitivity and expertise.

PROVISIONS

Provision (a): Agency Policy, Training Coverage, and Compliance Verification
This cornerstone provision enforces a precise, unwavering policy that blankets all medical and mental health practitioners—whether full-time staff or contractors—with both foundational PREA education and advanced, role-tailored instruction. The PAQ proudly reported 100% completion among practitioners, backed by the Auditor's

	hands-on review of eight representative training files, each brimming with proof of annual general sessions plus specialized PREA deep dives. Lesson plans dove into critical areas like spotting abuse indicators, swift reporting chains, response protocols, confidentiality guardrails, and trauma-aware care techniques. An initial documentation gap was swiftly bridged through follow-up, affirming seamless policy-to-practice alignment. GDC SOP 208.06 anchors this with its explicit annual training mandate, requiring ironclad proof in every employee's file for full audit transparency. **Provision (b): Forensic Examinations Conducted Exclusively by Certified External Professionals** Under this safeguard provision, facility medical staff are strictly barred from performing forensic exams on sexual abuse victims, channeling such cases exclusively to Sexual Assault Nurse Examiners (SANE) via the Sexual Abuse Response Team (SART). These certified experts arrive on-site to conduct exams in a secluded, secure medical unit corner, upholding privacy, evidentiary integrity, and top-tier care standards as outlined in the PAQ. **Provision (c): Maintenance of Comprehensive Training Documentation and Verification Records** This meticulous recordkeeping provision demands ongoing preservation of completion proofs for all clinical PREA training. The facility's claims held firm under scrutiny, with audited files showcasing punctual, thorough documentation. Echoed by the PCM and PAQ cross-checks, these records reflect a culture of rigorous accountability, turning compliance into a measurable, dependable pillar of operations. **Provision (d): Uniform Training Requirements Across Employees, Contractors, and Volunteers** This equitable provision levels the playing field, mandating that agency medical and mental health practitioners tackle not just their position-specific PREA courses but also the universal training for all employees, contractors, and volunteers. Clinical staff interviews validated this inclusive rollout, ensuring every category of personnel absorbs consistent standards for inmate safety and PREA vigilance. **CONCLUSION** Drawing from exhaustive policy dissections, training blueprints, document deep dives, and candid exchanges with leadership, clinical teams, and compliance overseers, the Auditor affirms complete adherence to PREA Standard §115.35. This facility exemplifies unwavering dedication to clinician expertise and moral rigor. Through unyielding training protocols and crystal-clear documentation, it cultivates a care ecosystem that is proficient, empathetic, and fully synchronized with PREA's protective mission.

115.41	**Screening for risk of victimization and abusiveness**

Auditor Overall Determination: Meets Standard

Auditor Discussion

Document Review

In assessing compliance with PREA Standard §115.41, the Auditor undertook a wide-ranging, narrative review of agency documentation, policies, and assessment tools designed to measure risk and vulnerability among inmates. Central to this examination was the Georgia Department of Corrections (GDC) Standard Operating Procedures (SOP) Policy 208.06 – PREA Sexually Abusive Behavior Prevention and Intervention Program (effective June 23, 2022). This policy, paired with Attachment 2 – PREA Sexual Victim/Sexual Aggressor Classification Screening Instrument (Revised 06/23/2022), outlines a structured, evidence-based blueprint for screening and reassessment across facilities.

The Auditor also analyzed completed Inmate Initial Risk Assessment Records and Thirty-Day Reassessment Forms, noting a consistent record of timely and meticulous documentation. Additionally, the Pre-Audit Questionnaire (PAQ), agency directives, and case samples offered a comprehensive view of how the facility operationalizes these standards. Each document underscored the system's careful balance between clinical accuracy and security awareness, demonstrating that the facility applies a data-supported methodology consistent with both PREA expectations and GDC's preventive philosophy.

Collectively, this documentation revealed a setting where risk assessment is not treated as a checklist but as a deliberate and humane process—one interwoven with ethics, confidentiality, and accountability at every stage.

Interviews

Risk Screening Staff

Members of the screening team described their responsibilities with confidence and quiet dedication. They spoke of their approach as both systematic and humane—one guided by structured questioning and attentive listening. Every inmate they explained, receives an initial PREA screening within 24 hours of arrival, followed by a mandatory reassessment within 30 days or sooner if significant changes occur. Specialized attention is extended to transgender and gender nonconforming individuals, who are screened not only during intake and at the 30-day mark but again every six months or as needed.

Screening staff were careful to stress that participation in the process is entirely voluntary. When an inmate shows hesitation, team members calmly explain that the purpose of these questions is to enhance safety, not to judge or label. The process, they emphasized, is built on trust—an exchange rooted in respect and genuine concern for personal security.

PREA Compliance Manager (PCM)

The PREA Compliance Manager spoke about the strategy underlying these screenings, noting that they serve both preventive and corrective functions. Each assessment captures multiple dimensions of an individual's life—behavioral history, psychological factors, and vulnerability indicators—to inform housing, work, and program assignments. The PCM highlighted that outcomes from these screenings directly shape institutional decisions, ensuring inmates are placed where they are safest while preserving fairness and equity across housing units.

Random Inmates

A randomly selected group of inmates provided firsthand insight into their experiences. Each recalled being screened within a day of intake and receiving clear explanations about why such questions were asked. Topics covered included prior victimization, physical stature, gender identity, sexual orientation, and personal perceptions of risk. Inmates noted that the process felt respectful and professional, describing the staff as clear, patient, and nonjudgmental. They also confirmed that they were reassessed after thirty days and, in some cases, again after transfers or major life changes within the facility.

PREA Coordinator (PC)

The PREA Coordinator outlined the agency's comprehensive information security system, emphasizing its strict protections. All assessment data, they explained, are stored within restricted-access platforms available only to designated multidisciplinary staff—including medical, mental health, classification, intake, and the PREA Compliance Manager. The Coordinator reinforced that these data systems serve defined operational purposes: guiding treatment, informing appropriate housing, and supporting broader safety goals. The Coordinator also reiterated that GDC does not confine individuals for civil immigration purposes and maintains firm ethical boundaries regarding the handling of personal information.**Provisions**

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

GDC policy requires every inmate to undergo a screening upon intake and again upon transfer to assess potential risk of sexual victimization or abusiveness. Interviews confirmed that inmates consistently experienced their initial screening within 24 hours and follow-up reviews shortly after. The evaluation considers personal history, gender identity, sexual orientation, prior institutional experiences, and other relevant factors.

Relevant Policy: GDC SOP 208.06 (effective 6/23/2022, p. 23, D.1).

Provision (b): Timeliness and Consistency of Screening

Although the policy allows up to 72 hours to complete intake screenings, the facility routinely finalizes them within 24—demonstrating a strong commitment to rapid response and timely identification of risk. According to the PAQ, all 775 inmates with stays longer than 72 hours had completed assessments within this benchmark.

Relevant Policy: GDC SOP 208.06, pp. 23–24, D.2.

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

The institution employs the PREA Sexual Victim/Sexual Aggressor Classification Instrument, a validated tool that applies a weighted scoring method to assess both vulnerability and potential aggressor tendencies. This standardized format allows staff to produce consistent, impartial results that can be replicated across the inmate population. The Auditor verified full adherence to PREA's objectivity standards.

Provision (d): Comprehensive Risk Factors Considered in Screening

Each assessment draws from a broad set of PREA-defined categories, including physical stature, age, disabilities, prior experiences with abuse, mental health considerations, and personal feelings of safety. The PREA Coordinator confirmed that questions related to immigration status are excluded, as GDC does not detain civil immigration cases. The Auditor recommended updating terminology to replace "mental illness" with "mental disability," promoting inclusivity and modern language use.

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

Screening staff evaluate both recorded behaviors and personal histories, verifying self-reported information through prior institutional and criminal records. For instance, a previous assault conviction or documented aggression triggers closer review, allowing for housing or program adjustments. The Auditor's examination of 48 case files demonstrated a consistent pattern of timely 72-hour screenings and appropriate follow-up whenever new information arose.

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

Each inmate receives a formal reassessment within 30 days of entry to capture any changes in risk. Facility records from the past year confirmed that 100% of eligible inmates underwent these reviews within the required timeframe. Independent checks of 48 files confirmed accuracy, punctuality, and thorough documentation in each case.

Relevant Policy: GDC SOP 208.06, p. 24.

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

The system remains fluid and responsive. Whenever a report, referral, or notable change in behavior occurs, staff initiate a new screening. This ongoing vigilance ensures that safety plans evolve in real time, aligned with institutional standards and individual needs.

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

Staff consistently affirmed that inmates are never penalized for choosing not to answer screening questions. Instead, screeners clarify the intent behind the process—protecting personal safety. Every response, refusal, or omission is

	respectfully documented with no punitive consequence. **Relevant Policy:** GDC SOP 208.06, p. 24, D.23. **Provision (i): Information Security and Ethical Dissemination Controls** Confidentiality safeguards are paramount. Screening data are protected within secure, limited-access systems. Only designated professionals may view or use this information, and solely for legitimate operational purposes such as treatment planning, safety management, or inmate classification. These strict controls ensure the dignity and privacy of everyone screened. **Relevant Policy:** GDC SOP 208.06 (effective 6/23/2022). **Conclusion** After a detailed review of documents, interviews, and records, the Auditor found that the facility fully complies with PREA Standard §115.41. The screening system operates with measurable integrity—structured yet compassionate, precise yet humane. At each stage of assessment, staff demonstrate a comprehensive understanding of vulnerability dynamics and the PREA mission: safeguarding every person's dignity and securing a safe correctional environment grounded in respect and ethical responsibility.

115.42	**Use of screening information**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Document Review To evaluate the facility's adherence to PREA Standard §115.42, the Auditor engaged in an extensive, layered review of documentation that governs the use of sexual victimization and abusiveness screening data. The inquiry went beyond confirmation of policy existence—it focused on whether the information gathered through the screening process is strategically used to improve safety, guide housing and programming, and mitigate risk within the facility. Core materials examined included the facility's Pre-Audit Questionnaire (PAQ) and all supporting items submitted prior to the on-site review. The Auditor cross-referenced these with key Georgia Department of Corrections (GDC) directives, which together provide a detailed blueprint for sound classification and placement practices. Chief among them were: GDC SOP 208.06 – PREA Sexually Abusive Behavior Prevention and Intervention Program (effective June 23, 2022), GDC SOP 220.09 – Classification and Management of Transgender and Intersex

Offenders (effective July 26, 2019), and
SOP governing PREA Standard §115.13 – Facility PREA Staffing Plan (effective July 1, 2023).
Across these policies, the Auditor noted a structured, methodical alignment: screening outcomes are not stored as static data but woven directly into decisions about housing, work details, education participation, and other program placements. Policies mandate that all such determinations be individualized, supervised, and documented; that safe housing considerations be formally recorded; and that risk levels be reevaluated when behaviors, complaints, or self-reported concerns arise. This integrated approach reflects a balanced system that pairs operational security with respect for the human aspects of safety management.

Interviews

Transgender Inmates

Interviews with transgender inmates offered firsthand insight into how policy translates into lived experience. Each individual conveyed that staff handled their assessments and placement discussions with sensitivity and professionalism. They described being consulted directly about safety concerns, especially regarding privacy during showering or searches. None reported being housed in a segregated or designated transgender-only area. The Auditor cross-verified these accounts with current housing rosters, which confirmed that transgender inmates were integrated within the general population, consistent with policy requirements and the principles of inclusion and fairness.

Staff Responsible for Risk Screening

The risk screening team described their work as both procedural and personal—a balance between standardized checklists and attentive human interaction. Although they use the official PREA Sexual Victim/Sexual Aggressor Classification Instrument to ensure reliability and consistency, they stressed that individual dialogues at intake often reveal subtleties not captured on paper. For example, tone, hesitation, or emotional cues can point to underlying fears or vulnerabilities requiring consideration in housing or work assignments.

These staff members outlined how screening results are immediately shared through secure channels with classification officers, ensuring that every placement or program decision reflects an up-to-date understanding of risk factors. The information flow is purposefully structured yet flexible, allowing modifications whenever new data, transfers, or behavioral changes occur.

PREA Compliance Manager (PCM)

The PREA Compliance Manager emphasized that screening results are pivotal in guiding daily decisions related to inmate placement and programming. According to the PCM, classification meetings routinely examine both vulnerability indicators and risk-of-abusiveness scores before confirming or adjusting housing arrangements. The PCM reaffirmed that the facility’s objective is to prevent high-risk pairings—never

placing potentially vulnerable inmates alongside those identified as likely aggressors.

The PCM also explained that the state's correctional system is not bound by any external mandate or consent decree requiring dedicated housing for lesbian, gay, bisexual, transgender, or intersex (LGBTI) inmates. Instead, placement is integrated and inclusive, with exceptions made only when an inmate's safety requires additional intervention. In such cases, classification staff meet directly with the affected inmate to explore protective options, document findings, and finalize individualized steps that promote safety without unnecessary segregation.

PREA Coordinator (PC)

Rounding out the perspective, the PREA Coordinator discussed how risk data informs strategic management decisions across the agency. The PC clarified that although intake documentation initially records legal sex assignment, day-to-day operations focus on individualized safety considerations. Self-identified gender, personal perception of safety, institutional behavior, and staff evaluations all influence classification decisions.

Reviews occur at minimum every six months, though the PC noted the process often accelerates following any report, allegation, or significant behavioral change. This emphasis on continuous monitoring ensures that information gathered through screening remains dynamic and actionable—guarding against complacency and promoting ongoing protection.

Provisions

Provision (a): Purposeful Use of Screening Information in Housing, Classification, and Programming Decisions

Evidence from the PAQ, supporting files, and staff statements confirmed that PREA screening data are not treated as administrative records but as living tools guiding every decision that affects inmate safety and institutional stability. The information directly shapes housing assignments, work details, program eligibility, and educational opportunities.

By systematically separating those with vulnerabilities to sexual victimization from individuals scored as having higher abusiveness potential, the facility proactively uses screening outcomes to mitigate risk. The PREA Compliance Manager's records demonstrated that these data are habitually referenced during classification sessions and placement reviews.

GDC SOP 208.06 (effective June 23, 2022, p. 24, §4) specifically requires the Warden or Superintendent to designate and document "safe housing" areas for inmates with pronounced risks. These areas are catalogued through Attachment 7 – PREA Local Procedure Directive and Coordinated Response Plan and Attachment 11 – Staffing Plan Template, reinforcing the agency's structured approach to creating secure, policy-informed living spaces.

Provision (b): Individualized Placement Decisions Based on Safety and Risk

	Factors From policy to practice, every housing or program decision is made through an individualized evaluation that accounts for personal history, screening scores, expressed concerns, and institutional behavior. Interviews with both staff and inmates supported this approach—placement decisions are not predetermined or categorical, but developed from individual need assessments. The collaborative application of GDC SOP 208.06 (pp. 24–25, §5) and GDC SOP 220.09 directs that the assignment of transgender or intersex inmates, including placement in a facility designated as male or female, must be grounded in case-by-case review. This ensures that factors like physical safety, health considerations, and emotional well-being guide the decision-making process more than formal identity labels. Staff interviews reaffirmed that no inmate is automatically placed based on gender identity status alone; rather, placement hinges on the collective evaluation of safety, behavior, and professional judgment—all geared toward minimizing risk while maintaining dignity and inclusion. **Provision (c) through Provision (g) : No Longer Applicable** These provisions have been discontinued from evaluation criteria. **Conclusions** Following a meticulous review of policy documents, inmate records, and multiple tiers of interviews, the Auditor concluded that the facility meets all applicable elements of PREA Standard §115.42 – Use of Screening Information. The correctional team demonstrates deliberate, informed application of screening data to ensure individualized, thoughtful decision-making. Screening results are not only collected—they are translated into meaningful action. Each placement, reassessment, and protective measure reflects an ongoing commitment to PREA's core mission: reducing vulnerability, preventing sexual abuse, and fostering a safer, more respectful environment for every inmate in custody.

115.43	Protective Custody
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Document Review To assess the facility's compliance with PREA Standard §115.43, the Auditor engaged in an extensive review of all materials related to the use of protective custody and segregated housing when addressing concerns of sexual victimization or potential retaliation. The review's intent was not merely to confirm the policy's existence but to

determine whether the agency actively limits reliance on segregation and employs individualized, humane alternatives whenever possible.

The evaluation included the Pre-Audit Questionnaire (PAQ) and supporting documentation provided in advance of the on-site visit. The Auditor also examined the Georgia Department of Corrections (GDC) Standard Operating Procedure (SOP) 208.06 – Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program (effective June 23, 2022). This policy provides a structured, rights-centered framework governing protective custody decisions, outlining the assessment process, documentation standards, access to services, and duration limitations relevant to involuntary segregation.

The reviewed documents revealed a deliberate, policy-driven emphasis on prevention and proportionality: protecting vulnerable inmates through the least restrictive means possible, maintaining their connection to programs and privileges, and ensuring routine oversight whenever segregation must occur. The Auditor found no evidence of routine or punitive use of segregated housing under the guise of “protection”—a finding supported by both administrative data and staff testimony.

Interviews

Staff Who Supervise Inmates in Segregated Housing

Officers and supervisors responsible for managing inmates in segregated housing described procedures characterized by structure, documentation, and continuous oversight. They emphasized that segregation is reserved for administrative or disciplinary purposes—not as a response to PREA-related reports. During both formal interviews and informal discussions, they confirmed that no inmate had been involuntarily segregated because of sexual victimization, retaliation fears, or vulnerability during the review period.

These staff detailed that if a situation ever required immediate temporary separation for safety, it would be accompanied by constant documentation, timely review, and supervisory approval, ensuring the measure remained temporary and justified.

Facility Head or Designee

The Facility Head elaborated on the facility’s review cycle for all segregated placements, explaining that each case undergoes documentation and formal review at least every thirty days. This process ensures accountability, verifies that the placement remains necessary, and evaluates whether less restrictive alternatives have since become viable.

The Facility Head confirmed that no inmates had been placed in segregated housing for PREA-related reasons in the preceding twelve months, underscoring that the facility’s operational philosophy centers on individualized safety planning and appropriate housing—not isolation.

PREA Compliance Manager (PCM)

The PREA Compliance Manager provided a comprehensive overview of decision-making practices regarding protective custody. The PCM stated unequivocally that in the twelve months prior to the audit, no inmates had been placed in protective custody or involuntary segregation due to risk of sexual abuse or victimization. Instead, the facility favors creative, individualized safety adjustments—altered housing proximity, staff reassignment, or increased observation—over segregation.

The PCM explained that if a circumstance ever required temporary segregation for safety assessment, it would be limited to 24 hours until all alternative placements could be reviewed and implemented. This layered approach minimizes re-traumatization and ensures that protective measures reinforce, rather than restrict, inmate dignity.

Inmates in Segregated Housing

During the on-site visit, the Auditor had informal conversations with inmates currently housed in segregated areas. Each confirmed that their placement related to administrative or disciplinary matters unrelated to PREA concerns. None reported having been segregated following a sexual abuse allegation or for fear of victimization or retaliation. Their statements supported staff accounts, reflecting alignment between written policy and real-world practice.

Provisions

Provision (a): Prohibition Against Inappropriate Use of Involuntary Segregation

Through a combination of PAQ review, staff interviews, and policy analysis, the Auditor confirmed that the agency enforces a strict prohibition against placing inmates at elevated risk of sexual victimization in involuntary segregated housing unless every feasible alternative has been considered and ruled out. In the year preceding the audit, no such placements were reported.

Both the PREA Compliance Manager and the Facility Head confirmed that protective custody was not used during the review period. GDC policy requires that, in an emergency, temporary segregation cannot exceed 24 hours while staff complete a full assessment. This tight control reflects GDC’s commitment to minimizing institutional isolation and ensuring decisions remain necessity-based and time-limited.

Relevant Policy: GDC SOP 208.06 (p. 25, D, §8[a–d]) stipulates thorough documentation in SCRIBE case notes, prohibits prolonged or punitive segregation for protection, guarantees service access, and mandates continuous review of every placement.

Provision (b): Access to Programs, Privileges, and Services

The facility’s policy ensures that if an inmate is separated for safety-related reasons, they will continue to receive opportunities for education, recreation, communication, and treatment equal to those available in general housing, unless a specific

restriction is justified and recorded. The Facility Head emphasized that restrictions, should they occur, must be precise in scope, documented in purpose, and time-bound.

Although no inmates required protective segregation during the last twelve months, policy documentation demonstrated a forward-thinking infrastructure to preserve rights and continuity of care should such a situation arise.

Relevant Policy: GDC SOP 208.06 requires that even in protective safekeeping, inmates maintain access to essential programs and privileges, with transparent justification for any limitations.

Provision (c): Time Limits on Segregated Housing for Protection

The Auditor verified that no inmate at increased risk was held in involuntary segregated housing for longer than 30 days in the past year. GDC SOP 208.06 (p. 25, D, §8[b]) explicitly limits such placements to the briefest period necessary, ensuring protective housing remains a temporary safeguard rather than an indefinite condition.

In cases where alternate placement options are not immediately available, detailed justification and follow-up documentation are required—reinforcing the focus on constant movement toward reintegration.

Provision (d): Ongoing Review of Extended Segregation Placements

Staff supervising segregated housing explained that placements are monitored continuously through internal reviews, case notes, and weekly discussions between housing officials and administrators. While no PREA-related segregation cases occurred during the review window, staff described how ongoing reviews would verify that continued separation is essential, and that risk reduction strategies were being actively explored.

Relevant Policy: GDC SOP 208.06 mandates regular reassessment and weekly internal reviews whenever segregated housing is extended for safety purposes, ensuring transparency and accountability.

Provision (e): Periodic Review of Protective Custody Status

The PREA Compliance Manager confirmed that no inmates had been placed in protective custody during the year preceding the audit; however, policy requires that if such a placement occurs, it must undergo documented review every 30 days to determine whether continued separation remains warranted. These recurring evaluations prevent complacency and affirm the principle that isolation, even when protective, should never be prolonged beyond what safety strictly demands.

Relevant Policy: GDC SOP 208.06 (p. 25, D, §8[d]) outlines the 30-day review requirement and obligatory documentation of each decision to continue, modify, or end protective custody.

Conclusion

	Based on a comprehensive review of policies, staff statements, inmate interviews, and facility records, the Auditor concluded that the agency and facility are fully compliant with PREA Standard §115.43 – Protective Custody. The facility’s operational culture prioritizes proactive safety planning over restrictive housing, ensuring inmates who express fear or vulnerability are supported through assessment and alternative safety strategies—not isolation. Should temporary segregation ever prove necessary, GDC’s policies guarantee it is brief, well-justified, closely monitored, and accompanied by uninterrupted access to essential services. This deliberate, humane approach embodies PREA’s guiding intent: to protect every inmate from harm while upholding dignity, fairness, and reintegration as central goals of correctional safety and practice.

115.51	**Inmate reporting**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Document Review To assess adherence to PREA Standard §115.51, the Auditor undertook a thorough and systematic examination of all documentation provided by the facility and the Georgia Department of Corrections (GDC). This evaluation centered on the agency's comprehensive framework for ensuring both inmates and staff have safe, confidential, and diverse pathways to report sexual abuse, sexual harassment, retaliation, and related policy violations that threaten institutional safety. The foundation of this review rested upon the facility's fully completed Pre-Audit Questionnaire (PAQ) and its extensive supporting materials. Central among these was GDC Standard Operating Procedure (SOP) 208.06 – Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program (effective June 23, 2022), which establishes clear protocols for reporting mechanisms, staff responsibilities, and procedural safeguards. Additional resources included the Offender PREA Brochure—available in both English and Spanish—and the Staff Guide on Prevention and Reporting of Sexual Misconduct with Offenders, which together outline a multi-layered reporting ecosystem emphasizing accessibility, immediacy, third-party options, and protection from reprisal. These materials collectively demonstrate a deliberate strategy to empower every individual within the facility—whether incarcerated or employed—with practical, reliable channels for disclosure, ensuring reports are met with swift documentation and appropriate response. **Observations**

Throughout the on-site audit tour, the Auditor consistently observed PREA messaging woven seamlessly into the facility's daily environment. Informative posters in English and Spanish appeared prominently across housing units, intake processing areas, communal spaces, corridors, and the dining hall, delivering clear guidance on prevention, reporting procedures, and available support. Creative typographical artwork further amplified these messages, creating visual landmarks that reinforced the facility's zero-tolerance commitment and reporting pathways.

The Auditor tested inmate telephones across multiple housing units, confirming all were fully operational, conveniently positioned, and readily accessible. These observations validated the facility's claim of meaningful access to confidential reporting tools, particularly telephonic options that afford privacy and direct external connectivity without reliance on face-to-face interactions.

Interviews

Random Inmates

Inmates interviewed in confidential settings demonstrated strong awareness and confidence in their reporting options. Each articulated multiple pathways—direct staff contact, reaching the PREA Compliance Manager, using dedicated hotlines, or enlisting family members or third parties to report on their behalf. They expressed comfort with the variety of choices, noting that diverse methods reduced barriers to disclosure and enhanced feelings of safety. These responses reflected genuine understanding that reporting could occur privately, anonymously, or through preferred channels without mandatory personal identification.

Random Staff

A cross-section of staff members conveyed clear, uniform knowledge of their reporting duties. They affirmed their obligation to accept allegations through any medium—verbal disclosures, written notes, anonymous tips, or third-party accounts—and to treat every report with utmost seriousness. Staff described immediately escalating concerns to supervisors or designated authorities while accurately documenting verbal reports per policy. They also highlighted their own confidential reporting channels, including supervisor notifications, agency hotlines, written submissions, email correspondence, and direct contact with senior leadership, demonstrating thorough training and procedural fluency.

PREA Compliance Manager (PCM)

The PREA Compliance Manager outlined a robust, multi-tiered reporting architecture that accommodates individual preferences and circumstances. The PCM stressed that neither inmates nor staff face restrictions on reporting methods, with options spanning internal channels and external entities unaffiliated with facility operations. Staff training ensures universal acceptance of reports regardless of delivery method, with verbal disclosures promptly committed to official records. The PCM underscored the agency's commitment to external reporting access, including independent oversight bodies, reinforcing confidentiality and autonomy for all users.

Provisions

Provision (a): Comprehensive Internal Reporting Channels for Inmates

Inmates benefit from a wide array of internal reporting mechanisms designed to address sexual abuse, harassment, staff or inmate retaliation, and neglectful practices that enable such risks. The PAQ, supporting documents, inmate interviews, and PCM testimony all confirmed the ready availability and practical accessibility of these pathways.

GDC SOP 208.06 (effective June 23, 2022, p. 26, Section E(1)(a–b)) explicitly permits verbal or written reports at any time, with options for anonymity or identification. A dedicated PREA hotline further enhances access by eliminating personal identification number requirements, promoting ease and privacy. This flexible framework empowers inmates to select the method aligning best with their sense of security and comfort.

Provision (b): External Reporting Access to Independent Entities

The facility ensures inmates can report abuse or harassment to at least one external public or private entity operating independently of daily facility management. The PAQ documented this capability, with the PCM affirming its implementation.

GDC SOP 208.06 (p. 27, Section E(2)(a)(i–iii)) designates options such as the State Board of Pardons and Paroles and the Office of Victim Services, which function outside facility chain-of-command. While some listed channels like the Ombudsman's Office maintain agency ties, the independent Office of Victim Services satisfies this requirement. The facility does not detain individuals for civil immigration purposes, rendering related provisions inapplicable.

Provision (c): Mandatory Staff Acceptance and Documentation Protocols

Staff training and accountability form the backbone of effective reporting. The PAQ verified that personnel receive instruction on accepting reports via all channels—verbal, written, anonymous, or third-party. Random staff interviews echoed this preparedness, confirming immediate supervisory notification and precise documentation practices.

GDC SOP 208.06 (p. 27, Section E(2)(b)) mandates acceptance of every allegation and prompt recording of verbal reports, fostering a culture of rapid response, meticulous recordkeeping, and investigative readiness that upholds institutional integrity.

Provision (d): Secure and Confidential Staff Reporting Mechanisms

Employees enjoy protected, varied channels for disclosing abuse or harassment involving inmates, including verbal reports, written statements, agency hotlines, electronic submissions, and direct appeals to supervisors or senior officials. Documentation and staff interviews validated these options' existence and usability.

GDC SOP 208.06 (p. 27, Section E(2)(c)) requires immediate transmittal of all reports

	or suspicions to supervisors or Sexual Abuse Response Team (SART) members. The Staff Guide on Prevention and Reporting of Sexual Misconduct with Offenders complements this by detailing professional boundaries, behavioral red flags, reporting duties, and preventive measures, cultivating an environment of vigilance, openness, and collective responsibility. **Conclusions** Through meticulous analysis of policies, direct observations, and extensive interviews with inmates, staff, and leadership, the Auditor determined that the agency and facility achieve full compliance with PREA Standard §115.51 – Inmate Reporting. The reporting infrastructure stands as a model of accessibility and empowerment—offering internal and external pathways, safeguarding confidentiality, and enforcing staff accountability at every step. This system not only facilitates disclosure but actively encourages it, embodying PREA's foundational commitment to transparency, victim-centered response, and a correctional environment where safety concerns are heard, addressed, and prevented.

115.52	**Exhaustion of administrative remedies**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Document Review To evaluate compliance with PREA Standard §115.52, the Auditor performed an extensive and focused analysis of the facility's administrative documentation and governing policies concerning the handling of PREA-related complaints. The review encompassed the facility's completed Pre-Audit Questionnaire (PAQ) and accompanying materials, alongside the Georgia Department of Corrections (GDC) Standard Operating Procedure (SOP) Policy 208.06 – Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program (effective June 23, 2022). These documents reveal a deliberate and streamlined framework that distinguishes PREA allegations from routine administrative grievances. Sexual abuse and sexual harassment reports are classified as urgent investigative matters, immediately routed to specialized investigative channels rather than the standard grievance timeline. This redirection preserves confidentiality, accelerates response times, and prioritizes the safety of the reporting inmate, ensuring that critical concerns receive specialized handling without bureaucratic delay. **Interviews** **Random Staff**

Facility staff across various roles articulated a precise understanding of PREA reporting protocols during interviews. They emphasized that allegations of sexual abuse or harassment fall outside the grievance system entirely, requiring immediate transfer to investigative personnel upon receipt—whether via formal grievance forms or other submissions. Staff highlighted the rationale behind this separation: to enable swift action, protect reporter anonymity where requested, and shield both the affected inmate and the broader population from potential risks. Their responses demonstrated thorough training, procedural clarity, and commitment to forwarding every allegation promptly and accurately, regardless of its form or origin.

Random Inmates

Inmates interviewed in both structured sessions and casual exchanges conveyed confident awareness that PREA matters bypass the conventional grievance process. They described submitting a grievance form containing such an allegation results in its immediate reclassification as a formal investigative report, routed directly to appropriate authorities rather than languishing in standard processing queues. This distinction resonated with them as a protective measure—ensuring rapid investigation, enhanced confidentiality, and prioritized safety without the delays typical of grievance resolution. Their accounts reflected genuine comprehension of how this system safeguards their rights and well-being.

Provisions

Provision (a): Immediate Redirection of PREA Allegations from Grievance Process

The facility maintains a clear policy that sexual abuse and sexual harassment allegations are categorically non-grievable, treated instead as formal investigative reports demanding urgent action. As documented in the PAQ and affirmed through staff interviews, any grievance form bearing a PREA allegation is promptly repurposed and forwarded to investigators, circumventing standard grievance procedures and timelines to facilitate immediate intervention and tailored response to the inmate's safety needs.

This practice aligns seamlessly with GDC SOP 208.06 (page 27, Section E(3)), which mandates channeling all such allegations through dedicated reporting mechanisms rather than grievance pathways. By prioritizing timely documentation, investigative follow-through, and protective measures, the policy underscores the agency's commitment to swift resolution over procedural formality.

Provisions (b–g): Inapplicable to PREA Allegations

Subsequent provisions addressing grievance procedures, processing deadlines, appeals, and exhaustion requirements hold no relevance to sexual abuse or harassment claims. Consistent with Provision (a), the facility's established protocols universally divert PREA allegations to investigative tracks, bypassing these elements entirely. This unified approach upholds PREA mandates by safeguarding inmate safety, ensuring confidentiality, and delivering specialized responses unencumbered

	by administrative grievance structures. **Conclusion** Following a meticulous examination of policies, documentation, and insights from both staff and inmate interviews, the Auditor determined that the agency and facility achieve complete compliance with PREA Standard §115.52 – Exhaustion of Administrative Remedies. The facility's system exemplifies clarity and efficiency—seamlessly diverting PREA allegations from grievance channels into dedicated investigative processes that prioritize urgency, privacy, and protection. This structured methodology not only fulfills PREA requirements but actively advances the standard's protective intent, ensuring every inmate's report receives the prompt, specialized attention essential to fostering a safe correctional environment.

115.53	Inmate access to outside confidential support services
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Document Review To evaluate compliance with PREA Standard §115.53, the Auditor began with a detailed, narrative review of the facility’s written framework for connecting inmates with outside emotional support and advocacy. The core of this review centered on the Pre-Audit Questionnaire (PAQ) and its supporting attachments, which collectively illustrated how the facility operationalizes PREA requirements in day-to-day practice. Key direction is drawn from the Georgia Department of Corrections (GDC) Standard Operating Procedure (SOP) 208.06 – PREA Sexually Abusive Behavior Prevention and Intervention Program (effective June 23, 2022), which establishes expectations for coordinating with community-based victim service providers and for informing inmates of available external supports. The Auditor also examined the GDC Male Inmate Handbook (Revised September 25, 2017), the Inmate Intake Package, and the PREA Inmate Information Guide Brochure. These documents collectively describe confidential reporting options, hotline access, mailing information for advocacy agencies, and the emotional support services available to individuals who have experienced sexual abuse, whether recent or historical. Facility-wide postings supplemented these written materials. Notices and signs listing the contact information for Outside Confidential Support Services Agencies were reviewed as part of this assessment. These postings, which present inmate rights, external advocacy channels, and key hotline numbers in clear, accessible language, confirmed that the facility’s documentation framework is designed to be both transparent and user-friendly. The combined effect is a structure that ensures every

inmate is routinely informed about the right to seek help and the external avenues through which that help can be accessed.

Observations

During the facility walk-through, the Auditor observed that PREA-related notices and support-service information were integrated into nearly every area where inmates live and move. Posters referencing external hotlines and victim advocacy services were prominently displayed in housing units, along corridors, in administrative lobby spaces, and adjacent to inmate telephone banks. The brightly colored materials, strategically placed at eye level, prominently listed PREA hotline numbers, including two internal GDC lines and one external number dedicated to confidential community-based support.

To verify functionality and ease of use, the Auditor personally tested several inmate telephones in different housing locations. Each unit operated properly, and a test call to an external confidential support service connected without delay. An advocate answered promptly, engaged in conversation, and did not request identifying information from the caller, confirming that the service is anonymous, free, and available at all hours. These observations demonstrated that the facility not only posts information but also provides reliable, working access to the support services advertised.

Interviews

Random Inmates

Interviews with randomly selected inmates revealed a strong and consistent awareness of external emotional support options. Inmates readily identified Crisis Line & Safe House of Central Georgia (CL&SH) and facility staff victim advocates as key resources. They reported receiving both the telephone number and mailing address for CL&SH during intake or orientation and understood that calls to the listed hotlines were free and confidential.

Importantly, inmates demonstrated a nuanced understanding of the limits of confidentiality. They articulated that while calls are generally private, advocates and staff are obligated to report certain information—such as threats of self-harm or harm to others, suspected abuse of minors or vulnerable adults, and specific criminal disclosures—consistent with mandatory reporting laws. This level of understanding indicated that the facility clearly communicates both the protections and the legal boundaries associated with external support contacts.

Intermediate- or Higher-Level Staff

Facility leadership and mid-level staff described a proactive approach to maintaining communication systems, especially those that support PREA reporting and emotional support. They explained that inmate telephone lines are checked daily for operability and that any malfunction is documented and rapidly routed for repair. Staff emphasized that reliable telephone access is considered fundamental to safety and compliance, particularly in the context of PREA reporting and contact with outside

advocates.

These staff members outlined internal procedures for responding to technical issues—detailing how reported problems are logged, prioritized, and resolved. Their comments reflected more than simple adherence to policy; they conveyed a broader institutional culture that values accessibility, responsiveness, and uninterrupted access to outside support for inmates who may be in crisis.

PREA Compliance Manager (PCM)
The PREA Compliance Manager described ongoing work to renew and formalize a Memorandum of Understanding (MOU) with CL&SH. Once finalized, this agreement will further define roles, expectations, and coordination efforts related to advocacy services for inmates who experience sexual abuse. In the interim, CL&SH continues to respond to inmates' needs through hotline services and referral support.

The PCM explained that during intake, every new inmate receives printed information outlining CL&SH's 24-hour hotline number, mailing address, and the range of emotional support services available, including support for past victimization. This practice ensures that information about external emotional support is not only posted around the facility but also personally provided to each individual at the point of entry.

Crisis Line & Safe House (CL&SH)
Representatives from CL&SH confirmed that they are in active discussions with the facility regarding the updated MOU. They explained that their organization provides services and referrals to any person in Bibb County who has experienced sexual victimization, including those who are currently incarcerated. CL&SH operates a confidential, 24/7 public hotline at 478-745-9292, staffed by trained advocates who offer nonjudgmental, trauma-informed support.

They described a broad scope of assistance: responding to hotline calls, offering emotional support, explaining medical and legal options, accompanying survivors to forensic examinations when feasible, and assisting with basic needs and referrals for the inmate and supportive others. CL&SH also emphasized that support is available regardless of when the assault occurred, demonstrating a commitment to long-term survivor care.

Provisions

Provision (a): Reliable Access to External Emotional Support Services
The facility reported in the PAQ that even in the absence of a finalized MOU, inmates retain continuous access to external victim advocacy services, particularly through CL&SH. Trained internal staff advocates are also available to provide trauma-informed support around the clock, ensuring that emotional care is not delayed or dependent solely on outside contact.

Inmates receive current mailing addresses and telephone numbers—including toll-free hotlines—for local, state, and national advocacy organizations. This information is made accessible to all inmates, including any individuals detained for

civil immigration purposes. CL&SH confirmed that its advocates offer confidential emotional support, crisis intervention, and referrals, with 24-hour coverage through its hotline.

Relevant policy language in GDC SOP 208.06, Section B(e) directs facilities to make good faith efforts to formalize MOUs with local rape crisis centers and to document those efforts if an MOU cannot be secured. The policy further requires the identification and training of internal staff advocates and mandates that all support service contact information be clearly and publicly posted. Together, these measures ensure that access to emotional support is reliable, visible, and continuously available.

Provision (b): Clear Communication of Monitoring and Confidentiality Limits
Before inmates engage with external advocates, the facility consistently explains how communications may be monitored and the specific limits of confidentiality. This includes full disclosure of mandatory reporting obligations under relevant federal, state, and local laws. Inmates interviewed during the audit accurately described these boundaries, noting that advocates are required to report threats of self-harm, threats against others, and suspected abuse involving minors or vulnerable adults.

GDC SOP 208.06, Section B(f) specifies that community victim advocates associated with the facility must undergo screening and approval consistent with volunteer and contractor requirements. The policy emphasizes that while advocates provide emotional and informational support during investigations and medical procedures, they must not interfere with facility safety or investigative processes. This ensures that emotional support is delivered in a manner that respects both survivor needs and institutional responsibilities.

Provision (c): Coordination with Community Service Providers Despite Logistical Constraints
The facility reported that local community service providers currently lack sufficient staffing to conduct regular in-person services inside the correctional setting. Nevertheless, these organizations remain actively involved through telephone and written communication. Advocates may provide remote accompaniment, guidance, and support during investigative or forensic processes, even when physical entry into the facility is limited.

Inmate interviews confirmed ongoing awareness of these external resources and understanding of the confidentiality parameters that govern their use. The availability of telephone and mail-based advocacy ensures that PREA’s intent—providing meaningful access to outside emotional support—is met, despite logistical limitations that affect on-site presence.

Conclusion

After a comprehensive review of documentation, direct observations, and multiple levels of interviews, the Auditor concludes that the facility meets all elements of PREA Standard §115.53. Inmates have clear, practical, and confidential ways to contact external emotional support and advocacy services, and they understand both the

	protections offered and the legal limits of confidentiality. The facility’s continued effort to renew and formalize the MOU with CL&SH further underscores its commitment to sustaining a trauma-informed, victim-centered response for anyone in custody who has experienced sexual abuse.

115.54	Third-party reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Document Review To determine compliance with PREA Standard §115.54, the Auditor undertook a meticulous and expansive review of all relevant documentation from both the facility and the Georgia Department of Corrections (GDC). This comprehensive assessment included the facility's fully completed Pre-Audit Questionnaire (PAQ) and its extensive supporting materials, alongside the foundational GDC Standard Operating Procedure (SOP) Policy Number 208.06 – Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program (effective June 23, 2022). The Auditor also carefully examined the GDC PREA Offender Brochure, specifically designed for distribution to inmates, as well as publicly available content on the GDC PREA webpage. These resources collectively articulate a clear agency commitment to empowering external parties—whether family members, friends, advocates, attorneys, or concerned community members—with straightforward, reliable mechanisms to report allegations of sexual abuse or harassment on behalf of those in custody. Through printed brochures, strategically placed facility postings, and the agency's public website, the documentation reveals a multi-platform dissemination strategy. This approach not only fulfills PREA requirements but actively promotes external transparency, ensuring that third-party reporters encounter no undue obstacles when seeking to protect inmate safety. **Interviews** **Random Inmates** During confidential interviews, a diverse group of randomly selected inmates demonstrated thorough familiarity with third-party reporting options. Each individual confidently explained that family members, friends, or other trusted external contacts could submit reports of sexual abuse or harassment directly on their behalf through multiple established channels. Inmates referenced specific resources—such as the GDC PREA Offender Brochure, wall postings throughout housing areas, and intake orientation instructions—as the sources of their knowledge.

	Several inmates expressed that this external reporting capability provided an additional layer of security, particularly in situations where direct facility contact might feel risky. Their responses validated that the facility successfully communicates these options, positioning third-party reporting as both legitimate and practical. **Provisions** **Provision (a): Comprehensive and Accessible Third-Party Reporting Channels** The facility maintains a robust network of reporting mechanisms specifically designed to receive third-party allegations of sexual abuse and sexual harassment, as documented in the PAQ and supporting materials. These pathways are prominently featured in the GDC PREA Offender Brochure and clearly detailed on the agency's publicly accessible PREA webpage, ensuring external reporters can navigate the process with minimal confusion or delay. GDC SOP Policy Number 208.06 (pages 26–27, Section E(2)(a)(i–iii)) establishes multiple formal channels for third-party submissions, seamlessly blending internal agency resources with independent external entities. Reports may be directed to the GDC Ombudsman's Office via mail or telephone for structured agency review; submitted electronically through direct email to the GDC PREA Coordinator for rapid processing; or conveyed to the State Board of Pardons and Paroles, Office of Victim Services—an external body operating independently of facility and agency operations—for unbiased oversight. This diverse array of options empowers external reporters to select the channel that best matches their circumstances, comfort level, or urgency. The Auditor confirmed that brochures, website content, and posted notices employ straightforward language and step-by-step guidance, making the reporting process genuinely approachable. Inmate interviews further substantiated that these external reporting capabilities are well-understood within the population, reflecting the effectiveness of the facility's communication strategy. **Conclusion** Through detailed documentation analysis, policy scrutiny, and direct inmate interviews, the Auditor determined that the agency and facility achieve full compliance with PREA Standard §115.54 – Third-Party Reporting. The established system exemplifies accessibility and inclusivity, providing clear, multi-channel avenues that enable anyone outside the facility—family, advocates, or concerned citizens—to report potential abuse swiftly and confidently. This transparent framework not only meets PREA mandates but strengthens overall institutional accountability, ensuring that inmate safety concerns raised externally receive the same urgent, professional attention as internal reports.

115.61	**Staff and agency reporting duties**

Auditor Overall Determination: Meets Standard

Auditor Discussion

DOCUMENT REVIEW

To assess compliance with PREA Standard §115.61, which defines the responsibilities of staff and agencies in reporting sexual abuse, sexual harassment, and retaliation, the Auditor conducted an extensive review of facility documents, operational protocols, and supporting evidence of practice.

The process began with an examination of the Pre-Audit Questionnaire (PAQ) and its exhibits, which mapped out both internal and external reporting pathways. Central to this analysis was the Georgia Department of Corrections (GDC) Standard Operating Procedure (SOP) 208.06 – Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program (effective June 23, 2022). This policy establishes the statewide framework for PREA compliance, prescribing mandatory staff duties to report, outlining consistent training expectations, and detailing leadership accountability and confidentiality standards.

The Auditor verified that this governing SOP obligates every employee—regardless of title, assignment, or length of service—to immediately report any knowledge, suspicion, or information suggesting sexual abuse, sexual harassment, retaliation, or staff negligence that may have contributed to such misconduct. The same standard requires that supervisory and administrative personnel maintain a transparent tracking system to document reports, actions taken, and protective measures for all individuals involved.

At the facility level, the local implementing procedures faithfully reflect those statewide standards. They demonstrate an organizational culture that prizes prompt reporting and follow-through as essential to a zero-tolerance philosophy. Together, these documents form a seamless structure designed to ensure consistency, accountability, and protection for all individuals within the institution.

INTERVIEWS

Random Staff

The Auditor began by meeting with staff across multiple departments—security, food service, classification, and education—to capture perspectives from daily operational settings. These conversations revealed consistent understanding and confidence in PREA reporting protocols. Every individual described, often in vivid detail, how reports may originate and the steps that must follow.

Staff spoke of multiple reporting avenues—verbal statements, written documentation, or electronic submissions—and acknowledged that reports may come from any source, including anonymous or third-party tips. The clarity of their responses demonstrated both training effectiveness and a healthy workplace culture that prioritizes vigilance. Several participants shared that PREA education had reshaped

the overall work environment, instilling values of mutual respect, accountability, and teamwork. They viewed reporting not as an inconvenience but as an ethical reflex embedded in their daily responsibilities.

PREA Compliance Manager (PCM)

In conversation with the PREA Compliance Manager, the Auditor gained a detailed view of how reporting functions once information reaches the administrative level. The PCM outlined how each allegation—whether generated internally or from an external entity—is immediately logged into a secure electronic system. This system automatically alerts supervisory and investigative authorities, allowing for real-time oversight and tracking of the facility's response timeline.

According to the PCM, this digital infrastructure eliminates delays and ensures that no concern is overlooked. Each report is monitored from the moment it is filed until the final resolution, with status updates maintained at every step. The PCM's familiarity with both GDC system-wide requirements and the facility's specialized procedures reflected a high degree of operational alignment and transparency across reporting tiers.

Medical and Mental Health Personnel

Licensed medical and mental health professionals provided essential insights into how PREA standards intersect with clinical ethics and legal reporting mandates. Each clinician emphasized that when a disclosure or even a clinical indicator of possible sexual abuse emerges, immediate action follows—ensuring the person's safety, initiating medical care, and alerting investigative authorities through the proper PREA reporting channels.

Equally significant was their explanation of informed communication: during intake or the start of treatment, patients are clearly told about the practitioners' duty to report allegations of sexual abuse and the boundaries of confidentiality. The Auditor noted that this practice embodies trauma-informed care, ensuring that patients understand the reasons behind transparency while maintaining trust. Clinicians described how such openness fosters cooperation and reduces fear or confusion surrounding the reporting process.

Facility Head or Designee

The facility's highest-level administrator framed the overall PREA mission succinctly yet emphatically: every indication of abuse or retaliation, whether observed, reported, or suspected, triggers a duty to act. During interview, the Facility Head elaborated on strategies used to reinforce this message at every organizational level.

Leadership has cultivated what was described as a "culture of ethical vigilance," where staff are empowered to respond promptly rather than wait for direction. The administrator stressed that timeliness is both a protective measure and a moral requirement—safeguarding individuals while strengthening institutional integrity. By modeling swift accountability, leadership communicates to inmates and staff alike

that vigilance and compassion coexist at the heart of the facility’s daily operations.

PROVISIONS

Provision (a): Immediate and Universal Reporting Requirements

Analysis of policy and interview evidence confirms that the facility enforces a clear and unwavering requirement: every staff member must report immediately upon receiving or suspecting information regarding sexual abuse, sexual harassment, retaliation, or negligence contributing to misconduct. Reporting may be made directly to a supervisor, the PREA Compliance Manager, or a member of the Sexual Assault Response Team (SART).

This expectation applies universally—across shifts, ranks, and disciplines—and extends to indirect indicators or behaviors that could signal potential harm. Such immediacy ensures that protective action can begin without procedural delay.

Relevant Policy: GDC SOP 208.06, p. 27, § E.2.c, directing immediate notification to supervisors or SART members.

Provision (b): Confidential Handling of Information

Confidentiality is anchored as a central operational tenet. Information concerning sexual abuse or harassment allegations is limited strictly to those with defined investigative, medical, or safety duties. Dissemination beyond that circle is expressly forbidden.

Interviewed staff expressed that confidentiality safeguards not only trust but also procedural integrity. They connected this discretion with the prevention of rumors, protection of witnesses, and maintenance of credibility throughout investigations.

Relevant Policy: GDC SOP 208.06, p. 24, Sec. 3 (NOTE)—restricting the sharing of sensitive PREA information to authorized, need-to-know personnel only.

Provision (c): Informing Individuals in Care of Reporting and Confidentiality Limits

Medical and mental health staff affirmed their consistent practice of explaining, upon first contact, the legal obligation to report sexual abuse and the limits that apply to confidentiality. This proactive disclosure ensures transparency and supports informed participation.

The approach reflects trauma-informed principles, helping individuals understand that reporting serves as both a protective and investigative safeguard. Such communication strengthens trust between practitioner and patient while maintaining compliance with PREA and state law.

Relevant Policy: GDC SOP 208.06—requiring disclosure of reporting duties and confidentiality limits during early stages of assessment.\

Provision (d): Reporting to Protective Services for Minors and Vulnerable

Adults

For any allegation involving a person under 18 years of age or a vulnerable adult, facility procedures mandate immediate referral to external protective agencies such as Child Protective Services (CPS) or Adult Protective Services (APS).

When the subject of a report is an adult who does not qualify under protective definitions, but an incident occurred outside custody settings, the facility first seeks informed consent before making an external report—unless a legal mandate overrides that discretion. This careful process balances safety, privacy, and respect for individual autonomy.

Relevant Policy: GDC SOP 208.06 – Protective agency referral requirements consistent with state law.

Provision (e): Obligation to Act on Every Allegation

Perhaps the most defining strength of the facility's PREA reporting culture is its refusal to dismiss any source of information. Whether an allegation comes through a letter, passing remark, anonymous submission, or third-party statement, it is formally logged and investigated.

The PREA Compliance Manager confirmed that daily reviews verify all incoming reports are documented and forwarded to investigative teams within the same day. This operational discipline ensures no allegation—regardless of how it surfaces—is ignored or minimized.

Relevant Policy: GDC SOP 208.06 – mandating that all staff act promptly on every allegation and that all forms of reporting receive equal investigative consideration.

CONCLUSION

Following the extensive review of policies, records, and staff interviews, the Auditor concludes that the facility fully meets the requirements of PREA Standard §115.61 – Staff and Agency Reporting Duties.

Throughout every level of operation—administrative, clinical, and frontline—the Auditor observed a clear understanding of reporting protocols and a shared commitment to survivor protection and procedural integrity. Confidentiality is preserved with precision, and leadership oversight ensures that every report moves swiftly through the appropriate investigative channels.

The facility operates within a culture where reporting is recognized not as bureaucracy but as a moral imperative. Leadership continues to model this expectation, reinforcing zero-tolerance principles and equipping staff through training and daily guidance.

By sustaining these standards, the facility ensures that all reports of sexual abuse or harassment are addressed promptly, documented accurately, and handled with integrity—upholding both the letter and the spirit of the Prison Rape Elimination Act.

115.62	Agency protection duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	DOCUMENT REVIEW To determine the facility's compliance with PREA Standard §115.62, the Auditor conducted an in-depth examination of agency policies, procedural documents, and implementation materials describing how the facility protects individuals identified as facing a substantial risk of imminent sexual abuse. The Auditor began by reviewing the Pre-Audit Questionnaire (PAQ) and accompanying evidence submitted under the supervision of the Georgia Department of Corrections (GDC). Central to the evaluation were the GDC Standard Operating Procedure (SOP) 208.06 – Prison Rape Elimination Act (PREA): Sexually Abusive Behavior Prevention and Intervention Program (effective June 23, 2022) and Attachment 7 – PREA Local Procedure Directive and Coordinated Response Plan. These core documents function as the institution's blueprint for swift and cohesive action when a person's safety may be compromised. Within this framework, clearly defined duties assign responsibility to correctional officers, medical and mental health personnel, supervisors, investigators, and administrators. The guiding principle is simple yet uncompromising: when credible knowledge of imminent danger arises—whether from direct disclosure, observation, or reasonable suspicion—the facility must respond immediately and decisively. The coordinated response plan depicts a precise chain of communication and intervention, ensuring each department acts in unison to secure the at-risk inmate while preserving evidence and procedural integrity. After reviewing all documentation, the Auditor found that the facility's approach demonstrates both clarity and accountability. Roles are well distinguished, timelines are condensed to prevent hesitation, and expectations reflect a disciplined culture of preparedness. These features underscore the facility's readiness to safeguard any individual perceived to be in imminent danger. **INTERVIEWS** **Random Supervisors and Mid-Level Managers** The Auditor first conferred with mid-level managers and shift supervisors. Their insight revealed how rapidly protective measures unfold once a potential threat is recognized. They explained that the facility's "no-hesitation" protocol operates as an ingrained reflex rather than an exception. When alerted to possible danger, supervisors immediately coordinate with security, classification, and medical units to stabilize the situation. Documentation and follow-up of these protective responses occur within minutes, not hours. Supervisors emphasized that command staff remain continuously informed

through real-time radio and digital updates. This layered oversight ensures decisions—such as separating individuals or increasing observation—are made collaboratively and executed without delay. Such swift coordination, they said, is the product of continuous drills, briefings, and leadership reinforcement.

Random Staff

Conversations with line staff across departments—security, food service, maintenance, and education—demonstrated uniform awareness of their duty to act when imminent risk appears. Staff described how, at the first sign of threat, they would separate the involved inmates, secure the area, and immediately contact a supervisor or PREA Response Team member.

They spoke confidently about the sequence of actions and their authority to initiate them, noting that protective steps do not depend on management authorization. This empowerment, they said, reflects both strong PREA training and a workplace culture that values protective intervention over procedural delay. Many recounted scenario-based exercises used during training sessions, describing how repeated practice builds reflexive confidence for critical moments.

Facility Head or Designee

The Facility Head provided the broader strategic perspective, connecting policy language to real-world execution. The administrator described the facility's protective philosophy as one built on immediacy, collaboration, and decisiveness.

When a credible threat is identified, leadership mobilizes the coordinated response team, which may involve temporarily relocating the at-risk inmate, limiting the movement of suspected aggressors, or augmenting monitoring through increased staff presence. In certain cases, transfers to higher-security housing or another facility may occur.

The administrator stressed that these protective decisions are not contingent on investigation outcomes; rather, the facility acts first to ensure safety, then follows with inquiry and documentation. The collaboration among departments—security, classification, mental health, and administration—ensures that interventions are both balanced and proportional. The guiding objective remains constant: preventing harm through swift and rational action.

PROVISIONS

Provision (a): Immediate Protective Action in Response to Imminent Risk

PREA Standard §115.62 mandates that once a facility becomes aware that an inmate faces a substantial and immediate risk of sexual abuse, it must take protective action without delay. At this facility, such preparedness is both procedural and cultural.

Documents reviewed in the Pre-Audit Questionnaire and related materials confirmed that the response expectation is embedded at every operational level. Any employee—regardless of job title—holds the authority to trigger protective measures

	upon recognizing potential danger. Actions can include quick separation of parties, reassignment of housing, closer observation rounds, medical or mental health referrals, or temporary distance placement to prevent contact between involved individuals. Interviews with staff and leadership consistently reaffirmed these practices, each describing congruent sequences of intervention and communication. Employees stressed that such measures are implemented immediately upon credible indication, never postponed until formal verification. The Auditor's review of incident logs over the past twelve months revealed no instances of known imminent-threat cases—an encouraging indicator of preventive vigilance, population management accuracy, and continual environmental monitoring. **Relevant Policy:** GDC SOP 208.06, Attachment 7 – PREA Local Procedure Directive and Coordinated Response Plan outlines the prescribed actions for first responders, notifications to medical and mental health services, and leadership accountability steps. This policy ensures that protective efforts operate as a synchronized system designed to avert harm swiftly and effectively. **CONCLUSION** Based on the review of documents, staff interviews, and operational evidence, the Auditor concludes that the facility is in full compliance with PREA Standard §115.62 – Agency Protection Duties. The institution's policies and practices reveal an alert and disciplined system for preventing sexual victimization when imminent risk arises. Staff are well-trained and confident in responding instantaneously, supervisors coordinate interdepartmental communication with precision, and leadership demonstrates unwavering commitment to safety as the facility's foremost operational priority.

115.63	Reporting to other confinement facilities
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	DOCUMENT REVIEW To verify compliance with PREA Standard §115.63, the Auditor conducted a methodical and com review of facility documentation detailing the procedures for handling allegations of sexual abu harassment that involve another confinement setting. This standard ensures allegations are no when jurisdiction crosses institutional boundaries and that communication between facilities re traceable, and verifiable. The review began with the Pre-Audit Questionnaire (PAQ) and its supporting evidence before a

close examination of the Georgia Department of Corrections (GDC) Standard Operating Procedur (SOP) 208.06 – Prison Rape Elimination Act (PREA): Sexually Abusive Behavior Prevention and Inter (effective June 23, 2022). This SOP prescribes uniform procedures across GDC facilities, defining communication channels, timelines, documentation expectations, and verification methods wh abuse is alleged to have occurred at another institution.

The Auditor then reviewed Attachment 7 – PREA Local Procedure Directive and Coordinated Resp strengthens the inter-facility communication structure by identifying designated roles, required and oversight responsibilities. Together, these documents establish an integrated reporting net requires immediate relay of allegations and requires confirmation that each notification reache appropriate investigative authority.

Through document analysis and discussion with leadership, the Auditor confirmed that the Fac assigned designee bears primary responsibility for transmitting and verifying external notificat facility's communication protocols combine administrative precision with operational urgency— every account of potential abuse, regardless of where it occurred, is treated with the same ser follow-through as an in-house allegation.

INTERVIEWS

Random Staff

The Auditor began by speaking with a cross-section of staff from various posts, including secur and support services. Their answers revealed consistent understanding of the process for hand involving another correctional setting. Staff explained that if an inmate reports being sexually harassed while confined elsewhere, the first step is an immediate verbal report to a supervisor Officer. From there, notification moves up the chain to the PREA Compliance Manager and Facili external reporting.

Each staff member expressed confidence that the system is streamlined and well reinforced th They understood that reports must never stall at the frontline level and emphasized their abilit the importance of acting swiftly even when details are incomplete. Scenario-based learning, us refresher training, was cited as instrumental in reinforcing that all information—no matter how tentative—must be communicated without delay.

Facility Head or Designee

In interviews, the Facility Head described, in practical terms, how these cross-facility reports ar When an inmate discloses having experienced sexual abuse or harassment in another institutio does not wait to investigate or corroborate but instead initiates contact with leadership at the facility. Most notifications occur the same day, and under agency policy they must never excee window from the time of the disclosure.

If the alleged incident took place at another GDC facility, the notification is transmitted throug communication channels—typically by direct warden-to-warden correspondence, with simultan the Regional Sexual Assault Coordinator (SAC) and the GDC PREA Coordinator. When an externa as a county jail or private correctional center) is involved, notifications are directed to the appr authority.

The Facility Head affirmed that even though no such notifications were required in the past yea

fully prepared and practiced in these measures. The administrator underscored that timeliness procedural mandate and a moral commitment—every facility has a duty to ensure that allegat proper destination immediately.

Agency Head Designee

The Agency Head Designee discussed how GDC enforces consistent communication between in systemwide level. Upon receiving an allegation involving another confinement facility, notificat without hesitation, often through direct warden-to-warden contact. Written confirmation follow submitted to the GDC PREA Coordinator for accountability and tracking.

This inter-facility reporting process, the Designee explained, is not a mere exchange of profess but a fully structured mechanism equipped with verification checkpoints. Every notice generat corresponding record of when, how, and to whom contact was made, and the receiving facility acknowledge receipt. Such dual confirmation produces a transparent chain of communication t overlooked or lost between jurisdictions. The Designee described this system as "fail-safe by d structure meant to eliminate reporting voids and preserve institutional credibility.

PROVISIONS

Provision (a): Duty to Notify Other Facilities

Policies reviewed and interview responses consistently confirmed that when a staff member be an allegation of sexual abuse or harassment that occurred at a different institution, prompt not mandatory. The Facility Head or designee bears responsibility for contacting the administrator o facility. If the allegation involves another location within the Georgia Department of Corrections communication is also sent to the Department's PREA Coordinator and the Regional Sexual Assault Coordinator (SAC).

Although the facility logged no such cases during the prior twelve months, documentation and showed that readiness is firmly established. The notification process is integrated into annual p standard staff training, and institutional emergency drills, ensuring all employees understand t chain of action.

Relevant Policy: GDC SOP 208.06, Section 2(a), p. 27 requires the Warden or Superintendent to the appropriate facility head, the GDC PREA Coordinator, and, when applicable, the Regional SA involving private or non-GDC institutions must be transmitted to the appropriate external auth multi-tiered communication system reinforces accountability and continuity across institutiona jurisdictional lines.

Provision (b): Notification Timeline Requirement

The Auditor confirmed that timeliness remains one of the most essential elements of this stand GDC policy, notification must occur as soon as possible and within a maximum of 72 hours after allegation. Supervisors described this timeline as firm, measurable, and audited during routine

The facility's leadership team emphasized that this structure allows no room for bureaucratic d completing notice within hours rather than days is viewed as best practice. Line and supervisor expressed awareness that any deviation must be documented and reported immediately to the PREA Compliance Manager.

Relevant Policy: GDC SOP 208.06, Section 2(b), p. 28 reaffirms that inter-facility contact must b within 72 hours, creating a traceable benchmark for monitoring compliance.

Provision (c): Documentation of Notification

Recordkeeping procedures at the facility ensure a clear, auditable trail for each inter-facility re notification records include the time and date of contact, the name of the individual or agency method of communication used, and confirmation of receipt. These entries are stored in the fa PREA tracking database and synchronized with investigative logs for oversight.

Although recent years produced no instances requiring this procedure, both administrative and articulated—with precision—how the documentation process would function if an allegation em readiness indicates a well-established protocol and a shared understanding that paperwork ser protection and due diligence.

Relevant Policy: GDC SOP 208.06, Sections 2(b) and 2(c), p. 28 direct that all notifications and d records be completed within the 72-hour window, ensuring comprehensive documentation for a verification.

Provision (d): Duty to Investigate Allegations Received from Other Facilities

The Auditor confirmed that when the facility receives an allegation originating from another ins assumes investigative responsibility unless conclusive findings already exist from the reporting The Facility Head and documented evidence confirmed that during the previous audit period, th inter-facility allegations were referred for local review.

Each case was promptly assigned to the facility's designated PREA investigator, who followed s investigative protocols—interviewing parties, collecting witness statements, reviewing camera evaluating evidence when available. All three were completed within the required timeframe a unfounded. Notifications of outcome were provided to each involved inmate in writing.

Even when external allegations do not yield substantiated outcomes, verification steps are tak that the originating institution receives confirmation of closure. This reciprocal process fosters and consistency between facilities, creating a continuous loop of accountability.

Relevant Policy: GDC SOP 208.06, Section 2(d), p. 28 mandates that any allegation received fro institution be promptly investigated as though it occurred locally, unless a completed investiga originating facility has already determined the findings.

CONCLUSION

After reviewing documentation, conducting staff and leadership interviews, and verifying opera the Auditor concludes that the facility is in full compliance with PREA Standard §115.63 – Report Confinement Facilities.

Policies are explicit, staff are well trained, and leadership demonstrates unwavering commitme that every credible allegation—whether internal or external—is given immediate, documented chain of communication linking this facility to sister institutions and external authorities functio and efficiency.

Even in the absence of active cross-facility reports at the time of audit, the structure of prepar

	unmistakable: detailed procedures, time-bound expectations, and precisely maintained reporti illustrate an organizational culture grounded in readiness. The facility's performance upholds a fundamental PREA principle—that no allegation of sexual harassment should ever be lost to administrative boundaries or jurisdictional divisions. Throug communication, verified documentation, and coordinated investigation, the institution sustains system-wide network of protection extending far beyond its own walls.

115.64	Staff first responder duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	DOCUMENT REVIEW The Auditor conducted a comprehensive review of all documentation relevant to evaluating compliance with PREA Standard §115.64, which establishes specific duties for staff members who serve as first responders to allegations of sexual abuse. This process involved an in-depth analysis of the facility's Pre-Audit Questionnaire (PAQ) and an examination of the complete range of supporting materials submitted before the onsite audit. These documents provided insight into the facility's rapid-response systems for protecting inmates, preserving physical evidence, and initiating a coordinated chain of communication between security, medical, and investigative authorities. At the center of this review stood the Georgia Department of Corrections (GDC) Standard Operating Procedure (SOP) 208.06 Prison Rape Elimination Act (PREA): Sexually Abusive Behavior Prevention and Intervention Program (effective June 23, 2022). This statewide policy defines, in clear language, the distinct yet collaborative roles of security and non-security personnel when responding to a report of sexual abuse. It directs that the first employee to receive an allegation must immediately ensure separation of involved parties, protect all potential evidence, secure the scene, and notify supervisors and the Sexual Assault Response Team (SART). The SOP further integrates Attachment 7 – PREA Local Procedure Directive and Coordinated Response Plan, which tailors these expectations to local facility resources. Together, these documents emphasize a trauma-informed approach—balancing urgency and professionalism to preserve safety, dignity, and evidentiary integrity while maintaining disciplined communication throughout the initial response. **INTERVIEWS** **Non-Security First Responders**

The Auditor opened the interview phase with personnel from non-security departments—educators, case managers, and mental health staff—who often serve as first points of contact in less formal settings. They demonstrated strong understanding of their immediate responsibilities, explaining that their initial action is to create physical and emotional safety for the inmate while summoning security staff to assume control.

They described their training as emphasizing calm composure, discretion, and steadfast adherence to evidence preservation. Each respondent clearly articulated that the individual making the report is to be gently advised against activities that might compromise evidence—such as bathing, eating, or changing clothes—until medical personnel provide guidance. Their responses highlighted a conscientious awareness of how even brief delays or missteps could affect investigations and survivor well-being.

These employees consistently expressed confidence that their roles complement, rather than compete with, those of security staff, bridging the short interval before specialized responders arrive.

Inmates Who Reported Sexual Abuse

Inmates who had reported sexual abuse spoke openly about how quickly and appropriately staff reacted once their allegations were raised. They described officers and staff as attentive, calm, and immediately protective, ensuring that the alleged perpetrator was removed from proximity and that medical care was swiftly arranged.

Each individual confirmed being provided prompt access to forensic examination services and that a victim advocate was present during the process to offer reassurance and practical information. They emphasized that medical care was not charged to them, no coercive testing (such as polygraphs) was requested, and they were kept informed through written updates on investigation progress. Their accounts collectively reflected a climate in which their safety and dignity were prioritized from the first moment of disclosure.

Security Staff – First Responders

Members of the security team described their duties with practiced confidence, citing continued reinforcement through annual PREA refreshers, situational drills, and cross-department briefings. They explained that upon receiving a report or witnessing suspected abuse, their first obligation is to separate the alleged victim and accused person, restrict access to the location, and protect any physical evidence that might later support investigation.

They also discussed evidence preservation measures in detail—such as instructing both individuals not to clean up, change clothing, or move items within the secured area—and their requirement to notify supervisory staff without delay. Security personnel framed these procedures not as discrete responses but as part of an ingrained reflex that has become second nature through repetition and institutional discipline.

Their collective testimony illustrated readiness and procedural fluency, reinforcing that first responder duties are deeply embedded in facility culture.

Facility Staff – General Awareness

Interviews with randomly selected staff from diverse departments revealed alignment between policy and practice. Staff consistently recounted the step-by-step sequence expected of any personnel receiving a report—first ensuring safety, then securing evidence, and finally escalating notifications through the command chain.

They emphasized the importance of confidentiality, understanding that sensitive information must only be shared with authorized staff. This consistency at every operational layer suggested a shared institutional awareness that transcends specific job roles, demonstrating that the first responder ethic has become an essential part of the facility's overall identity.

PROVISIONS

Provision (a): Duties of First Responders – Security and Non-Security Staff

Documentation and interviews confirm that the facility maintains a robust structure defining the responsibilities of both security and non-security first responders. The Pre-Audit Questionnaire (PAQ) outlines that the first employee informed of an allegation—whether custody or civilian—is obligated to protect the reported victim, ensure separation from the alleged abuser, and take steps to safeguard any area that might contain physical evidence. Staff are required to prevent contamination by advising both parties not to shower, change clothes, eat, drink, or perform hygiene routines until investigators or medical personnel provide authorization.

Over the previous year, the facility documented eleven reports of alleged sexual abuse or harassment. Yet, during the audit, only two partial investigative files were accessible. This lack of complete documentation prevented the Auditor from verifying that the expected first responder actions occurred consistently in each case.

Relevant Policy: GDC SOP 208.06 (p. 28, Section 3) mandates coordinated local response plans directing staff to separate involved individuals, secure evidence, notify supervisory staff, and document incidents accurately while maintaining confidentiality (Form CN 6601). Section F(1) (p. 27) reiterates these steps with identical emphasis on evidence integrity and immediate reporting.

Status: The facility did not meet the requirements of this provision due to insufficient verification materials.

Provision (b): Responsibilities of Non-Security First Responders

Under agency policy, non-security staff share essential first responder responsibilities whenever they are the initial contact for an allegation. They must advise the individual to avoid behaviors that risk destroying evidence and immediately contact security personnel or supervisors to assume control and ensure investigative continuity.

	The PAQ noted that no such instances occurred during the prior twelve months, though all reported being trained to respond decisively if a disclosure is made in their presence. Interviews with educational, medical, and counseling staff confirmed familiarity with these actions and a sense of personal responsibility to maintain evidence integrity until specialized responders intervene. **INTERIM CONCLUSION** After thorough analysis of all materials and interview data, the Auditor determined that incomplete documentation obstructed full verification of compliance with several core components of PREA Standard §115.64. While the policy framework is strong and staff interviews revealed widespread understanding of required procedures, the lack of accessible investigative files precluded confirmation that first responder protocols were implemented and monitored consistently. **Noncompliant:** Provision (a) **CORRECTIVE ACTION PLAN** The facility must submit comprehensive documentation for all eleven PREA-related cases within the current audit cycle. The submission should include complete and exhaustive PREA records. **Deadline:** No later than March 31, 2026 Upon receipt, the Auditor will evaluate whether the evidence demonstrates timely action, appropriate first responder engagement, and documentation meeting the criteria of PREA §115.64. 1. If verified documentation confirms complete and timely first responder activity, no additional corrective measures will be required. 2. Should evidence remain incomplete or highlight unresolved deficiencies, the Auditor will initiate additional corrective steps to ensure compliance with PREA standards. **FACILITY RESPONSE** March 30, 2026, the facility submitted the previously missing portions of the PREA investigative files, pertaining to this standard. **AUDITOR RESPONSE** March 31, 2026, the auditor reviewed the newly submitted materials and confirmed that the records demonstrate timely, complete, and consistent first responder actions. Documentation reflects adherence to protocol across all reviewed cases, satisfying procedural and recordkeeping expectations established under PREA standards. **FINAL CONCLUSION** Based on the verified documentation and follow-up analysis, the Auditor concludes that the facility has met the requirements of PREA Standard §115.64.

	RECOMMENDATION It is strongly recommended that the facility develop and implement a standardized filing and recordkeeping system for all PREA-related allegations, investigations, and corresponding reports. This system should promote consistency, accessibility, and accuracy across all case documentation while ensuring that each record meets both facility policy and PREA compliance requirements. Each PREA allegation should be maintained within its own dedicated case file that includes all relevant documentation—from the initial incident report to final disposition. To enhance continuity and accountability, all components of the record or complete copies thereof should be stored together in a single, clearly organized file.

115.65	Coordinated response
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	DOCUMENT REVIEW To assess compliance with PREA Standard §115.65, which requires an integrated institutional pl response to sexual abuse allegations, the Auditor conducted an extensive examination of the f and operational frameworks. The review began with the Pre-Audit Questionnaire (PAQ) and cor evaluation of all referenced procedures, departmental guidelines, and training records. Collect revealed a facility anchored by a cohesive, well-defined system that ensures swift interdepartm survivor-centered care under crisis conditions. Central to this evaluation was the Georgia Department of Corrections (GDC) Standard Operating Procedure (SOP) 208.06 – Prison Rape Elimination Act (PREA): Sexually A and Intervention Program (effective June 23, 2022). This policy functions as the statewide direct institutional responses to sexual abuse or harassment, delineating the exact junctions at which health, and investigative staff collaborate. Supplementing the SOP is Attachment 7 – PREA Local Procedure Directive and Coordinated Respo concurrently, which serves as the facility's localized guide to coordinated intervention. This pla interface among departments—laying out timelines, responsibilities, and communication flow n an allegation surfaces to the final review phase. Each element demonstrates intent: to minimiz protective action, and sustain continuity across all disciplines involved. The facility's documentation paints a picture of a well-synchronized network capable of respon with empathy and technical precision. Each department's role is not isolated but consciously li institutional rhythm of accountability and care. **INTERVIEWS** **Security and Specialized Staff** The first round of interviews was conducted with frontline security officers, mental health prac

clinicians, and investigators, those most likely to activate and execute the coordinated respons reflected both theoretical understanding and experiential mastery.

When an allegation arises, these staff described the plan's activation as a seamless progressio ensures immediate safety and scene protection; medical staff conduct swift clinical assessmen begin evidence collection and documentation; and supervisors verify notifications to leadershi Each participant emphasized that these actions occur not in isolation but as synchronized chor written Coordinated Response Plan.

The group credited cross-disciplinary drills and joint simulations with embedding instinctive co that such rehearsals enhance mutual awareness of roles and refine their ability to manage ove whether arranging trauma-informed housing alternatives or coordinating schedules for forensi time constraints.

PREA Compliance Manager (PCM)

During an extended interview, the PREA Compliance Manager illustrated how the Coordinated R a living tool rather than a static reference. The PCM described the plan's visibility within daily o on the intranet, distributed as laminated quick-reference outlines, and reinforced during depar encouraged to review and discuss real-world scenarios to continuously test the plan's clarity a

The PCM emphasized that this framework eliminates ambiguity during crises. Each staff memb role begins and how it transitions to the next team, ensuring transparent handoffs that protect evidence integrity. The Manager also detailed quarterly debrief sessions where mock incidents times measured, ensuring the plan remains informed by practice rather than policy alone.

Facility Head or Designee

The Facility Head portrayed the Coordinated Response Plan as a core pillar of institutional stabi "muscle memory for crisis," the administrator emphasized that preparedness is strengthened t repetition. Leadership sustains oversight by requiring each department to conduct monthly pre spanning from intake to post-investigation assessment, where procedural accuracy is reviewed

The Facility Head outlined ongoing initiatives: mandatory new-hire orientations focusing on PRE refreshed annual training with scenario-based exercises, and interdepartmental evaluations fo simulated incidents. This oversight ensures not just compliance, but fluency—every employee, articulate their immediate duties should an allegation occur. The administrator reinforced that measured not by the absence of incidents, but by the precision and humanity of the institution arise.

PROVISIONS

Provision (a): Written Coordinated Institutional Plan

Documentation reviewed through the PAQ and supporting materials confirmed the existence of written plan governing all institutional responses to sexual abuse allegations. Identified as Attachment 7 – PREA Local Procedure Directive and Coordinated Response Plan, this document in operational actor—first responders, security and clinical staff, investigators, administrators, an single actionable framework.

The plan outlines fifteen distinct steps that progress logically from initial report through final di include detailed role delineation, risk and vulnerability assessments, coordination of evidence documentation checkpoints, and structured follow-up to monitor potential retaliation or trauma item is time-stamped, preventing gaps or contradictions in communication.

Personnel interviews strongly supported that staff know and apply these procedures with confi leaves little room for interpretation, forming a strong foundation for effective, synchronized act While concise, the plan could benefit from illustrative examples or scenario aids to enrich train current form, it stands as a model of operational discipline and survivor-centered design.

Relevant Policy: GDC SOP 208.06 (p. 28, Section 3) mandates every facility to maintain a written Plan specifying interdepartmental responsibilities, contacts, and availability. This policy require immediate alerts, scene protection, medical coordination, therapeutic referrals, and document integrates PREA-aligned safety screenings and housing considerations for vulnerable inmates.

CONCLUSION

After thorough evaluation of documentation, interviews, and direct verification of implementat concludes that the facility demonstrates full compliance with PREA Standard §115.65 – Coordina

The evidence reflects not merely adherence to procedural mandates but the successful embed into daily culture. Staff across all levels displayed awareness and confidence in their roles, emp compassion as guiding principles during critical moments. Training exercises, leadership oversi evaluation sustain this readiness, ensuring swift and empathetic institutional action whenever

This coordinated methodology exemplifies PREA's intended synergy—prevention through prepa through communication, and support through unity of purpose. The facility's practiced alignme and response pathways signifies a mature and trauma-informed operational environment wher intervention coexist seamlessly in defense of inmate safety and institutional integrity.

115.66 Preservation of ability to protect inmates from contact with abusers

Auditor Overall Determination: Meets Standard

Auditor Discussion

DOCUMENT REVIEW

As part of the assessment for PREA Standard §115.66, the Auditor performed a focused review that the agency retains full administrative and legal authority to protect individuals from conta abusers. The examination included the facility's Pre-Audit Questionnaire (PAQ), accompanying d Georgia department of Corrections (GDC) Standard Operating
Procedure (SOP) 208.06 – Prison Rape Elimination Act (PREA): Sexually Abusive Behavior Preventio (effective June 23, 2022).

The reviewed documents clearly affirm that the agency operates independently of any collecti or third-party labor restrictions that could limit or delay management's ability to separate staff isolate incarcerated individuals involved in sexual abuse or harassment allegations. This struct

decisive, protective actions can be implemented immediately and without procedural barriers.

The policy framework demonstrated not only compliance but also foresight: it provides for mul
options—administrative separation, reassignment, temporary relocation, or suspension of alleg
designed to reduce the chance of continued contact or retaliation during an investigation. The
proactive posture toward inmate safety, ensuring institutional leaders possess the discretion re
and adaptably to any PREA-related event.

INTERVIEW

Agency Head Designee

During the interview process, the Agency Head Designee offered clarity regarding Georgia's em
governance model, explaining that the State of Georgia does not participate in collective barga
union-negotiated restrictions provides the Department of Corrections unrestricted authority to a
inmate safety.

The Designee emphasized that when an allegation of sexual abuse or harassment arises, the a
discretion to reassign or remove involved staff, transfer inmates, or otherwise separate parties
until investigative findings are complete. These decisions are made promptly—without waiting
or negotiation—allowing facility leadership to prioritize protection and maintain compliance wit

The Designee added that while due process is always observed for both staff and inmates, adm
intentionally structured for speed and flexibility. This management design is deliberate and str
facility's ability to uphold safety, neutrality, and institutional integrity in all circumstances.

PROVISIONS

Provision (a): Protection from Contact with Abusers

The Pre-Audit Questionnaire confirmed that the facility functions within a governance structure
protective authority. Because the State of Georgia does not engage in collective bargaining with
agency faces no contractual barriers that might impede emergency or long-term separation ac

This operational independence ensures that administrators can take whatever steps are neces
reassignment, administrative leave, or inmate relocation—to eliminate contact between poten
confirmed abusers. The Agency Head Designee verified that such actions are not only policy-pe
prioritized, with supervisory protocols mandating immediate implementation once a credible ri

This structure gives the facility an advantage in ensuring continuous protection and compliance
to make clear, safety-driven decisions supported by policy, ethics, and legal authority—hallma
for accountability and survivor-centered practice.

Relevant Policy: GDC SOP 208.06 (Section E.2, p. 27) establishes that when there is credible ris
necessary steps to separate the at-risk person from the alleged or confirmed abuser, including
temporary suspension of implicated staff and the transfer or housing adjustment of involved in

Provision (b): Auditor Review Not Required

Under PREA's framework, Provision (b) does not require separate evaluation by the auditor and
assessed. However, the facility's documentation already demonstrates compliance through its

practices.

CONCLUSION

After reviewing the PAQ, supporting policy documentation, and the comprehensive interview w
Agency Head Designee, the Auditor concludes that the facility fully meets the requirements of
PREA Standard §115.66 – Preservation of Ability to Protect Inmates from Contact with Abusers.

The agency's organizational and legal framework gives it full agility to enact immediate protec
by labor or contractual limitations. This ensures leadership can prioritize the physical and emo
custody and maintain operational control during investigations of sexual abuse or harassment.

The Auditor found clear evidence of a governance approach rooted in swift action, institutional
responsibility. These features—combined with consistent oversight and strong leadership unde
facility culture that values prevention, protection, and transparency, fully aligning with PREA's
sexual abuse within correctional environments.

115.67 Agency protection against retaliation

Auditor Overall Determination: Meets Standard

Auditor Discussion

DOCUMENT REVIEW

To determine compliance with PREA Standard §115.67, the Auditor conducted an exhaustive re
supporting documentation, and verification materials governing how the institution protects in
following allegations or cooperation in investigations of sexual abuse or harassment. The revie
mechanisms ensuring that all persons—whether staff or inmates—can speak freely without fea

The Auditor examined the facility's Pre-Audit Questionnaire (PAQ) along with key policy instrum
Georgia Department of Corrections
(GDC) Standard Operating Procedure (SOP) 208.06 – Prison Rape Elimination Act (PREA) Sexually A
and Intervention Program (effective June 23, 2022) and Attachment 8 – PREA Retaliation Monitorin
documents collectively describe a structured process for prevention, detection, and interventio
risk is suspected.

INTERVIEWS

Retaliation Monitor

The Auditor first interviewed the designated Retaliation Monitor, who offered an in-depth expla
operates in daily practice. The Monitor described the process as preventative and relationship-
on presence, observation, and communication. Following any allegation of sexual abuse or har
inmates and staff participants are automatically placed on a 90-day monitoring schedule, with
factors persist.

During these periods, the Monitor conducts monthly in-person check-ins, reviewing housing as

records, work schedules, and interpersonal dynamics to detect potential reprisal. All data are l
Attachment 8 – Retaliation Monitoring Checklist and reported directly to the Warden. The Monito
there had been no verified cases of retaliation in the preceding year, which they attributed to a
values open communication and swift redress.

Facility Head

In conversation with the Facility Head, the Auditor heard reinforcement of these values from th
The Facility Head described their role as maintaining a “wide-angle lens” over operations—trac
unexplained changes in inmate classification, housing, work details, or program participation f
same vigilance extends to staff who may participate in investigations, including monitoring for
or reassignments that could be perceived as punitive.

The Facility Head emphasized that retaliation prevention is an ethical priority as much as a pro
shifts in placement or discipline do occur, leadership ensures that changes are well-documente
no space for misunderstanding or misuse.

Agency Head Designee

At the departmental level, the Agency Head Designee explained that the GDC’s approach to ret
standardized across all facilities. Monitoring begins at the time an allegation is received and co
least 90 days, extending as long as necessary to safeguard any individual who expresses fear o
witness, or staff member. The Designee stressed that this policy framework ensures equity and
linked to PREA investigations receive equal protection from retaliation, regardless of their role

Inmates in Segregated Housing Due to Safety Concerns

During site inspection, the Auditor confirmed that no inmates were housed in segregation for p
abuse allegations. Facility leadership and housing staff explained that they prioritize alternativ
accommodations and supervision adjustments over segregation whenever possible, aligning w
provide protection without unnecessary isolation.

Inmates Who Reported Sexual Abuse

Inmates interviewed who had reported previous incidents described their treatment as attentiv
detailed that once they made a report, staff immediately arranged medical and mental health
forensic examinations with victim advocate accompaniment, and ensured transparency by pro
regarding the outcome of investigations. None reported being charged for medical care or subj
testing. Importantly, each individual indicated that they felt safe following their report and exp
stigma resulting from their disclosure.

PROVISIONS

Provision (a): Policy-Driven Safeguards and Designated Oversight

The facility’s Pre-Audit Questionnaire and supporting documentation confirm that formal policy
penalizes any act of retaliation against individuals who report sexual abuse or cooperate in inv
designates a specific Retaliation Monitor responsible for ongoing oversight of both inmate and
continues for a minimum of 90 days following the initial report and may be extended if any par
concern or evidence suggests risk.

Relevant Policy: GDC SOP 208.06 (pp. 28–29) outlines penalties for retaliatory acts and details as reassignment of housing or duties, isolation of alleged abusers, confidential counseling, and services. The Retaliation Monitor is tasked with implementing these measures and maintaining on Attachment 8.

Provision (b): Multi-Faceted Intervention Toolkit

The facility employs a layered toolkit of interventions to ensure safety for those who fear repris documentation revealed that leadership can authorize protective housing transfers, modificati assignments, or increased staff supervision. Psychological or emotional support services are of affected individuals. Staff stated that these options are communicated clearly so that those un understand available safeguards.

Relevant Policy: GDC SOP 208.06 (pp. 28–29) assigns the Retaliation Monitor responsibility for interventions and mandates immediate reporting of any suspected or confirmed acts of retalia

Provision (c): Proactive Surveillance and Remediation

All monitoring subjects remain under observation for at least 90 days, with the Retaliation Moni documenting any changes in conduct or treatment. When warning signs arise—disciplinary spi reassignments, or disrupted programming—the Monitor must initiate immediate correction or e Facility Head.

Although interviews reflected strong awareness and commitment to these procedures, the Aud only partial documentation from two of eleven relevant investigations, preventing full verificati retaliation monitoring across all cases.

Relevant Policy: GDC SOP 208.06 (pp. 28–29, §4.c) directs Monitors to identify and resolve pot promptly.

Status: The facility did not meet the requirements of this provision due to insufficient verificati

Provision (d): Structured Inmate Status Verification

Monitoring includes consistent documentation of follow-up actions, recorded on Attachment 8, in-person check, review of disciplinary activity, and assessment of housing or work assignment transparency and accountability for every monitored individual.

However, as noted under Provision (c), the Auditor was not furnished adequate documentation verification activities or consistent use of the monitoring checklist.

Relevant Policy: GDC SOP 208.06 (pp. 28–29, §4.c.i–iii) requires record retention and dual file m audit access.

Status: Noncompliant due to incomplete verification records.

Provision (e): Inclusive Safeguards for Cooperators

The facility's protective measures extend beyond primary victims to include witnesses, inmate investigations, and staff who cooperate with inquiries. These individuals are entitled to the sam protective actions, and monitoring intervals. While interviews confirmed awareness of these ex

documentation to validate that this practice was systematically applied was not available at th

Status: The facility did not meet the requirements of this provision due to insufficient verificati

Provision (f): Audit-Exempt Element

Certain procedural aspects referenced in state-level policy remain outside the facility's direct a
inform broader agency practice.

INTERIM CONCLUSION

After extensive review of documentation and interviews, the Auditor determined that while the
foundation and staff knowledge are robust, the lack of complete supporting documentation pre
compliance in several key areas of PREA Standard §115.67. The oversight system is logically de
consistent with PREA expectations, yet its implementation evidence remains incomplete.

Noncompliant: Provision (c), Provision (d), Provision (e)

Compliant: Provision (a); Provision (b)

CORRECTIVE ACTION PLAN

The facility must submit comprehensive documentation for all eleven PREA-related cases withi
The submission should include complete and exhaustive PREA records.

Deadline: No later than March 31, 2026

Upon receipt, the Auditor will evaluate whether records confirm that retaliation monitoring was
properly documented in accordance with PREA §115.67.

1. If verified documentation confirms consistent, timely, and complete monitoring, no additiona
be required.
2. If evidence remains incomplete or deficiencies persist, further remedial steps will be mandat
compliance with PREA standards. mandated to ensure full compliance with PREA standards.

FACILITY RESPONSE
On March 30, 2026, the facility submitted the previously missing portions of the PREA investiga
standard.

AUDITOR RESPONSE
On March 31, 2026, the auditor reviewed the newly submitted materials. A total of eight PREA
were identified. Of these, six were determined to be unfounded prior to the first required retali
check, rendering retaliation monitoring unnecessary in those cases. The remaining two allegat
retaliation monitoring in accordance with the standard, continuing until one of the parties invo
transferred to another facility or released from custody.

FINAL CONCLUSION
Based on the verified documentation and follow-up analysis, the Auditor concludes that the fac
requirements of PREA Standard §115.67.

RECOMMENDATION

	It is strongly recommended that the facility develop and implement a standardized filing and r all PREA-related allegations, investigations, and corresponding reports. This system should pro accessibility, and accuracy across all case documentation while ensuring that each record mee PREA compliance requirements. Each PREA allegation should be maintained within its own dedicated case file that includes all documentation—from the initial incident report to final disposition. To enhance continuity and a components of the record or complete copies thereof should be stored together in a single, cle

115.68	Post-allegation protective custody
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	DOCUMENT REVIEW The Auditor conducted a thorough and targeted review of facility materials addressing compliа housing for individuals who report or are believed to be at risk of sexual abuse. This standard i that separation is used only when all less-restrictive alternatives have been fully explored and Analysis began with the Pre-Audit Questionnaire (PAQ) and corresponding exhibits, all of which safety and inclusion coexist. Supporting records—housing logs, classification notes, and monito solely for cases where every other option has proven infeasible. The foundation for this approach rests within the Georgia Department of Corrections (GDC) Standard Operating Procedure (SOP) 208.06 – Prison Rap (effective June 23, 2022). This directive outlines a layered framework for ensuring post-allegatio use of involuntary segregation to emergency measures, calls for written rationales whenever it necessity. Throughout the review, the Auditor found a strong culture of protective discretion—an awarene alternatives, and individualized planning are prioritized. **INTERVIEWS** **Staff Responsible for Segregated Housing** Staff responsible for overseeing housing decisions described their approach as one defined by only after all possibilities—such as reclassification, housing reassignment, added supervision, o invoked, documentation must include a written justification, recorded in both facility files and t Supervisors noted that those temporarily assigned to segregated housing remain entitled to th and access to supportive services. They described strict compliance with the 30-day review sc blend security management with respect for equity and human dignity. **Facility Head or Designee** During interviews, the Facility Head articulated the philosophy underpinning these practices. Pr

explained that involuntary segregated housing is an absolute last resort and cannot be justifie measures.

The Facility Head stressed that all decisions are carefully reviewed to ensure populations are n guarantees continuous program access, mental health engagement, and routine check-ins to r segregation, when absolutely necessary, as a short-term bridge to safety—not an endpoint.

Inmates in Segregated Housing Due to Risk of Sexual Abuse

During the onsite audit, the Auditor verified that no inmates were being held in segregation fo classification and housing personnel confirmed that potential victims are instead accommodat isolation.

This absence of protective segregation cases was seen as a success indicator—the result of ea assessment of risk prior to crisis escalation. The approach underscores the facility's alignment

PROVISIONS

Provision (a): Restrictions on Involuntary Segregation and Requirements for Review

The facility's Pre-Audit Questionnaire and supporting documentation reaffirm the policy bannin unless a documented review verifies that all viable alternatives have been exhausted. The pro transparency, and review by supervisory leadership at 30 days to determine whether separatio

Over the auditing year, no inmates were placed in segregated housing for protection following none exceeded 30 days in protective status pending alternative placement, and no documenta strategy is to address protection proactively through enhanced supervision, medical and ment segregation entirely.

Although interviews reflected strong awareness and consistent verbal alignment with policy, o audit. The absence of full documentation across all eleven reported cases limited the Auditor's

Relevant Policy: GDC SOP 208.06 (Section 8, p. 25) explicitly prohibits involuntary placement i unavoidable. The SOP requires electronic notation and written justification, limits segregation t privileges with duration and rationale, and insists on periodic reassessments every 30 days.

Status: The facility did not meet the requirements of this provision due to insufficient verificatio

INTERIM CONCLUSION

Following an in-depth review of available files, interviews, and facility policies, the Auditor dete incomplete access to investigative files and monitoring records prevented full confirmation of c only as a last resort is evident in interviews and policy language, but comprehensive file verifi reviewed.

Noncompliant: Provision (a)

CORRECTIVE ACTION PLAN

The facility must submit complete documentation for all eleven PREA investigations conducted

Deadline: March 31, 2026

Upon receipt, the Auditor will determine whether the evidence confirms that post-allegation pr
under PREA §115.68.

1. If the documentation demonstrates policy-aligned decision-making and appropriate follow-u
2. If gaps remain, including missing documentation or unclear review records—the Auditor will
for inmate safety.

FACILITY RESPONSE
On March 30, 2026, the facility has submitted the previously missing portions of the PREA inve

AUDITOR RESPONSE
On March 31, 2026, the auditor reviewed the newly submitted materials, and confirmed that n
victimization. Documentation reflects adherence to protocol across all reviewed cases, satisfy

FINAL CONCLUSION
Based on the verified documentation and follow-up analysis, the Auditor concludes that the fac

RECOMMENDATION
It is strongly recommended that the facility develop and implement a standardized filing and r
corresponding reports. This system should promote consistency, accessibility, and accuracy ac
and PREA compliance requirements.

Each PREA allegation should be maintained within its own dedicated case file that includes all
enhance continuity and accountability, all components of the record or complete copies thereo

115.71 Criminal and administrative agency investigations

Auditor Overall Determination: Meets Standard

Auditor Discussion

DOCUMENT REVIEW

The Auditor undertook a comprehensive and methodical review of documentation to evaluate
compliance with PREA Standard §115.71, which governs the investigative process for all allegat
abuse and sexual harassment. This examination sought not only to verify the presence of requ
but to evaluate how those written directives function in daily practice—how policy transforms i
a report is made, whether that report emerges from an inmate, a third-party observer, or anon
correspondence.

This deep review began with the Pre-Audit Questionnaire (PAQ) and extended through supporti
including investigative logs, staff training certifications, referral records, and case retention pro
among the guiding documents was the
Georgia Department of Corrections (GDC) Standard Operating Procedure (SOP) 208.06 – Prison Ra
(PREA): Sexually Abusive Behavior Prevention and Intervention Program (effective June 23, 2022)
policy details investigative obligations with notable precision. It insists that each allegation—no
origin or form—be handled promptly, objectively, and to completion.

The SOP further establishes dual layers of inquiry: criminal and administrative. It defines who i
type of investigation, what standards of proof apply, and when coordination with external law e
becomes mandatory. The Auditor noted that the policy does more than provide instruction—it f
framework built around diligence, transparency, and protection of all involved.

Documentation reviewed verified that the agency consistently initiates investigations without d
staff are trained to maintain objectivity. Whether incidents are ultimately substantiated, unsub
unfounded, the initial response appears uniformly professional and rooted in due process.

INTERVIEWS

Investigative Personnel

The Auditor began by interviewing the facility's designated investigator, whose account reflect
training and disciplined adherence to both state law and PREA standards. The investigator des
every allegation—whether stemming from a hotline call, an anonymous letter, or an in-person
immediately logged and assessed for potential criminal elements.

Describing the workflow, the investigator explained that interviews proceed in logical sequenc
victims first, witnesses second, accused parties last. This order limits cross-contamination and
parties are afforded fair, respectful treatment. The investigator discussed how the classificatio
sexual harassment and sexual abuse determines the investigative route and depth of evidence
sexual abuse cases requiring forensic review, coordination occurs swiftly with certified Sexual A
Examiners (SANE) to ensure proper handling of evidence and trauma-informed care.

When evidence suggests possible criminal conduct, the investigator partners with the
GDC's Office of Professional Standards (OPS) Criminal Division. Procedures then follow legal stan
criminal investigations—including preserving chain of custody, observing Miranda requirement
maintaining prosecutorial consultation. At all times, assessments of credibility rely solely on co
information and consistency in testimony; polygraph tests are explicitly prohibited.

The investigator added that administrative inquiries extend beyond validating a single event—
explore whether staff actions or omissions contributed to the incident. Importantly, investigatio
even if the accused or the reporting party leaves the institution or ends employment. This perp
underlines the agency's long-term commitment to accountability and closure.

PREA Compliance Manager (PCM)

The PREA Compliance Manager emphasized the continuity and documentation of each case fro
As records custodian for local investigations, the PCM ensures every entry in the file reconstru
narrative: who reported, what actions followed, and how outcomes were determined. The PCM
consistent practices create institutional credibility and confidence among both inmates and sta
no claim vanishes into bureaucratic obscurity.

The PCM further highlighted the integration of an electronic audit trail within SCRIBE, facilitatin
oversight between investigators, supervisors, and administrators across the correctional syste

PREA Coordinator (PC)

The PREA Coordinator provided insight into the systemwide record-retention strategy. All invest

files—administrative and criminal—are secured for the duration of the alleged offender's incar employment, plus at least five additional years, as mandated by GDC policy. These records are SCRIBE, a controlled-access system designed for secure archival storage and efficient retrieval repository enhances accountability by locking edits, timestamping entries, and maintaining au

The Coordinator stressed that digital preservation allows cross-facility reviews, ensuring that in follows individuals even if they are transferred or released, thus maintaining continuity and tra across jurisdictions.

Inmates Who Reported Sexual Abuse

Interviewed inmates who had personally reported sexual abuse or harassment shared account notably consistent. They described timely and thorough responses from staff, immediate imple safety precautions, and respectful handling throughout the investigative process. They recalled medical exams were offered without delay and accompanied by a trained victim advocate who rights and procedures.

These individuals stated clearly that they were neither billed for services nor subjected to inva or polygraph examinations. Several mentioned receiving written letters summarizing case outc investigations concluded. Their collective impressions reflected trust in the system's fairness a awareness that their voices were taken seriously.

Facility Head

The Facility Head provided organizational context, confirming that during the 12-month audit w allegations meeting the threshold for criminal sexual conduct were substantiated and referred authorities. The administrator described close coordination with OPS and external law enforcer ensuring that investigative results were legally sound and justice-oriented. Leadership's guidin Facility Head explained, is absolute transparency: every report is investigated; every investigat and every conclusion is documented.

PROVISIONS

Provision (a): Mandatory Investigation of All Allegations

Under this directive, all allegations—regardless of source or form—must be investigated thorou SOP 208.06 compels immediate response to ensure allegations are not dismissed or overlooke launches either an administrative or criminal inquiry depending on the nature of the evidence. PAQ and interviews confirmed universal understanding of this policy. Investigators treat delaye allegations with the same seriousness as recent ones, confirming the facility's consistent appro

Provision (b): Use of Trained and Qualified Investigators

The facility employs only PREA-trained investigators certified under the national curriculum pre PREA Standard §115.34. Their training encompasses trauma-informed interviewing, evidence h coordination, documentation techniques, and ethics in corrections-based investigations. The In PCM confirmed current training certifications on file.

Status: Noncompliant due to limited access to complete documentation verifying all eleven ca investigations.

Provision (c): Comprehensive and Systematic Evidence Collection

Every case follows an orderly chain of evidence custody from incident report to conclusion. Inv
gather physical, digital, and testimonial evidence following written guidelines that minimize co
preserve accuracy. SOP 208.06 requires full documentation of seized items, digital recordings,
Despite confidence in the process expressed during interviews, insufficient case records preve
from fully verifying consistent evidence-handling procedures.

Status: Noncompliant – incomplete documentation.

Provision (d): Coordination with Prosecutorial Authorities

When an investigation indicates criminal behavior, the investigator immediately consults prose
before further interviews or administrative actions proceed. This ensures compliance with cons
standards and preserves evidentiary admissibility. All such cases are logged through OPS Crim
oversight.

Status: Noncompliant – verification pending due to limited case access.

Provision (e): Individualized Credibility Assessment and Prohibition of Polygraphs

Credibility determinations rely exclusively on evidence, not on an individual's title, position, or
SOP 208.06 explicitly prohibits polygraphs, voice stress tests, or similar techniques. Investigato
truthfulness through corroborated testimony and material evidence consistency. Inmates inter
confirmed that no credibility assessments included polygraphic testing.

Status: Noncompliant – limited documentation prevented full confirmation.

Provision (f): Evaluation of Staff Conduct and Accountability

Administrative investigations examine not only reported conduct but also any failure to act by
have facilitated or failed to prevent misconduct. Findings are expected to address policy lapses
follow-up. Documentation deficiencies, however, limited verification of consistent evaluation p

Status: Noncompliant – incomplete files.

Provision (g): Criminal Investigations Managed by Law Enforcement

Cases that meet criteria for criminal review are promptly referred to external law enforcement
Agency investigators supply complete files—including audio/video interviews, evidence logs, a
statements—to the Office of Professional Standards for coordination. Facility leaders remain in
until resolution is achieved.

Status: Noncompliant – documentation incomplete.

Provision (h): Referral of Substantiated Criminal Allegations

During the audit period, four cases of substantiated sexual abuse met standards for prosecutio
referred to appropriate authorities, consistent with SOP 208.06. Supervisory oversight ensures
tracking, confirming these referrals move efficiently through proper channels.

Status: Noncompliant – full supporting documentation not yet provided.

Provision (i): Record Retention and Integrity

All investigative records—administrative and criminal—are maintained for the duration of incar employment plus five additional years, ensuring long-term accessibility for future reference or secured in both physical and electronic forms within SCRIBE's access-controlled environment.

Status: Noncompliant – verification pending due to partial data access.

Provision (j): Continuation of Investigations Despite Status Changes

Investigations remain active regardless of a subject's change in custody, release, or employme The PREA Compliance Manager demonstrated understanding of this continuity principle, ensuri occurs only when final findings are determined.

Status: Noncompliant – incomplete confirmation across all cases.

Provision (k): Not Auditable

This section of SOP 208.06 lies outside the current PREA auditing scope.

Provision (l): Internal Responsibility and Multi-Level Coordination

Designated facility investigators conduct internal investigations in cooperation with the facility Sexual Assault Response Team (SART). While external agencies oversee serious or criminal matt investigators sustain case tracking from initiation through resolution to guarantee comprehens documentation and appropriate administrative follow-through.

Status: Noncompliant – documentation incomplete for overall verification.

INTERIM CONCLUSION

After reviewing all documents, interviews, and operational evidence, the Auditor recognized th strong policy foundation and well-trained personnel. However, incomplete access to full invest prevented verification of compliance across several key provisions of PREA Standard §115.71. S demonstrated credible understanding of investigation procedures, but consistent, complete do remains necessary to substantiate compliance.

Compliant: Provision (a)

Noncompliant: Provisions (b) through (l), except (k)

CORRECTIVE ACTION PLAN

To achieve compliance, the facility must submit full and verified documentation for all eleven F investigations conducted during the current audit period. Submissions must include initial com investigative assignments, evidence logs, referral documents, and confirmation of investigator certification.

Deadline: March 31, 2026

Upon receiving the documentation, the Auditor will review to ensure investigations were comp timely, and in accordance with PREA §115.71 standards.

1. If documentation confirms that investigations, referrals, and reviews meet policy requiremer
corrective measures will be necessary.
2. If evidence remains incomplete or reveals procedural gaps, additional corrective steps will b
restore full compliance and ensure investigative reliability across all PREA-related cases.

FACILITY RESPONSE

On March 30, 2026, the facility submitted the previously missing portions of the PREA investig
requested by the auditor.

AUDITOR RESPONSE

On March 31, 2026, the auditor reviewed the submitted materials and confirmed that all invest
to PREA allegations had received the required specialized training for their roles. The documen
reflects adherence to established investigative protocols across all reviewed cases, meeting th
recordkeeping expectations outlined in PREA standards.

FINAL CONCLUSION

Based on the verified documentation and subsequent analysis, the auditor concludes that the
compliance with PREA Standard §115.71.

RECOMMENDATION

It is strongly recommended that the facility develop and implement a standardized filing and r
system for all PREA-related allegations, investigations, and corresponding reports. This system
consistency, accessibility, and accuracy across all case documentation while ensuring that eac
with both facility policy and PREA compliance requirements.

Each PREA allegation should be maintained within a dedicated case file containing all relevant
from the initial incident report through final disposition. To enhance continuity and accountabil
or complete copies thereof, should be consolidated within a single, clearly organized file.

115.72 Evidentiary standard for administrative investigations

Auditor Overall Determination: Meets Standard

Auditor Discussion

DOCUMENT REVIEW

To evaluate compliance with PREA Standard §115.72, the Auditor conducted an in-depth explor
threshold for substantiating allegations of sexual abuse or harassment during administrative in
reading of the Pre-Audit Questionnaire (PAQ) and extended through supporting policy documen
Together, these sources illustrated how fairness, impartiality, and measured judgment form the
investigative process.

Central to this review was the Georgia Department of Corrections
(GDC) Standard Operating Procedure (SOP) 208.06 – Prison Rape Elimination Act (PREA): Sexually A
(effective June 23, 2022). This policy explicitly defines the standard of proof guiding administrat
legal threshold meaning that something is “more likely than not” to have occurred. By distingu

ones that require proof beyond a reasonable doubt, GDC establishes an evidentiary approach t

Through this framework, investigators are equipped to make fact-based determinations that pr
ensures that legitimate claims are recognized without imposing the more prohibitive evidentia
and consistency of this policy demonstrate the agency's strong ethical commitment to balance

INTERVIEWS

PREA Compliance Manager (PCM)

The Auditor began the interview phase with the PREA Compliance Manager, whose perspective
permeate daily operations. The PCM emphasized that the "preponderance of the evidence" thr
accessible reality. Under this model, investigators must determine whether the weight of credi
the event is more likely than not to have happened.

This pragmatic standard, the PCM explained, allows the agency to draw informed conclusions e
enables investigators to act on credible, corroborated information without delaying justice in p
this standard strengthens institutional trust, reassuring inmates that their concerns will be ass
intimidation by legal formalities.

Investigative Staff

The facility's investigator elaborated on how that principle translates into practice. Each case,
available information—physical evidence, digital data, witness statements, background logs, a
described assessing the totality of facts with care, weighing how each piece contributes to the

The moment of decision, they said, is guided not by speculation but by persuasion—a point wh
person that, considering all information, the event was more likely than not to have occurred. T
and moral responsibility: to ensure justice remains thoughtful, deliberate, and achievable rathe
in criminal trials. This approach, they noted, safeguards impartiality for all parties while mainta
been threatened.

Together, these interviews revealed a culture where investigative precision and compassion int
unshaped by conjecture or authority, affirming the facility's commitment to measured, evidenc
administrative objectives.

PROVISIONS

Provision (a): Evidentiary Threshold for Substantiation and Administrative Decision-

The Pre-Audit Questionnaire and related documentation confirm that the agency relies on the p
benchmark for administrative determinations in all sexual abuse and sexual harassment invest
to substantiate an allegation when the available, credible information indicates that the incide

This standard functions as a deliberate midpoint between uncertainty and absolute proof—ens
bias while avoiding the paralysis of the criminal burden of proof. The preponderance threshold
findings to be issued promptly and fairly, ensuring that institutional safety and survivor confide

Staff interviews affirmed shared understanding of this principle across investigative and manag
that their determinations rest on factual probability, not rank, perception, or assumption. This
well internalized throughout investigative operations.

However, while the investigative culture reflects awareness of the policy, the Auditor was able the eleven total cases noted during the audit period. The limited documentation inhibited full v cases, preventing confirmation that findings in practice always adhered to the required eviden

Relevant Policy: GDC SOP 208.06 – Prison Rape Elimination Act Sexually Abusive Behavior Preve establishes the "preponderance of the evidence" as the evidentiary threshold for all administra Status: The facility did not meet the requirements of this provision due to incomplete verificatio

INTERIM CONCLUSION

After reviewing documentation, policies, and interviews, the Auditor determined that while the ethically sound approach to assessing evidence, insufficient access to complete investigative r PREA Standard §115.72. In practice, staff clearly understand and apply the preponderance-of-th codify it. Nonetheless, complete supporting documentation is necessary to conclusively confir

Noncompliant: Provision (a)

CORRECTIVE ACTION PLAN

To achieve compliance, the facility must provide full documentation for all eleven PREA-related case file should include complete investigative records—initial incident reports, interview notes final determinations under the preponderance of the evidence standard.

Deadline: No later than March 31, 2026

Upon receipt of these materials, the Auditor will assess whether documentation confirms that a the preponderance standard outlined in PREA §115.72.

1. If the documentation substantiates consistent and policy-aligned application of the evidentia required.
2. If gaps remain or inconsistencies are identified, the Auditor will initiate additional corrective PREA's evidentiary requirements.

FACILITY RESPONSE
March 31, 2026, the facility has submitted the previously missing portions of the PREA investig

AUDITOR RESPONSE
Upon review of the newly submitted materials, on March 31, 2026, the Auditor confirmed that through administrative investigations. Documentation reflects adherence to protocol across all recordkeeping expectations established under PREA standards.

FINAL CONCLUSION
Based on the verified documentation and follow-up analysis, the Auditor concludes that the fac Standard §115.71.

RECOMMENDATION
It is strongly recommended that the facility develop and implement a standardized filing and r allegations, investigations, and corresponding reports. This system should promote consistenc documentation while ensuring that each record meets both facility policy and PREA compliance

Each PREA allegation should be maintained within its own dedicated case file that includes all report to final disposition. To enhance continuity and accountability, all components of the reco

	together in a single, clearly organized file.

115.73	Reporting to inmates
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Document Review To assess compliance with PREA Standard §115.73, the Auditor conducted an extensive and methodical review of facility practices related to notifying inmates about the outcomes of sexual abuse and sexual harassment investigations. The review began with a thorough analysis of the facility's Pre-Audit Questionnaire (PAQ) and continued through examination of supporting documentation that highlighted the agency's commitment to timeliness, consistency, and transparency in all forms of investigative communication. Central to this assessment was the Georgia Department of Corrections (GDC) Standard Operating Procedure (SOP) 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program (effective June 23, 2022). Within this SOP, Attachment 3—the GDC PREA Disposition Offender Notification Form—serves as the facility's official and standardized tool for documenting notifications to inmates about investigative conclusions. This record is not merely procedural; it provides the tangible evidence of compliance and accountability that ensures every report of abuse or harassment concludes with a verifiable and properly authorized communication. In addition to reviewing the SOP itself, the Auditor examined completed administrative and criminal investigative files, as well as facility-level PREA tracking logs. Collectively, these sources provided a clear picture of each investigation from report to resolution, illustrating how outcomes are recorded, conveyed, and retained. Together, the documentation demonstrated that the facility's notification system is systematically integrated into daily operations—designed to assure transparency, verification, and respect for the rights of each involved individual. **Interviews** **Investigative Staff** Investigative personnel described a deliberate, methodical approach that treats notification as a vital part of the investigative process rather than a procedural formality. According to staff, every investigation is finalized with a detailed report summarizing all relevant evidence, interviews, and the reasoning behind the conclusions. These reports are then reviewed by facility leadership, who ensure timely delivery of outcome notifications. In cases referred to the Office of Professional Standards (OPS) Criminal Division, investigators maintain communication to

guarantee that inmates are formally informed once criminal determinations are complete.

Staff consistently underscored that notification represents the ethical conclusion of every investigation—a moment that closes the loop with transparency and respect. They view it as both a professional obligation and a personal commitment to validate the courage of those who report misconduct and to ensure faith in the investigative system.

Facility Head or Designee

The Facility Head described the system of internal checks that ensures timely, accurate, and well-documented notifications. Under SOP 208.06, the facility must provide written notice of investigative conclusions and document each communication both electronically and in hardcopy form.

When a staff member is implicated, policy requirements expand. For any substantiated case of staff-on-inmate sexual abuse, the facility is obligated to notify the affected inmate each time a change occurs in the staff member's employment status—reassignment, suspension, removal from post, arrest, conviction, or termination. The Facility Head reported that during the audit period no substantiated staff-on-inmate cases occurred. In instances of inmate-on-inmate substantiations, however, notifications were issued to inform victims when accused individuals were criminally charged or convicted. Each notice was recorded using the GDC PREA Disposition Offender Notification Form, ensuring traceable documentation and adherence to established protocol.

Inmates Who Reported Sexual Abuse

Interviews with inmates who had reported sexual abuse reflected an operational process consistent with policy expectations. Participants described receiving immediate, composed, and professional responses following their reports. They recounted being quickly referred for medical and forensic examination, with victim advocates offered and—when accepted—present throughout the process to provide emotional guidance and procedural explanation. All individuals affirmed that services were provided at no cost and that they were never pressured to submit to polygraph or truth verification testing.

When investigations concluded, the interviewed inmates stated they received written notifications that summarized the outcome clearly and professionally. Across interviews, the process was portrayed as compassionate and survivor-focused, emphasizing clarity and maintaining the values of dignity and equity embedded in PREA.

Provisions

Provision (a): Timely and Documented Notification of Investigative Outcomes

This provision anchors the facility's communication procedures. Policy mandates that every inmate who reports sexual abuse or sexual harassment be informed—verbally

	or in writing—of the investigative conclusion, determined as substantiated, unsubstantiated, or unfounded. Over the past year, eleven administrative and/or criminal investigations were completed, each with corresponding documentation. Responsibility for ensuring these notifications rests with the Warden, Superintendent, or the authorized member of the Sexual Assault Response Team (SART). When investigations are referred to the OPS Criminal Division, the inmate is additionally informed of the outcome once that office finalizes its decisions. This layered system helps preserve accountability and ensures both timeliness and completeness of information. Despite general awareness among staff and confirmation from interviewees that procedures are followed, the Auditor received incomplete documentation for two of the eleven cases, preventing full verification of consistent retaliation monitoring. Status: The facility did not meet the requirements of this provision due to insufficient verification materials. **Provision (b): Notification by External Investigative Entities** This provision does not apply to the facility. All PREA investigations—administrative and criminal—are conducted internally under GDC's authority by trained investigators. Interviews confirmed that outside agencies are not used, ensuring process consistency and confidentiality. **Provision (c): Enhanced Notification Requirements for Staff-on-Inmate Allegations** When allegations involve potential staff misconduct, the notification responsibility expands. For any substantiated staff-on-inmate case, the policy requires that the affected inmate receive prompt updates about any employment status changes for the involved employee, including reassignment, removal, arrest, conviction, or termination. Though no substantiated staff cases occurred during this audit cycle, staff expressed clear understanding of the policy and confirmed readiness to implement notifications immediately if necessary. However, partial documentation available for two of the eleven applicable investigations limited the Auditor's ability to verify comprehensive retaliation monitoring. **Status:** The facility did not meet the requirements of this provision due to insufficient verification materials. **Provision (d): Notification in Substantiated Inmate-on-Inmate Cases** In the event of substantiated sexual abuse between inmates, the facility must notify the victim whenever the perpetrator is indicted, charged, or convicted. Facility administrators affirmed adherence to this rule and presented documentation aligning with SOP 208.06 requirements. This step ensures that survivors remain informed even after the investigation concludes and reinforces the agency's commitment to continued transparency.

Nonetheless, documentation gaps in two cases precluded full validation of across-the-board compliance.

Status: The facility did not meet the requirements of this provision due to insufficient verification materials.

Provision (e): Documentation of Notifications and Termination of Obligation

Recordkeeping remains central to the integrity of the notification process. In the preceding twelve months, forty-six inmates received written documentation related to sexual abuse investigations, and five additional notifications were issued in sexual harassment cases. Each notification was logged within the SOP 208.06 system using the standardized offender notification form. The policy further defines when the facility's obligation to notify ends—upon the inmate's release from custody—ensuring proper closure of communication obligations.

Even with well-defined procedures and strong staff familiarity, partial documentation in two cases hindered full verification of consistent retaliation monitoring.

Status: The facility did not meet the requirements of this provision due to insufficient verification materials.

Provision (f): Not Auditable Provision

This final provision falls outside the scope of PREA audit assessment and was therefore excluded from compliance evaluation.

Interim Conclusion

After a thorough review of records and interviews, the Auditor determined that the facility's framework of policy, staff understanding, and commitment aligns strongly with PREA's intent. However, gaps in supporting documentation prevented the Auditor from verifying consistent adherence to notification procedures in several areas. While the facility's design and ethics foster compliance, documentation deficiencies undermine confirmation of full implementation.

Noncompliant: Provisions (a), (c), (d), and (e)

Compliant: Provision (b)

Corrective Action Plan

The facility must submit complete documentation for all eleven PREA-related cases included in this audit cycle. The submission should include all required records demonstrating full notification procedures consistent with PREA §115.73.

Deadline: No later than March 31, 2026.

1. Upon receipt, the Auditor will review the materials to verify whether all notifications were completed timely, documented accurately, and aligned with

PREA standards.

2. If evidence confirms consistent compliance, no further action will be required. Should gaps or deficiencies remain, the facility will be directed to implement additional corrective measures to ensure complete alignment with PREA §115.73 requirements.

FACILITY RESPONSE

On April 16, 2026, the facility submitted the previously missing portions of the PREA investigative files as requested by the auditor.

AUDITOR RESPONSE

On April 17, 2026, the auditor reviewed the newly submitted materials and confirmed that the records demonstrate inmates were properly notified of the outcomes of the investigative process. The documentation reflects adherence to established protocols across all reviewed cases, meeting the procedural and recordkeeping expectations outlined in PREA standards.

FINAL CONCLUSION

Based on the verified documentation and subsequent analysis, the auditor concludes that the facility is in compliance with PREA Standard §115.73.

RECOMMENDATION

It is strongly recommended that the facility develop and implement a standardized filing and recordkeeping system for all PREA-related allegations, investigations, and corresponding reports. This system should promote consistency, accessibility, and accuracy across all case documentation while ensuring that each record aligns with both facility policy and PREA compliance requirements.

Each PREA allegation should be maintained within a dedicated case file containing all relevant documentation, from the initial incident report through final disposition. To enhance continuity and accountability, all records, or complete copies thereof, should be consolidated within a single, clearly organized file.

115.76 Disciplinary sanctions for staff

Auditor Overall Determination: Meets Standard

Auditor Discussion

Document Review

To assess the facility's compliance with PREA Standard §115.76, the Auditor conducted a compr
internal disciplinary systems that govern staff accountability in cases involving sexual abuse, s
unprofessional conduct. The review included an analysis of the Pre-Audit Questionnaire (PAQ), s
disciplinary tracking logs, and documentation that collectively highlighted the agency's adhere
policy.

Central to this review was the Georgia Department of Corrections (GDC) Standard Operating Proc
Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Progra
This overarching policy establishes the accountability framework that applies uniformly to all s
disciplinary consequences ranging from written reprimands to outright dismissal, depending o
Termination is the presumed sanction for any substantiated act of sexual abuse, emphasizing t
constitutes a total breach of ethical trust and professional standards.

SOP 208.06 also extends accountability beyond the facility itself. It requires that all substantiat
cases be referred to law enforcement and regulatory agencies such as the
Georgia Peace Officer Standards and Training (POST) Council. This referral process ensures that n
disappear within bureaucratic boundaries and that staff cannot move unnoticed to other institu

The Auditor's analysis of facility logs and compliance materials revealed uniform understandin
application of these provisions. Over the previous twelve-month period, there were no reports,
disciplinary actions involving staff sexual misconduct. Far from reflecting complacency, this rec
culture of prevention, driven by vigilant supervision, regular ethics training, and an unmistakab
staff that violations invite immediate, career-ending consequences.

Interviews

PREA Compliance Manager (PCM)

The PREA Compliance Manager elaborated on the internal checks and audit systems that ensur
active across all levels of facility operations. They described a structured process in which any
misconduct initiates a formal investigation by the Office of Professional Standards (OPS), ensuri
consistency in case handling. Each conclusion—substantiated or not—is documented, reviewed
a traceable record of action.

The PCM emphasized that proportionality governs disciplinary actions, but with clear hierarchy
abuse mandates termination, while lesser misconduct is addressed through sanctions matched
gravity and the staff member's prior history. They stressed that performance issues are manag
violations to preserve the integrity and seriousness of sexual abuse allegations. According to th
protects both the investigative process and the credibility of PREA enforcement.

While no disciplinary events occurred during the audit year, the PCM attributed the facility's su
training, real-time supervision, and the understanding that ethical lapses carry swift and non-n
They noted that the facility's "zero incident" record does not result from avoidance, but from a
responsibility among staff.

Facility Head

The Facility Head spoke candidly about the uncompromising stance the institution takes regard
under PREA. Every report, they explained, is treated with immediate seriousness and routed th
Sexual abuse or sexual harassment findings result in permanent termination and automatic ex
and certification review.

They described the facility's ethical climate as one of "educated vigilance." Staff receive clear
onboarding and recurrent training that misconduct ends careers and breaches not just policy b
incidents," the Facility Head remarked, "reflect clear expectations, constant supervision, and a
that accountability has no exceptions."

The Facility Head also clarified the process should allegations arise: investigations begin at onc immediately separated from inmate contact; findings are documented through OPS; and when terminations and notifications follow without delay. This transparent method ensures procedura compliance with both PREA and agency policy.

Provisions

Provision (a): Comprehensive Sanctions Culminating in Termination

This provision forms the foundation of staff accountability under PREA. It mandates that any st responsible for sexual abuse or harassment faces sanctions up to and including termination, w default response for substantiated sexual abuse. This zero-tolerance posture reflects an institu such violations cannot be reconciled with the responsibilities of correctional employment.

Documentation and leadership interviews confirmed complete awareness of this standard amo system is structured to ensure that every substantiated case results not only in the offender's notification to external regulatory and criminal entities.

Relevant Policy: GDC SOP 208.06, p. 33, Section H(1.a), prohibits retaining any employee invol sexual abuse and directs automatic dismissal and external reporting as standard procedure.

Provision (b): Zero-Tolerance Recordkeeping and Oversight

This provision reinforces diligent documentation as a cornerstone of integrity and oversight. Fa level of disciplinary action, even when no violations occur. According to the PAQ and staff inter harassment cases arose within the prior twelve months. Still, administrative and compliance st logs regularly to ensure readiness and accountability at all times.

The zero-incident year reflects disciplined prevention rather than absence of enforcement. Lea documentation audits, supervisory reviews, and annual policy refreshers to keep PREA oversig and effective.

Relevant Policy: GDC SOP 208.06, p. 33, Section H(1.a), confirms termination as the mandatory substantiated sexual abuse and requires comprehensive documentation of each disciplinary ou

Provision (c): Proportional Discipline for Non-Abuse Misconduct

SOP 208.06 differentiates major sexual abuse violations from lesser but still unacceptable staff unprofessional behaviors—such as verbal harassment or boundary violations—invoke proportio responses designed to correct and deter future misconduct. These actions may include suspen or retraining as determined by the severity of the behavior.

The PREA Compliance Manager highlighted how proportionality safeguards fairness without sof Even minor lapses are recorded and addressed immediately to reinforce cultural standards. No non-criminal disciplinary cases occurred during the audit cycle, but staff and policy structures respond just as rigorously as with major offenses.

Relevant Policy: GDC SOP 208.06, p. 33, Section H(1.b), outlines a proportional and equitable a non-abusive conduct while maintaining zero-tolerance expectations.

Provision (d): Mandatory External Notification and Reporting

Integrity within a correctional system depends on transparency beyond institutional walls. This when staff are terminated—or resign in lieu of termination—following a sexual abuse or harass facility must notify law enforcement and Professional Standards and Training (POST) licensing b

The Facility Head and PCM both confirmed their familiarity with these requirements and attested readiness to act swiftly if such a case occurs. While no terminations or referrals were necessary period, established procedures ensure compliance and documentation the moment evidence o abuse is verified.

Relevant Policy: GDC SOP 208.06, p. 34, Section H(1.c), requires immediate notification of lega for all terminations or resignations resulting from substantiated sexual misconduct.

Conclusion

Following intensive review of policies, records, and interviews, the Auditor determined that the with PREA Standard §115.76 – Disciplinary Sanctions for Staff.

The facility's disciplinary system demonstrates unwavering integrity and clear ethical governa transparent investigation, proportional discipline, and external accountability. The absence of s audit year reflects not only effective prevention but also a cohesive professional culture groun and zero tolerance.

Disciplinary measures at this facility operate as more than bureaucratic formality—they embod and moral responsibility. Termination for sexual abuse, proportionate action for lesser infraction external reporting form a triad that defines the facility's integrity standards.

By maintaining this rigor, the institution reinforces PREA's central principle: accountability is u employee—from administration to line staff—shares the duty to preserve a safe, respectful env safety and dignity of every inmate remain paramount.

115.77 Corrective action for contractors and volunteers

Auditor Overall Determination: Meets Standard

Auditor Discussion

Document Review

To determine compliance with PREA Standard §115.77, the Auditor conducted a comprehensive review of the facility's mechanisms for enforcing accountability among individuals who operate within the facility but outside its formal employment structure—namely contractors, vendors, and volunteers. The review encompassed the Pre-Audit Questionnaire (PAQ) and accompanying documentation, creating a clear picture of how PREA protections extend to every person who has contact with those in custody, regardless of payroll status.

At the center of this framework is the
Georgia Department of Corrections (GDC) Standard Operating Procedure (SOP) 208.06,
Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Progra

(effective June 23, 2022). This policy enshrines zero tolerance for sexual abuse or harassment by anyone affiliated with the facility. It draws no distinction between employees, contract personnel, or volunteers—the expectation of integrity and lawful conduct remains absolute.

Under SOP 208.06, any act of sexual abuse or harassment substantiated against a contractor o volunteer requires immediate removal from all inmate contact, permanent revocation of admission privileges, and prompt referral to law enforcement authorities except in cases demonstrably non-criminal. Where relevant licensure applies, the facility must also notify the appropriate licensing or credentialing agency. Each stage of this process is designed to ensure transparency and to eliminate any opportunity for a suspected offender to continue work withi the correctional environment.

The documentation review confirmed that the facility's preventive structure functions with precision. Controlled access protocols, detailed identification verification, and mandatory PREA-specific training sessions form the first line of defense. Contractors and volunteers receive orientation emphasizing their responsibilities, reporting duties, and the consequences of misconduct. These consistent protective layers have helped maintain the facility's record of zero contractor or volunteer PREA-related incidents during the current audit cycle—a record born not of chance but sustained diligence.

Interviews

PREA Compliance Manager (PCM)

During interviews, the PREA Compliance Manager outlined the facility's daily strategies for ensuring that contractors and volunteers uphold PREA standards. They explained that before being granted access, every external participant is screened, fingerprinted, and reviewed through criminal background checks. Each must attend comprehensive PREA orientation training that underscores professional boundaries, zero-tolerance policy, and mandatory reporting obligations.

The PCM further reported that periodic refresher sessions and scenario-based drills simulate what would occur should a contractor or volunteer commit or witness an act of sexual misconduct. These exercises measure readiness and reinforce a culture of immediate response Even though no such incidents occurred in the past twelve months, the training materials, attendance rosters, and audit trails demonstrate a facility prepared to act swiftly and decisivel if ever required.

If an allegation were substantiated, the PCM described a clear procedural chain: facility access is revoked on the spot, the Office of Professional Standards is notified, law enforcement becomes engaged, and—when applicable—licensing boards are informed. This framework ensures wrongdoing cannot be obscured by contractual status and affirms the facility's commitment to full accountability.

Facility Head

The Facility Head echoed this philosophy of equality and readiness. They explained that contractors and volunteers are indispensable to the rehabilitative mission—offering services, education, spiritual guidance, and technical support—but these external relationships never

outweigh institutional safety. The immediate response protocol is unmistakable: the moment an allegation is received, any individual under suspicion is removed from facility grounds until official review is complete.

The Facility Head remarked that the facility treats external access as both privilege and responsibility. “Our message to every volunteer and contractor is simple,” they said. “You are part of our team only as long as you respect every safety and dignity principle we uphold. That partnership ends the moment it’s endangered.” This doctrine mirrors the staff accountability system but adapts it smoothly for non-employee participants, ensuring alignment with PREA across all workforce categories.

Provisions

Provision (a): Mandatory Reporting and Immediate Restriction of Access

This provision establishes the essential protocol of immediate separation and law enforcement notification when any contractor or volunteer is suspected or found guilty of sexual abuse. It ensures both protection for inmates and prompt external accountability.

The facility’s system leaves no room for delay: as soon as an allegation arises, supervisors restrict the individual’s access, deactivate identification credentials, and secure documentation of every subsequent action. Even the faintest indication of abuse or harassment sets this response chain in motion, safeguarding inmates and preserving investigative integrity. During the audit period, records confirmed no such incidents, yet all documentation demonstrated full procedural readiness.

Relevant Policy: GDC SOP 208.06, p. 34, Section 2, mandates immediate removal from inmate contact and referral to law enforcement and applicable licensing boards, maintaining absolute fidelity to zero-tolerance mandates.

Provision (b): Proportional Corrective Action for Lesser Violations

While sexual abuse demands permanent exclusion and external reporting, SOP 208.06 also provides measured responses for lesser, non-criminal misconduct. This might involve inappropriate comments, policy violations, or boundary breaches that, while not criminal, violate the standards of professionalism expected within the facility.

For such issues, proportional actions range from verbal counseling and retraining to temporary or permanent access restrictions. The PREA Compliance Manager described these measures as part of a balanced approach that preserves fairness while prioritizing inmate safety and institutional integrity. Documentation confirmed that, although there were no occurrences in the previous audit year, corrective processes are well established and promptly enforceable.

Relevant Policy: GDC SOP 208.06 empowers facilities to apply consistent, equitable discipline for non-criminal or boundary-related infractions while maintaining zero-tolerance principles through education and reinforced supervision.

Conclusion

After completing an exhaustive review of policy documents, records, and interviews with

	facility leadership and compliance staff, the Auditor determined that the facility meets the requirements of PREA Standard §115.77 – Corrective Action for Contractors and Volunteers. The review confirmed that accountability mechanisms for non-employees mirror those applied to staff. Every volunteer or contractor entering the facility is subject to the same expectations of conduct, comprehensive training, and immediate disciplinary removal should misconduct occur. The absence of incidents over the past year does not convey complacency but rather shows the success of layered prevention strategies rooted in education, screening, and supervision. In cases of substantiated misconduct, policies guarantee immediate revocation of facility access, law enforcement notification, and reports to professional certification entities—steps ensuring that violations carry real and traceable consequences. For lesser forms of inappropriate behavior, the corrective framework promotes retraining and proportional disciplinary measures, aiming to correct without compromising institutional integrity. Through consistent oversight and unwavering ethical application, the facility exemplifies PREA's central principle: accountability belongs to everyone who steps inside its gates. By holding contractors and volunteers to the same rigorous standard as staff, the institution strengthens its culture of safety, reinforces mutual respect, and ensures that the dignity and security of every inmate remain absolute priorities.

115.78	**Disciplinary sanctions for inmates**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<u>Document Review</u> To examine compliance with PREA Standard §115.78, the Auditor embarked on an in-depth review of records illustrating how the facility disciplines sexual misconduct among inmates through a balanced lens of accountability and rehabilitation. This review encompassed the Pre-Audit Questionnaire (PAQ) and its supporting documentation, augmented by a targeted selection of case files that traced each incident from investigation to sanction determination. At the core of this evaluation was Georgia Department of Corrections (GDC) Standard Operating Procedure (SOP) 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective June 23, 2022. This foundational policy establishes that all inmate sexual activity—regardless of apparent consent—is prohibited and treated as non-consensual under PREA. SOP 208.06 requires disciplinary actions to be fair, proportionate to the misconduct, and informed by both behavioral and psychological considerations. It also forbids retaliatory discipline against inmates who report abuse in good faith, ensuring no one is penalized for seeking help or disclosing truths.

Through this lens, the Auditor found a system that intertwines accountability with prevention—using sanctions not merely as punishment but as pathways to correction, emphasizing treatment, counseling, and learning as integral parts of discipline.

Interviews

Medical and Mental Health Staff

Healthcare professionals described an intentionally restorative model of discipline wherein sanctions for sexual misconduct coexist with therapeutic intervention. Counseling and behavioral therapy serve as corrective gateways designed to address underlying motivations, trauma, or impulsivity that may contribute to misconduct. The staff explained that participation in these programs directly influences access to other rehabilitative incentives—reinforcing the alignment between behavioral accountability and personal reform.

Mental health staff further affirmed that assessments are crucial to sanctioning decisions. An inmate's history of mental illness or cognitive disability is carefully weighed before determining disciplinary measures, ensuring fairness and compassion even amid accountability. The purpose, as one clinician put it, is to "correct behavior without crushing the person."

Facility Head

The Facility Head confirmed that GDC policy maintains a categorical ban on all inmate sexual activity—presumed non-consensual by default. Over the past twelve months, the facility recorded five administrative findings of inmate-on-inmate sexual abuse and zero criminal convictions. In line with policy, inmates involved in substantiated acts faced internal disciplinary proceedings, while none were criminally prosecuted.

The Facility Head noted that the facility's disciplinary framework remains precise and predictable: sanctions align with the gravity of the act, comparable case standards, and the individual's prior disciplinary history. Importantly, the Facility Head emphasized that inmates who make good-faith allegations—regardless of substantiation—are shielded from disciplinary action. This safeguard fosters a culture of openness and reporting without fear of reprisal, promoting trust in the PREA process.

Provisions

Provision (a): Formal Process Post-Administrative Substantiation
Once an allegation is substantiated under the preponderance of evidence standard used for administrative investigations, the facility initiates disciplinary proceedings consistent with GDC SOP 208.06. Over the past year, five cases resulted in administrative findings of inmate-on-inmate sexual abuse, with none advancing to criminal conviction. The Facility Head confirmed that disciplinary sanctions are mandatory for substantiated cases, combining structure and justice while following due process.

However, while the investigative culture reflects awareness of the policy, the Auditor

	was able to review only two partial investigative files from the eleven total cases noted during the audit period. The limited documentation inhibited full verification of consistent application across all cases, preventing confirmation that findings in practice always adhered to the required evidentiary standard. **Relevant Policy:** GDC SOP 208.06, p.34 (H.3.a–b) mandates sanctions aligned with SOP 209.01 and classifies all inmate sexual acts as prohibited, presumed non-consensual behavior. **Status:** The facility did not meet the requirements of this provision due to insufficient verification materials. **Provision (b): Tailored Penalties Reflecting Offense Severity** Disciplinary sanctions mirror the individuality of each incident. According to facility reporting in the PAQ, penalties are calibrated to the severity of the misconduct, the circumstances surrounding it, and the individual's prior record. Consistency across comparable cases ensures fairness, with the sanction neither excessive nor insufficient. The Facility Head corroborated that uniformity and proportionality guide every disciplinary decision. However, while the investigative culture reflects awareness of the policy, the Auditor was able to review only two partial investigative files from the eleven total cases noted during the audit period. The limited documentation inhibited full verification of consistent application across all cases, preventing confirmation that findings in practice always adhered to the required evidentiary standard. **Relevant Policy:** GDC SOP 208.06, p.35 (H.3.c), reinforces proportionality between offense and response. **Status:** The facility did not meet the requirements of this provision due to insufficient verification materials. **Provision (c): Integrating Mental Health Factors into Sanctioning** Each disciplinary review includes an evaluation of whether mental disorders, cognitive limitations, or psychological distress influenced the inmate's behavior. The Facility Head confirmed this holistic approach, which ensures humane, case-specific consideration. Mental health specialists contribute written evaluations where applicable, guiding the disciplinary committee toward ethics-based decisions. However, while the investigative culture reflects awareness of the policy, the Auditor was able to review only two partial investigative files from the eleven total cases noted during the audit period. The limited documentation inhibited full verification of consistent application across all cases, preventing confirmation that findings in practice always adhered to the required evidentiary standard. **Relevant Policy:** GDC SOP 208.06, p.35 (H.3.d), references SOP 508.18 for mental health consideration during disciplinary processes.

Status: The facility did not meet the requirements of this provision due to insufficient verification materials.

Provision (d): Therapeutic Interventions as a Condition of Privilege

The facility links privilege restoration and access to programming directly to participation in therapeutic or behavioral interventions. As detailed by mental health personnel, these treatment sessions aim to curb the root causes of sexual misconduct and foster empathy, accountability, and behavioral change. In this way, discipline becomes a catalyst for personal reform rather than a mere deterrent.

However, while the investigative culture reflects awareness of the policy, the Auditor was able to review only two partial investigative files from the eleven total cases noted during the audit period. The limited documentation inhibited full verification of consistent application across all cases, preventing confirmation that findings in practice always adhered to the required evidentiary standard.

Relevant Policy: GDC SOP 208.06, p.35 (H.3.e), promotes treatment-oriented discipline encouraging participation in counseling, therapy, and rehabilitative workshops.

Status: The facility did not meet the requirements of this provision due to insufficient verification materials.

Provision (e): Consent-Based Staff-Inmate Contact Discipline

Sanctions for sexual conduct involving staff members occur only if investigations determine that the staff member did not consent to the behavior. This standard protects against inequitable disciplinary outcomes, recognizing the inherent power imbalance and ensuring fairness in enforcement. The Facility Head verified adherence to this policy throughout the review.

However, while the investigative culture reflects awareness of the policy, the Auditor was able to review only two partial investigative files from the eleven total cases noted during the audit period. The limited documentation inhibited full verification of consistent application across all cases, preventing confirmation that findings in practice always adhered to the required evidentiary standard.

Relevant Policy: GDC SOP 208.06, p.35 (H.3.f).

Status: The facility did not meet the requirements of this provision due to insufficient verification materials.

Provision (f): Good-Faith Report Immunity

No inmate is subject to discipline for filing a sexual abuse report in good faith—even if investigations later conclude insufficient evidence to substantiate the claim. The Facility Head reaffirmed this critical protection, noting it as a cornerstone of the facility's PREA compliance culture. By safeguarding those who report, the facility encourages disclosure and transparency, ensuring that silence is never motivated by

fear of retaliation.

However, while the investigative culture reflects awareness of the policy, the Auditor was able to review only two partial investigative files from the eleven total cases noted during the audit period. The limited documentation inhibited full verification of consistent application across all cases, preventing confirmation that findings in practice always adhered to the required evidentiary standard.

Relevant Policy: GDC SOP 208.06, p.35 (H.3.g).

Status: The facility did not meet the requirements of this provision due to insufficient verification materials.

Provision (g): Comprehensive Inmate Sexual Activity Ban

The facility enforces a zero-tolerance stance: any sexual activity between inmates is prohibited. However, classification as sexual abuse occurs only if coercion or force is found. This standard, verified through interviews, reflects GDC's careful distinction between prohibition enforcement and investigative integrity.

Relevant Policy: GDC SOP 208.06, p.34 (H.3.a).

INTERIM CONCLUSION

After extensive review of documentation and interviews, the Auditor determined that while the facility's policy foundation and staff knowledge are robust, the lack of complete supporting documentation prevented verification of compliance in several key areas of PREA Standard §115.78. The oversight system is logically designed and ethically consistent with PREA expectations, yet its implementation evidence remains incomplete.

Noncompliant: All Provisions, except (g)

Compliant: Provision (g)

CORRECTIVE ACTION PLAN

The facility must submit comprehensive documentation for all eleven PREA-related cases within the current audit cycle. The submission should include complete and exhaustive PREA records.

Deadline: No later than March 31, 2026

Upon receipt, the Auditor will evaluate whether records confirm that inmate discipline, if required was timely, thorough, and properly documented in accordance with PREA §115.78.

1. If verified documentation confirms consistent, timely, and complete action, no additional corrective measures will be required.
2. If evidence remains incomplete or deficiencies persist, further remedial steps will be mandated to ensure full compliance with PREA standards.

FACILITY RESPONSE
On April 16, 2026, the facility submitted the previously missing portions of the PREA investigative files as requested by the auditor.

AUDITOR RESPONSE
On April 17, 2026, the auditor reviewed the newly submitted materials and confirmed that inmates are not disciplined when an allegation is reported in good faith. Documentation reflects adherence to established protocols across all reviewed cases, meeting the procedural and recordkeeping expectations outlined in PREA standards.

FINAL CONCLUSION
Based on the verified documentation and subsequent analysis, the auditor concludes that the facility is in compliance with PREA Standard §115.73.

RECOMMENDATION
It is strongly recommended that the facility develop and implement a standardized filing and recordkeeping system for all PREA-related allegations, investigations, and corresponding reports. This system should promote consistency, accessibility, and accuracy across all case documentation while ensuring that each record aligns with both facility policy and PREA compliance requirements.

Each PREA allegation should be maintained within a dedicated case file containing all relevant documentation, from the initial incident report through final disposition. To enhance continuity and accountability, all records, or complete copies thereof, should be consolidated within a single, clearly organized file.

115.81	Medical and mental health screenings; history of sexual abuse
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	DOCUMENT REVIEW The Auditor launched a comprehensive exploration of records vital to PREA Standard §115.81, which prioritizes confidential pathways and compassionate care for inmates disclosing past sexual victimization or abusive tendencies. This deep dive encompassed the facility's detailed Pre-Audit Questionnaire (PAQ) and its robust collection of supporting documents, revealing a sophisticated network of clinical referrals, consent safeguards, and isolated data repositories that balance healing with stringent privacy protections. Standing out were the Georgia Department of Corrections (GDC) Standard Operating Procedure (SOP) 208.06—Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program (effective June 23, 2022)—and GDC SOP VH82-0001, Informed Consent (effective April 1, 2002). SOP 208.06 enforces prompt 14-day follow-ups for at-risk inmates, funneling them to medical or mental

health services through standardized tools like Attachment 14. Complementing this, VH82-0001 bolsters accessibility with multilingual consent forms, implied approvals for standard care, and tailored accommodations—crafting an ethical framework that respects inmate autonomy within the realities of correctional life.

INTERVIEWS

Risk Screening Personnel
Intake specialists illuminated the fortress-like separation of sensitive medical and mental health records, housed in practitioner-exclusive databases beyond the reach of classification teams or leadership unless absolutely essential. They stressed that disclosures from PREA risk screenings fuel only safety-focused decisions—like housing, programming, or treatment—while adhering strictly to federal, state, and local confidentiality mandates. This deliberate compartmentalization ensures data serves protection without unnecessary exposure.

Medical Staff
Healthcare providers detailed their commitment to informed consent as a non-negotiable pillar, securing it before sharing details of non-institutional sexual victimization (except for minors under 18). They outlined the 14-day referral protocol for inmates flagged at high risk for victimization, aggression, or with victimization histories—meticulously logging these steps to monitor well-being and forestall risks. This structured vigilance transforms screening insights into proactive clinical support.

Inmates Reporting Prior Victimization
Among inmates who had disclosed past sexual victimization during intake screening—as noted in facility records—one interviewee recounted receiving a mental health referral the very day of their report. Already on the mental health caseload, they deemed the next scheduled appointment adequate, reflecting trust in the system's responsiveness and flexibility.

PROVISIONS

Provision (a): Timely Clinical Follow-Up for Prior Victims
This essential safeguard guarantees that any inmate revealing a history of sexual victimization during intake screening receives a dedicated follow-up with a qualified medical or mental health practitioner within 14 calendar days. Designed to deliver immediate clinical support and deeper emotional assessment, this process stands confirmed by PAQ data (100% compliance) and screening staff interviews, with every interaction richly documented in clinical files for continuity and accountability.
Relevant Policy: GDC SOP 208.06 (p. 25, D.7) mandates Attachment 14 referrals within 14 days for identified victims, ensuring no gaps in care.

Provision (b): Mental Health Outreach to Past Perpetrators
Equally proactive, this provision extends 14-day mental health evaluations to inmates with documented histories of sexually abusive behavior, as flagged during screening or later confirmed. Over the past 12 months, PAQ logs show 100% follow-through, tracked via secondary forms and logs in clinical records. At audit time, no such cases existed at the facility—precluding targeted interviews—yet the vigilant processes

	remain fully operational and documented. **Relevant Policy:** GDC SOP 208.06 (p. 25, D.7) requires submission of the PREA Counseling Referral Form, locking in timely interventions. **Provision (c): Jail-Specific Victim Screening** This provision holds no relevance here, as it targets jail environments exclusively. The audited facility, a state correctional institution, operates beyond this scope, rendering the requirement inapplicable. **Provision (d): Institutional Data Silos for Security Utility** Screening-derived information on institutional sexual victimization or abusive patterns stays clinician-confined, released solely for critical administrative needs like housing assignments, work details, bed placements, treatment referrals, education, or programming. PAQ and staff accounts verify this disciplined flow, bound by federal, state, and local laws to prevent overreach while maximizing safety benefits. **Provision (e): Consent Fortress for Community Histories** A robust privacy bulwark, this mandates informed consent before practitioners share details of prior sexual victimization from non-institutional settings (minors under 18 excepted). PAQ details and medical interviews affirm this ethical checkpoint—via English/Spanish forms, impairment accommodations, and implied consents post-general signing—safeguarding inmate dignity and agency standards. **Relevant Policy:** GDC SOP VH82-0001 (p. 3, VI.A.1–4) deploys accessible tools to secure voluntary, informed participation in every disclosure. **CONCLUSION** Through rigorous analysis of documentation, policies, and insights from intake, medical teams, and affected inmates, the Auditor affirms the facility's complete alignment with PREA Standard §115.81 on medical and mental health evaluations. A responsive, confidential framework swiftly identifies at-risk individuals, delivers timely follow-ups, and honors consent and privacy at every turn. These practices embody a profound dedication to inmate well-being, clinical excellence, and unyielding protective standards.

115.82	Access to emergency medical and mental health services
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	DOCUMENT REVIEW The Auditor conducted a detailed and comprehensive review of materials associated with PREA Standard §115.82, which governs the facility’s emergency response to medical and mental health needs arising from reports of sexual abuse. This review encompassed the full scope of the facility’s Pre-Audit Questionnaire (PAQ) and related

documentation, revealing a tightly coordinated system that safeguards immediate care, crisis stabilization, and medical prevention measures—all delivered swiftly, confidentially, without cost or precondition.

Central to this process is the Georgia Department of Corrections (GDC) Standard Operating Procedure (SOP) 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective June 23, 2022. This procedural cornerstone ensures that any inmate disclosing sexual abuse gains uninterrupted access to emergency medical and mental health services. The policy maps a clear clinical chain that includes licensed medical oversight, rapid first-responder engagement, timely provision of emergency contraception and sexually transmitted infection (STI) prophylaxis, and the guarantee of free treatment for all inmates in need. Supporting documents—SOP 507.04.85 (Informed Consent) and SOP 507.04.91 (Medical Management of Suspected Sexual Assault)—deepen this framework, ensuring precise adherence to professional judgment, informed consent, and trauma-informed practice at every stage.

INTERVIEWS

Medical Staff

Medical personnel interviewed by the Auditor described a robust and unwavering response protocol designed to activate instantly after an inmate reports sexual abuse. Healthcare professionals emphasized that emergency care begins without hesitation, guided by clinical expertise and compassion. Upon presentation to the medical unit, the inmate is assessed thoroughly by a licensed practitioner, who determines the most appropriate course of action. When circumstances demand, the inmate is swiftly transported to a hospital for advanced examination and treatment. Alternatively, facility medical teams can initiate a Sexual Assault Response Team (SART) activation, whereby nursing staff deliver initial stabilization and follow the attending physician’s written orders.

Clinicians reported that emergency contraception and STI prophylaxis are administered whenever medically appropriate, and that each inmate receives accessible, detailed information on follow-up options, recovery supports, and preventive care. Collectively, the medical staff conveyed an organized, trauma-sensitive system of care fully aligned with PREA standards and grounded in professional ethics.

First Responders (Security and Non-Security Staff)

Security and non-security staff who may act as first responders conveyed a practiced readiness for immediate intervention. Security officers described their core duties with precision: ensuring the inmate’s safety, separating the alleged perpetrator if identifiable, safeguarding potential physical evidence, and contacting medical personnel without delay. Non-security staff—such as administrative or support personnel— echoed these priorities, explaining that their role is to remain with the inmate until relief arrives, alert security officers, and support the individual’s emotional stability through calm presence and observation.

These interviews reflected a culture of vigilance and teamwork. Whether uniformed or civilian, staff understood their first-responder duties as vital bridges connecting disclosure to professional medical and mental health care. Their testimonies affirmed thorough training, prompt response protocols, and a shared commitment to the safety and dignity of every inmate.

Inmates Who Reported Sexual Abuse

Individuals who reported sexual abuse consistently described the facility's response as timely and supportive. They indicated that staff took their reports seriously, promptly arranged forensic medical examinations, and ensured the presence of a victim advocate who provided both explanation and emotional support throughout the process.

They further reported that they were not billed for medical services related to the assault, were never required to submit to a polygraph or other "truth-verification" measures, and received written notification of the final investigative outcome. Collectively, these accounts reflect a response that is both procedurally sound and survivor-centered.

Mental Health Staff

Mental health personnel described a comprehensive and well-coordinated system for delivering emergency psychological care and ongoing therapeutic support in accordance with PREA standards. Although mental health services are provided through contracted external professionals rather than full-time on-site clinicians, these partnerships enable seamless access to crisis interventions, trauma counseling, and continuous therapeutic care whenever needed. This external structure functions with precision and reliability, highlighting the facility's institutional commitment to ensuring prompt mental health responsiveness for all individuals affected by incidents of sexual abuse.

Interviewed personnel explained that following a PREA allegation, mental health evaluations are conducted for both the alleged victim and the alleged perpetrator within defined timeframes. The alleged victim is referred for a clinical assessment as soon as possible after receiving any necessary emergency medical attention, ensuring emotional stabilization and trauma-informed support occur without unnecessary delay. Alleged perpetrators are also scheduled for evaluation at the earliest opportunity, but no later than thirty days following the report of the allegation.

Through these clearly delineated procedures, the mental health team ensures that every affected inmate receives individualized attention, compassionate care, and appropriate treatment planning in alignment with professional standards and agency policy. The process reflects a trauma-responsive, rehabilitative approach that prioritizes both immediate crisis needs and longer-term psychological recovery.

PROVISIONS

Provision (a): Clinician-Judged Timely Crisis Cascades

Inmates who experience sexual abuse are guaranteed immediate, unhindered access to emergency medical and crisis intervention services. The type and intensity of these responses are determined by the judgment of licensed medical and mental health professionals. Staff maintain detailed records—forms, logs, and response notes—that mark the timing of interventions, actions taken by non-health personnel if medical staff were initially unavailable, and confirmation that incarcerated individuals received both emergency treatment and timely information regarding contraception and STI prophylaxis.

The PAQ reaffirmed this commitment, and interviews with medical professionals substantiated it: medical and crisis services are delivered promptly, compassionately, and without obstruction. This approach ensures that every trauma disclosure initiates a coordinated clinical response directed by professional discretion and backed by verifiable documentation.

Relevant Policies:

GDC SOP 208.06, page 36, Section I
SOP 507.04.85 (Informed Consent)
SOP 507.04.91 (Medical Management of Suspected Sexual Assault)

Provision (b): First-Responder Triage to Care

When no qualified health practitioners are on-site at the moment an inmate reports recent sexual abuse, the responsibility immediately shifts to trained first responders, as outlined in §115.62. These security officers initiate the first line of protection: ensuring the inmate’s safety, isolating alleged perpetrators, preserving evidence, and contacting medical and mental health personnel without delay. The PAQ noted this process, and interviews confirmed that staff consistently apply these protective protocols exactly as trained.

Relevant Policies:

GDC SOP 208.06, page 36, Section I

References to SOP 507.04.85 and SOP 507.04.91 for medical notification procedures

Provision (c): Prophylactic/Treatment Tenders

Medical staff confirmed that any inmate reporting sexual abuse is offered timely and medically appropriate access to emergency contraception and prophylactic medication for sexually transmitted infections. These treatments are administered in accordance with accepted professional standards, with clear explanations provided to the inmate regarding all available options and necessary follow-up. Interviews indicated that these measures occur promptly and consistently, forming a predictable part of post-assault care.

Relevant Policies:

	GDC SOP 208.06, page 36, mandates timely access to medical interventions, including contraception and STI prevention, in compliance with accepted clinical protocols. **Provision (d): Costs-Free Medical Care** The facility's approach is founded on the principle that no inmate should ever face financial barriers to receiving care after a sexual assault. In both policy and practice, all emergency medical and mental health responses related to sexual abuse are provided entirely free of charge. Payment is never contingent on an inmate identifying the alleged perpetrator or cooperating with an investigation. Medical staff interviews reaffirmed this guarantee, describing it as an essential pillar of trauma-informed treatment. **Relevant Policies:** GDC SOP 208.06, page 16, Section B(c), mandates that all related medical and mental health treatment be provided at no cost and without consideration of investigative participation. **CONCLUSION** After reviewing the facility's Pre-Audit Questionnaire, corroborating documentation, and firsthand interviews with medical and first-response personnel, the Auditor determined that the facility demonstrates full compliance with PREA Standard §115.82. Policies, practice, and staff awareness converge into an integrated system ensuring that every inmate who discloses sexual abuse receives confidential, prompt, clinically competent, and cost-free care. These practices reflect not only adherence to federal regulation but a deep institutional commitment to humane and professional response in moments of acute vulnerability.

115.83	**Ongoing medical and mental health care for sexual abuse victims and abusers**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	DOCUMENT REVIEW The Auditor engaged in a comprehensive and methodical review of all materials related to the facility's provision of continuing medical and mental health care for inmates who have experienced sexual abuse while incarcerated. This examination included the completed Pre-Audit Questionnaire (PAQ) and its accompanying documentation, providing a full narrative of the facility's structured response, commitment to trauma-informed care, and adherence to clinical ethics.

Two central policies formed the foundation for this review: Georgia Department of Corrections (GDC) Standard Operating Procedure (SOP) 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program (effective June 23, 2022), and GDC SOP 508.22, Mental Health Management of Suspected Sexual Abuse or Sexual Harassment (effective May 3, 2018). Together, they establish a coherent and compassionate framework emphasizing rapid assessment, individualized treatment, and thoughtful continuity of care. These documents promote a victim-centered, trauma-responsive approach that balances empathy with clinical precision and clearly separates therapeutic duties from investigative processes. Confidentiality, professional judgment, and adherence to community standards of care remain the cornerstones of this system.

INTERVIEWS

Medical and Mental Health Staff

Interviews with medical and mental health teams painted a cohesive picture of swift, coordinated, and clinically informed responses to reports of sexual abuse. Staff emphasized that every aspect of care is guided by professional judgment rather than institutional convenience and delivered with the same quality expected in community healthcare settings. They highlighted that all treatment is cost-free, confidential, and anchored in respect for inmate dignity.

Medical personnel described the facility's steady continuum of care—from initial evaluation to follow-up treatment. Inmates reporting sexual abuse receive immediate attention for physical and emotional injuries. Testing and prophylaxis for sexually transmitted infections (STIs) are provided when clinically appropriate, along with clear education on prevention and recovery. Mental health staff elaborated on their role in ensuring crisis counseling, ongoing therapy, and careful follow-up for both those who experienced abuse and those involved as alleged perpetrators. Evaluations for known inmate-on-inmate abusers are pursued within sixty days of discovery, with treatment offered as clinically appropriate.

Clinicians shared that their ultimate goal is restoration—helping individuals process trauma, rebuild trust, and reestablish a foundation for personal stability and wellbeing. They also noted that treatment plans are reviewed and adapted over time, ensuring continuity even during transfers or after release.

Inmates Who Reported Abuse

Incarcerated individuals who reported sexual abuse described a response that they perceived as timely, respectful, and clinically supportive. They stated that staff responded promptly when they reported an incident and facilitated referrals to both medical and mental health services. Those referred for forensic examinations reported that they were offered a victim advocate to accompany them, explain the process, and provide emotional support. They further noted that they did not have to pay for any related medical treatment, were not asked to take a polygraph test, and received written notification of the outcome of the investigation, reinforcing a sense of procedural fairness and care.

PROVISIONS

Provision (a): Access to Evaluation and Treatment for Victims

This provision requires that all inmates who have been victimized by sexual abuse—whether at the current facility or any other correctional institution—have immediate access to appropriate medical and mental health evaluations and treatment. The PAQ and staff interviews confirmed that services include emergency medical assessment, STI testing and prevention, psychiatric evaluation, crisis counseling, and long-term therapeutic care.

All interventions are provided at no financial cost to the inmate, and access is never conditioned on identifying an abuser or cooperating with investigators. Medical and mental health specialists stressed that their therapeutic role is separate from investigative or disciplinary proceedings, ensuring unbiased care focused solely on recovery and wellbeing.

Relevant Policies:

GDC SOP 508.22, Mental Health Management of Suspected Sexual Abuse or Sexual Harassment (effective May 3, 2018, pp. 3–4)
This policy mandates that clinicians respond promptly—within one business day or sooner in emergencies—to assess the emotional and psychological effects of abuse and determine needed interventions. Their involvement is entirely therapeutic, strictly excluding credibility judgments or investigative participation.

Provision (b): Follow-Up, Treatment Planning, and Continuity of Care

The PAQ outlined—and interviews confirmed—that the facility provides comprehensive follow-up services for inmates who receive post-assault medical or psychological treatment. Care plans are developed individually, capturing both immediate health needs and long-term therapeutic goals. Staff coordinate continuation of care as inmates transfer to other facilities or prepare for re-entry into the community, ensuring that treatment does not lapse due to custody changes.

Detailed documentation reviewed by the Auditor included chronological clinical notes, treatment updates, and referrals demonstrating consistent monitoring of each case. The structured coordination between facilities reinforces the department’s dedication to uninterrupted recovery and post-trauma stability.

Relevant Policies:

GDC SOP 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program (effective June 23, 2022)
Requires that each post-assault response incorporate follow-up care and planned continuity of treatment through inter-facility or community referrals as necessary.

Provision (c): Community-Level Standard of Care

The facility affirmed through the PAQ and staff interviews that all victims of sexual

abuse receive medical and mental health care consistent with the same professional standards available in community settings. The approach mirrors evidence-based practices, ensuring that incarcerated individuals are not disadvantaged by their custodial status when it comes to the quality, scope, or timeliness of their care.

Relevant Policies:

GDC SOP 208.06, Section I, requires parity with community standards of care, emphasizing that institutional confinement must never diminish access to or quality of medical and psychological treatment.

Provisions (d) and (e): Not Applicable – All-Male Facility

Provisions concerning pregnancy-related services following sexual abuse incidents are inapplicable, as the facility houses an all-male inmate population.

Provision (f): STD Testing for Victims

Medical staff verified that all individuals identified as victims of sexual abuse are offered testing for sexually transmitted infections as part of their clinical evaluation. Testing is administered promptly when medically indicated and paired with educational counseling on transmission prevention and safe recovery practices. Should test results reveal infection, follow-up treatment is offered immediately and documented accordingly.

Relevant Policies:

GDC SOP 208.06, Section I, mandates timely STD testing and responsive treatment for any inmate who has experienced sexual abuse, affirming early detection as a critical component of full recovery.

Provision (g): Cost-Free Services and Non-Contingent Access

Consistent with PREA requirements, all medical and mental health care related to sexual abuse is provided at no cost to the inmate. Access is not dependent upon an individual’s willingness to identify the alleged perpetrator or to cooperate with investigators. Both medical and mental health personnel confirmed that this policy removes significant barriers to care and encourages inmates to seek help without fear of reprisal, judgment, or financial burden.

Relevant Policies:

GDC SOP 208.06 (p.16, Section B-c) explicitly directs that treatment services must remain free of charge and accessible regardless of an inmate’s participation in investigative proceedings.

Provision (h): Evaluation and Treatment for Known Abusers

The facility extends clinical attention to individuals identified as known inmate-on-inmate abusers. As outlined in the PAQ, mental health staff attempt evaluations within sixty days of identifying an individual’s history of sexual abuse

	perpetration. These sessions aim to assess contributing psychological factors, promote insight, and provide informed therapeutic interventions that reduce the risk of further harm. When appropriate, inmates are offered ongoing counseling designed to foster accountability, emotional regulation, and behavioral change. **Relevant Policies:** GDC SOP 208.06, p.25, Section D-7, mandates a follow-up meeting with mental health staff within 14 days for anyone flagged with a history of sexual aggression or identified as an alleged aggressor in a PREA case. The accompanying Attachment 14: PREA Counseling Referral Form facilitates documentation and ensures a structured clinical pathway toward rehabilitation. **CONCLUSION** Based on the Auditor's comprehensive review of policy documentation, clinical records, and interviews with medical and mental health personnel, the facility is found to be in full compliance with PREA Standard §115.83 regarding ongoing medical and mental health care for sexual abuse victims. The facility demonstrates a deeply rooted commitment to sustained healing that does not end after immediate intervention. Medical and mental health responses operate within a continuous, trauma-informed framework that ensures every request for support results in compassionate, evidence-based care provided free of charge and consistent with community standards.

115.86	**Sexual abuse incident reviews**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Document Review To evaluate compliance with PREA Standard §115.86, the Auditor conducted an in-depth and methodical assessment of how the facility performs Sexual Abuse Incident Reviews (SAIRs) following the closure of any criminal or administrative investigation. The analysis examined not only whether these reviews occur, but how effectively they function as tools of accountability, reflection, and systemic improvement. The Pre-Audit Questionnaire (PAQ), along with an array of supporting policy documents and investigation materials, formed the core of this analytical review. The documentation reflected an intended progression—from investigation closure to structured team review—where lessons learned would translate into tangible improvements in operations, supervision, and staff awareness. The Auditor gave particular attention to Georgia Department of Corrections (GDC)

Standard Operating Procedure (SOP) 208.06 – Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program (effective June 23, 2022), and its integral Attachment 9: Sexual Abuse Incident Review Checklist (SAIR). The SAIR instrument is designed to prompt structured, consistent, and detailed examination of incidents—capturing how situational factors, staff performance, and environment intersected.

Collectively, these documents depict an agency that views each post-incident review as more than formality—a mechanism for continued institutional learning. When effectively used, the process aligns completely with PREA's reflective intent: to question, refine, and strengthen safety systems that protect all inmates from harm. However, at the time of the on-site audit, available documentation was incomplete, limiting the Auditor's ability to verify implementation fully.

Interviews

Facility Head or Designee

The Facility Head spoke at length about the value of the Sexual Abuse Incident Review process within the broader quality-assurance framework. Each review—regardless of whether a case is substantiated, unsubstantiated, or unfounded—is examined with seriousness and transparency. Even though PREA does not require reviews for unfounded allegations, the facility historically conducts them as a matter of best practice.

Following every review meeting, recommendations are forwarded for administrative consideration. The Facility Head described taking personal responsibility for ensuring that proposed improvements are either implemented or, if infeasible due to organizational or resource limitations, documented with rationale for why modification is not possible. This ensures transparency and a traceable decision-making record.

PREA Compliance Manager (PCM)

The PREA Compliance Manager provided a comprehensive overview of how SAIRs are tracked from initiation to completion. After an investigation concludes, the PCM coordinates the scheduling of the Incident Review Team within the required thirty-day window. Once reviews are finalized, packets containing completed checklists and supporting documentation are forwarded to leadership and the compliance office for monitoring.

According to the PCM, every recommendation, whether small or systemic, is logged in a spreadsheet that tracks progress until resolution. Items requiring follow-up or approval beyond the facility level are escalated to the state PREA office. The PCM described this process as one of "continuous accountability," designed to ensure that lessons learned are not lost to time but become parts of institutional memory shaping future decisions.

Incident Review Team (IRT)

Members of the Incident Review Team illustrated what the process looks like in practice—a multidisciplinary, collaborative discussion that goes well beyond paperwork. The team includes administrators, investigators, clinical staff, and supervisory personnel, combining operational expertise with clinical awareness.

Once an investigation closes, the team meets—always within thirty days—to review evidence quality, staff conduct, response timeliness, and whether any environmental or procedural changes could have prevented the event. The IRT noted that they look for patterns such as high-risk locations, shifts, or communication lapses. Recommendations are recorded on the SAIR checklist and meticulously followed up by the PCM.

One member noted that the review is as much a learning environment as it is a compliance requirement: “Every voice matters—security identifies logistical gaps, mental health addresses emotional dynamics, and leadership determines if policy adjustments are needed. We build understanding together.”

Provisions

Provision (a): Timely Post-Investigation Sexual Abuse Incident Reviews

This provision mandates that every substantiated or unsubstantiated allegation of sexual abuse be reviewed within thirty days of investigative closure. The facility’s policy meets—and even exceeds—this directive by initiating reviews on all allegations, including those later deemed unfounded. Such practice reinforces a preventive culture where every report becomes an opportunity for institutional self-examination.

According to the PAQ, eleven cases were reported during the review period, and all were reportedly followed by a Sexual Abuse Incident Review. However, during the on-site audit, only two partial PREA investigation files were made available. Because corroborating materials for the remaining cases were not provided, the Auditor could not verify that all reviews occurred as stated.

Relevant Policy: GDC SOP 208.06, Section J(1), requires all SAIRs to be completed within thirty days of closure using Attachment 9. Despite strong procedural design, limited documentation prevented full confirmation of compliance.

Status: The facility did not meet the requirements of this provision.

Provision (b): Documentation of Incident Reviews Using a Standardized Instrument

Reliability and consistency depend on clear documentation. GDC mandates the use of a standardized format—the Sexual Abuse Incident Review Checklist—to guarantee that all facility reviews examine identical core elements: policy adherence, staff actions, supervision sufficiency, physical plant safety, and corrective action plans.

The Auditor confirmed that the standardized SAIR form (Attachment 9) was the official instrument in use. However, the limited investigation records available—only two

partial files—made verification of consistent application impossible. Without full review documentation, the Auditor could not confirm uniform or timely completion across all eleven reported incidents.

Status: The facility did not meet the requirements of this provision.

Provision (c): Multidisciplinary Composition of the Incident Review Team

Diversity of perspective is vital to meaningful analysis. The Incident Review Team's structure meets GDC's multidisciplinary requirement fully, including administrative leadership, investigative expertise, and medical and mental health professionals. This balance ensures that corrective recommendations integrate security, procedural, and clinical perspectives.

The Auditor confirmed the team's membership and functional roles through documentation and interviews. The composition met PREA expectations by demonstrating a comprehensive, system-wide approach designed to uncover not only what occurred but why it occurred.

Status: The facility met the requirements of this provision.

Provision (d): Formal Reporting and Leadership Oversight of Review Findings

SAIR results must be documented and communicated to institutional leadership for endorsement and record retention. Interviews indicated that final reports are indeed forwarded to both the Facility Head and PCM for follow-up. Leadership review provides a secondary layer of accountability—validating that recommendations are applied and that similar issues are not recurring.

Nevertheless, the limited supply of investigative files hindered independent verification of these reports during the audit. Without access to completed SAIRs, the Auditor could not confirm consistent submission or leadership sign-off as required by policy.

Status: The facility did not meet the requirements of this provision.

Provision (e): Implementation or Documentation of Review Recommendations

The strength of an incident review lies in action taken afterward. GDC policy requires that every recommendation arising from a SAIR must be either implemented or accompanied by written justification if not feasible. Staff interviews described a robust tracking process for follow-up; however, incomplete documentation limited verification. Only two partial investigations were available for examination, leaving the Auditor unable to confirm full implementation or proper documentation of all recommendations.

Relevant Policy: GDC SOP 208.06 stipulates that corrective actions must be timely, monitored, and traceable through records maintained at both facility and state levels.

Status: The facility did not meet the requirements of this provision.

Interim Conclusion

After reviewing all available materials, the Auditor determined that insufficient documentation prevented full confirmation of the facility's compliance with several critical elements of PREA Standard §115.86. Although interviews and policies described a well-structured review process in theory, the evidence necessary to verify consistent completion and oversight was lacking.

Noncompliant Provisions: (a) Timely Reviews, (b) Documentation, (d) Oversight, and (e) Implementation.

Compliant Provision: (c) Team Composition.

Corrective Action Plan

To resolve outstanding compliance issues, the facility must submit complete, exhaustive documentation of all eleven PREA investigations referenced for this audit.

Deadline: No later than March 31, 2026.

Upon receipt, the Auditor will review each file to confirm whether facility practices align with PREA §115.86 provisions.

1. If documentation supports timely, complete, and properly conducted and reviewed SAIRs, no additional corrective steps will be required.
2. If evidence remains incomplete or indicates unresolved deficiencies, further corrective action will be established accordingly.

FACILITY RESPONSE

On April 16, 2026, the facility submitted the previously missing portions of the PREA investigative files related to this standard.

AUDITOR RESPONSE

On April 17, 2026, the auditor reviewed the newly submitted materials. A total of eight PREA sexual abuse allegations were identified. Of these, six were determined to be unfounded prior to the first required retaliation monitoring status check, rendering retaliation monitoring unnecessary in those cases. The remaining two allegations included appropriate retaliation monitoring in accordance with the standard, continuing until one of the involved parties was either transferred to another facility or released from custody.

FINAL CONCLUSION

Based on the verified documentation and follow-up analysis, the Auditor concludes that the facility has met the requirements of PREA Standard §115.86.

RECOMMENDATION

It is strongly recommended that the facility develop and implement a standardized filing and recordkeeping system for all PREA-related allegations, investigations, and

	corresponding reports. This system should promote consistency, accessibility, and accuracy across all case documentation while ensuring that each record meets both facility policy and PREA compliance requirements. Each PREA allegation should be maintained within its own dedicated case file that includes all relevant documentation—from the initial incident report to final disposition. To enhance continuity and accountability, all components of the record or complete copies thereof should be stored together in a single, clearly organized file.

115.87	**Data collection**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	DOCUMENT REVIEW The Auditor immersed themselves in a carefully assembled collection of essential records tied directly to PREA Standard §115.87, which demands precise collection, synthesis, and sharing of data on sexual abuse allegations to reveal patterns, inform strategies, and spark meaningful improvements. This deep dive included the facility's detailed Pre-Audit Questionnaire (PAQ) and its rich array of attached exhibits, providing crystal-clear insight into the end-to-end journey from individual incident reports to facility-wide analytics. At the core of the evaluation lay the Georgia Department of Corrections (GDC) Standard Operating Procedure (SOP) 208.06—Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program (effective June 23, 2022)—paired with the agency's latest 2021 Survey of Sexual Victimization (SSV2) submission to the U.S. Department of Justice. SOP 208.06 masterfully coordinates monthly electronic spreadsheets that meticulously log allegation specifics, investigation outcomes, and Sexual Abuse Incident Review (SAIR) checklists. These efforts culminate in annual public reports that measure advancements, highlight targeted corrective actions, and encompass data from private facilities under GDC oversight—creating a vibrant, data-fueled framework where every reported incident directly strengthens prevention efforts and bolsters transparency across the system. **INTERVIEWS** **Agency PREA Coordinator (PC)** The Agency PREA Coordinator painted a vivid picture of the annual data pipeline, explaining how comprehensive submissions reach the Department of Justice by June 30 each year, pulling from a vast reservoir of incident reports, full investigations, and SAIR analyses. This inclusive process sweeps in both state-run and private facilities housing GDC inmates, perfectly mirroring Survey of Sexual Violence (SSV) specifications. The Coordinator stressed how these yearly reports dissect emerging trends, affirm the impact of interventions, and protect sensitive information through

thoughtful redactions, ensuring both compliance and confidentiality.

PREA Compliance Manager (PCM)
The PREA Compliance Manager elaborated on the agency's steadfast guardianship of data integrity, detailing how incident logs, thorough probes, and review processes feed into operational upgrades. They spotlighted the rhythm of monthly standardized submissions, which guarantee consistent data capture across all GDC facilities and contracted partners. This disciplined approach powers annual aggregations that deliver public transparency while keeping the Department of Justice fully informed, turning raw numbers into actionable insights for ongoing safety enhancements.

PROVISIONS

Provision (a): Standardized Data Instruments
This foundational provision locks in the use of uniform electronic spreadsheets across GDC facilities, applying consistent definitions to every sexual abuse allegation while logging details and resolutions by the third of the following month. The PAQ solidly confirms this practice, with the PREA Coordinator's insights affirming its precision and reliability, as guided by the Facility PREA Log User Guide.
Relevant Policy: GDC SOP 208.06, Section J(2)(a), drives monthly PREA reports alongside Attachment 9 SAIR submissions, ensuring seamless standardization.

Provision (b): Annual Data Aggregation
Here, the agency commits to yearly synthesis of incident data, crafting comparative reports that gauge progress, pinpoint refinements, and celebrate gains in safety measures—as both the PAQ and PREA Coordinator affirm. The Auditor personally examined the most recent Annual PREA Report, witnessing its comprehensive scope and analytical depth.
Relevant Policy: GDC SOP 208.06, Section J(2)(c), requires these reports to be published on GDC's website, rigorously evaluating strides in inmate protection.

Provision (c): SSV-Compatible Data Elements
This targeted provision ensures all standardized tools capture every data point mandated by the Department of Justice's latest Survey of Sexual Violence (SSV), positioning the agency for immediate, full compliance on demand—a fact verified through the PREA Coordinator's confirmation.
Relevant Policy: GDC SOP 208.06 (pp. 36–37) explicitly requires annual aggregated allegation data submissions to the DOJ, aligning perfectly with federal benchmarks.

Provision (d): Holistic Incident-Based Data Harvesting
The agency casts a wide net, reviewing and archiving data from every conceivable source—spanning direct reports, detailed investigations, and SAIR outcomes—to weave a complete, gap-free evidentiary narrative, as outlined in the PAQ and echoed by the PREA Coordinator.
Relevant Policy: GDC SOP 208.06, Section J(2)(a), insists on monthly incorporation of all investigated allegations and their resolutions, leaving no stone unturned.

Provision (e): Private Facility Data Inclusion
Data from private facilities housing GDC inmates mirrors SSV standards in both

incidents and aggregates, gathered through systematic channels—as the PAQ and PREA Coordinator both substantiate—ensuring comprehensive system-wide visibility. Relevant Policy: GDC SOP 208.06 (pp. 36–37) weaves private facility data into annual Commissioner-approved reports, with clear explanations for any security-driven redactions.

Provision (f): DOJ Data Provision on Demand
This responsive provision guarantees the agency delivers the prior calendar year's sexual abuse data to the Department of Justice upon request. The PAQ reports this capability, the PREA Coordinator confirmed its execution, and the Auditor verified it through review of the 2021 SSV2 submission, showcasing reliable, on-demand transparency.

CONCLUSION

Through exhaustive scrutiny of documentation, GDC policies, recent PREA data reports, and enlightening discussions with key personnel, the Auditor determines that the agency fully satisfies all six provisions of PREA Standard §115.87. GDC exhibits a steadfast, meticulous system for gathering, analyzing, aggregating, and reporting sexual abuse data—both within its walls and to external authorities. These practices underscore an enduring pledge to openness, responsibility, and the highest standards of sexual safety across all facilities.

115.88 Data review for corrective action

Auditor Overall Determination: Meets Standard

Auditor Discussion

DOCUMENT REVIEW

The Auditor embarked on an in-depth exploration of critical records aligned with PREA Standard §115.88, which champions the strategic use of sexual abuse data to pinpoint weaknesses, spark reforms, and elevate prevention efforts across correctional settings. This meticulous process kicked off with the Pre-Audit Questionnaire (PAQ), delivering a panoramic view of the agency's disciplined protocols for data gathering, dissection, and application toward tangible safety upgrades.

Pivoting to the cornerstone policy, the Georgia Department of Corrections (GDC) Standard Operating Procedure (SOP) 208.06—Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program (effective June 23, 2022)—emerged as the guiding force. This comprehensive directive not only maps out responses to sexual abuse and harassment but spotlights data's starring role in uncovering patterns and shaping proactive defenses. The Auditor further pored over the agency's 2023 Survey of Sexual Victimization (SSV-2) filing with the U.S. Department of Justice, alongside the illuminating 2024 GDC PREA Annual Data

Report. This report weaves a compelling narrative of year-over-year comparisons, chronicling corrective steps taken to tackle persistent challenges. For full transparency verification, the Auditor confirmed these vital PREA assets—including annual reports—are prominently posted on the GDC website at http://www.gdc.ga.gov/Divisions/ExecutiveOperations/PREA, inviting public scrutiny and dialogue.

INTERVIEWS

PREA Compliance Manager (PCM)
The PREA Compliance Manager spotlighted the agency's digital nerve center—the GDC website—as a one-stop gateway for PREA transparency. This accessible platform empowers the public, watchdogs, and advocates to delve into annual reports, policies, and training resources effortlessly. They framed this openness as a cornerstone of community trust-building and proactive engagement, ensuring stakeholders can track progress firsthand.

PREA Coordinator (PC)
Delving into data dynamics under §115.87, the PREA Coordinator unpacked how incident reports, investigation results, and training efficacy undergo rigorous scrutiny to gauge prevention, detection, and response strengths. They confirmed the agency's annual report—publicly posted on the GDC site—lays bare these insights while judiciously redacting only security-critical or privacy-sensitive details. This balanced approach upholds integrity, letting statistical truths and key findings shine through unfiltered.

Facility Head
The Facility Head detailed the facility's internal PREA committee, a dedicated team that pores over every sexual abuse report, distilling actionable insights and data gems. These facility-born findings flow upward to the PREA Coordinator, seamlessly fueling the agency's sweeping annual reviews and ensuring local realities shape system-wide strategies.

Agency Head or Designee
In a candid onsite exchange, the Agency Head Designee elevated the annual PREA report as a powerhouse for data-fueled safety evolution. Featuring stark current-versus-prior-year contrasts, it unmasks trends and patterns in the correctional landscape. Beyond accountability, it serves as a strategic compass—probing policies, exposing performance shortfalls, and cataloging facility- and agency-level fixes that shield inmates and staff alike. Once finalized, it launches onto the GDC website for universal access.

PROVISIONS

Provision (a): Data Review for Policy and Practice Improvement
This dynamic provision ignites ongoing data dives from §115.87 collections to sharpen sexual abuse prevention, detection, response policies, and training—spotlighting problem zones, triggering swift corrective moves, and birthing annual facility- and agency-wide reports brimming with findings and fixes. The PAQ and PREA Coordinator affirm GDC's routine assessments, which propel policy tweaks,

	procedural polish, and staff skill upgrades for ironclad inmate protection. Relevant Policy: GDC SOP 208.06 entrusts the PREA Coordinator with this analytical charge, channeling facility reports to the Commissioner—flagging issues, proposing remedies, and benchmarking against past cycles for relentless advancement. **Provision (b): Comparative Analysis and Corrective Action Documentation** A rigorous yearly ritual, this provision mandates juxtaposing current data and remedies against historical benchmarks, while gauging the agency's strides against sexual abuse. PAQ details and Agency Head Designee insights validate the comprehensive annual PREA report's trend breakdowns and progress markers. The Auditor's scrutiny of the latest edition confirmed full alignment, with the full document live at http://www.gdc.ga.gov/Divisions/ExecutiveOperations/PREA. **Provision (c): Public Availability of the Annual Report** Transparency triumphs here, with annual PREA reports—agency head-approved and SSV-aligned—posted yearly on the official website for all to access. PAQ and Agency Head Designee confirm this practice nurtures trust, letting stakeholders gauge responsiveness, while archives preserve a living history of accountability. **Provision (d): Redaction of Sensitive Information** Precision-guided restraint defines this safeguard: redactions slash only content posing clear threats to facility safety or security, with explanations noting their nature. PAQ and PREA Coordinator verify narrow application to identifiers alone, unleashing all other data, analyses, and revelations for unvarnished public view—balancing openness with essential protections. **CONCLUSION** Through painstaking PAQ analysis, policy deep dives, annual report dissections, and revealing dialogues with leadership and compliance experts, the Auditor certifies that the Georgia Department of Corrections and its facility stand in full harmony with PREA Standard §115.88 on Data Review for Corrective Action. A streamlined, open, and impact-focused system thrives: data scrutiny uncovers improvement lanes, corrective tactics take root, and detailed annual reports—publicly shared and facility-integrated—herald a profound institutional vow to accountability, evolution, and unwavering sexual safety across the board.

115.89	**Data storage, publication, and destruction**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	DOCUMENT REVIEW The Auditor conducted a comprehensive and focused audit of the facility's and

agency's adherence to PREA Standard §115.89, which governs the secure handling, public dissemination, and long-term preservation of sexual abuse data. This evaluation centered on the fully completed Pre-Audit Questionnaire (PAQ), key agency policies, and openly accessible data resources, offering a clear lens into the system's commitment to both transparency and protection.

Key among the materials was the Georgia Department of Corrections (GDC) Standard Operating Procedures (SOP) Policy Number 208.06—Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program (effective June 23, 2022)—that establishes the operational backbone for data management. The Auditor also scrutinized GDC's latest Annual PREA Report, alongside the wealth of information hosted on the agency's dedicated public PREA website at http://www-.gdc.ga.gov/Divisions/ExecutiveOperations/PREA. These resources collectively demonstrated a layered approach: safeguarding sensitive details while ensuring aggregated insights remain available for public review, trend analysis, and ongoing accountability.

INTERVIEWS

PREA Coordinator (PC)

The PREA Coordinator delivered an illuminating overview of the agency's data lifecycle—from secure collection through strategic retention. They detailed how all PREA data gathered under §115.87 fuels critical outputs like the Survey of Sexual Victimization (SSV-2) and annual PREA reports, which launch publicly on the GDC website. Inmate-specific records live indefinitely in the SCRIBE database, GDC's core electronic management platform, with rigorous access controls limiting visibility to essential personnel only. Before any public sharing, personally identifiable information undergoes meticulous redaction to shield privacy and safety, a non-negotiable practice that balances openness with protection.

PROVISIONS

Provision (a): Secure Storage of Incident and Aggregate Data

This bedrock provision mandates fortified, role-restricted storage for both raw incident details and high-level aggregated data on sexual abuse allegations and investigations. The PAQ unequivocally confirms this secure ecosystem, echoed by the PREA Coordinator's affirmation of facility-level Risk Management Systems paired with agency-wide fortified repositories. Data remains primed for vital functions like reporting, trend monitoring, and policy evolution, all under ironclad safeguards that prevent unauthorized access while enabling authorized analysis.

Provision (b): Annual Public Release of Aggregated Data

Transparency takes center stage here, requiring yearly publication of synthesized sexual abuse statistics from GDC-operated and contracted private facilities alike. The PAQ highlights this mandate, with reports flowing seamlessly to the agency's official PREA webpage—home to current editions, historical archives, and aligned

	documentation. The PREA Coordinator validated this rhythm, noting how these releases empower stakeholders to track progress without compromising operational security. **Provision (c): Removal of Personally Identifiable Information** A privacy fortress, this provision insists on stripping all personal identifiers from aggregated data prior to public eyes. Both PAQ assertions and PREA Coordinator confirmation cement this as standard protocol, ensuring reports reveal patterns and insights while cloaking individual identities. This deliberate anonymization upholds confidentiality for victims, reporters, and subjects alike, fostering trust in a system that prioritizes safety alongside disclosure. **Provision (d): Minimum Ten-Year Data Retention Period** Long-haul preservation defines this forward-looking provision: PREA data endures for at least ten years from collection, extendable under legal mandates. The PAQ and PREA Coordinator affirm compliance, with most inmate-linked records enshrined permanently in SCRIBE. This enduring archive supports audits, retrospective reviews, and evolving strategies, turning historical data into a foundation for sustained inmate protection. **Relevant Policy** GDC SOP 208.06 (page 39) crystallizes these retention imperatives with precision: criminal investigation records persist through the alleged perpetrator's incarceration or employment, plus five extra years—or a full decade from the initial report, whichever spans longer. Administrative investigations mirror this timeline. The Auditor's examination of archived annual reports confirmed adherence to public access and retention benchmarks, ensuring every document stands ready for scrutiny, follow-up inquiries, or analytical deep dives as PREA demands. **CONCLUSION** Following exhaustive document scrutiny, staff interviews, and verification of digital publications, the Auditor declares full compliance with PREA Standard §115.89 across the agency and facility. Robust systems secure data storage, orchestrate timely public releases, and enforce enduring retention—all while vigilantly guarding identities. This framework exemplifies integrity, openness, and responsibility, fortifying sexual safety in confinement through meticulous, trustworthy data stewardship.

115.401	Frequency and scope of audits
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	DOCUMENT REVIEW To assess compliance with PREA Standard §115.401, the Auditor undertook a

thorough and methodical review of all documentation related to the frequency, scope, and transparency of Georgia Department of Corrections (GDC) audits. At the heart of this analysis was GDC's public commitment to consistency and accountability across every correctional facility in the state.

The primary resource consulted was the Georgia Department of Corrections PREA webpage, located at https://gdc.georgia.gov/organization/about-gdc/research-and--reports-0/prison-rape-elimination-act-prea. This online platform serves as a comprehensive repository of PREA information, housing not only audit reports from the 2022–2025 cycle but also aggregated sexual abuse data, agency-wide compliance summaries, and updates on corrective actions. The website functions as both public record and performance tool—demonstrating GDC's sustained transparency and its mission to uphold PREA's accountability framework beyond the audit cycle itself.

In reviewing these resources, the Auditor noted that the Department's digital archive provided full access to facility-specific audit findings, investigator reports, and comparative trend analyses. This extensive publication of results offers both professionals and the public unprecedented visibility into GDC's compliance performance, creating a culture of informed oversight and institutional self-examination.

Agency documentation and the Pre-Audit Questionnaire (PAQ) further confirmed that the Department operates under a structured triennial audit cycle involving all facilities, both operated and contracted. The system maintains precise scheduling to ensure that at least one-third of facilities are audited annually, resulting in a predictable rhythm of review and continuous governance.

INTERVIEWS

PREA Coordinator (PC)

At the administrative level, the PREA Coordinator emphasized that the current review represents the second year within the Department's 2022–2025 three-year audit cycle. The Coordinator described the process as dynamic—each audit not viewed as a finite snapshot but as part of an ongoing dialogue between field operations, leadership, and policy refinement. The GDC PREA webpage, they explained, plays a critical role in maintaining transparency by publishing audit outcomes, corrective action notices, data assessments, and trend analyses. By doing so, GDC fulfills PREA's federal requirement that findings be readily accessible for public review.

The Coordinator highlighted that every GDC facility, without exception, was audited at least once during the previous cycle, and the state remains ahead of federal pacing requirements. This repetition, they noted, has fostered a culture of routine reflection in which audits are treated as opportunities for continuous improvement rather than compliance milestones.

Random Residents

During on-site interviews, residents were invited to share feedback about their awareness and access to the audit process. Every individual interviewed confirmed having been informed of the opportunity to send confidential correspondence directly to the Auditor prior to and during the on-site visit. They explained that these letters were processed under the same protections as legal mail, ensuring transmission without inspection or interference from staff. Several residents described this opportunity as a reassuring mechanism—one that allowed honest participation in the audit process without fear of retaliation.

Interviews further revealed that residents viewed the presence of external oversight positively, regarding the audit process as a safeguard that reinforces personal safety and validates their ability to report confidentially.

PROVISIONS

Provision (a): Triennial Facility Audits

The facility's PAQ confirmed—and publicly available GDC data corroborated—that during the 2022–2025 review cycle, the agency successfully audited each of its operated and contracted facilities at least once. All finalized audit reports are permanently archived and accessible on GDC's official PREA webpage, which functions as a transparent record for stakeholders, community partners, and oversight entities. This structure ensures that oversight remains consistent, traceable, and publicly verifiable.

Provision (b): Annual One-Third Facility Quota

This audit occurs during the third year of the fourth consecutive triennial cycle and demonstrates GDC's adherence to maintaining annual pacing that meets or exceeds the federal requirement that one-third of facilities undergo audit each year. The online publication of statewide sexual abuse data and cumulative facility reports provides measurable proof of sustained compliance. Each posting reinforces operational accountability and enables systematic tracking of patterns that inform prevention strategies across facility types.

Provisions (c) through (g): Not Applicable

These provisions do not apply to the facility's current audit framework or operational design and were therefore deemed non-relevant for this assessment.

Provision (h): Unrestricted Auditor Facility Access

Throughout the on-site audit, the Auditor was granted unrestricted access to all operational areas within the facility. Staff at both agency and facility levels ensured immediate entry to requested sections, documentation, and personnel. This seamless cooperation exemplifies a culture of transparency and aligns precisely with PREA's access requirements, which mandate full and unhindered observation of institutional conditions.

At each stage of the audit, requested materials were supplied promptly and without

limitation, reflecting consistent and proactive facilitation by facility leadership.

Provisions (i) through (l): Not Applicable

These provisions were deemed outside the scope of this facility's operational context. No findings or exceptions were associated with these criteria.

Provision (m): Private Resident Interviews

During the on-site visit, all resident interviews were conducted in private, in a confidential setting free from staff presence or interference. The designated interview space was quiet, secure, and easily accessible. This arrangement contributed to an open exchange that allowed residents to share candid insights about facility safety, staff-resident interaction, and awareness of PREA protections.

Provision (n): Confidential Resident Correspondence

The Auditor verified that residents possessed the ability to send confidential correspondence directly to the Auditor in the same manner as attorney or privileged mail. This process ensured that input was uninfluenced by facility staff and provided residents an avenue for sincere and confidential communication regarding PREA-related experiences or perceptions. Feedback collected through these channels validated the integrity of the process, as multiple residents confirmed that they used or were aware of this confidential communication method.

Provision (o): Not Applicable

This provision is not relevant within the framework of this facility's audit cycle.

CONCLUSION

Drawing on the documentation review, PAQ findings, resident feedback, and the PREA Coordinator's detailed explanation of GDC's systemic oversight process, the Auditor concludes that both the agency and facility exemplify full alignment with the intent and requirements of PREA Standard §115.401 concerning audit frequency and scope.

The Georgia Department of Corrections continues to uphold a structured and publicly transparent audit framework defined by predictable rotation, universal scrutiny, and open publication of results. Each audit cycle reinforces the Department's long-term investment in fostering trust, transparency, and accountability.

This particular audit embodies the essence of PREA oversight—every facility reviewed on schedule, every resident voice heard, and every audit product made public. The system functions not as a periodic compliance activity but as a living mechanism of continuous prevention and improvement, transforming oversight into sustained vigilance and embedding safety deeply into the operational fabric of the Department.

115.403	Audit contents and findings
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	DOCUMENT REVIEW To evaluate compliance with PREA Standard §115.403, the Auditor conducted a focused review of documentation illustrating the Georgia Department of Corrections' (GDC) approach to transparency and public disclosure of PREA audit results. Central to this process was GDC's publicly accessible website, where the Department maintains a detailed digital archive of compliance data, audit findings, and statewide statistics. The Auditor examined the GDC PREA webpage at https://gdc.georgia.gov/organization/about-gdc/research-and-reports-0/prison-rape-elimination-act-prea. This platform serves as an authoritative repository for PREA-related publications and documentation, providing direct public access to final audit reports, cumulative summaries of sexual abuse allegations, and statistical analyses from facilities throughout Georgia. Beyond transparency, the website reflects the Department's commitment to accountability and continuous improvement. Each posted report demonstrates GDC's adherence to federal PREA requirements by making compliance information publicly available, ensuring that oversight extends beyond institutional boundaries. By maintaining a space for transparent communication and accessible data, GDC invites external review of its progress toward preventing sexual abuse and promoting a culture of safety across all correctional environments. **INTERVIEWS** **PREA Coordinator (PC)** In an interview with the PREA Coordinator, the Auditor explored how the Department manages the publication and distribution of audit findings. The Coordinator explained that GDC's public-facing PREA webpage functions as both a compliance tool and a resource for stakeholders, including families, policymakers, advocates, and incarcerated individuals seeking to understand institutional efforts to reduce sexual abuse. The Coordinator emphasized that after every facility audit is completed, the final report—containing the Auditor's findings and any corrective action plans—is reviewed for accuracy and posted on the GDC website in its entirety. This process is carried out without redaction, except where safety or privacy concerns legally require discretion. By maintaining this routine, GDC ensures compliance not only with the letter of PREA §115.403 but also with its spirit of openness and public trust. **Administrative Staff** Administrative staff interviewed during the audit confirmed that facility leadership

remains closely involved in the release process. Once the final report is issued, the facility verifies that it is publicly posted within the required time frame and cross-listed with existing statewide reports. Staff described this step as essential to reinforcing accountability—an act that signals transparency both internally and externally. They also acknowledged that public posting of audits has strengthened morale by demonstrating institutional integrity and an honest commitment to improvement.

Inmates
A small group of inmates was briefly questioned about their awareness of the public reporting process. While direct engagement with the website is naturally limited within the secure environment, many expressed confidence knowing that audit outcomes are reviewed by external eyes and shared beyond facility walls. Several residents noted that this external review adds credibility to the PREA process and validates their perception that oversight is not confined to internal channels alone.

PROVISIONS

Provisions (a) through (e): Not Applicable

The first five provisions of this standard address requirements outside the operational or structural context of this facility and therefore do not apply to this audit review.

Provision (f): Public Access to Audit Results

According to the facility's Pre-Audit Questionnaire (PAQ), the agency ensures that the final audit report prepared by the PREA-certified Auditor is made publicly available—either through the agency's official website or by other accessible means if a digital platform is unavailable.

The Auditor confirmed that the GDC's official website fulfills this standard comprehensively. The GDC PREA webpage currently hosts a catalog of completed audit reports, each inclusive of the Auditor's findings and associated data, available for direct public download. The documentation also includes aggregated statewide statistics on sexual abuse incidents, corrective actions completed, and annual comparative reports spanning multiple years. These materials are continuously updated to reflect the most current information and ensure that public access remains uninterrupted.

Each posting directly aligns with PREA Standard §115.403, which mandates transparency of audit results to the public. Through this practice, GDC extends compliance beyond basic requirement—it transforms audit publication into a living testament of accountability and progress.

CONCLUSION

After reviewing the GDC website, facility documentation, and interviews with agency

	staff and leadership, the Auditor concludes that both the Georgia Department of Corrections and the facility have achieved full compliance with PREA Standard §115.403 concerning the content and public availability of audit reports. The Department’s approach exemplifies modern correctional transparency: audits that are rigorously performed, openly published, and permanently archived for unrestricted public access. This visible commitment ensures that accountability is not merely internal but collective—shared with the broader community, reinforcing a consistent message of trust, integrity, and continual improvement throughout the correctional system.

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
	Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment?	yes
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
	Is the PREA Coordinator position in the upper-level of the agency hierarchy?	yes
	Does the PREA Coordinator have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities?	yes
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
	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
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
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

	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.)	yes
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	na

	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)?	na
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**	
	This provision is no longer applicable to your compliance finding, please select N/A.	na
	This provision is no longer applicable to your compliance finding, please select N/A.	na
115.15 (f)	**Limits to cross-gender viewing and searches**	
	This provision is no longer applicable to your compliance finding, please select N/A.	na
	This provision is no longer applicable to your compliance finding, please select N/A.	na
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 with inmates with disabilities including inmates who: Have intellectual disabilities?	yes
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Have limited reading skills?	yes
	Does the agency ensure that written materials are provided in	yes

	formats or through methods that ensure effective communication with inmates with disabilities including inmates who: are blind or have low vision?	
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 may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the two bullets immediately above?	yes
	Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42	yes

	U.S.C. 1997)?	
	Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the two bullets immediately above?	yes
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,	na

	whichever is later.)	
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.)	yes
	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.)	na
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	yes

	inmates on how to avoid inappropriate relationships with inmates?	
	The subsection of this provision is no longer applicable to your compliance finding, please select N/A.	na
	Does the agency train all employees who may have contact with inmates on how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities?	yes
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	yes

	to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with inmates)?	
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 Garrity warnings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
	Does this specialized training include sexual abuse evidence collection in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
	Does this specialized training include the criteria and evidence required to substantiate a case for administrative action or	yes

	prosecution referral? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	
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 suspicions of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
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 screening instrument?	yes
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
	The subsection of this provision is no longer applicable to your compliance finding, please select N/A.	na
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (8) Whether the inmate has previously experienced sexual victimization?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (9) The inmate's own perception of vulnerability?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (10) Whether the inmate is detained solely for civil immigration purposes?	yes
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 information is not exploited to the inmate's detriment by staff or other inmates?	yes
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	yes

	being sexually abusive, to inform: Work Assignments?	
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Education Assignments?	yes
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Program Assignments?	yes
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**	
	This provision is no longer applicable to your compliance finding, please select N/A.	na
	This provision is no longer applicable to your compliance finding, please select N/A.	na
115.42 (d)	**Use of screening information**	
	This provision is no longer applicable to your compliance finding, please select N/A.	na
115.42 (e)	**Use of screening information**	
	This provision is no longer applicable to your compliance finding, please select N/A.	na
115.42 (f)	**Use of screening information**	
	This provision is no longer applicable to your compliance finding, please select N/A.	na
115.42 (g)	**Use of screening information**	
	This provision is no longer applicable to your compliance finding, please select N/A.	na
	This provision is no longer applicable to your compliance finding, please select N/A.	na
	This provision is no longer applicable to your compliance finding, please select N/A.	na
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 anonymous upon request?	yes
	Are inmates detained solely for civil immigration purposes provided information on how to contact relevant consular officials	na

	and relevant officials at the Department of Homeland Security? (N/A if the facility never houses inmates detained solely for civil immigration purposes.)	
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.)	na
	Does the agency always refrain from requiring an inmate to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.)	na
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 this standard.)	na
	Does the agency ensure that: Such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency	na

	is exempt from this standard.)	
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.)	na
	Are those third parties also permitted to file such requests on behalf of inmates? (If a third party files such a request on behalf of an inmate, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.)	na
	If the inmate declines to have the request processed on his or her behalf, does the agency document the inmate’s decision? (N/A if agency is exempt from this standard.)	na
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.)	na

	After receiving an emergency grievance alleging an inmate is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.).	na
	After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.)	na
	After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.)	na
	Does the initial response and final agency decision document the agency's determination whether the inmate is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	na
	Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	na
	Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	na
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.)	na
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, including toll-free hotline numbers where available of local, State, or national immigrant services agencies? (N/A if the facility never has persons detained solely for civil immigration purposes.)	na
	Does the facility enable reasonable communication between	yes

	inmates and these organizations and agencies, in as confidential a manner as possible?	
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 abuse or sexual harassment or retaliation?	yes
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	yes

	sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions?	
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 response to an incident of sexual abuse?	yes
115.66 (a)	**Preservation of ability to protect inmates from contact with abusers**	
	Are both the agency and any other governmental entities	yes

	responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limit the agency's ability to remove alleged staff sexual abusers from contact with any inmates pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted?	
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 sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report	yes

	of sexual abuse, does the agency: Monitor any inmate disciplinary reports?	
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate housing changes?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate program changes?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor negative performance reviews of staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor 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 of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).)	yes
	Does the agency conduct such investigations for all allegations,	yes

	including third party and anonymous reports? (N/A if the agency/ facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).)	
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	na

	order to inform the inmate? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.)	
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 abused by another inmate, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility?	yes

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 evidence sufficient to substantiate the allegation?	yes
115.78 (g)	**Disciplinary sanctions for inmates**	
	If the agency prohibits all sexual activity between inmates, does	yes

	the agency always refrain from considering non-coercive sexual activity between inmates to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between inmates.)	
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).	yes
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 sexual victimization that did not occur in an institutional setting, unless the inmate is under the age of 18?	yes
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	yes

	has been determined to be unfounded?	
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
	The subsection of this provision is no longer applicable to your compliance finding, please select N/A.	na
	Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse?	yes
	Does the review team: Assess the adequacy of staffing levels in that area during different shifts?	yes
	Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff?	yes
	Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.86(d)(1)-(d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager?	yes
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 to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole?	yes
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	**Frequency and scope of audits**	

(b)		
	Is this the first year of the current audit cycle? (Note: a “no” response does not impact overall compliance with this standard.)	yes
	If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is not the second year of the current audit cycle.)	na
	If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is not the third year of the current audit cycle.)	na
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 (f)	**Audit contents and findings**	
	The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports. The review period is for prior audits completed during the past three years PRECEDING THIS AUDIT. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse	yes

	noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or, in the case of single facility agencies, there has never been a Final Audit Report issued.)	