

# PREA Facility Audit Report: Final

**Name of Facility:** Floyd County Corrections

**Facility Type:** Prison / Jail

**Date Interim Report Submitted:** NA

**Date Final Report Submitted:** 07/18/2025

## Auditor Certification

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



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



I have not included in the final report any personally identifiable information (PII) about any inmate/resident/detainee or staff member, except where the names of administrative personnel are specifically requested in the report template.



**Auditor Full Name as Signed:** Darla P. OConnor

**Date of Signature:** 07/18/2025

## AUDITOR INFORMATION

**Auditor name:** OConnor, Darla

**Email:** doconnor@strategicjusticesolutions.com

**Start Date of On-Site Audit:** 04/28/2025

**End Date of On-Site Audit:** 04/30/2025

## FACILITY INFORMATION

**Facility name:** Floyd County Corrections

**Facility physical address:** 329 Blacks Bluff Road Southwest, Rome , Georgia - 30161

**Facility mailing address:**

## Primary Contact

<b>Name:</b>	Edwin Blansit
<b>Email Address:</b>	edwin.blansit@floydcountyga.org
<b>Telephone Number:</b>	706-844-7184

<b>Warden/Jail Administrator/Sheriff/Director</b>	
<b>Name:</b>	Michael Long
<b>Email Address:</b>	michael.long@floydcountyga.org
<b>Telephone Number:</b>	706-728-7403

<b>Facility PREA Compliance Manager</b>	
<b>Name:</b>	
<b>Email Address:</b>	
<b>Telephone Number:</b>	

<b>Facility Characteristics</b>	
<b>Designed facility capacity:</b>	548
<b>Current population of facility:</b>	339
<b>Average daily population for the past 12 months:</b>	345
<b>Has the facility been over capacity at any point in the past 12 months?</b>	No
<b>What is the facility's population designation?</b>	Men/boys
<b>In the past 12 months, which population(s) has the facility held? Select all that apply (Nonbinary describes a person who does not identify exclusively as a boy/man or a girl/woman. Some people also use this term to describe their gender expression. For</b>	

<b>definitions of “intersex” and “transgender,” please see <a href="https://www.prearesourcecenter.org/standard/115-5">https://www.prearesourcecenter.org/standard/115-5</a>)</b>	
<b>Age range of population:</b>	18-70
<b>Facility security levels/inmate custody levels:</b>	Medium to minimum
<b>Does the facility hold youthful inmates?</b>	No
<b>Number of staff currently employed at the facility who may have contact with inmates:</b>	94
<b>Number of individual contractors who have contact with inmates, currently authorized to enter the facility:</b>	11
<b>Number of volunteers who have contact with inmates, currently authorized to enter the facility:</b>	31

AGENCY INFORMATION	
<b>Name of agency:</b>	Floyd County Corrections
<b>Governing authority or parent agency (if applicable):</b>	
<b>Physical Address:</b>	329 Blacks Bluff Road Southwest, Rome , Georgia - 30161
<b>Mailing Address:</b>	
<b>Telephone number:</b>	

Agency Chief Executive Officer Information:	
<b>Name:</b>	
<b>Email Address:</b>	
<b>Telephone Number:</b>	

## Agency-Wide PREA Coordinator Information

<b>Name:</b>	Edwin Blansit	<b>Email Address:</b>	Edwin.Blansit@floydcountyga.org
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## Facility AUDIT FINDINGS

### Summary of Audit Findings

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

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

#### Number of standards exceeded:

0

#### Number of standards met:

45

#### Number of standards not met:

0

## POST-AUDIT REPORTING INFORMATION

### GENERAL AUDIT INFORMATION

#### On-site Audit Dates

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

2025-04-28

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

2025-04-30

#### 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 verification process, outreach was made to several external organizations to confirm collaboration and support services available to the facility's inmates regarding sexual abuse response and prevention.

Just Detention International was contacted to ascertain whether the facility or any individuals housed there had engaged their services. The organization reported that their records did not show any contact initiated by either the facility staff or inmates during the relevant period.

The Sexual Assault Center of Northwest Georgia confirmed the existence of a current, active Memorandum of Understanding (MOU) with the facility. This agreement ensures that a trained victim advocate is available upon request to accompany inmates during forensic medical examinations, which take place at the hospital's emergency department. Moreover, the center operates a dedicated 24-hour hotline specifically designed for incarcerated individuals, providing confidential emotional support related to experiences of sexual abuse, whether the incidents occurred prior to or during incarceration.

Additionally, the Sexual Assault Response Center verified that it provides round-the-clock emotional support through its crisis hotline. Although no formal MOU currently exists with the facility, this is attributable to the informal, month-to-month arrangement of the service. The center noted that the hotline is available to inmates as needed, though it is rarely utilized.

Finally, the Georgia Network to End Sexual Assault was contacted and indicated that they had no records of contact with the facility staff or inmates within the past twelve months.

Together, these confirmations illustrate the facility's engagement with external support agencies and highlight the available resources for inmates impacted by sexual abuse, while also reflecting the frequency and nature of utilization of these services.

## AUDITED FACILITY INFORMATION

14. Designated facility capacity:	548
15. Average daily population for the past 12 months:	345
16. Number of inmate/resident/detainee housing units:	10
17. Does the facility ever hold youthful inmates or youthful/juvenile detainees?	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> Not Applicable for the facility type audited (i.e., Community Confinement Facility or Juvenile Facility)</p>

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

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

18. Enter the total number of inmates/residents/detainees in the facility as of the first day of onsite portion of the audit:	349
19. Enter the total number of inmates/residents/detainees with a physical disability in the facility as of the first day of the onsite portion of the audit:	0
20. Enter the total number of inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) in the facility as of the first day of the onsite portion of the audit:	0

<b>21. Enter the total number of inmates/residents/detainees who are Blind or have low vision (visually impaired) in the facility as of the first day of the onsite portion of the audit:</b>	0
<b>22. Enter the total number of inmates/residents/detainees who are Deaf or hard-of-hearing in the facility as of the first day of the onsite portion of the audit:</b>	0
<b>23. Enter the total number of inmates/residents/detainees who are Limited English Proficient (LEP) in the facility as of the first day of the onsite portion of the audit:</b>	0
<b>24. Enter the total number of inmates/residents/detainees who identify as lesbian, gay, or bisexual in the facility as of the first day of the onsite portion of the audit:</b>	0
<b>25. Enter the total number of inmates/residents/detainees who identify as transgender or intersex in the facility as of the first day of the onsite portion of the audit:</b>	0
<b>26. Enter the total number of inmates/residents/detainees who reported sexual abuse in the facility as of the first day of the onsite portion of the audit:</b>	0
<b>27. Enter the total number of inmates/residents/detainees who disclosed prior sexual victimization during risk screening in the facility as of the first day of the onsite portion of the audit:</b>	0
<b>28. Enter the total number of inmates/residents/detainees who were ever placed in segregated housing/isolation for risk of sexual victimization in the facility as of the first day of the onsite portion of the audit:</b>	0



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

On the first day of the on-site audit, facility staff reported a total inmate population of 349 individuals. In alignment with the requirements set forth in the PREA Auditor Handbook, facilities with populations in this range are expected to provide access to a minimum of thirteen (13) targeted inmate interviews. These interviews are intended to gather information from individuals who fall into specific PREA-identified categories, such as individuals who are youthful, identify as gay, lesbian, bisexual, transgender, or intersex, have limited English proficiency (LEP), live with a cognitive or physical disability, have previously disclosed sexual victimization, or have filed a report of sexual abuse.

At the time of the on-site visit, however, there were no individuals currently housed at the facility who met any of the targeted classification criteria. Facility staff confirmed this during the pre-interview preparation process and again during the on-site tour. The Auditor conducted a thorough walkthrough of the housing units and program areas and did not observe any persons who appeared to fall within the targeted populations described above.

As a result, no targeted interviews were conducted. This decision was based solely on the absence of qualified individuals in the facility during the audit period—not due to a lack of effort or noncompliance by the facility. The Auditor confirmed through documentation and interviews that the facility maintains appropriate policies and procedures for identifying, tracking, and supporting targeted populations, and that these would be fully implemented should individuals from any of these groups be admitted in the future.

To ensure a comprehensive understanding of facility operations and inmate experiences, the Auditor conducted twice the minimum number of required random inmate interviews. These interviews provided valuable insight into the overall climate of the facility and allowed the Auditor to assess

	<p>staff-inmate interactions, PREA education and training retention, reporting processes, and the general understanding of sexual safety policies and protections. The responses from random interviewees were consistent with the facility's stated practices and demonstrated awareness of PREA-related rights and reporting options.</p>
<b>Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit</b>	
<b>30. Enter the total number of STAFF, including both full- and part-time staff, employed by the facility as of the first day of the onsite portion of the audit:</b>	94
<b>31. Enter the total number of VOLUNTEERS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:</b>	31
<b>32. Enter the total number of CONTRACTORS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:</b>	11

**33. Provide any additional comments regarding the population characteristics of staff, volunteers, and contractors who were in the facility as of the first day of the onsite portion of the audit:**

As of the first day of the on-site audit, the facility reported a small but active group of volunteers and contractors working within the institution. Documentation submitted prior to the audit, along with interviews conducted with facility leadership and supervisory staff, confirmed that all individuals in these roles who have direct contact with incarcerated persons are held to the same PREA-related expectations and standards as full-time employees. These requirements include thorough background screening, completion of PREA training, and adherence to ongoing supervision protocols.

The demographic characteristics of these volunteers and contractors varied according to the nature of their duties. Contractors were primarily responsible for providing technical support, facility maintenance, or delivering specialized programming. Volunteers were most often affiliated with faith-based services or community-based educational and rehabilitative initiatives. While these individuals contributed meaningfully to facility operations and programming, there were no reports or observations indicating that any volunteers or contractors during the review period met the criteria for PREA-targeted populations—such as individuals who identify as transgender or intersex, persons with disabilities, or those with known histories of victimization or sexual orientation considerations relevant to PREA classifications.

The facility maintains a centralized and up-to-date roster of all volunteers and contractors, including records of completed background checks, PREA training certifications, and documented supervision measures. These records were reviewed and found to be in order, demonstrating institutional compliance with PREA requirements for non-employee personnel. Staff interviews further supported the conclusion that volunteers and contractors are appropriately vetted, trained, and monitored in accordance with agency policy and PREA standards.

## INTERVIEWS

### Inmate/Resident/Detainee Interviews

#### Random Inmate/Resident/Detainee Interviews

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

27

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

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

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

On the first day of the on-site audit, the facility housed a total of 349 individuals. In accordance with the guidelines established in the PREA Auditor Handbook, a facility with this population size is required to complete a minimum of 26 inmate interviews—13 selected at random and 13 drawn from targeted populations.

At the time of the audit, however, there were no incarcerated individuals present at the facility who met the criteria for inclusion in any of the targeted interview categories, such as those who identify as transgender or intersex, individuals who are limited English proficient (LEP), inmates with disabilities, those who have previously disclosed victimization, or those housed solely for civil immigration purposes. This absence was confirmed through staff interviews, a review of facility records, and direct observation during the site tour.

In lieu of targeted interviews, and in order to gather a robust and meaningful understanding of the facility's implementation of the PREA standards, the Auditor elected to interview 27 randomly selected inmates—exceeding the required number of random interviews.

The random selection process was carried out using alphabetical rosters from each housing unit. In selecting individuals for interviews, care was taken to ensure diversity across several demographic factors, including housing unit assignment, age range, racial and ethnic identity, and length of incarceration. This strategy allowed the Auditor to obtain a broad and representative cross-section of the facility's population, thereby enhancing the validity and comprehensiveness of the audit findings related to inmate knowledge of, and experiences with, the facility's PREA-related policies, procedures, and protections.

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

☒ Yes

☐ No

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

On the first day of the on-site audit, the facility reported a total institutional population of 349 individuals. In accordance with the guidelines outlined in the PREA Auditor Handbook, a facility housing this number of inmates requires the Auditor to conduct a minimum of 13 random and 13 targeted inmate interviews.

At the time of the audit, however, there were no incarcerated individuals present who met the criteria for inclusion in any of the targeted interview categories (e.g., inmates who are youthful, gay or bisexual, transgender or intersex, individuals with limited English proficiency, those with cognitive or physical disabilities, inmates housed solely for civil immigration purposes, or those who disclosed prior victimization or had reported sexual abuse). This absence was confirmed through review of institutional records, staff interviews, and the Auditor's observations during the facility tour.

As a result, 27 randomly selected inmates were interviewed to ensure compliance with the minimum interview requirements and to strengthen the audit's overall findings. The Auditor utilized alphabetical housing unit rosters to randomly select participants, intentionally including individuals from diverse housing units, age groups, racial and ethnic backgrounds, and with varying lengths of sentence. This approach was designed to ensure a well-rounded and representative understanding of the inmate population's knowledge and perceptions related to PREA implementation within the facility.

Throughout the facility tour, the Auditor also engaged in informal conversations with various inmates regarding sexual safety, PREA education, reporting mechanisms, available communication methods, and institutional response protocols. These candid interactions served as valuable supplemental information, contributing to the overall understanding of the facility's climate and PREA-related practices.

Prior to initiating each formal interview, the

	<p>Auditor clearly explained the purpose of the audit, their role in the PREA process, and the voluntary nature of the interview. Inmates were informed that while their participation was welcomed and helpful, it was entirely optional and that they could decline to participate without consequence. Those who agreed were then asked a series of standardized protocol questions in alignment with the PREA Audit Instrument. All 27 randomly selected inmates agreed to participate, and their responses were recorded by hand. During these interviews:</p> <ul style="list-style-type: none"> <li>• No PREA-related incidents were disclosed.</li> <li>• No additional investigative protocols were activated.</li> <li>• All participants reported awareness of the facility's zero-tolerance policy regarding sexual abuse and sexual harassment.</li> <li>• Inmates expressed understanding of how to report an incident, including knowledge of anonymous reporting mechanisms.</li> <li>• Each inmate stated they believed they had the right to be free from retaliation for reporting sexual abuse or harassment.</li> </ul> <p>The interviews reflected a consistent awareness among the population of their rights under PREA, as well as a general sense of accessibility to the reporting and support mechanisms in place at the facility.</p>
<b>Targeted Inmate/Resident/Detainee Interviews</b>	
<b>39. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:</b>	0



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

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

0

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

☒ Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.

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

<p><b>40. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>At the time of the on-site audit, facility leadership reported that no individuals meeting the criteria for this specific targeted category were currently housed at the institution. This assertion was corroborated through multiple verification methods. During the comprehensive facility tour, the Auditor made direct observations and did not identify any individuals who would fall within this particular classification. Additionally, interviews with staff members across various departments consistently confirmed that no individuals within this population group were present at the facility during the audit period. It is important to note that the absence of individuals within this targeted category does not indicate a failure or deficiency in the facility's screening, classification, or documentation procedures. Instead, it accurately reflects the current profile of the inmate population. Policies and processes are in place to ensure that, should an individual meeting the criteria for this category be admitted in the future, they would be promptly identified and provided with all necessary protections, services, and accommodations in accordance with PREA standards.</p>
<p><b>41. Enter the total number of interviews conducted with inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) using the "Disabled and Limited English Proficient Inmates" protocol:</b></p>	<p>0</p>
<p><b>41. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>

<b>41. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b>	See coment above
<b>42. Enter the total number of interviews conducted with inmates/residents/detainees who are Blind or have low vision (i.e., visually impaired) using the "Disabled and Limited English Proficient Inmates" protocol:</b>	0
<b>42. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<b>42. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b>	See coment above
<b>43. Enter the total number of interviews conducted with inmates/residents/detainees who are Deaf or hard-of-hearing using the "Disabled and Limited English Proficient Inmates" protocol:</b>	0
<b>43. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>

<b>43. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b>	See coment above
<b>44. Enter the total number of interviews conducted with inmates/residents/detainees who are Limited English Proficient (LEP) using the "Disabled and Limited English Proficient Inmates" protocol:</b>	0
<b>44. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<b>44. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b>	See coment above
<b>45. Enter the total number of interviews conducted with inmates/residents/detainees who identify as lesbian, gay, or bisexual using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</b>	0
<b>45. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>

<b>45. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b>	See coment above
<b>46. Enter the total number of interviews conducted with inmates/residents/detainees who identify as transgender or intersex using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</b>	0
<b>46. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<b>46. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b>	See coment above
<b>47. Enter the total number of interviews conducted with inmates/residents/detainees who reported sexual abuse in this facility using the "Inmates who Reported a Sexual Abuse" protocol:</b>	0
<b>47. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>

<b>47. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b>	See coment above
<b>48. Enter the total number of interviews conducted with inmates/residents/detainees who disclosed prior sexual victimization during risk screening using the "Inmates who Disclosed Sexual Victimization during Risk Screening" protocol:</b>	0
<b>48. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<b>48. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b>	See coment above
<b>49. Enter the total number of interviews conducted with inmates/residents/detainees who are or were ever placed in segregated housing/isolation for risk of sexual victimization using the "Inmates Placed in Segregated Housing (for Risk of Sexual Victimization/Who Allege to have Suffered Sexual Abuse)" protocol:</b>	0

<p><b>49. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p><b>49. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>See coment above</p>

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

As part of the comprehensive PREA audit process, the Auditor formally requested a current roster identifying individuals who met the criteria for targeted interviews, in alignment with the specifications outlined in the PREA Audit Instrument. These targeted populations include individuals who identify as lesbian, gay, bisexual, transgender, or intersex (LGBTI); those with a documented history of prior sexual victimization; individuals placed in segregated housing for their own protection; and persons with physical, cognitive, or communication-related disabilities that may affect their ability to access or understand PREA-related information and resources.

In response, facility staff confirmed that, at the time of the on-site audit, no individuals currently assigned to the facility met the qualifications for inclusion in any of the targeted interview categories. This assertion was thoroughly corroborated through a multi-faceted review process that included examination of intake assessments, classification records, housing unit assignments, and documentation related to protective custody placements. Additionally, the Auditor conducted interviews with facility administrators, intake staff, and classification personnel to further validate the absence of individuals within these identified categories. The lack of targeted individuals in residence at the time of the audit did not impede the Auditor's ability to evaluate the institution's compliance with relevant PREA standards. On the contrary, the facility was able to demonstrate that appropriate policies, procedures, and screening tools are in place to identify, assess, and provide specialized care, housing, and services to individuals in these categories should they be admitted in the future. The systems for ensuring compliance remain operational and effective, regardless of current population demographics.



## Staff, Volunteer, and Contractor Interviews

### Random Staff Interviews

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

19

**52. 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

**53. Were you able to conduct the minimum number of RANDOM STAFF interviews?**

- ☒ Yes
- ☐ No

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

During the on-site audit, the Auditor conducted a comprehensive series of interactions with facility staff to assess the level of institutional knowledge, implementation, and cultural integration of the Prison Rape Elimination Act (PREA) standards. This included both formal interviews and informal conversations that occurred organically during the facility tour. Throughout the tour, the Auditor engaged in numerous informal, conversational exchanges with staff stationed at various locations and performing a range of functions across shifts. These interactions offered valuable insight into staff awareness and day-to-day operational practices concerning sexual safety. Topics addressed during these exchanges included staff training on PREA, inmate reporting procedures, communication protocols, staff responsibilities when responding to allegations, and overall familiarity with PREA requirements. These informal dialogues served to complement the structured interview process and provided additional context for evaluating the facility's PREA culture.

In addition to informal engagement, the Auditor conducted 19 formal interviews with randomly selected staff members. Careful consideration was given to ensure a diverse representation across different job roles, departments, shifts, and levels of responsibility. This approach helped generate a balanced and comprehensive understanding of staff perspectives and institutional readiness.

Although the audit notification had been publicly posted in advance of the on-site review, no staff members submitted concerns, reports, or inquiries to the Auditor prior to or during the audit. This absence of correspondence was noted but did not suggest a lack of awareness or interest in the process.

At the outset of each formal interview, the Auditor clearly explained the purpose of the audit, the nature of her role as an

independent assessor, and the objectives of the staff interviews. Each staff member was informed that participation was completely voluntary and that their decision to engage or decline would not influence their standing at the facility in any way. Upon receiving verbal consent, the Auditor proceeded with the standardized PREA interview protocol. All 19 staff members agreed to participate and engaged willingly in the interview process. Their responses were recorded directly on the designated PREA interview forms. At no point during the interviews did any staff member raise PREA-related concerns or disclose information requiring further follow-up. No additional interview protocols were triggered.

Interview responses consistently reflected a strong understanding of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment. Staff were able to clearly articulate multiple avenues available for receiving and reporting allegations, including verbal reports, written statements, and anonymous methods. Interviewees uniformly expressed confidence in their capacity to recognize, respond to, and appropriately report incidents involving sexual abuse or harassment.

When asked about protections against retaliation, staff demonstrated clear awareness of their obligations to safeguard individuals who report abuse. Additionally, every staff member interviewed affirmed their belief that facility leadership takes PREA responsibilities seriously and supports a culture of accountability and safety.

When questioned about their own safety in the workplace, all staff members reported feeling safe from sexual harassment and abuse while performing their duties at the facility. Their feedback indicated a general sense of security and support from both peers and facility leadership.

### Specialized Staff, Volunteers, and Contractor Interviews

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

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

21

**56. Were you able to interview the Agency Head?**

☒ Yes

☐ No

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

☒ Yes

☐ No

**58. Were you able to interview the PREA Coordinator?**

☒ Yes

☐ No

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

☒ Yes

☐ No

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

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

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

	<input type="checkbox"/> Other
<b>61. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No
<b>61. Enter the total number of VOLUNTEERS who were interviewed:</b>	1
<b>61. Select which specialized VOLUNTEER role(s) were interviewed as part of this audit from the list below: (select all that apply)</b>	<input type="checkbox"/> Education/programming <input type="checkbox"/> Medical/dental <input type="checkbox"/> Mental health/counseling <input checked="" type="checkbox"/> Religious <input type="checkbox"/> Other
<b>62. Did you interview CONTRACTORS who may have contact with inmates/residents/detainees in this facility?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No
<b>62. Enter the total number of CONTRACTORS who were interviewed:</b>	1
<b>62. Select which specialized CONTRACTOR role(s) were interviewed as part of this audit from the list below: (select all that apply)</b>	<input type="checkbox"/> Security/detention <input type="checkbox"/> Education/programming <input type="checkbox"/> Medical/dental <input checked="" type="checkbox"/> Food service <input type="checkbox"/> Maintenance/construction <input type="checkbox"/> Other

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

In accordance with the requirements outlined in the PREA Auditor Handbook, the Auditor conducted interviews with a carefully selected group of specialized staff members whose duties are directly tied to PREA compliance and sexual safety protocols within the facility. The identification of these individuals was purposeful and based on their job functions, level of involvement in PREA-related responsibilities, and their unique role in implementing key elements of the PREA standards.

The specialized staff interviewed during the on-site audit included, but were not limited to:

- The Warden (Facility Head)
- The PREA Compliance Manager
- Investigative personnel involved in administrative and criminal investigations
- Medical and mental health staff responsible for care following incidents of sexual abuse
- Human Resources staff involved in background checks and disciplinary decisions
- Intake and Classification staff, who conduct PREA screenings and determine housing assignments

Each of these individuals occupies a critical role in the facility's efforts to prevent, detect, and respond to sexual abuse and harassment. Their contributions span multiple operational domains, including inmate intake and screening, staff hiring and training, incident response, medical and mental health care, and investigations into alleged PREA violations.

Interviews were scheduled in close coordination with facility leadership to ensure the availability of each participant while minimizing any disruption to daily operations. Prior to each interview, the Auditor explained the nature and purpose of the audit, clarified her independent role in the assessment process, and outlined the voluntary nature of the interviews. Each participant was informed that their responses would help assess the facility's adherence to PREA standards and that all information provided would be treated

with professionalism and discretion.

All specialized staff agreed to participate and engaged openly in the interview process, providing detailed responses aligned with the PREA interview protocols for their respective roles. Their feedback offered critical insight into the facility's actual practices, the degree of PREA integration into daily operations, and the level of staff preparedness to fulfill their responsibilities in this area.

The interviews with specialized staff proved especially valuable in corroborating the information found in reviewed policies and institutional records, as well as in supporting the observations made during the facility tour. These staff members demonstrated not only a clear understanding of PREA standards, but also a sincere commitment to ensuring a safe and respectful environment for all individuals in custody.

No barriers or delays were encountered in scheduling or conducting these interviews, and the facility's leadership was proactive in ensuring timely and unrestricted access to all necessary personnel. The cooperation of specialized staff further reinforced the facility's commitment to transparency and accountability in its PREA efforts.

These interviews played a key role in validating the facility's implementation of PREA standards across a broad spectrum of functional areas and contributed meaningfully to the Auditor's overall assessment of compliance.



## SITE REVIEW AND DOCUMENTATION SAMPLING

### Site Review

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

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

☒ Yes

☐ No

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

**65. Observations of all facility practices in accordance with the site review component of the audit instrument (e.g., signage, supervision practices, cross-gender viewing and searches)?**

☒ Yes

☐ No

**66. Tests of all critical functions in the facility in accordance with the site review component of the audit instrument (e.g., risk screening process, access to outside emotional support services, interpretation services)?**

☒ Yes

☐ No

**67. Informal conversations with inmates/residents/detainees during the site review (encouraged, not required)?**

☒ Yes

☐ No

**68. Informal conversations with staff during the site review (encouraged, not required)?**

☒ Yes

☐ No

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

Floyd County Prison (FCP) is a medium-security correctional institution located in the foothills of the Appalachian Mountains, approximately 70 miles northwest of Atlanta, in Rome, Georgia—the county seat of Floyd County. The facility operates under the authority of the Floyd County Board of Commissioners and the Floyd County Manager and functions in partnership with the Georgia Department of Corrections (GDC) through an Intergovernmental Agreement. FCP houses adult individuals sentenced by the State of Georgia and is comprised of two primary components: a 448-bed medium-security prison and an adjacent 50-bed Work Release Center. The institution employs approximately 100 staff members who serve in various roles including correctional leadership, correctional officers, detail officers, counselors, professional support personnel, and members of the special operations team.

Inmates assigned to the facility are classified as minimum or medium security, and most have nonviolent convictions. These individuals form a significant skilled and unskilled labor force that supports county departments and other local municipalities through a wide array of work details. The prison currently maintains approximately 60 inmate work crews that perform tasks ranging from road maintenance to custodial services and other government-related operations. The Work Release Center supports incarcerated individuals transitioning toward community reintegration, allowing them to maintain employment in the community while residing at the center during non-working hours. Participants in this program meet specific GDC criteria and are employed in a variety of skilled and unskilled labor positions within Northwest Georgia.

**Facility Layout and Housing**

The medium-security prison is designed with a central control room (rotunda) surrounded by eight open bay dormitories arranged in a hub-and-spoke layout. Each dormitory has a

capacity of up to 55 inmates and includes a dayroom, living area with double bunks, and restroom facilities. The bathrooms are located at the rear of the dorms and feature communal showers shielded by a 5-foot-high privacy wall. Toilets are positioned behind a partial wall opposite the shower area, ensuring reasonable privacy for users. Each dormitory has floor-to-ceiling windows facing the hallway, enabling continuous visual supervision from both the central control room and floor officers.

The control room at the center of the dormitory hub provides a direct line of sight into each dorm and is staffed 24 hours a day. Each housing unit is equipped with five surveillance cameras—four in the sleeping areas and one in the dayroom. Additional security is provided by hallway cameras and a facility-wide video surveillance system that is monitored continuously in the main control room.

In addition to general population housing, the facility includes an 18-cell segregation unit used for administrative or disciplinary housing needs. The Work Release Center contains one operational dormitory at present and is supervised directly by an assigned officer. This unit is compact in design, with the officer's post located in the center of the dayroom, providing full visibility into the dorm's living spaces.

#### **Technology and Communication Access**

Each housing unit is equipped with six telephones and a wall-mounted kiosk in the dayroom. Telephones are available around the clock, except for a two-hour window each morning prior to inspection. Inmates also have access to tablet devices, which can be checked out from a docking station for communication and program use. Both kiosks and tablets enable incarcerated individuals to send emails to approved family and friends, submit requests, and report concerns directly to facility leadership, specialized staff, or the Georgia Department of Corrections PREA Unit. The institution ensures access to regular and

legal mail, and inmates may communicate with approved volunteers, contractors, staff, and even work supervisors while on outside details. PREA informational posters were prominently displayed in administrative areas, housing units, work sites, food service, and laundry areas. Inmates are clearly informed of their right to report incidents of sexual abuse or harassment through multiple confidential methods.

### **Programs and Services**

Floyd County Prison provides a robust offering of programs and services designed to support rehabilitation and successful reintegration.

Educational offerings include General Education Diploma (GED) preparation, and vocational training is available in fields such as food service, heavy equipment operation, auto maintenance, laundry services, and building maintenance.

Inmates may also access religious programming provided by community volunteers most evenings, as well as GED tutoring twice a week. Counseling services, general recreation, and opportunities for spiritual growth are also available.

### **Medical Services**

The facility houses fully staffed medical unit that deliver onsite care to inmates with physical health needs. The medical department includes treatment rooms, examination spaces, and offices for clinical staff. In the event of a sexual assault, forensic medical exams are conducted by trained professionals from the Sexual Assault Center of Northwest Georgia (SACNWGA), who are dispatched to the facility when needed to provide trauma-informed care and forensic services.

### **Operational and Support Areas**

The Auditor was granted full, unrestricted access during the facility tour, which included all housing units, the segregation unit, and a wide array of functional and programmatic areas. These included the kitchen and food service operations (with a steward's office, staff and inmate restrooms, dishwashing area,

freezers, refrigerators, cooking and serving lines), classrooms, the chapel, laundry facilities, the barber shop, law and leisure libraries, the shift command center, visitation spaces, commissary, strip search area, intake and discharge processing areas, as well as indoor and outdoor recreation yards and the back gate.

**Surveillance and Oversight**

A newly enhanced surveillance system provides comprehensive video coverage throughout all critical areas of the facility. Cameras are strategically placed to ensure thorough monitoring and support for staff supervision. Most facility offices and operational areas are constructed with interior windows, promoting unobstructed observation while maintaining professional privacy standards.

**Documentation Sampling**

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

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

☒ Yes

☐ No

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

**Personnel and Training Records:**

Fifty staff personnel files were reviewed. Each file contained all required documentation, including the initial criminal history check and administrative adjudication documentation. FCP conducts annual background checks in conjunction with firearm range qualifications. Eighty staff training records were reviewed. The training records included a signed acknowledgment of annual PREA training, including cross gender search training.

**Inmate Records:**

Forty-nine inmate records were randomly selected from the master roster, representing arrivals throughout the past 12 months. All 49 records included signed PREA acknowledgment forms, documentation showing receipt of the orientation handbook and PREA brochure, and confirmation that each inmate viewed the PREA video. Each inmate also received PREA education during intake.

**Risk Assessments and Reassessments:**

Forty-four inmate records were randomly selected to assess compliance with PREA risk screening requirements. All 44 records documented that the initial PREA risk screening was conducted within 72 hours of admission. Each inmate also received a 30-day reassessment within the required timeframe.

**Grievances:**

According to the Pre-Audit Questionnaire (PAQ), FCP reported zero grievances related to sexual abuse in the past 12 months. The PREA Compliance Manager (PCM) confirmed that FCP does not have an administrative procedure for addressing inmate grievances specifically regarding sexual abuse.

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

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

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

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

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

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

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

**Sexual Abuse and Sexual Harassment Investigation Outcomes**

**Sexual Abuse Investigation Outcomes**

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



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

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

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

	Ongoing	Unfounded	Unsubstantiated	Substantiated
<b>Inmate-on-inmate sexual abuse</b>	0	0	0	0
<b>Staff-on-inmate sexual abuse</b>	0	0	0	0
<b>Total</b>	0	0	0	0

**Sexual Harassment Investigation Outcomes**

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

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

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

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

	Ongoing	Unfounded	Unsubstantiated	Substantiated
<b>Inmate-on-inmate sexual harassment</b>	0	0	0	0
<b>Staff-on-inmate sexual harassment</b>	0	0	0	0
<b>Total</b>	0	0	0	0

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

**Sexual Abuse Investigation Files Selected for Review**

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

9

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

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

<b>90. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</b>	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)
<b>Staff-on-inmate sexual harassment investigation files</b>	
<b>91. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</b>	0
<b>92. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?</b>	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)
<b>93. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</b>	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)
<b>94. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.</b>	There were no sexual abuse allegations or sexual harassment allegations in the past 12-months. Therefore, there were no records to review.

## SUPPORT STAFF INFORMATION

### DOJ-certified PREA Auditors Support Staff

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

☐ Yes

☒ No

### Non-certified Support Staff

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

☒ Yes

☐ No

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

1

## AUDITING ARRANGEMENTS AND COMPENSATION

97. Who paid you to conduct this audit?

☒ The audited facility or its parent agency

☐ My state/territory or county government employer (if you audit as part of a consortium or circular auditing arrangement, select this option)

☐ A third-party auditing entity (e.g., accreditation body, consulting firm)

☐ Other

Standards
Auditor Overall Determination Definitions
<ul style="list-style-type: none"> <li>Exceeds Standard (Substantially exceeds requirement of standard)</li> <li>Meets Standard (substantial compliance; complies in all material ways with the stand for the relevant review period)</li> <li>Does Not Meet Standard (requires corrective actions)</li> </ul>
Auditor Discussion Instructions
<p>Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.</p>

115.11	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b><u>DOCUMENTATION REVIEWED</u></b></p> <p>The following documentation was thoroughly reviewed to assess compliance with PREA Standard §115.11 - Zero Tolerance of Sexual Abuse and Sexual Harassment; PREA Coordinator:</p> <ul style="list-style-type: none"> <li>Pre-Audit Questionnaire (PAQ)</li> <li>Georgia Department of Corrections (GDC) Standard Operating Procedures (SOP): <ul style="list-style-type: none"> <li>Policy 208.06 - Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, dated 03/02/2018, Sections I-IV, pp. 1-7 and 28-30</li> <li>Attachment 7, pp. 1-2</li> </ul> </li> <li>GDC Inmate Handbook, pp. 65-67</li> <li>GDC PREA Organizational Chart</li> </ul>

These documents collectively provide evidence of the agency's commitment to the zero-tolerance policy and support the operational framework for implementing, monitoring, and enforcing PREA standards throughout the agency.

### **INTERVIEWS CONDUCTED**

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

The agency-wide PREA Coordinator confirmed during interviews that they are afforded the authority and sufficient time to effectively develop, implement, and oversee all PREA-related activities across GDC-operated and contracted facilities. The PC emphasized a direct line of communication with institutional PREA Compliance Managers (PCMs) and confirmed that these individuals have no collateral duties that could interfere with their PREA responsibilities. The PC affirmed their role includes statewide oversight, strategic planning, training guidance, and compliance monitoring.

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

The facility's PCM confirmed during the interview that they are exclusively responsible for ensuring institutional PREA compliance and are provided with adequate time and authority to fulfill their duties. The PCM demonstrated comprehensive knowledge of PREA standards and the facility's policies and procedures, reinforcing their ability to coordinate PREA implementation effectively and respond to issues as they arise.

### **PROVISIONS**

#### **Provision (a): Agency Policy Mandating Zero Tolerance**

The agency has implemented a comprehensive and clearly articulated policy enforcing zero tolerance toward all forms of sexual abuse and sexual harassment. As documented in GDC SOP 208.06, this policy applies to all GDC-operated and contract facilities. It includes clearly defined prohibited behaviors, expectations for staff conduct, and procedures for reporting, responding to, and investigating allegations of sexual misconduct.

Section I of the SOP outlines the agency's zero-tolerance commitment.

Section III details definitions of sexual abuse and sexual harassment, outlines staff and inmate responsibilities, and establishes procedures for reporting and responding to incidents.

The Inmate Handbook, pp. 65–67, further reinforces the agency's zero-tolerance stance and educates inmates on how to report incidents of sexual abuse and harassment, noting that any form of coerced or non-consensual sexual activity constitutes a criminal offense subject to prosecution.

The documentation and observed implementation reflect a strong agency-wide culture of zero tolerance and demonstrate proactive measures to prevent, detect, and



respond to sexual abuse and harassment. Additionally, the GDC has established the Office of Professional Standards (OPS) Compliance Unit, which is led by a full-time Director overseeing compliance with PREA, ACA standards, and ADA mandates. The Auditing Component of OPS also conducts internal reviews to monitor ongoing adherence to policy and best practices.

**Provision (b): Designation of an Agency-Wide PREA Coordinator**

As stated in the PAQ and confirmed during interviews and document review, the agency has designated a PREA Coordinator who is positioned within the Compliance Unit of the Office of Professional Standards. The PREA Coordinator is an upper-level management official with direct oversight of PREA implementation across all GDC facilities.

According to SOP 208.06, Section IV.A.1, the PREA Coordinator's responsibilities include ensuring compliance with PREA standards, developing agency policy, providing guidance to institutional PCMs, and collaborating with facility and central office leadership.

The organizational chart supports this, showing the PREA Coordinator's direct reporting line to the Director of Compliance, ensuring access to agency leadership and decision-making authority.

**Provision (c): Designation of Facility PREA Compliance Manager (PCM)**

Each facility under GDC's jurisdiction has a designated PREA Compliance Manager. At the audited facility, the PCM reports directly to the Warden and maintains a functional reporting relationship with the PREA Coordinator.

SOP 208.06, Section IV.A.1, also outlines the roles and responsibilities of PCMs, emphasizing their duty to coordinate and monitor PREA implementation at the facility level.

The PCM at this facility confirmed through interview that they have sufficient time and authority to fulfill their duties and are supported by facility leadership in executing PREA-related responsibilities.

The PCM's direct accountability to the Warden, combined with close coordination with the PC, ensures clear communication channels and effective implementation of the agency's zero-tolerance policy.

**CONCLUSION**

Based on the review of agency documentation, interviews with key staff, and analysis of operational practices, the auditor has determined that the agency is in full compliance with PREA Standard §115.11. The Georgia Department of Corrections has clearly demonstrated its institutional commitment to a zero-tolerance culture concerning sexual abuse and sexual harassment. The structure and function of both the PREA Coordinator and facility-level PCMs support sustained compliance and effective policy implementation across the agency.

115.12	<b>Contracting with other entities for the confinement of inmates</b>
	<p data-bbox="256 185 959 219"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="256 264 544 297"><b>Auditor Discussion</b></p> <p data-bbox="256 338 576 371"><b>DOCUMENT REVIEW</b></p> <p data-bbox="256 412 1465 864">As part of the audit process, the Auditor reviewed several key documents to assess compliance with PREA Standard §115.12, which governs contracting with other entities for the confinement of inmates. These materials included the Pre-Audit Questionnaire (PAQ), the Intergovernmental Agreement between the Georgia Department of Corrections (GDC) and the Floyd County Board of Commissioners, and the Georgia Department of Corrections Standard Operating Procedure (SOP) 208.06, titled Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, with an effective date of June 23, 2022. These documents collectively provided essential insight into the structural and policy-level frameworks in place to ensure compliance with PREA standards when contracting or partnering with other entities for inmate housing.</p> <p data-bbox="256 943 456 976"><b><u>INTERVIEWS</u></b></p> <p data-bbox="256 1016 751 1050"><b>Agency Contract Administrator</b></p> <p data-bbox="256 1090 1458 1498">During the on-site audit, the Auditor interviewed the Agency Contract Administrator responsible for overseeing contractual agreements involving inmate confinement. The Administrator clearly affirmed that all contracts entered into by GDC with either privately operated or county-operated facilities include a mandatory, non-negotiable clause requiring compliance with all applicable PREA standards. According to the Administrator, this language is not optional—no contract is finalized unless the partnering entity agrees to adhere to the full scope of PREA obligations. This mandatory provision ensures that inmate safety and sexual abuse prevention standards remain consistent across all types of correctional facilities affiliated with the Georgia Department of Corrections.</p> <p data-bbox="256 1576 456 1610"><b><u>PROVISIONS</u></b></p> <p data-bbox="256 1650 1129 1684"><b>Provision (a): Contractual Adoption of PREA Standards</b></p> <p data-bbox="256 1724 1401 1839">Provision (a) of PREA Standard §115.12 requires public agencies contracting with private agencies or other entities for inmate confinement to include a clause mandating the contractor’s adoption and compliance with PREA standards.</p> <p data-bbox="256 1879 1430 2078">The Pre-Audit Questionnaire submitted by Floyd County Prison confirmed that GDC uniformly requires all contracting partners—whether public, private, or county-operated—to adopt PREA standards as a precondition of agreement. This policy serves to standardize expectations regarding inmate safety, regardless of the managing entity.</p>

	<p>Floyd County Prison (FCP) does not independently engage in contracting for the confinement of inmates. Instead, the facility operates under an intergovernmental agreement between GDC and the Floyd County Board of Commissioners. A detailed review of this agreement revealed that Paragraph 8 specifically includes language requiring the full adoption and implementation of PREA standards. This ensures that FCP is held to the same compliance expectations as facilities directly operated by GDC or other contracted entities.</p> <p>In addition, the Auditor confirmed through both documentation review and staff interviews that FCP does not subcontract or maintain any separate agreements with third-party entities for the purpose of housing inmates. All confinement operations fall exclusively under the jurisdiction of the intergovernmental agreement with GDC, providing a centralized structure of accountability and oversight.</p> <p><b>Provision (b): Monitoring and Enforcement of PREA Compliance</b></p> <p>Provision (b) of the standard requires that public agencies ensure their contracts not only mandate PREA compliance but also enable appropriate agency oversight and monitoring.</p> <p>Although Floyd County Prison does not execute contracts independently, compliance with this provision is achieved through the broader contractual and oversight systems implemented by GDC. The intergovernmental agreement reviewed during the audit includes explicit, enforceable language requiring the facility’s adherence to PREA standards and subjects the facility to formal oversight, including monitoring and audit procedures conducted by GDC and other authorized agencies.</p> <p>This framework supports ongoing accountability and ensures that GDC maintains the ability to assess and verify that contracted facilities, including those operated through intergovernmental partnerships, continue to meet PREA standards throughout the duration of the agreement.</p> <p><b><u>CONCLUSION</u></b></p> <p>Based on the Auditor’s comprehensive review of the Pre-Audit Questionnaire, the intergovernmental agreement between GDC and Floyd County, and the interview with the Agency Contract Administrator, it is concluded that Floyd County Prison fully meets the requirements outlined in PREA Standard §115.12.</p>
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<b>115.13</b>	<b>Supervision and monitoring</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>

## **DOCUMENT REVIEW**

In preparation for assessing compliance with PREA Standard §115.13, the Auditor conducted an extensive review of the facility's core documents. Key materials included the Floyd County Prison (FCP) Pre-Audit Questionnaire (PAQ) and its supporting documents, the Georgia Department of Corrections (GDC) Standard Operating Procedures (SOP) 208.06 – Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, with an effective date of June 23, 2022, and the facility's most current and approved PREA Staffing Plan, dated February 13, 2025.

This documentation formed the foundation for evaluating the facility's ability to ensure sufficient staffing levels, appropriate monitoring technology, and supervisory oversight to prevent and detect incidents of sexual abuse or harassment.

## **OBSERVATIONS**

While touring the facility, the Auditor reviewed housing unit logbooks at random to validate the implementation of supervisory monitoring practices. These logbooks included detailed entries from intermediate- and higher-level supervisors, clearly documenting unannounced rounds. The frequency, timing, and content of the entries aligned with facility procedures and staff reports, offering strong evidence that the requirement for unannounced supervisory rounds is consistently being met.

## **INTERVIEWS**

### **Facility Head or Designee**

During the interview, the Facility Head offered an in-depth overview of the facility's staffing structure and monitoring strategies. They explained how operational decisions are shaped by multiple factors, including facility layout, classification needs, staffing resources, and the characteristics of the inmate population. The Warden noted recent upgrades to the video surveillance system and discussed the role of external oversight, the strategic placement of supervisory personnel, and the balancing of staff resources to support inmate safety and programming. At the time of the audit, the facility employed 29 staff members, had onboarded three new employees within the last year, and reported having three approved contractors and 11 volunteers—though not all were actively engaged.

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

The PCM confirmed that staffing levels and video surveillance are reviewed regularly to ensure both compliance and functionality. Ongoing assessments evaluate the relationship between staffing patterns and inmate programming, supervision effectiveness, and institutional safety. The PCM emphasized the importance of aligning staffing with facility needs and PREA standards, and described their role in conducting internal reviews and maintaining documentation related to the staffing plan.

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

Supervisory staff consistently reported conducting unannounced rounds across all shifts, as required by policy. These rounds are designed to deter staff misconduct,

ensure policy adherence, and promote safety. Documentation of these rounds is maintained in logbooks located in each housing unit. The Auditor was able to confirm this during the site visit by reviewing multiple entries, all of which reflected real-time supervisory engagement.

#### **Random Line Staff**

Interviews with front-line correctional staff corroborated the information provided by supervisors. Staff reported that supervisors conduct unannounced rounds regularly—including nights and weekends—and routinely check logbooks and engage directly with staff and incarcerated individuals. Staff were well-informed about the policy prohibiting advance notice of these rounds and described the practice as standard procedure within the facility.

#### **Random Inmates**

Inmate interviews further supported the information gathered from staff. Several incarcerated individuals noted that they frequently observed supervisory staff conducting rounds. Inmates described supervisory personnel, including the PCM, as visible, accessible, and responsive to concerns. This reinforces the perception of active oversight and a commitment to sexual safety.

### **PROVISIONS**

#### **Provision (a): Staffing Plan Development**

The facility maintains a comprehensive and well-developed staffing plan that addresses each of the thirteen elements required under Provision (a) of the standard. As noted in the PAQ, the plan is structured to ensure adequate coverage of critical posts and accounts for a steady average population of approximately 160 incarcerated individuals—a figure confirmed by the Warden during the on-site interview.

The plan details staffing assignments for all housing units and programmatic areas, includes responsibilities for each post, identifies operational hours, and addresses inmate movement restrictions. It also outlines the facility's use of video surveillance systems and how those systems complement staff presence.

#### **Relevant Policies**

GDC SOP 208.06 requires that every facility Warden develop a PREA Staffing Plan using a standardized format (Attachment 11). The plan must be implemented in good faith and reviewed at least annually. Any deviations must be documented on the facility's daily Post Roster and submitted to the PREA Coordinator for review.

#### **Provision (b): Documentation of Deviations from the Staffing Plan**

The PAQ confirmed that Floyd County Prison did not experience any deviations from the staffing plan during the previous 12 months. When coverage for a mandatory post is at risk, the facility either reassigns available staff or initiates overtime coverage to ensure continuity. Because there were no documented deviations within the review period, the facility was not required to report common reasons for noncompliance.

Relevant Policies

SOP 208.06 directs that all staffing deviations be fully recorded on the daily Post Roster and reviewed by facility leadership. These reviews help identify patterns or operational issues that may require changes to the staffing model or facility procedures. Any recommended adjustments must be submitted to the PREA Coordinator for approval.

**Provision (c): Annual Staffing Plan Review**

The facility conducts an annual review of the staffing plan in collaboration with the agency's PREA Coordinator, as outlined in both the PAQ and supporting documentation. The most recent review was completed on March 17, 2025. This assessment included a review of post assignments, video surveillance system coverage, and general resource sufficiency to ensure inmate safety.

The Auditor reviewed the facility's internal staffing audit and verified that each area accessible to inmates received adequate supervisory coverage. Supporting documentation, including staffing rosters and surveillance assessments, aligned with the plan and demonstrated compliance with the standard.

Relevant Policies

GDC SOP 208.06 mandates that every facility conduct an annual staffing plan assessment, including a thorough evaluation of staff deployment, camera coverage, and physical plant changes. Recommendations for improvements or changes must be documented and submitted to the PREA Coordinator for review.

**Provision (d): Unannounced Rounds by Supervisors**

The facility has implemented weekly unannounced rounds across all shifts, as required. These rounds are carried out by intermediate- or higher-level supervisors and are designed to detect and prevent incidents of sexual abuse and misconduct. Interviews with staff and supervisors confirmed that the policy prohibiting advance notice is well understood and strictly followed.

During the on-site visit, the Auditor reviewed housing unit logbooks that clearly recorded the timing and details of these rounds. Additionally, the Auditor observed supervisors conducting real-time walkthroughs, further confirming that the policy is being implemented with fidelity.

Relevant Policies

Per GDC SOP 208.06 (Section 6), supervisory staff are required to complete and document unannounced rounds weekly on every shift. These entries are maintained in area logbooks, and any findings related to safety concerns—particularly regarding sexual misconduct—must be documented. Advance notice is prohibited unless deemed necessary due to an operational emergency.

**CONCLUSION**

Following a thorough review of documentation, on-site observations, and interviews with staff and inmates, the Auditor finds Floyd County Prison to be in full compliance

	with PREA Standard §115.13 – Supervision and Monitoring. The facility has demonstrated a strong commitment to inmate safety through its comprehensive staffing plan, diligent monitoring systems, and proactive supervisory oversight. The consistent implementation of unannounced rounds and regular staffing reviews underscore a facility culture focused on prevention, transparency, and accountability in alignment with the Prison Rape Elimination Act.
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<b>115.14</b>	<b>Youthful inmates</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b><u>DOCUMENT REVIEW</u></b></p> <p>To assess compliance with PREA Standard §115.14 – Youthful Inmates, the Auditor conducted a comprehensive review of documentation submitted in advance of the onsite audit. This included the facility’s completed Pre-Audit Questionnaire (PAQ) and supporting materials, as well as the Georgia Department of Corrections (GDC) Standard Operating Procedures (SOP), Policy Number 208.06, titled Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, with an effective date of June 23, 2022.</p> <p>The reviewed policy outlines specific requirements for the housing and supervision of youthful inmates, should any be admitted to a GDC-operated or contracted facility. It establishes clear protocols to ensure the separation of youthful inmates from adult populations in compliance with federal regulations.</p> <p><b><u>OBSERVATIONS</u></b></p> <p>During the on-site walkthrough of the facility, the Auditor did not observe the presence of any youthful inmates. Visual inspection of housing areas and common spaces, as well as a thorough review of facility signage, housing assignments, and programming areas, revealed no indicators of youthful offender placement.</p> <p>Additionally, the Auditor examined the current inmate roster and verified that no individuals were listed with birthdates later than 2007. This further substantiated the facility’s self-report that it does not house individuals under the age of 18.</p> <p><b><u>INTERVIEWS</u></b></p> <p><b>Facility Head</b></p> <p>In a formal interview and through informal discussions, the Facility Head confirmed that Floyd County Prison does not house youthful inmates. The administrator emphasized that the facility is not designated to receive or house individuals under the age of 18 and has not done so during the current audit review period.</p>

**PREA Compliance Manager (PCM)**

The PCM echoed this information during their interview, stating that the facility's inmate population consists exclusively of adults. The PCM further confirmed that if a youthful inmate were ever assigned to the facility in error, immediate steps would be taken to notify GDC and transfer the individual to an appropriate location in accordance with policy.

**Youthful Inmates**

As the facility does not house youthful inmates, there were no individuals in this classification available for interviews related to this standard.

**PROVISIONS****Provision (a): Youthful Inmate Housing Restrictions**

In its PAQ submission, the facility clearly reported that it does not house youthful inmates. This declaration was verified by the Auditor through a review of the inmate roster, which confirmed that no individuals in custody had birthdates after 2006. Therefore, the facility was not required to demonstrate compliance with the housing restrictions and safeguards outlined in this provision.

**Relevant Policy**

GDC SOP 208.06, page 10, section 7 (a-c), addresses the agency's procedures and expectations for any facility that may be assigned to house youthful inmates. The policy mandates that such individuals must be housed in a manner that avoids contact with adult inmates, ensures continuous supervision, and prioritizes their safety, emotional well-being, and access to age-appropriate services. Although not applicable to this facility, these procedures demonstrate GDC's broader systemwide preparedness to protect youthful inmates when necessary.

**Provision (b) and Provision (c)**

These provisions are not applicable, as the facility does not house youthful inmates and has no plans or procedures in place for such placements due to its adult-only designation.

**CONCLUSION**

Based on a thorough review of documentation, direct observation, and interviews with facility leadership and the PREA Compliance Manager, the Auditor concludes that Floyd County Prison is in full compliance with PREA Standard §115.14 – Youthful Inmates. The facility does not house individuals under the age of 18, and the evidence presented—both documentary and testimonial—supports this assertion without exception. The Georgia Department of Corrections has clear policy guidance in place should the need to house youthful inmates arise in another facility, reinforcing a systemwide commitment to the safety and well-being of this vulnerable population.



115.15	<b>Limits to cross-gender viewing and searches</b>
	<p data-bbox="256 188 959 221"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="256 266 544 300"><b>Auditor Discussion</b></p> <p data-bbox="256 344 576 378"><b><u>DOCUMENT REVIEW</u></b></p> <p data-bbox="256 412 1437 568">To evaluate the facility’s compliance with PREA Standard §115.15—Limits to Cross-Gender Viewing and Searches—the Auditor conducted a detailed review of the Pre-Audit Questionnaire (PAQ) and accompanying documentation submitted by the facility. Key documents reviewed included:</p> <ul data-bbox="331 636 1477 1308" style="list-style-type: none"> <li>• GDC Standard Operating Procedure (SOP) 208.06, titled PREA: Sexually Abusive Behavior Prevention and Intervention Program, effective June 23, 2022.</li> <li>• GDC SOP 226.01, titled Searches, Security, Inspections, and Use of Permanent Logs, effective May 27, 2020.</li> <li>• GDC Contraband Interdiction and Searches Curriculum, which incorporates SOPs 226.01 and 206.02.</li> <li>• Facilitator Notes and Cross-Gender Searches Training Materials provided to staff during annual PREA training.</li> <li>• Memorandum from the Director of Facilities Administration Support, dated September 12, 2024, detailing critical updates to SOPs 226.01 and 220.09.</li> <li>• Training records, which verify staff participation in mandatory PREA training on search procedures, including those specific to transgender and intersex individuals.</li> <li>• Summarized responses from staff and inmate interviews, which helped corroborate practices reported by the facility.</li> </ul> <p data-bbox="256 1341 1461 1543">These materials collectively outline the facility’s policies and procedures for maintaining appropriate boundaries during searches, limiting cross-gender viewing, and ensuring respectful treatment of transgender and intersex individuals. They also document how these policies are communicated, implemented, and reinforced through training and supervision.</p> <p data-bbox="256 1621 504 1655"><b><u>OBSERVATIONS</u></b></p> <p data-bbox="256 1688 1477 1935">During the on-site facility tour, the Auditor observed and verified that staff consistently announce the presence of opposite-gender personnel prior to entering inmate housing units. This procedure was confirmed firsthand when female staff—and the female Auditor—entered male housing areas, and advance audible announcements were made. This proactive communication allowed incarcerated individuals time to appropriately cover themselves and preserve personal privacy.</p> <p data-bbox="256 1968 1430 2047">No transgender or intersex individuals were identified during the audit. A review of the facility’s current inmate roster revealed no entries for persons with gender</p>

identities differing from their assigned sex at birth, nor any notations indicating transgender or intersex status.

## **INTERVIEWS**

### **Non-Medical Staff Involved in Cross-Gender Searches**

Staff interviews consistently indicated that cross-gender strip or visual body cavity searches are not permitted under normal conditions. Staff were aware that such searches may only be conducted in exigent circumstances, and even then, require approval from the Facility Head and must be carried out by qualified medical personnel. Staff demonstrated clear knowledge of the expectations regarding the documentation of such events, as outlined in PREA policy.

### **Random Staff**

A total of 19 staff members were formally interviewed, supplemented by several informal discussions. Across the board, staff exhibited strong awareness of PREA-related requirements, including restrictions on cross-gender searches and the importance of upholding inmate dignity. Specific takeaways from staff interviews included:

- All staff confirmed they had received PREA training within the past year.
- No staff member reported performing or observing a cross-gender strip or visual cavity search.
- Staff affirmed that male personnel are readily available to perform searches on male inmates.
- Female staff reported they do not perform strip or body cavity searches on male individuals.
- All staff were familiar with agency policy prohibiting searches solely for determining genital status of transgender or intersex inmates.
- Staff emphasized the importance of privacy accommodations and described protocols for ensuring respectful treatment when transgender or intersex individuals are in custody. In housing units with shared showers, staff reported they would offer alternative schedules or arrangements based on individual preference and privacy needs.

### **Random Inmate**

Inmates interviewed during the audit universally affirmed their awareness of, and satisfaction with, privacy protections in place at the facility. Key points reported by all interviewed inmates included:

- They had never experienced a cross-gender strip search.
- They are able to shower and change clothing in private, without being viewed by staff of the opposite gender.
- Staff of the opposite gender consistently announce their presence before

- entering any area where inmates may be in a state of undress.
- Transgender and Intersex Inmates

At the time of the audit, there were no known transgender or intersex inmates housed at the facility. As such, no interviews were conducted in this category. However, staff were able to clearly articulate the policies and respectful practices that would be implemented should such individuals be housed at the facility in the future.

## **PROVISIONS**

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

The facility reported in its PAQ that it does not authorize or conduct cross-gender strip or visual body cavity searches of inmates. This practice was confirmed through staff interviews and is consistent with agency policy. In the rare event of an exigent circumstance necessitating such a search, it would require approval from the Facility Head and be conducted only by medical staff. No such searches were reported in the 12 months preceding the audit.

#### **Relevant Policies**

GDC SOP 208.06, Section 8.a prohibits cross-gender strip and body cavity searches except in documented exigent situations or when performed by licensed medical professionals.

GDC SOP 226.01, Section IV.C.1.d (prior to updates) described search procedures for transgender and intersex individuals.

A Policy Information Bulletin (PIB) issued on September 12, 2024, amended SOPs 226.01 and 220.09. New guidance requires that transgender and intersex individuals be searched in alignment with preferences indicated during classification using Attachment 1 of SOP 220.09.

### **Provision (b): Searches of Female Inmates**

This provision is not applicable to the audited facility, as it exclusively houses adult male inmates. There were no female or male-to-female transgender inmates housed at the facility during the audit period, as confirmed by the PAQ and inmate roster.

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

The facility reported no cross-gender strip or visual body cavity searches within the audit review period. In line with policy, any such search—if required—would be thoroughly documented, specifying the reason for the search and the personnel involved. Staff were aware of these documentation requirements and reiterated that such events would be rare and carefully scrutinized.

Relevant Policy

GDC SOP 208.06, Section 8.c mandates full documentation of any cross-gender strip or visual cavity search, including the circumstances justifying the action.

**Provision (d): Viewing of Inmates During Personal Activities**

Inmates are afforded the opportunity to shower, change clothing, and use the toilet without being viewed by staff of the opposite gender. This practice is consistently followed and was confirmed through both inmate and staff interviews. Audible announcements by female staff before entering housing areas were consistently observed during the audit.

Relevant Policies

GDC SOP 208.06, Section 8.d prohibits opposite-gender staff from viewing inmates during personal activities, except in exigent situations or when incidental to routine duties.

Section 8.e requires staff to announce their presence when entering housing units.

Section 8.f identifies multiple methods of informing inmates of this policy, including posted signage, live announcements, orientation briefings, and published schedules.

**Provision (e): Searches of Transgender or Intersex Inmates**

The facility prohibits any search or physical examination of a transgender or intersex individual solely to determine their genital status. Staff reported receiving training on conducting searches of transgender and intersex inmates in a respectful and professional manner, emphasizing privacy and dignity. When required, such searches are conducted by medical personnel in private settings.

Relevant Policies

GDC SOP 208.06, Section 8.g strictly prohibits searches for the purpose of identifying genital status.

Section 8.h outlines agency-wide training requirements for cross-gender and transgender/intersex search protocols.

The Contraband Interdiction and Searches Curriculum reinforces respectful, minimally intrusive search procedures, with an emphasis on preserving inmate dignity and professionalism.

**Provision (f): Staff Training**

Training records confirmed that all staff received comprehensive training on appropriate search procedures within the previous 12 months. The training covered cross-gender and transgender/intersex search protocols and included both classroom instruction and practical demonstrations.

	<p>Staff interviews confirmed their familiarity with search policies and procedures. Female staff indicated that while they are authorized to conduct pat searches of male inmates, they do not conduct strip or visual cavity searches, deferring such responsibilities to male staff when needed.</p> <p><b><u>CONCLUSIONS</u></b></p> <p>Based on an exhaustive review of agency policies, staff training records, facility documentation, and direct interviews with staff and inmates, the Auditor concludes that the facility is in full compliance with PREA Standard §115.15—Limits to Cross-Gender Viewing and Searches. The facility has implemented strong safeguards to ensure inmate privacy, prohibits cross-gender searches except under narrowly defined and documented circumstances, and trains staff in respectful, compliant search procedures. No evidence of non-compliance was identified, and staff displayed a clear commitment to maintaining safety, dignity, and professionalism in all search-related activities.</p>
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<b>115.16</b>	<b>Inmates with disabilities and inmates who are limited English proficient</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b><u>DOCUMENT REVIEW</u></b></p> <p>To assess compliance with PREA Standard §115.16, the Auditor conducted a comprehensive review of:</p> <ul style="list-style-type: none"> <li>• Pre-Audit Questionnaire (PAQ) and supporting documentation.</li> <li>• Georgia Department of Corrections (GDC) SOP 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective June 23, 2022</li> <li>• PREA Offender Brochure, available in both English and Spanish</li> <li>• LanguageLine Insight Video Interpreting User Guide</li> <li>• Lionbridge User’s Guide for Telephonic Interpretation</li> <li>• Video Remote Interpreting Usage Log</li> <li>• Dialing Instructions for the GDC PREA Hotline (in both English and Spanish)</li> <li>• PREA Posters, visibly placed throughout the facility</li> </ul> <p>These documents provided a clear representation of the facility’s commitment to inclusive communication and accessible services for all incarcerated individuals, regardless of disability or language barriers.</p>

## **OBSERVATIONS**

During the on-site tour, the Auditor visually confirmed that PREA materials—such as posters and informational signs—were prominently displayed throughout the facility, including housing units, work areas, corridors, and the visitation room. These postings were provided in both English and Spanish.

The Auditor was also given access to additional resources such as brochures, education materials, and interpreter guides, which demonstrated a proactive effort to make PREA-related information available in accessible formats. Written materials and video content were confirmed to be available in multiple languages and formats to accommodate individuals with varying communication needs.

## **INTERVIEWS**

### **Facility Head**

In a formal interview and through informal discussions, the Facility Head affirmed that comprehensive procedures are in place to support individuals with disabilities and LEP. These procedures ensure that all incarcerated individuals—regardless of communication ability—can report sexual abuse or harassment using methods that are accessible to them, including assistance from trained staff interpreters, written communications, or video-based language services.

### **Random Staff**

All staff interviewed confirmed that the use of incarcerated individuals as interpreters, readers, or aides for assisting others in PREA-related matters is strictly prohibited. Each member of staff was aware of this policy and reported no known instances where such practices had occurred within the past 12 months. This response was consistent across 100% of staff interviewed, underscoring agency-wide awareness of this key safeguard.

### **Inmates with Disabilities**

Incarcerated individuals identified as having disabilities reported feeling safe within the facility and expressed that they fully understood the information provided to them regarding their rights and protections under PREA. When asked directly if they knew how to report sexual abuse or harassment, all respondents (100%) answered affirmatively. They also indicated that facility staff communicate PREA-related information in ways they can understand and retain.

## **PROVISIONS**

### **Provision (a): Equal Opportunity for Participation**

The facility reported on its PAQ that it has implemented systems to ensure individuals with disabilities and those with LEP are afforded an equal opportunity to participate in

and benefit from every aspect of the agency's efforts to prevent, detect, and respond to sexual abuse and harassment.

The Facility Head confirmed this in interviews, and incarcerated individuals within these populations echoed the same. They shared that they receive PREA-related information in ways they can understand, whether via visual aids, written materials, recorded audio, or verbal explanation by trained staff.

The Auditor reviewed the LanguageLine user guide, which provides a clear, step-by-step process for accessing interpretation services:

- Dial a toll-free number.
- Enter the facility-specific PIN.
- Select the required language (e.g., pressing 1 for Spanish).
- The call is then connected to a live interpreter.

These services ensure language access for a wide range of languages, including American Sign Language (ASL).

#### Relevant Policy

GDC SOP 208.06, page 12, section 9(a), directs facilities to reference SOP 103.63—ADA Title II Provisions—for guidance on ensuring effective communication with individuals who have disabilities or are LEP. The SOP emphasizes the responsibility of the PREA Compliance Manager to ensure that communication is accessible and that all individuals can understand how to report, prevent, and respond to sexual abuse or harassment.

#### **Provision (b): Accommodations for Communication Needs**

The facility reported a broad range of accommodations to ensure individuals with varying communication abilities can access PREA services and information. These accommodations include:

- LanguageLine video interpretation for foreign languages and ASL
- Lionbridge telephonic interpretation services
- PREA written materials in English and Spanish, including brochures and posters
- PREA educational video presentations, with English and Spanish voiceover and closed captioning
- The facility also provides tailored communication options for various populations:

**LEP Individuals:** All English-language materials are also available in Spanish, and interpreters are accessible for additional languages.

**Hearing-Impaired Individuals:** Information is provided through visual formats such as videos, written materials, and ASL interpreters.

**Visually Impaired Individuals:** PREA information is provided audibly, either through pre-recorded messages or read aloud by trained staff. Braille materials are available as needed.

**Cognitively Impaired Individuals and Individuals with Limited Literacy:**

Materials are delivered in a simplified and clear manner, often read aloud or delivered through recorded messages by trained staff.

Relevant Policy

GDC SOP 208.06 reinforces the requirement that PREA education be accessible in both verbal and written formats. It also mandates that the content of such education must include an understanding of sexual abuse prevention, methods of self-protection, reporting mechanisms, and available treatment and counseling options.

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

According to the facility's PAQ and confirmed during interviews with the Facility Head and staff, there have been no reported instances within the past twelve months where incarcerated individuals were used as interpreters, readers, or assistants in any PREA-related matter.

Relevant Policy

GDC SOP 208.06, pages 12-13, section 9(b), clearly prohibits the use of incarcerated individuals as interpreters or aides for others, except in exigent circumstances where delay would compromise an individual's safety, impede first responder responsibilities, or interfere with the immediate needs of an investigation.

Given the range of interpretation services available—including LanguageLine, Lionbridge, and ASL video services—staff have the tools they need to ensure timely and appropriate communication, without relying on peer interpreters.

**CONCLUSION**

After thorough examination of the Pre-Audit Questionnaire, facility documentation, on-site observations, and interviews with staff and inmates, the Auditor concludes that the facility is in full compliance with PREA Standard §115.16. The facility has implemented robust systems to ensure that individuals with disabilities and those with limited English proficiency have meaningful access to all PREA-related information and services. These efforts reflect a strong organizational commitment to equity, safety, and dignity for all individuals in custody.



**Auditor Overall Determination: Meets Standard****Auditor Discussion****DOCUMENT REVIEW**

To assess compliance with PREA Standard §115.17, the Auditor conducted an extensive review of the Pre-Audit Questionnaire (PAQ) and supporting documentation submitted by the facility. The reviewed documents clearly demonstrated the Georgia Department of Corrections' (GDC) commitment to incorporating the PREA standards into its employment and personnel practices. Key materials examined included:

- Pre-Audit Questionnaire (PAQ)
- GDC Standard Operating Procedure (SOP) 208.06 – PREA Sexually Abusive Behavior Prevention and Intervention Program, effective June 23, 2022
- GDC SOP 104.09 – Filling a Vacancy, effective May 27, 2022
- GDC SOP 104.09, Attachment 4 – Applicant Verification Form, revised May 25, 2022
- GDC SOP 104.18 – Obtaining and Using Records for Criminal Justice Employment, effective October 13, 2020
- Personnel and employee records, including criminal history checks, PREA verification forms, and background screening documentation

The Auditor conducted a thorough review of 50 personnel records. Each file contained documentation required by the standard, including verification that criminal history checks had been completed and that applicants had responded to the mandatory PREA-related questions. The records also reflected full compliance with the required screening protocols for employees, contractors, and volunteers.

According to information provided by the facility, 94 employees may have direct contact with incarcerated individuals. During the 12 months preceding the audit, the facility reported hiring 7 new employees—all of whom were subject to background screenings and verification protocols.

**INTERVIEWS****Administrative Staff (Human Resources)**

In interviews with Human Resources staff, the Auditor confirmed that the GDC follows a structured and policy-driven approach to hiring, promotion, and re-screening of individuals who may have contact with inmates. The following practices were verified:

- All applicants complete personnel documentation that includes disclosures related to criminal history, sexual misconduct, and professional conduct.
- Criminal background checks are required for all new hires and are conducted prior to employment. Background checks are also completed before any staff promotion and are repeated every five years for current employees.

- Applicants are directly asked to disclose any history of sexual misconduct through written applications, self-evaluations, and interviews.
- A centralized tracking system is used to monitor the completion and renewal dates of background checks for all staff and volunteers.
- Any arrest activity during employment must be reported through the proper supervisory channels.
- Substantiated allegations of sexual abuse or harassment involving former employees are disclosed to potential employers upon request, unless prohibited by law.

This approach reflects the agency/facility proactive stance in aligning its human resource practices with PREA standards and federal regulations.

## **PROVISIONS**

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

The facility reported in its PAQ that it strictly prohibits hiring or promoting any person—or contracting with any individual—who may have contact with incarcerated individuals if that person:

- Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution, as defined by 42 U.S.C. 1997;
- Has been convicted of engaging or attempting to engage in sexual activity facilitated by force, coercion, or without the ability of the victim to consent;
- Has been civilly or administratively adjudicated for such behavior.

This was confirmed through interviews with Human Resources personnel and was consistently applied in personnel files reviewed by the Auditor.

#### **Relevant Policy**

GDC SOP 208.06, pp. 13–14, Section 10.a.i–v, explicitly outlines these prohibitions and affirms that such individuals shall not be hired, promoted, or retained in any capacity where they might interact with inmates.

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

The facility confirmed that any known history of sexual harassment is considered when making decisions about hiring, promotion, or engaging contractors who may have contact with incarcerated persons. This was validated during HR interviews.

#### **Relevant Policy**

SOP 208.06, p. 13, Section 10.a.ii, requires the Department to evaluate any incidents of sexual harassment before hiring or promoting individuals with potential inmate contact.

**Provision (c): Pre-Hire Screening Practices**

The facility reported on the PAQ—and HR interviews confirmed—that prior to hiring any new employee who may have contact with inmates:

- A criminal history background check is conducted;
- Best efforts are made, consistent with applicable law, to contact prior institutional employers regarding any substantiated allegations of sexual abuse or any resignation during a pending investigation.

In the past 12 months, the facility hired seven new employees, all of whom had undergone criminal history checks and completed required PREA documentation. The Auditor reviewed personnel files for 50 staff, including the new hires, and confirmed the completion of background checks, proper documentation of the three PREA-mandated questions, and signed PREA acknowledgment forms.

**Relevant Policy**

SOP 208.06, pp. 13–14, Sections 10.a.iii–iv, establishes the requirement for background screening and applicant disclosures. SOP 104.09 requires applicants to respond to PREA-related questions during the hiring and promotion process, and it mandates that all applicants sign verification forms attesting to the accuracy of their disclosures.

**Provision (d): Contractor Screening**

The facility reported that all contractors who may have contact with inmates are subject to criminal background checks prior to beginning service, and again at least every five years. There were three contracts reported during the audit period, all of which involved staff who completed background checks.

**Relevant Policy**

SOP 208.06, p. 15, Section 10.b.ii, mandates that criminal background checks be conducted for contractors before service begins and at five-year intervals thereafter. Required documentation includes completion of the Contractor/Volunteer Verification Form (Attachment 13).

**Provision (e): Ongoing Rechecks Every Five Years**

The PAQ and HR staff confirmed that background checks are conducted not only at hiring but also every five years for all current employees and contractors with inmate contact.

**Relevant Policy**

SOP 104.18, p. 1, Section IV, outlines the steps for obtaining criminal records, consent

requirements, procedures for GCIC checks, and mandated disclosure protocols. The SOP reinforces GDC's obligation to perform routine rechecks in accordance with federal and state laws.

**Provision (f): Disclosure of Misconduct and Affirmative Duty to Report**

The facility requires all employees and applicants to disclose any prior incidents of sexual misconduct, harassment, or abuse. These questions are asked on job applications, in interviews, and during self-evaluations. Furthermore, employees are required to report any future misconduct should it occur.

Human Resources personnel confirmed that all applicants are asked these questions in writing and sign statements attesting to the accuracy of their responses. These signed statements are retained in personnel files.

**Provision (g): False Information and Material Omissions**

Facility policy and practice mandate that any omission of relevant information or submission of false information regarding misconduct will result in termination. Human Resources confirmed that this policy is well understood and enforced across all levels of staffing.

Relevant Policy

SOP 208.06, p. 14, Section 10.a.v, states that any material omission or false disclosure during the hiring process is grounds for termination.

**Provision (h): Sharing Employment History Upon Request**

The PAQ and interviews with Human Resources confirmed that the facility complies with requests from institutional employers seeking information about former employees, including any substantiated allegations of sexual abuse or sexual harassment, unless otherwise prohibited by law.

HR staff verified that such information is shared in accordance with applicable regulations and privacy laws when formal employment verification is requested.

**CONCLUSION**

Based on a comprehensive review of facility documentation, policies, staff interviews, and a thorough examination of employee records, the Auditor finds the facility to be in full compliance with PREA Standard §115.17. The agency/facility has established a robust, well-documented process that supports informed hiring and promotion decisions, ensures accountability, and maintains a secure and professional correctional environment.

115.18	Upgrades to facilities and technologies
	<p data-bbox="256 185 959 219"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="256 264 544 297"><b>Auditor Discussion</b></p> <p data-bbox="256 342 571 376"><b><u>DOCUMENT REVIEW</u></b></p> <p data-bbox="256 383 1477 622">In advance of the on-site audit, the Auditor undertook a detailed and methodical review of the Pre-Audit Questionnaire (PAQ) along with all supplemental documentation submitted by the facility. This extensive review included an evaluation of institutional policies, facility design plans, recent and planned technological advancements, and records pertaining to physical plant modifications or renovations that could potentially impact PREA compliance.</p> <p data-bbox="256 663 1469 1070">Of particular significance was the review of the Georgia Department of Corrections (GDC) Standard Operating Procedure (SOP) 208.06, titled Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, with an effective date of June 23, 2022. This comprehensive policy articulates the agency's strategic framework for aligning operational practices with federal PREA standards. SOP 208.06 places strong emphasis on the role of both facility design and technological infrastructure in the prevention, detection, and response to sexual abuse within correctional settings. Additionally, the policy reflects the agency's commitment to fostering a proactive, system-wide culture of safety, accountability, and continuous improvement.</p> <p data-bbox="256 1155 504 1189"><b><u>OBSERVATIONS</u></b></p> <p data-bbox="256 1196 1477 1518">During the on-site facility tour, the Auditor conducted a thorough walkthrough of all critical areas, with a particular focus on infrastructure and systems relevant to PREA compliance. Fixed-position surveillance cameras were observed throughout the facility, including in housing units, corridors, program areas, and outdoor spaces. These cameras were strategically located to ensure optimal coverage and reduce the likelihood of blind spots. In locations where architectural constraints limited direct visual access, security mirrors had been thoughtfully installed to enhance supervisory visibility.</p> <p data-bbox="256 1559 1477 1798">Importantly, the Auditor observed tangible evidence of ongoing investments in security infrastructure. Several locations displayed newly installed video surveillance cameras and visible wiring, clearly indicating that enhancements were either recently completed or still underway. These observations were corroborated by staff, who reported that the facility is in the midst of a phased rollout aimed at upgrading its electronic monitoring systems.</p> <p data-bbox="256 1839 1417 2000">These technological enhancements are a vital component of the facility's broader strategy to prevent incidents of sexual abuse and harassment. By improving the quality and reach of surveillance capabilities, the institution is reinforcing its commitment to operational transparency, staff effectiveness, and resident safety.</p>

## **INTERVIEWS**

### **Facility Head or Designee**

In a structured interview, the Facility Head affirmed the facility's proactive approach to maintaining a secure, PREA-compliant environment through the strategic use of physical plant design and technology. They emphasized that the facility currently maintains robust surveillance coverage through its camera network and uses security mirrors to compensate for any architectural limitations that may obstruct direct line-of-sight monitoring.

The Facility Head also discussed an ongoing, multi-phase upgrade to the facility's video monitoring system. This project involves the installation of additional cameras, as well as the incorporation of higher-resolution technology to enhance staff's ability to monitor movement and activity throughout the institution.

Moreover, the planning and implementation of any facility upgrades—whether physical or technological—are carried out with PREA compliance as a guiding principle. Before initiating any construction, renovations, or major system changes, the facility's executive leadership team convenes to assess the implications for resident safety and institutional security. These collaborative planning meetings include input from facility leadership, department heads, and key operational supervisors.

Topics typically addressed during these sessions include:

- Trends in sexual abuse allegations and incident reports
- Use-of-force reviews
- PREA-related grievances and outcomes
- Summaries of surveillance footage
- Staffing patterns, leave usage, and coverage challenges
- Overall staff morale and institutional climate

This data-driven planning process ensures that modifications to the facility are not only structurally sound but also aligned with PREA's goals of creating a safe, accountable, and resident-focused environment.

## **PROVISIONS**

### **Provision (a)**

According to the PAQ and corroborated through interviews and documentation review, the facility has not acquired any new buildings or engaged in major expansions or structural renovations since August 20, 2012, or since the last PREA audit—whichever is more recent.

### **Provision (b)**

The facility reported, and the Auditor confirmed, that it is actively upgrading its video monitoring and surveillance systems. Evidence of these improvements was observed during the facility tour, where operational new equipment was present alongside

	<p>areas still under installation.</p> <p>The Facility Head confirmed that both they and the Deputy Facility Head are deeply involved in decisions related to these upgrades. Their participation ensures that all improvements are evaluated through the lens of PREA standards. Together with other executive staff, they regularly analyze operational data and risk indicators to determine how technology can further support safety, supervision, and prevention efforts within the facility.</p> <p><b>CONCLUSION</b></p> <p>Following a comprehensive evaluation of institutional policy, visual observations during the site tour, and interviews with facility leadership, the Auditor concludes that the facility fully complies with PREA Standard §115.18 – Upgrades to Facilities and Technology.</p> <p>Although no significant structural modifications have occurred since the previous audit, the facility has demonstrated a clear and consistent commitment to enhancing institutional safety through the thoughtful integration of technological improvements. The ongoing expansion of video surveillance capabilities, paired with the facility’s deliberate planning process and alignment with PREA goals, reflects a forward-thinking and prevention-oriented operational culture. This commitment to transparency, accountability, and proactive safety measures serves to strengthen protections for all individuals in custody and those working within the facility.</p>
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115.21	Evidence protocol and forensic medical examinations
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p>
	<p><b>DOCUMENT REVIEW</b></p> <p>As part of the comprehensive PREA audit process, the Auditor conducted a detailed review of all relevant documentation submitted prior to and during the on-site visit. This documentation provided a broad overview of institutional practices, inter-agency agreements, and compliance strategies used to address allegations of sexual abuse and harassment within the facility.</p> <p>Among the key documents reviewed were:</p> <ul style="list-style-type: none"> <li>• The completed Pre-Audit Questionnaire (PAQ) and its accompanying attachments;</li> <li>• Georgia Department of Corrections (GDC) Standard Operating Procedure (SOP) 208.06 – PREA Sexually Abusive Behavior Prevention and Intervention Program, effective June 23, 2022;</li> </ul>

- GDC SOP 103.06 – Investigation of Allegations of Sexual Contact, Sexual Abuse, and Sexual Harassment of Offenders, effective August 11, 2022;
- GDC SOP 103.10 – Evidence Handling and Crime Scene Processing, effective August 30, 2022;
- A formal Memorandum of Understanding (MOU) between Floyd County and the local Sexual Assault Response Team (SART) outlining coordinated response responsibilities;
- A Services Agreement with the Sexual Assault Center of Northwest Georgia, dated February 12, 2016, specifying forensic examination services;
- Current documentation of Victim Advocate Certification.

These documents reflect the agency's structured approach to incident response and its reliance on specialized professionals and evidence-based procedures to uphold the rights and well-being of individuals in custody.

## **INTERVIEWS**

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

The PREA Coordinator confirmed that the facility follows a standardized, institution-wide evidence collection protocol aligned with national standards. This protocol ensures the preservation of physical evidence in a manner that supports both administrative and criminal investigations. Although the facility does not house youthful individuals, the PC noted that the protocol is developmentally appropriate should younger inmates ever be admitted in the future.

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

The PREA Compliance Manager provided additional insight into the forensic medical response. According to the PCM, all forensic exams are conducted by trained Sexual Assault Nurse Examiner (SANE) personnel at the facility's medical unit. These exams are provided under the existing agreement with the Sexual Assault Center of Northwest Georgia. The PCM confirmed that forensic exams are performed at no cost to the individual and that victim advocacy services are offered during the examination process. No exams were conducted in the 12 months leading up to the audit.

### **SAFE/SANE Medical Personnel**

Medical professionals trained and certified in Sexual Assault Forensic Examination (SAFE) and SANE protocols described the forensic examination process in detail. Exams take place in the facility's medical unit and begin only after obtaining informed consent. The procedure includes a thorough medical history, trauma screening, documentation of findings, and evidence collection. When indicated, prophylactic treatment for sexually transmitted infections (STIs), including HIV, is administered. Chain-of-custody protocols are strictly observed throughout the process, ensuring the integrity of evidence until law enforcement assumes custody.



**Random Staff**

A cross-section of facility staff participated in interviews to assess their knowledge of PREA response procedures. Staff consistently demonstrated an understanding of their obligations when responding to allegations of sexual abuse. Interviewees accurately described the steps to take to secure and preserve evidence and to ensure the safety of the alleged victim until trained medical or investigative personnel take over.

**Inmates Who Reported Sexual Abuse**

At the time of the audit, there were no incarcerated individuals who had reported sexual abuse, and as such, no interviews from this category were conducted.

**Rape Crisis Center**

Representatives from the Sexual Assault Center of Northwest Georgia verified the existence of an active services agreement with the facility. They affirmed their ability to provide a broad range of trauma-informed, survivor-centered services, including:

- 24-hour crisis hotline support,
- In-person emotional support and advocacy during forensic medical exams,
- Services in multiple languages and accessible formats for individuals with disabilities,
- Guidance through administrative and investigative procedures,
- Follow-up referrals and community-based support.

**PROVISIONS****Provision (a)**

The facility, as indicated in the PAQ and verified through interviews and documentation, conducts all administrative investigations internally. Criminal investigations, including the processing of physical evidence and crime scenes, are handled by the Georgia Department of Corrections. Investigators use a standardized evidence collection protocol designed to protect the integrity of physical evidence.

Relevant Policy:

SOP 208.06 requires strict adherence to SOPs 103.06 and 103.10, which provide the framework for handling investigations and managing physical evidence.

**Provision (b)**

Although the facility currently does not house youthful residents, its investigative and medical protocols are designed to be developmentally appropriate for individuals under the age of 18. The Auditor verified, via the inmate roster, that no incarcerated individuals were born after 2007.

Relevant Policy:

SOP 208.06 mandates that evidence collection procedures are consistent with the U.S. Department of Justice's National Protocol for Sexual Assault Medical Forensic Examinations (Adults/Adolescents) and may be modified as needed to address the needs of youthful individuals.

**Provision (c)**

All incarcerated individuals have access to cost-free forensic medical examinations conducted by SANE-trained staff from the Sexual Assault Center of Northwest Georgia. The exams are performed in the facility's medical unit. Although no exams occurred during the audit period, the process was described in detail by SAFE/SANE medical staff.

**Examination Process Overview:**

The process begins with informed consent and includes:

- Collection of medical and incident narratives in the individual's own words;
- Full physical and genital examination with optional photographic documentation;
- Collection and secure packaging of evidence;
- Documentation of findings;
- Administration of prophylactic treatment for STIs, including HIV prevention medications.

Relevant Policy:

SOP 208.06 (p. 16) requires timely forensic medical examinations within 72 hours of an alleged incident and includes specific consent procedures in coordination with SOP 507.04.85.

**Provision (d)**

Forensic medical exams are conducted by external, certified SANE personnel who travel to the facility upon request. These services are delivered through an agreement with the Sexual Assault Center of Northwest Georgia, and this arrangement was verified through both documentation and interviews with the PREA Compliance Manager and PREA Coordinator.

Relevant Policy:

SOP 208.06 outlines a tiered model of victim advocacy services, prioritizing rape crisis centers and trained external advocates, followed by qualified internal staff when external resources are unavailable.

**Provision (e)**

If requested, victim advocates accompany individuals through the entire forensic

	<p>examination process, offering emotional support, crisis counseling, and assistance during follow-up investigative interviews. This was confirmed through interviews with facility personnel and rape crisis center staff.</p> <p><b>Provision (f)</b></p> <p>In line with SOP 208.06 and confirmed through interviews, administrative investigations are conducted internally. However, criminal investigations—including crime scene processing and interpreter services—fall under the responsibility of the Georgia Department of Corrections.</p> <p><b>Provision (g)</b></p> <p>This provision does not require Auditor assessment.</p> <p><b>Provision (h)</b></p> <p>Under the terms of the formal agreement, trained victim advocates from the Sexual Assault Center of Northwest Georgia are available to provide comprehensive, trauma-informed services upon request. These advocates support individuals throughout the medical and investigative process and offer continued guidance following the incident.</p> <p><b><u>CONCLUSION</u></b></p> <p>Following an in-depth review of policies, supporting documentation, and interviews with facility and partner agency personnel, the Auditor concludes that the facility is in full compliance with PREA Standard §115.21 – Evidence Protocol and Forensic Medical Examinations.</p> <p>The facility has implemented a standardized, trauma-informed evidence collection protocol that is developmentally appropriate and aligned with national best practices. It ensures timely, cost-free forensic medical examinations and maintains a robust victim advocacy framework. All elements of the standard have been met, reflecting a well-coordinated and survivor-centered approach to PREA compliance.</p>
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<b>115.22</b>	<b>Policies to ensure referrals of allegations for investigations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<b><u>DOCUMENT REVIEW</u></b>

As part of the audit process, the Auditor conducted a comprehensive analysis of the documentation submitted by the facility to demonstrate its compliance with the Prison Rape Elimination Act (PREA) standards. Central to this review was the Pre-Audit Questionnaire (PAQ), which served as a foundational overview of the agency's policies, practices, and recent case activity related to sexual abuse prevention and response.

Among the critical documents reviewed were:

- Pre-Audit Questionnaire (PAQ),
- Georgia Department of Corrections (GDC) Standard Operating Procedure (SOP) 208.06, titled Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, with an effective date of June 23, 2022;
- GDC SOP 103.06, Investigation of Allegations of Sexual Contact, Sexual Abuse, and Sexual Harassment of Offenders, effective August 11, 2022.

Together, these policy directives provide a structured and thorough approach for preventing, detecting, and responding to allegations of sexual abuse and harassment within GDC facilities. These SOPs clearly define investigative responsibilities, outline protocols for evidence collection and referral, and ensure that all reports are handled with the seriousness and procedural integrity required under PREA.

## **INTERVIEWS**

### **Agency Head or Designee**

In a formal interview, the individual designated to represent the Agency Head reaffirmed the Georgia Department of Corrections' zero-tolerance stance on all forms of sexual abuse and sexual harassment. The designee confirmed that every report of sexual misconduct, regardless of whether the allegation is criminal or administrative, triggers a formal investigation. These investigations are conducted by GDC personnel with specialized training in investigative procedures, without reliance on outside agencies unless criminal prosecution is warranted.

The agency representative also noted that the GDC's policy governing referrals for criminal investigation is publicly accessible via the agency's website. This transparency ensures that both the public and individuals in custody are aware of the process by which allegations are referred and documented. The representative emphasized that all such referrals are tracked and preserved in accordance with policy requirements.

### **Investigative Staff**

Investigative staff echoed the agency's commitment to thorough and consistent case review. Staff reported that every allegation—regardless of severity or source—is taken seriously and is subject to an investigation. Internal administrative investigations are managed by trained staff within the GDC, while criminal matters are referred to the

Georgia Department of Corrections, consistent with agency agreements and the procedures outlined in SOP 103.06 and SOP 208.06. Investigators described a professional, methodical approach to each case, which includes evidence collection, interviews, and case documentation that align with both legal standards and PREA expectations.

## **PROVISIONS**

### **Provision (a)**

The PAQ, supplemented by interview responses and policy documentation, confirmed that the agency/facility ensures that every allegation of sexual abuse or sexual harassment results in a thorough investigation, either administrative or criminal in nature. This was reinforced during interviews with agency leadership, who affirmed that the agency's investigative policies are consistently applied.

The agency and facility refer all investigations to the Sexual Abuse Response Team (SART). The auditor reviewed documentation confirming FCP SART investigators completed the specialized investigative training from the National Institute of Corrections.

At the time of the on-site audit, the facility reported that no allegations had been made within the 12 months preceding the review.

Relevant Policy:

GDC SOP 208.06 (p. 30, Section G.1) states unequivocally that all reports of sexual abuse or harassment are to be treated as formal allegations and must be investigated.

### **Provision (b)**

The agency/facility has clearly defined protocols for referring allegations that may involve criminal conduct to an appropriate law enforcement agency. These referral practices are not only followed in day-to-day operations but are also made available to the public through the agency's official website: <http://www.gdc.ga.gov/content/-101-208-policy-compliance-unit>.

Leadership interviews confirmed that all criminal referrals are properly recorded and retained as part of the investigative record, in accordance with GDC policy.

Relevant Policies:

GDC SOP 208.06 (p. 31, Section G.8 a-c) outlines the responsibilities of facility administrators to notify regional leadership and the agency PREA Coordinator when specific types of allegations arise (such as those involving penetration or visible physical evidence). The SOP mandates:

Immediate action and referral when appropriate;

	<ul style="list-style-type: none"> <li>• Thorough documentation, including interviews with witnesses and reviews of prior complaints;</li> <li>• An evidence-based approach to assessing credibility, prohibiting reliance on rank or role, and specifically barring the use of polygraph tests as a precondition for investigation.</li> <li>• GDC SOP 103.06 (p. 1, Section I) affirms the agency’s commitment to investigating all allegations involving sexual abuse, sexual contact, or sexual harassment against staff, contractors, volunteers, or other individuals in custody. The policy further mandates that such investigations be conducted: <ul style="list-style-type: none"> <li>• With professionalism and impartiality;</li> <li>• Free from coercion or retaliation toward the person reporting the abuse.</li> </ul> </li> </ul> <p><b>Provision (c)</b></p> <p>As previously confirmed under Provision (a), every allegation—regardless of whether it results in an administrative or criminal investigation—is pursued in a manner consistent with GDC policy and investigative protocol. The uniformity of these practices ensures that the rights of individuals in custody are protected and that each report is addressed with the appropriate level of scrutiny.</p> <p><b>Provisions (d) and (e)</b></p> <p>These provisions are outside the scope of the Auditor’s evaluation and were not assessed as part of this audit review.</p> <p><b><u>CONCLUSION</u></b></p> <p>Following an exhaustive review of policy documents, operational procedures, interviews with investigative personnel, and leadership input, the Auditor concludes that the Georgia Department of Corrections and the audited facility fully meet the requirements of PREA Standard §115.71 – Criminal and Administrative Agency Investigations.</p> <p>The agency has demonstrated a clear, systematic, and transparent approach to handling allegations of sexual abuse and sexual harassment. Investigations are conducted promptly and with fidelity to the applicable standards, ensuring due process for all parties involved. Policies emphasize victim safety, offender rights, accountability, and professional integrity, reflecting a strong organizational commitment to the goals and spirit of the Prison Rape Elimination Act.</p>
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<b>115.31</b>	<b>Employee training</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>

## **DOCUMENT REVIEW**

To assess the facility's compliance with PREA Standard §115.31 – Employee Training, the Auditor conducted a thorough and detailed review of the documentation submitted both in advance of and during the on-site audit. The goal was to determine whether the facility's staff training practices align with PREA's requirements and the Georgia Department of Corrections' internal policy framework.

Among the key materials reviewed were:

- The Pre-Audit Questionnaire (PAQ) and all supporting documentation provided by the facility;
- Georgia Department of Corrections (GDC) Standard Operating Procedure (SOP) 208.06, titled Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective June 23, 2022;
- The facility's PREA Staff Training Curriculum and Training Modules, outlining the specific content delivered to staff;
- Training Rosters, Attendance Records, and Acknowledgment Forms, documenting participation in training events;
- Sampled training records from a diverse cross-section of facility staff, including both custody and non-custody personnel.

Each document was carefully examined to determine whether the training program, as implemented, reflects the intent and scope of the standard. Emphasis was placed on the inclusion of required training topics, the frequency and method of training delivery, and whether training is tailored appropriately to the gender of the population served at the facility.

## **INTERVIEWS**

### **Random Staff**

A randomly selected sample of facility staff were interviewed to verify the practical implementation of the training requirements. The sample included individuals from a variety of job functions and roles within the facility.

Every staff member interviewed recalled receiving comprehensive PREA training as part of their initial orientation before engaging in any duties involving contact with incarcerated individuals. They further confirmed that this training is reinforced annually through formal refresher courses and informally through routine shift briefings, roll call discussions, in-service training, and staff meetings.

All staff interviewed demonstrated a clear and consistent understanding of their responsibilities related to the prevention, detection, reporting, and response to incidents of sexual abuse or harassment. Without exception, staff were able to identify and explain the ten key elements required by the standard and affirmed that they had received training addressing each of these areas.

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**PROVISIONS**

**Provision (a): Comprehensive Staff Training Content**

According to the PAQ and confirmed through both interviews and document review, the facility ensures that all staff with the potential for contact with individuals in custody receive training that addresses the following ten critical topics:

- The Department's zero-tolerance policy regarding sexual abuse and harassment;
- Staff responsibilities under agency policy for preventing, detecting, reporting, and responding to incidents;
- Incarcerated individuals' right to be free from sexual abuse and harassment;
- The right of both incarcerated persons and staff to be free from retaliation for reporting such incidents;
- The dynamics of sexual abuse and harassment in correctional settings;
- Common psychological and behavioral responses of survivors of sexual abuse or harassment;
- How to identify and appropriately respond to signs of threatened or actual sexual abuse;
- How to avoid inappropriate relationships with individuals in custody;
- Professional, respectful communication with individuals who identify as lesbian, gay, bisexual, transgender, intersex (LGBTI), or gender nonconforming;
- Legal obligations for mandatory reporting to external authorities.

The Auditor reviewed the full training curriculum and found it to be well-organized, with numbered modules that match the required elements of the standard. The training content is adapted according to staff classification and responsibilities, ensuring that all staff receive core instruction while those in specialized roles receive more focused training content.

Eighty randomly selected training records were reviewed, representing staff across various shifts and departments. Each record included documentation verifying that the employee had completed required PREA training and signed an acknowledgment form. This documentation confirms the facility's full compliance with Provision (a).

Relevant Policy Citation:

GDC SOP 208.06, p. 19, section 1(a)(i-x), mandates annual training for all staff, incorporating the ten core content areas listed above.

**Provision (b): Gender-Specific Training**

Training provided to facility staff is customized to reflect the gender-specific needs of the facility's population, which consists of male individuals in custody. The PAQ, training materials, and staff interviews all confirmed that the curriculum includes



content that addresses gender dynamics and communication strategies appropriate to the male population.

GDC policy also requires that any staff reassigned to a facility housing a different gender population receive additional, gender-specific training before assuming contact duties. Staff interviewed were aware of this policy and reported that they had received such training when relevant to their assignments.

The Auditor's review of training modules verified that content includes information specific to working with male populations, as well as guidance on respectful and effective engagement with transgender, intersex, and gender nonconforming individuals in custody.

Relevant Policy Citation:

GDC SOP 208.06, p. 20, sections 1(b-d), requires training that is responsive to the gender of the population served and mandates specialized training for staff assigned to the Sexual Abuse Response Team (SART) or other roles involving direct engagement with victims or perpetrators of sexual abuse.

#### **Provision (c): Ongoing and Refresher Training**

The facility has implemented a structured system to ensure that PREA training is ongoing. Agency/facility requires that all staff complete a formal PREA refresher training at least once every two years. In addition to this requirement, the facility reinforces PREA concepts annually through supplemental education delivered via shift briefings, staff huddles, and staff meetings.

During the audit, the Auditor reviewed the PREA training files for 80 of the current staff. Each file contained documentation showing that the employee had completed training within the past 12 months. This practice demonstrates a proactive approach to ensuring knowledge is retained and current.

All interviewed staff confidently confirmed recent PREA training and expressed familiarity with both the content and their responsibilities under the policy—further supporting the effectiveness of the training program.

#### **Provision (d): Documentation of Training**

The facility employs a consistent and organized system to document staff participation in PREA training. Attendance at training events is recorded through physical sign-in sheets or electronic verification forms. Each staff member must also complete a written acknowledgment, certifying that they have received and understood the training content.

The Auditor reviewed signed acknowledgment forms for all randomly selected staff, confirming that this process is reliably applied and regularly maintained. This documentation ensures accountability and allows the facility to monitor training

	<p>compliance across departments and job classifications.</p> <p><b><u>CONCLUSION</u></b></p> <p>Based on a thorough review of staff training materials, documentation, staff interviews, and relevant GDC policies, the Auditor concludes that the facility is in full compliance with PREA Standard §115.31 – Employee Training.</p> <p>The agency/facility have established a robust, comprehensive, and gender-responsive training program that prepares staff to effectively prevent, detect, and respond to sexual abuse and harassment. The commitment to ongoing education, coupled with rigorous documentation and thoughtful curriculum development, reflects an agency-wide dedication to cultivating a safe and respectful environment for all individuals living and working within the facility.</p>
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<b>115.32</b>	<b>Volunteer and contractor training</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p>
	<p><b><u>DOCUMENT REVIEW</u></b></p> <p>As part of the PREA compliance assessment, the Auditor conducted a thorough and methodical review of all documents submitted by the facility related to volunteer and contractor training. This review included materials provided prior to and during the on-site audit. The following documents were examined:</p> <p>The completed Pre-Audit Questionnaire (PAQ) and all relevant supporting documentation;</p> <ul style="list-style-type: none"> <li>• Georgia Department of Corrections (GDC) Standard Operating Procedure (SOP) 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective June 23, 2022;</li> <li>• The PREA Training Curriculum specifically designed for volunteers and contractors;</li> <li>• Signed Acknowledgment Forms confirming receipt and understanding of PREA training content.</li> </ul> <p>These materials provided insight into how the facility educates non-agency personnel—specifically volunteers and contractors—on their roles and responsibilities regarding the prevention, detection, and reporting of sexual abuse and harassment. The documents further demonstrated the agency’s commitment to ensuring that all individuals with access to incarcerated persons are equipped with the knowledge necessary to uphold PREA standards.</p>

## **INTERVIEWS**

### **Volunteer**

During the audit, the Auditor interviewed a facility volunteer who confirmed receiving PREA training prior to being permitted to interact with individuals in custody. The volunteer noted that the training was appropriately tailored to the volunteer's role, ensuring they understood their obligations within the facility environment. When asked about PREA, the volunteer clearly articulated its purpose and accurately described their responsibilities, particularly in the event they were to witness or become aware of potential sexual abuse or harassment. The volunteer demonstrated both awareness and confidence in how to respond appropriately to such situations.

### **Contractor**

The Auditor also interviewed a contractor who similarly confirmed completing PREA training before beginning work in the facility. The contractor affirmed that the training addressed the specific nature of their duties and level of inmate contact. When prompted, the contractor was able to identify the core objectives of PREA and clearly explain their role in supporting a safe and abuse-free facility environment. Their responses indicated a solid understanding of mandatory reporting procedures and the agency's zero-tolerance stance on sexual abuse and harassment.

## **PROVISION**

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

According to information provided in the PAQ and verified through interviews and documentation, the facility ensures that all volunteers and contractors who have direct or indirect contact with incarcerated individuals receive comprehensive PREA training. This includes training on agency policies and procedures regarding the prevention, detection, and response to incidents of sexual abuse and harassment.

The facility reported that 42 volunteers and contractors had received PREA training at the time of the audit. The Auditor reviewed training records for 25 individuals and found that all files contained valid documentation confirming completion of the annual PREA education. This included signed acknowledgment forms verifying each volunteer or contractor had received and understood the training content.

Relevant Policy Citation:

GDC SOP 208.06, p. 20, section 2(a), requires that all volunteers and contractors with offender contact be provided with a copy of the PREA policy and be trained in accordance with their responsibilities under PREA. The policy also permits the use of Attachment 19, Staff PREA Brochure, as a training aid.

### **Provision (b): Training Content Tailored to Role and Contact Level**

The facility reported that the scope and depth of training provided to volunteers and

contractors is based on both the services they perform and the degree of contact they have with individuals in custody. Regardless of their role, all volunteers and contractors are informed of the agency's zero-tolerance policy on sexual abuse and harassment, as well as the procedures for reporting any such incidents.

This information was confirmed through interviews with both a volunteer and a contractor, each of whom demonstrated a clear understanding of the training they received and how it applied to their respective duties. The Auditor's review of the training materials corroborated the facility's assertion that content is appropriately scaled to match each individual's responsibilities and access level.

**Relevant Policy Citation:**

GDC SOP 208.06, p. 20, section 2(b), affirms that while the level and type of training shall be tailored to the services provided and the level of contact with offenders, all volunteers and contractors must be made aware of the agency's zero-tolerance policy and how to report incidents.

**Provision (c): Documentation of Training and Understanding**

The PAQ indicated, and the audit confirmed, that the agency maintains comprehensive documentation to verify that volunteers and contractors have received and understood PREA training. This documentation is retained in individual files and includes signed acknowledgment forms confirming both receipt and comprehension of the training content.

The Auditor reviewed the training records and acknowledgment forms for all 25 sampled volunteers and contractors. Each file contained a signed Sexual Abuse/ Sexual Harassment PREA Education Acknowledgment Statement (Attachment 1), as required by policy. The consistency and completeness of the records reflect the facility's commitment to accountability and transparency in training practices.

**Relevant Policy Citation:**

GDC SOP 208.06, p. 21, section 2(c), requires documentation of training participation through volunteer and contractor signatures or electronic verification. The policy also instructs individuals to seek clarification from staff as needed to ensure full understanding of the material presented.

**CONCLUSION**

Following a comprehensive review of documentation, targeted interviews with volunteers and contractors, and an analysis of relevant policy materials, the Auditor finds that the facility is in full compliance with PREA Standard §115.32 – Volunteer and Contractor Training.

The agency/facility has established and implemented a well-structured training framework that ensures all volunteers and contractors who have contact with incarcerated persons are adequately educated on PREA-related responsibilities. Training content is role-specific, appropriately scaled, and clearly communicated.

	<p>Moreover, documentation practices are consistent, and evidence confirms that individuals understand their responsibilities under the standard.</p> <p>This approach demonstrates the facility's proactive commitment to upholding the principles of PREA and maintaining a safe, respectful, and abuse-free environment for all individuals who live and work within its walls.</p>
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115.33 Inmate education	
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p>
	<p><b><u>DOCUMENT REVIEW</u></b></p> <p>In preparation for the on-site audit and in alignment with the requirements of PREA Standard §115.33 – Inmate Education, the Auditor conducted an in-depth review of institutional materials and documentation relevant to the facility's educational efforts around the Prison Rape Elimination Act (PREA). This review encompassed both pre-submitted and on-site materials, ensuring a thorough understanding of how the facility informs and educates its population on sexual safety and reporting mechanisms.</p> <p>The following documents and resources were carefully reviewed:</p> <ul style="list-style-type: none"> <li>• The facility's completed Pre-Audit Questionnaire (PAQ) and all accompanying evidence.</li> <li>• Georgia Department of Corrections (GDC) Standard Operating Procedure (SOP) 208.06, titled Sexually Abusive Behavior Prevention and Intervention Program, with an effective date of June 23, 2022.</li> <li>• GDC's educational video presentation titled Discussing the Prison Rape Elimination Act, dated February 23, 2023.</li> <li>• The LanguageLine Insight Video Interpreting User Guide, which outlines how the facility provides multilingual interpretation services to individuals with limited English proficiency.</li> <li>• A GDC-produced PREA Inmate Information Guide Brochure and Offender Handbook (both undated), which outline inmate rights, reporting procedures, and PREA standards.</li> <li>• Educational and promotional posters, including Reporting is the First Step and signage from the facility's designated Outside Confidential Support Agency. Inmate-specific documentation, such as PREA Intake Information forms, signed PREA Education Acknowledgment Forms, and an Inmate PREA Education Spreadsheet that tracks education delivery dates and methods.</li> </ul>

This comprehensive collection of materials illustrates a well-organized and inclusive education system that prioritizes awareness, accessibility, and compliance with agency policy and PREA mandates.

### **OBSERVATIONS**

During the site walkthrough, the Auditor observed that PREA educational materials were highly visible and accessible across all inmate housing units and communal areas. Posters were prominently placed in dayrooms, hallways, intake processing zones, and near inmate telephones. These materials communicated the agency's zero-tolerance stance on sexual abuse and harassment and clearly outlined various internal and external channels for reporting incidents.

Contact information for the Georgia Department of Corrections PREA Office and the Sexual Assault Center of Northwest Georgia—designated as the confidential outside support agency—was included on signage and brochures in multiple locations throughout the facility.

The Auditor noted that PREA information was consistently available in both English and Spanish. Staff also verified that the facility provides American Sign Language (ASL) interpretation and closed captioning on videos, as well as Braille materials and staff-assisted sessions for individuals who are visually impaired, have cognitive disabilities, or struggle with literacy. These inclusive practices reflect the agency's commitment to ensuring that all individuals, regardless of ability or language proficiency, receive essential education on sexual safety and their rights under PREA.

### **INTERVIEWS**

#### **Intake Staff**

During interviews with staff responsible for processing newly admitted individuals, the Auditor learned that PREA education begins immediately upon intake. Staff described a multi-modal approach that includes verbal briefings, printed informational materials, and a facility-produced orientation video. They emphasized that every individual receives this initial education before housing assignment, ensuring early awareness of sexual safety protections.

Further, within 15 days of arrival, each individual is provided with more detailed instruction on how to recognize and report sexual abuse or harassment, the agency's response procedures, and the prohibition against retaliation. Staff also confirmed that translated materials, interpretation services, and one-on-one support are available for individuals with disabilities or limited English proficiency. For transfers from other facilities, education is repeated if the policies differ significantly.

All educational sessions are documented, with signed acknowledgment forms maintained in each individual's institutional file.

#### **Random Inmates**

The Auditor conducted interviews with 27 randomly selected incarcerated individuals from various housing units. All interviewees confirmed that they received information about PREA upon intake and described the materials they received—such as brochures, handbooks, and the educational video. Most were able to articulate the facility’s zero-tolerance policy and clearly explain the reporting options available to them. Some individuals specifically recalled seeing PREA posters or participating in follow-up educational sessions that further reinforced the key messages of safety, accountability, and access to support.

## **PROVISIONS**

### **Provision (a): Initial PREA Education Upon Intake**

Facility records and staff interviews indicated that all 410 individuals admitted in the 12 months preceding the audit received PREA education within 24 hours of intake. This initial education consisted of a brief, focused orientation outlining zero tolerance, rights, and reporting methods.

According to GDC SOP 208.06 (p. 21, Section 3), individuals must receive verbal and written PREA education upon arrival, and all acknowledgments must be documented and filed.

### **Provision (b): Comprehensive PREA Education Within 30 Days**

All individuals who remained at the facility longer than 30 days were provided with comprehensive PREA education. This enhanced instruction covers:

- The agency’s zero-tolerance policy
- Definitions of sexual abuse and harassment
- Risk reduction strategies
- Methods of reporting, including third-party reporting
- Institutional response protocols
- Victim support services
- Retaliation protections
- Notification that staff of all gender identities may supervise housing units

This education is provided through a combination of video presentations, written materials, and follow-up discussions.

Per GDC SOP 208.06 (pp. 21–22, Section 3.a.i–ix), this comprehensive education must be delivered within 15 days and fully documented.

### **Additional Resources**

The facility provides individuals with multiple avenues to report sexual abuse or harassment. Information on these methods is included in posters and printed

materials and was verified during interviews and observations. Reporting options include:

- Dialing \*7732 from any facility phone to reach the internal PREA hotline
- Contacting the Sexual Assault Center of Northwest Georgia at 706-802-0580
- Submitting a written report via mail
- Reporting electronically through email
- Utilizing third-party reporting by family members or support contacts

The internal hotline allows anonymous reporting and does not limit the frequency of use. The one-minute voicemail capacity was reported as adequate and not a barrier to communication.

The Offender Handbook and PREA Brochure offer extensive guidance and contact information to support education and transparency.

### **Provision (c): Education Prior to Housing Assignment**

Facility personnel confirmed that no individual is assigned to a housing unit before receiving basic PREA education. This ensures immediate awareness of reporting procedures and zero-tolerance standards. Documentation confirms that this intake education consistently occurs within 72 hours.

### **Provision (d): Accessibility for Inmates with Disabilities or Limited English Proficiency**

The Auditor confirmed the facility's commitment to equitable education through the following accommodations:

- Limited English Proficiency (LEP): Spanish-language materials and access to LanguageLine interpreters
- Hearing Impairments: Captioned, ASL-interpreted videos and written resources
- Visual Impairments: Verbal instruction, audio resources, and Braille materials upon request
- Cognitive or Literacy Challenges: One-on-one instruction, simplified content, and guided sessions by trained staff

These measures demonstrate an inclusive and person-centered approach to PREA education.

### **Provision (e): Documentation of PREA Education**

In reviewing 49 institutional files, the Auditor found consistent evidence that both the initial and comprehensive PREA education sessions were conducted and documented



	<p>appropriately. Each file contained signed acknowledgment forms and corresponding logs.</p> <p>GDC SOP 208.06 (p. 22, Section 3.b) outlines the requirement to retain these records to support compliance verification and accountability.</p> <p><b>Provision (f): Continuous Accessibility of PREA Information</b></p> <p>PREA education is not limited to intake or scheduled sessions. The Auditor observed that informational materials were readily available throughout the facility, ensuring continuous access. These included:</p> <ul style="list-style-type: none"> <li>• Posters in housing units, bathrooms, and common areas</li> <li>• Brochures and handbooks provided at intake</li> <li>• Signage placed near phones and visitation areas</li> <li>• Replays of educational videos available on demand</li> </ul> <p>This ongoing visibility reinforces the agency’s safety message and ensures that individuals are regularly reminded of their rights and available resources.</p> <p><b><u>CONCLUSION</u></b></p> <p>Following a meticulous document review, comprehensive staff and inmate interviews, detailed policy analysis, and direct facility observations, the Auditor determined that the facility meets all requirements of PREA Standard §115.33 – Inmate Education. The facility demonstrates a clear, consistent, and inclusive approach to educating its population about sexual safety, reporting procedures, and the right to a secure, respectful living environment. The facility is therefore found to be fully compliant with this standard.</p>
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<b>115.34</b>	<b>Specialized training: Investigations</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p>
	<p><b><u>DOCUMENT REVIEW</u></b></p> <p>To assess the facility’s adherence to the PREA standard requiring specialized training for investigators, the Auditor conducted a comprehensive review of documentation provided prior to and during the on-site audit. This review encompassed a wide array of materials that collectively demonstrate the agency’s commitment to equipping investigative personnel with the skills necessary to effectively respond to allegations</p>

of sexual abuse and sexual harassment within a confinement setting.

The documents reviewed included the completed Pre-Audit Questionnaire (PAQ) and all supplemental materials. Central among these was the Georgia Department of Corrections (GDC) Standard Operating Procedure (SOP) 208.06, titled Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, which was most recently updated and issued on June 23, 2022. This policy outlines the agency's expectations regarding investigator qualifications and training.

Additionally, the Auditor examined the curriculum content of the specialized investigator training courses, which provide instruction in critical areas such as legal advisements, trauma-informed interviewing, and evidence collection. Attendance records confirmed participation by investigative staff, and training certificates validated that each investigator assigned to the facility successfully completed the required instruction.

These records demonstrate that the facility has implemented a systematic approach to ensuring investigators receive appropriate, specialized training tailored to the unique challenges of investigating incidents of sexual abuse and harassment in secure environments.

## **INTERVIEWS**

### **Investigative Staff**

Interviews with facility investigators provided clear and consistent affirmation that those assigned to investigate sexual abuse and harassment allegations had received and completed the specialized training required under the PREA standard. Investigative staff conveyed a thorough understanding of the subject matter, describing their training as both relevant and applicable to their daily responsibilities.

Interviewed personnel articulated the core components of their training, which included proper administration of Miranda and Garrity warnings, techniques for conducting trauma-informed interviews with incarcerated individuals, protocols for gathering and preserving evidence in confinement settings, and the standards of proof necessary for administrative findings and criminal prosecution. Investigators spoke with confidence and clarity about how they apply the skills learned through this training to real-world investigations.

## **PROVISIONS**

### **Provision (a):**

The Pre-Audit Questionnaire and corroborating interviews confirm that the agency mandates specialized training for all staff tasked with investigating incidents of sexual abuse within its facilities. Investigative staff at the audited site verified that they had completed this training and continue to apply its principles in the performance of their duties.

The facility furnished the Auditor with certificates of completion for the three assigned investigators. Each had successfully completed the National Institute of Corrections (NIC) training programs titled **PREA: Investigating Sexual Abuse in Confinement Settings** and **PREA: Investigating Sexual Abuse in Confinement Settings - Advanced Investigations**. These nationally recognized courses provide a strong foundation in the investigative techniques and legal standards necessary to meet the expectations of the PREA standard.

GDC SOP 208.06, specifically page 23, Section 4, subsections a through c, outlines the agency's policy on this matter:

- Subsection (a) requires that any individual responsible for investigating sexual abuse or harassment must receive specialized instruction specific to confinement settings.
- Subsection (b) details the required content areas, which include interviewing victims of sexual abuse, administering legal advisements (Miranda and Garrity warnings), collecting evidence within a secure environment, and understanding the evidentiary thresholds for administrative and criminal proceedings.
- Subsection (c) assigns responsibility to the Department for maintaining records that verify all investigators—internal or external—have met the required training obligations.

**Provision (b):**

The content of the specialized training completed by investigators aligns precisely with the elements outlined in SOP 208.06. This was substantiated by documentation and confirmed through interviews. Investigative staff explained that the curriculum addressed all necessary subject areas, including legal advisement protocols, trauma-informed interview strategies, procedures for evidence preservation in secure environments, and decision-making frameworks for administrative or criminal case outcomes. Staff expressed that the training not only increased their competence but also improved the integrity of the facility's investigative process.

**Provision (c):**

The facility maintains detailed records verifying that each investigator has completed the required specialized training. During the audit, the Auditor reviewed training attendance logs, individual certificates of completion, and staff training files. These records consistently confirmed that all investigative staff assigned to the facility had met the training requirements. Interviews further validated these findings, with staff accurately describing their certification history and their understanding of the training's application to their work.

**Provision (d):**

This provision falls outside the required scope of the PREA audit and was not evaluated as part of this assessment.

**CONCLUSION**

	<p>The Auditor concludes that the facility and the Georgia Department of Corrections are in full compliance with the PREA standard pertaining to specialized training for investigators. The training requirements are clearly defined in policy, delivered through nationally recognized curricula, and well-documented through official records and certificates. Investigative staff demonstrated a strong understanding of the knowledge and skills imparted through the training and were able to articulate how these are used during investigations. The agency's commitment to ongoing staff development and adherence to best practices in sexual abuse investigations ensures that all allegations are handled with professionalism, legal integrity, and sensitivity to those involved.</p>
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<b>115.35</b>	<b>Specialized training: Medical and mental health care</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p>
	<p><b><u>DOCUMENT REVIEW</u></b></p> <p>In evaluating the facility's compliance with the Prison Rape Elimination Act (PREA) standards related to specialized training for medical and mental health care practitioners, the Auditor conducted a detailed review of relevant documentation. This review included materials submitted prior to the audit as well as those made available during the on-site assessment.</p> <p>Among the documents examined were the Pre-Audit Questionnaire (PAQ) and all accompanying evidence submitted by the facility. A key reference 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, which became effective on June 23, 2022. This SOP outlines the agency's expectations for the prevention, detection, response, and reporting of sexual abuse and harassment, including training mandates for healthcare professionals.</p> <p>Also reviewed were training materials and lesson plans designed specifically for medical staff, as well as facility-level training records verifying the participation of medical personnel in both general and specialized PREA instruction. These documents collectively articulate the agency's intent to ensure that health services staff are fully equipped to recognize signs of abuse, respond effectively, and comply with all reporting procedures mandated under PREA.</p> <p><b><u>INTERVIEWS</u></b></p> <p><b>Facility Head</b></p> <p>In an interview with the Facility Head, it was confirmed that the Georgia Department of Corrections requires all healthcare professionals working in correctional settings to complete general PREA training, as well as specialized instruction tailored to the responsibilities of medical personnel. The Facility Head expressed confidence that the</p>

current medical staff assigned to the facility had satisfied these training obligations and understood their role in upholding PREA standards.

#### **Medical Staff**

The facility currently employs one nurse who serves as the sole on-site medical provider. During the interview, the nurse confirmed receipt of both general PREA training during initial orientation and periodic refresher courses. Additionally, the nurse had completed specialized training focused on the unique responsibilities of medical practitioners in a confinement setting—particularly in identifying signs of sexual abuse, taking appropriate clinical and procedural actions, and adhering to mandated reporting protocols. The nurse demonstrated a clear understanding of the facility’s PREA procedures and conveyed confidence in handling disclosures or indicators of abuse in accordance with policy.

#### **Mental Health Staff**

The facility does not have on-site mental health professionals. Any mental health services required by individuals in custody are coordinated through external community resources. As a result, there were no interviews conducted with mental health practitioners for the purposes of this audit standard.

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

The PREA Compliance Manager affirmed that all medical personnel are required to complete both the agency-wide PREA training covered under §115.31 and specialized instruction specific to their role. The PCM also indicated that documentation of completed training is maintained in staff training files and is reviewed regularly to ensure ongoing compliance.

### **PROVISIONS**

#### **Provision (a):**

According to information provided in the PAQ and corroborated during interviews with facility leadership and healthcare staff, the agency maintains policies requiring that all medical and mental health practitioners who regularly work in the facility complete specialized PREA training. This includes instruction in identifying and responding to signs of sexual abuse and understanding the medical professional’s reporting obligations.

Documentation was provided to demonstrate compliance with this requirement. The facility submitted certification showing that the on-site nurse had successfully completed the National Institute of Corrections (NIC) course titled PREA: Medical Health Care for Sexual Assault Victims in a Confinement Setting. This training is specifically designed to prepare healthcare staff for the realities of working with sexual assault victims in correctional environments.

GDC SOP 208.06 (page 23, Section 5) outlines these training requirements in detail. The policy mandates that all GDC-employed or contracted medical and mental health care staff complete annual PREA training and that records of this training are maintained in each staff member’s file. Additionally, healthcare personnel are

	<p>required to participate in the agency's annual PREA in-service training to reinforce and update their knowledge.</p> <p><b>Provision (b):</b> This provision is not applicable to the facility. Policy prohibits on-site medical personnel from conducting forensic medical exams. Any need for such examinations is addressed through referrals to qualified outside providers with the necessary training and certification.</p> <p><b>Provision (c):</b> The PAQ, in combination with documentation and interviews, confirmed that records of completed training are maintained for medical staff. Certification confirming successful completion of the required NIC training was reviewed and validated during the audit. This documentation ensures accountability and reflects the agency's structured approach to staff preparedness.</p> <p><b>Provision (d):</b> The PAQ further reflects that medical personnel are integrated into the agency's broader PREA training program for employees, contractors, and volunteers. Interviews with the medical provider confirmed active participation in this general training. The PREA Compliance Manager also verified that these sessions are provided routinely and tracked as part of ongoing staff development efforts.</p> <p><b><u>CONCLUSION</u></b> After a comprehensive review of training records, policy documents, and staff interviews, the Auditor concludes that the facility is compliant with the PREA standard addressing specialized training for medical personnel. Although some supporting documentation was limited, the available evidence strongly supports that the sole healthcare provider at the facility has completed both general and role-specific training in alignment with PREA requirements. The training materials reviewed, in conjunction with policy directives and staff interviews, confirm that the agency is committed to ensuring that its medical staff are adequately prepared to detect, respond to, and report incidents of sexual abuse. This commitment to compliance underscores the facility's broader efforts to foster a safe and accountable environment for all individuals in custody.</p>
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<b>115.41</b>	<b>Screening for risk of victimization and abusiveness</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b><u>DOCUMENT REVIEW</u></b> To assess compliance with PREA Standard §115.41 – Screening for Risk of Sexual</p>

Victimization and Abusiveness, the Auditor conducted a comprehensive review of facility policies, operational records, and relevant supporting documentation. Materials reviewed included:

- The completed Pre-Audit Questionnaire (PAQ) and all attachments submitted by the facility;
- Georgia Department of Corrections (GDC) Standard Operating Procedure (SOP) 208.06, titled Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, with an effective date of June 23, 2022;
- Floyd County Corrections Local Operating Procedures, Policy 208.06, last revised January 10, 2019, which aligns with and localizes the provisions of the state-level PREA policy;
- Attachment 2 of SOP 208.06, the PREA Sexual Victim/Sexual Aggressor Classification Screening Instrument, revised June 23, 2022;
- Records documenting the completion of initial intake risk screenings for all newly admitted individuals;
- Documentation of 30-day reassessments for those who remained in custody beyond the initial intake period.

These documents collectively outline the procedures, timeframes, and tools used by the facility to identify individuals who may be at elevated risk of sexual victimization or who may pose a risk of sexual abusiveness toward others.

## **INTERVIEWS**

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

The PREA Coordinator confirmed that access to screening data is strictly controlled and granted only to personnel with a legitimate, operational need-to-know—such as medical staff, mental health professionals, classification officers, and the PREA Compliance Manager (PCM). Information derived from risk assessments is used solely to inform safety-related decisions, including housing, work, programming, and education assignments. The PC also emphasized that the Georgia Department of Corrections does not detain individuals solely for civil immigration purposes.

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

The PCM highlighted that the screening process is designed with a protective purpose in mind. Both the initial and follow-up risk assessments are tools for identifying those who are especially vulnerable or pose a threat of abuse to others. Information gathered from these screenings plays a critical role in supporting informed decisions that enhance overall institutional safety.

### **Risk Screening Staff**

Staff responsible for administering the assessments reported that all individuals are screened within 24 hours of admission. These assessments include evaluations of sexual abuse history, criminal history, past institutional conduct, and relevant personal characteristics. A follow-up screening is completed within 30 days, with

additional assessments triggered by events such as PREA allegations, returns from outside facilities, or the discovery of new information. Transgender individuals receive screenings at intake, again within 30 days, and at minimum, every six months thereafter.

Staff emphasized that refusal to answer screening questions does not result in any form of disciplinary action. Instead, they are trained to respond with empathy and patience, revisiting questions later as rapport develops.

### **Random Inmates**

Inmates interviewed confirmed they had undergone risk screening shortly after intake, usually within 24 hours, and had participated in a reassessment within several weeks. They recalled being asked questions related to sexual orientation, gender identity, prior victimization, and incarceration history. Most inmates appeared comfortable with the process and recognized its intent to protect their safety.

## **PROVISIONS**

### **Provision (a): Screening Upon Admission**

GDC policy, as reported in the PAQ and confirmed through documentation and interviews, mandates that all individuals be screened for risk of sexual abuse or abusiveness upon admission or transfer. Inmates verified they had undergone this screening shortly after arrival.

Relevant Policy:

GDC SOP 208.06, p. 23, Section D(1) requires intake screening to assess each individual's risk of being sexually victimized or of sexually abusing others.

Local Policy:

Floyd County Corrections mirrors this requirement in its Local Operating Procedures, Policy 208.06, revised January 10, 2019.

### **Provision (b): Screening Timeframes**

Policy dictates that the initial risk assessment must be completed within 24 hours of arrival and reassessed within 30 days.

Relevant Policy:

SOP 208.06, p. 23–24, Section D(2) confirms that designated staff conduct the screenings using SCRIBE and Attachment 2.

According to the PAQ, 100% of the 410 individuals admitted over the previous year were screened within 72 hours of intake. Interviews and sample reviews confirmed that, operationally, the facility consistently completes this screening within the first 24 hours. The Auditor reviewed 44 files—all of which complied with policy requirements.

### **Provision (c): Use of Objective Screening Instrument**

The facility uses a standardized tool—Attachment 2 of SOP 208.06—to assess risk



factors. The Auditor reviewed the screening instrument and confirmed that it includes all elements required by the standard.

Relevant Tool:

Attachment 2 (Revised 06/23/2022) includes 14 questions that assess vulnerability (Items 1–8) and potential abusiveness (Items 9–14), using a weighted scoring system.

**Provision (d): Screening Elements**

The screening tool collects a range of information including:

1. History of sexual victimization
2. Age (under 25 or over 60)
3. Low body mass (BMI <18.5)
4. Presence of developmental, physical, or mental disabilities
5. First-time incarceration
6. LGBTQI+ status or perceived identity
7. Prior sexual victimization
8. Self-identified safety concerns
9. Non-violent criminal history
10. Past sexual offenses
11. History of sexually aggressive behavior
12. Incidents of institutional sexual abuse
13. Current sexual offense
14. Violent criminal history

Note: The Auditor recommends revising the term mental illness in Question 4 to mental disability to reflect current inclusive terminology. Until the policy is formally revised, the facility is encouraged to manually update the term on master copies of the assessment.

**Provision (e): Consideration of Prior Behavior and Criminal History**

Risk screening staff confirmed that screening includes a thorough review of prior institutional behavior, convictions for violent or sexual crimes, and previous allegations of sexual abuse. Ongoing assessments are conducted as new information becomes available or following significant events.

**Provision (f): 30-Day Reassessment**

The PAQ affirms—and documentation confirms—that individuals held longer than 30 days undergo reassessment. Staff verified this occurs within the required timeframe.

Auditor's Review:

Out of 230 individuals held beyond 30 days in the past year, reassessments were completed for 100%. The Auditor examined 56 records, all of which met the standard.

	<p><b>Provision (g): Incident-Driven Reassessment</b></p> <p>Facility practice includes reassessing an individual’s risk when new information arises or when incidents such as a PREA allegation or return from another facility occur.</p> <p>Relevant Policy: SOP 208.06, Section D.2.c, directs reassessment under such circumstances.</p> <p><b>Provision (h): No Discipline for Refusal to Participate</b></p> <p>The facility does not discipline individuals who choose not to answer sensitive questions during the screening. Staff are trained to approach such situations respectfully, revisiting the conversation when appropriate.</p> <p>Relevant Policy: SOP 208.06, p. 24, Section D(23) prohibits disciplinary action for refusal to participate in risk screening.</p> <p><b>Provision (i): Confidentiality and Need-to-Know Access</b></p> <p>Screening information is accessible only to designated personnel involved in making classification or safety-related decisions. Interviews confirmed that access is appropriately restricted.</p> <p>Relevant Policy: SOP 208.06 mandates confidential handling of screening data and limits dissemination to those with a clear operational need.</p> <p><b>CONCLUSIONS</b></p> <p>Following a detailed review of documentation, policy, interview responses, and operational records, the Auditor concludes that the facility fully complies with PREA Standard §115.41. The facility has implemented a robust, policy-driven screening system that effectively identifies and responds to risk factors associated with sexual victimization and abusiveness.</p> <p><b>Recommendation:</b></p> <p>To further align with inclusive language practices, the Auditor recommends replacing the term mental illness with mental disability in Attachment 2. While recognizing that this form is part of statewide policy and not easily amended at the facility level, local staff are encouraged to make manual corrections to promote respectful and accurate terminology in all assessments.</p>
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<b>115.42</b>	<b>Use of screening information</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>

## **DOCUMENT REVIEW**

In order to evaluate the facility's adherence to PREA Standard §115.42 – Use of Screening Information, the Auditor conducted a thorough review of policies, procedures, and documentation provided by the facility. These materials reflect the processes by which the facility translates risk screening results into appropriate housing, bed, work, education, and program assignments. The following documents were reviewed:

- Pre-Audit Questionnaire (PAQ) and related supporting documentation submitted in advance of the onsite audit;
- Georgia Department of Corrections (GDC) Standard Operating Procedure (SOP) 208.06, titled Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective June 23, 2022;
- Floyd County Corrections Local Operating Procedures, Policy 208.06, last revised January 10, 2019, which reflects localized implementation of GDC's PREA policy;
- GDC SOP 220.09, Classification and Management of Transgender and Intersex Offenders, effective July 26, 2019;
- GDC SOP – PREA Standard 115.13, Facility PREA Staffing Plan, effective July 1, 2023.

Together, these documents provided a comprehensive view of how the agency applies screening data to promote inmate safety, with particular attention to individuals who may be especially vulnerable, including those who are lesbian, gay, bisexual, transgender, intersex, or gender nonconforming.

## **INTERVIEWS**

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

The facility's PREA Coordinator explained that while initial classification is based on the individual's legally assigned sex at birth, all subsequent housing and programming decisions are made on a case-by-case basis. The PC emphasized the importance of individualized assessments, especially for transgender and intersex individuals, whose personal perspectives on their safety are a critical component of classification decisions.

These determinations are not one-time events; rather, the PC confirmed that reassessments are conducted at least every six months, or sooner if a safety-related incident arises. Additionally, interviews with individuals during the classification process include questions about known enemies or perceived threats, and this information directly informs decisions about housing placement.

### **Risk Screening Staff**

Staff responsible for administering risk screenings stated that the process goes beyond the standardized instrument. While the PREA screening tool provides a structured assessment, staff supplement it with personal engagement and dialogue to better understand individual needs and vulnerabilities. This information is factored

into decisions regarding housing, work assignments, education, and participation in facility programs. Staff emphasized that their goal is to align placements with each person's unique risk profile and safety considerations.

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

The PCM reported that neither the facility nor the GDC is currently subject to any court-ordered mandate—such as a consent decree or settlement agreement—requiring the segregation of LGBTQ+ individuals into specialized housing. The PCM confirmed that individuals identifying as lesbian, gay, bisexual, transgender, or intersex are not automatically housed separately but are integrated into the general population unless specific circumstances warrant otherwise. All placement decisions are informed by thorough evaluations of each individual's vulnerability, risk level, and expressed safety needs.

#### **Transgender Inmate**

At the time of the onsite audit, there were no individuals in custody at the facility who identified as transgender or intersex. Consequently, no interviews were conducted with members of this population during the audit period.

### **PROVISIONS**

#### **Provision (a): Use of Screening Data**

According to the PAQ and confirmed through staff interviews and document review, the facility uses risk screening data to inform decisions related to housing, bed assignments, work details, educational enrollment, and participation in programs. The intent is to ensure individuals identified as being at high risk of sexual victimization are not housed with those identified as potential aggressors.

Relevant Policy:

GDC SOP 208.06, p. 24, Section 4, directs the Warden or Superintendent to designate protective housing options for individuals at increased risk. This requirement is further supported by the use of Attachment 7 (PREA Local Procedure Directive and Coordinated Response Plan) and Attachment 11 (Staffing Plan Template).

#### **Provision (b): Individualized Decision-Making**

Information documented in the PAQ indicates that all placement decisions are made on an individualized basis. This includes housing and program assignments for transgender and intersex individuals, which must be based on the totality of available information, including personal input.

Relevant Policy:

GDC SOP 208.06, pp. 24–25, Section 5, affirms that gender-based assignments must be considered on a case-by-case basis, in accordance with SOP 220.09, to maximize safety and minimize institutional risk.

#### **Provision (c): Consideration of Management and Security Factors**

The PAQ notes that management and security concerns are assessed individually when determining housing and program placement for transgender and intersex individuals. Risk screening staff confirmed this during interviews.

Relevant Policies:

SOP 220.09 outlines the classification process, including interviews that evaluate mental and physical health, behavioral history, and the results of PREA screenings. Sections IV.8 through IV.10 of this SOP describe how diagnostic and classification staff collaborate to assess needs and risks, forward referrals to the PREA Unit, and document individualized determinations on the Transgender and Intersex Offender List (TIOL). The policies stress that no individual should be placed in segregated housing solely due to their gender identity, and that their personal views on safety must be taken seriously.

**Provision (d): Reassessment of Placement**

Per the PAQ and staff interviews, transgender and intersex individuals undergo reassessment of housing and program assignments at least every six months. This is done to ensure that emerging safety risks are addressed proactively.

Relevant Policy:

SOP 208.06 requires reassessment of placement decisions every six months for transgender and intersex individuals, or sooner if needed, to evaluate any evolving safety concerns.

**Provision (e): Consideration of Inmate Views**

The facility confirmed that transgender and intersex individuals are encouraged to express their own perceptions of safety during classification. Though no such individuals were housed at the time of the audit, staff provided examples of past cases where individual concerns directly influenced housing decisions.

Relevant Policy:

SOP 220.09 explicitly directs staff to respect and incorporate the safety views of transgender or intersex individuals when making placement decisions.

**Provision (f): Shower Access and Privacy**

As documented in the PAQ and corroborated by interviews with staff and the PCM, the facility provides transgender and intersex individuals with the opportunity to shower separately. This is accomplished through designated shower schedules or the use of private shower stalls.

Staff confirmed that if a person expresses discomfort or requests privacy during showering, the facility promptly accommodates the request. Existing housing units include shower areas that afford sufficient visual privacy, and staff noted that past transgender residents had reported satisfaction with the arrangements.

Relevant Policy:

	<p>SOP 220.09 mandates that individuals who identify as transgender or intersex must be afforded the opportunity to shower apart from others.</p> <p><b>Provision (g): No Segregation Based on Identity</b></p> <p>The facility reported—and the PC affirmed—that individuals are not housed separately based on sexual orientation or gender identity unless required by legal mandate. No such mandate is in place at this time.</p> <p>Relevant Policy:</p> <p>SOP 220.09 prohibits the segregation of LGBTI individuals into separate housing units based solely on their identity, except where a legal order specifies otherwise for their safety.</p> <p><b>CONCLUSION</b></p> <p>After a thorough review of all relevant documentation, policies, interview responses, and classification procedures, the Auditor concludes that the facility is fully compliant with PREA Standard §115.42 – Use of Screening Information.</p> <p>The agency has demonstrated a strong commitment to ensuring that classification decisions are thoughtful, individualized, and grounded in an evidence-based approach to risk assessment. Housing and program placements reflect a genuine effort to maximize safety for all individuals—especially those with heightened vulnerabilities due to sexual orientation, gender identity, or past victimization. Staff interviews underscored a culture of awareness, inclusivity, and responsiveness to safety concerns, ensuring that PREA standards are embedded in daily operational practices.</p>
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115.43	Protective Custody
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p>
	<p><b>DOCUMENT REVIEW</b></p> <p>To assess the facility’s compliance with PREA Standard §115.43 – Protective Custody, the Auditor conducted a thorough review of policies and documents that govern the use of segregated housing when protective needs are identified. The following materials were examined:</p> <ul style="list-style-type: none"> <li>• The Pre-Audit Questionnaire (PAQ) submitted by the facility, which included responses related to segregated housing and PREA-related protective custody;</li> <li>• The Georgia Department of Corrections (GDC) Standard Operating Procedure (SOP) 208.06, titled Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective June 23, 2022;</li> </ul>

- The Floyd County Corrections Local Operating Procedures, Policy 208.06, last updated on January 10, 2019, which reflects the local adaptation of GDC's PREA standards.

These documents provide a clear framework for when and how inmates identified as being at risk for sexual victimization may be considered for involuntary segregated housing, the criteria used to make those decisions, and the safeguards in place to protect the rights and well-being of such individuals.

## **INTERVIEWS**

### **Facility Head or Designee**

In an in-depth interview, the Facility Head confirmed that all placements into segregated housing—regardless of the underlying reason—are carefully documented and tracked. The Facility Head emphasized that these placements are subject to formal reviews at least once every 30 days to ensure that segregation continues to be necessary and that less restrictive alternatives are continually explored.

### **Staff Supervising Segregated Housing Units**

Correctional staff assigned to supervise segregated housing reported that, over the past year, they had not encountered any cases in which a person was placed in segregation due to sexual victimization or in retaliation for reporting abuse. Staff confirmed that all current housing placements in segregation were for administrative or disciplinary reasons unrelated to PREA concerns.

### **Inmates in Segregated Housing**

At the time of the onsite audit, there were no individuals assigned to segregation for reasons related to sexual abuse, either as a protective measure or as a consequence of reporting victimization. All current segregation placements were unrelated to PREA, and no inmates had been segregated due to their vulnerability to sexual abuse.

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

The PCM verified that in the 12 months leading up to the audit, no inmate had been placed in protective custody or involuntary segregation solely because they were considered at risk for sexual abuse or had previously reported victimization. The PCM stated that, to date, no cases had required such placements under PREA provisions.

## **PROVISIONS**

### **Provision (a): Limited Use of Involuntary Segregation**

According to information provided in the PAQ, the facility adheres to a policy that discourages the use of involuntary segregated housing for individuals at elevated risk of sexual victimization unless no other viable alternatives exist. Over the past year,

there was one documented instance in which an inmate was temporarily housed in involuntary segregation for protective purposes. The PREA Compliance Manager confirmed that this decision was made after alternative housing options were assessed and found to be unavailable. The individual involved was no longer in the facility at the time of the audit, so a direct interview could not be conducted. The Facility Head also corroborated the details of the placement.

Relevant Policies:

GDC SOP 208.06 outlines that inmates identified as highly vulnerable must not be placed in segregated housing unless no other safe housing option is available. In emergent cases, a temporary placement of up to 24 hours may occur while alternatives are reviewed.

SOP 208.06, Section D.8 (p. 25), includes the following directives:

- Segregated housing is not to be used solely based on risk status unless necessary to ensure safety.
- All such placements must be documented in the SCRIBE case management system, with a clear rationale and description of efforts to identify alternatives.
- Individuals in this status are to retain access to services, programs, and activities in accordance with SOP 209.06.
- The duration of placement should not exceed 30 days unless no other option is available.
- Any restriction of privileges must be documented, including its reason and expected duration.
- A formal review of the placement must occur every 30 days.

Floyd County's Local Operating Procedures mirror these directives in full.

**Provision (b): Continued Access to Programs and Privileges**

The facility confirmed through the PAQ and Facility Head interview that any individual placed in segregated housing for protective purposes would continue to have access to programs, education, work assignments, and privileges to the extent possible. Staff stated that if any limitations were necessary, these would be documented with clear justification.

Over the past year, there were no reported cases of involuntary administrative or disciplinary segregation being used in response to PREA concerns, and no interviews were required for this provision.

Relevant Policy:

SOP 208.06 requires that access to programs and services must not be restricted solely due to protective segregation status. If any access is limited, documentation must clearly outline:

- Which services or privileges are restricted;



- The length of each restriction;
- The rationale behind the decision.

The facility's local procedures are aligned with these policy directives.

#### **Provision (c): Time Limits on Protective Segregation**

Both the PAQ and the PREA Compliance Manager confirmed that, in the past 12 months, no individual at risk of sexual victimization remained in involuntary segregated housing for longer than 30 days while awaiting a transfer or alternative placement.

Relevant Policies:

GDC SOP 208.06, Section D.8, (p. 25), requires that such placements not exceed 30 days and must be accompanied by documented efforts to locate appropriate housing. SCRIBE entries must show the justification and status of alternative housing efforts.

#### **Provision (d): Weekly and 30-Day Reviews**

The facility confirmed that no person was held in involuntary protective custody beyond 30 days during the audit review period. Staff assigned to segregated housing affirmed that no extended stays occurred, and no delays in finding appropriate alternative housing were reported.

Relevant Policy:

Per SOP 208.06, inmates placed in the Restrictive Housing Unit (RHU) due to sexual vulnerability must have their status reviewed weekly and reassessed at least every seven days. If held beyond 30 days, reviews must confirm the continued need for separation and ensure that no alternatives are being overlooked.

The local procedures at Floyd County Corrections are consistent with this requirement.

#### **Provision (e): Thirty-Day Protective Custody Reviews**

As noted in the PAQ and confirmed through interviews, no inmates were placed in protective custody for PREA-related reasons during the past year. Therefore, no 30-day reviews were required or conducted under this provision.

Relevant Policy:

SOP 208.06 (p. 25, Section D.8.d) mandates that a formal review occur every 30 days for any individual placed in protective custody. The review must evaluate whether the conditions for continued segregation remain valid and must be documented in the case file.

Floyd County's policy reflects this standard without deviation.

	<p><b><u>CONCLUSION</u></b></p> <p>Based on a thorough review of relevant policies, facility documentation, and interviews with key personnel, the Auditor concludes that the facility is in full compliance with PREA Standard §115.43 – Protective Custody. The facility has demonstrated a clear commitment to minimizing the use of involuntary segregation for protective purposes and to utilizing it only when absolutely necessary and in line with federal and state policy. When such housing has been used, the facility has ensured proper documentation, oversight, and adherence to review requirements. The procedures and practices in place reflect a proactive approach to safety, transparency, and the preservation of individual rights for those at risk of sexual victimization.</p>
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<b>115.51</b>	<b>Inmate reporting</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p>
	<p><b><u>DOCUMENT REVIEW</u></b></p> <p>As part of the compliance assessment for PREA Standard §115.51 – Inmate Reporting, the Auditor conducted an in-depth review of the Pre-Audit Questionnaire (PAQ) and all supplemental documentation submitted by the facility. This document review included several key resources that detail the reporting processes and communication avenues available to individuals in custody.</p> <p>Primary documents reviewed included the Georgia Department of Corrections (GDC) Standard Operating Procedures (SOP) 208.06, titled Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, with an effective date of June 23, 2022. This foundational policy outlines agency-wide protocols for reporting, investigating, and preventing sexual abuse and harassment in correctional environments.</p> <p>The 2024 Offender Handbook, revised to reflect the most recent procedures, was also examined. It outlines the rights of incarcerated individuals and the steps for reporting sexual misconduct. Additionally, the Offender PREA Brochures, available in English and Spanish, were reviewed. These materials provide clear, accessible guidance on how to report abuse and where to find support, reinforcing the agency’s commitment to language accessibility.</p> <p>The Staff Guide on Prevention and Reporting of Sexual Misconduct with Offenders was another critical document reviewed. This guide serves as both a training tool and a daily reference for staff, emphasizing expectations regarding professionalism,</p>

prevention strategies, and appropriate response protocols.

Finally, the Floyd County Corrections Local Operating Procedures, specifically Policy 208.06 (revised January 10, 2019), was reviewed. This policy mirrors the GDC statewide SOP while addressing facility-specific protocols to ensure consistent application at the local level.

### **OBSERVATIONS**

During the on-site portion of the audit, the Auditor observed a strong visual presence of PREA information displayed prominently throughout the facility. PREA posters were clearly visible in housing units, dayrooms, intake and medical areas, corridors, and the dining hall. These materials, available in both English and Spanish, were positioned at eye level and printed in large, legible font to maximize visibility and comprehension.

In addition to standard signage, the Auditor observed PREA-related murals and typographic messaging incorporated into facility walls, further reinforcing a culture of awareness and zero tolerance for sexual abuse and harassment.

The Auditor also conducted inspections of inmate telephones in multiple housing units. All inspected phones were functional, easily accessible, and clearly labeled with instructions on how to report incidents through the dedicated PREA hotline, ensuring confidential reporting capabilities for individuals in custody.

### **INTERVIEWS**

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

The PCM confirmed that individuals housed at the facility are informed of multiple internal and external channels through which they may confidentially report sexual abuse, sexual harassment, or retaliation. These include verbal reports to staff, written communication, third-party reports, and access to external agencies such as the State Board of Pardons and Paroles and the Office of Victim Services. The PCM emphasized that these reporting avenues are accessible, confidential, and clearly communicated to all individuals upon intake and throughout incarceration.

#### **Random Staff**

Staff interviewed demonstrated a solid understanding of their responsibilities under PREA. They confidently described the various reporting options available to individuals in custody, including direct verbal communication with any staff member, calling the PREA hotline, submitting written statements, or having a third party—such as a family member—report on their behalf. Staff confirmed they would immediately document and forward any report they received, regardless of how it was made, and were knowledgeable about confidentiality requirements and proper response protocols.

#### **Random Inmate**

Interviews with randomly selected incarcerated individuals confirmed a broad

awareness of the facility's reporting procedures. Those interviewed could accurately identify multiple ways to report sexual misconduct, including the PREA hotline, direct communication with staff, writing a report, and having a family member contact the facility. Several also indicated they would feel comfortable reaching out directly to the PREA Compliance Manager if necessary.

## **PROVISIONS**

### **Provision (a): Internal Reporting Methods**

The PAQ, supported by interview responses and facility documents, confirms the existence of multiple confidential internal mechanisms for reporting sexual abuse, harassment, retaliation, and staff negligence. Incarcerated individuals may report via:

- Dialing \*7732 (PREA) from the inmate phone system;
- Verbally reporting to any staff member;
- Submitting written statements to the Statewide PREA Coordinator;
- Requesting assistance from the Ombudsman or Director of Victim Services.

Relevant Policy Citation:

GDC SOP 208.06 (p. 26, E.1.a-b) permits individuals to report through verbal or written means, anonymously or via third party. It also affirms that a dedicated PREA hotline, which does not require a PIN, is monitored by the Office of Professional Standards under the oversight of the PREA Coordinator or designee. The Floyd County Corrections Local Operating Procedures reflect this same guidance.

### **Provision (b): External Reporting Mechanisms**

The PAQ and PCM interviews confirm that the agency provides at least one external reporting mechanism that is independent of the facility's management structure. This includes contact information for the State Board of Pardons and Paroles – Office of Victim Services, which serves as a resource outside the direct control of the agency.

Relevant Policy Citation:

GDC SOP 208.06 (p. 27, E.2.a.i-iii) lists the following external contacts:

- Ombudsman's Office: P.O. Box 1529, Forsyth, GA 31029 | Phone: 478-992-5358
- PREA Coordinator (via email): [PREA.report@gdc.ga.gov](mailto:PREA.report@gdc.ga.gov)
- State Board of Pardons and Paroles – Office of Victim Services, Atlanta, GA

While the Ombudsman and PREA Coordinator are internal to GDC, the State Board of Pardons and Paroles operates independently. The facility also reported that it does not house individuals detained for civil immigration violations.

### **Provision (c): Staff Reporting Protocols**

Staff are trained and required to respond to reports of sexual misconduct regardless of how the report is made—verbal, written, anonymous, or third-party. Interviews

	<p>confirmed that staff understand they must report all allegations immediately and without exception.</p> <p>Relevant Policy Citation: GDC SOP 208.06 (p. 27, E.2.b) requires all staff to document and forward any report of sexual abuse or harassment, including verbal disclosures, without delay. The Floyd County Corrections Local Operating Procedures echo this directive.</p> <p><b>Provision (d): Staff Reporting Options</b></p> <p>The PAQ and staff interviews affirmed that facility employees have access to confidential channels to report suspected or known instances of sexual abuse or harassment.</p> <p>The Staff Guide on Prevention and Reporting of Sexual Misconduct with Offenders provides clear protocols for identifying misconduct and taking immediate, appropriate action to ensure safety and compliance.</p> <p>Relevant Policy Citation: GDC SOP 208.06 (p. 27, E.2.c) mandates that staff must promptly report all allegations to their supervisor or to a designated Sexual Abuse Response Team (SART) member. This is reinforced by local facility policy.</p> <p><b><u>CONCLUSION</u></b></p> <p>Following a thorough review of documentation, direct facility observations, and interviews with both staff and individuals in custody, the Auditor concludes that Floyd County Corrections is in full compliance with PREA Standard §115.51 – Inmate Reporting.</p> <p>The facility has established and implemented comprehensive, confidential, and accessible internal and external reporting mechanisms. These practices are supported by robust staff training, clearly posted educational materials, and institutional policies aligned with state and federal PREA requirements. The facility fosters a culture of accountability, safety, and trust that empowers individuals to report misconduct and ensures immediate, appropriate institutional responses.</p>
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<b>115.52</b>	<b>Exhaustion of administrative remedies</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b><u>DOCUMENT REVIEW</u></b></p> <p>As part of the PREA compliance assessment, the Auditor conducted a careful and detailed review of the Pre-Audit Questionnaire (PAQ) and all related supporting</p>

documents submitted by the facility. A key policy document reviewed was the Georgia Department of Corrections (GDC) Standard Operating Procedures (SOP) 208.06, titled Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, which went into effect on June 23, 2022. This SOP outlines the Department's protocols for preventing, detecting, responding to, and reporting incidents of sexual abuse and sexual harassment.

In addition to the statewide SOP, the Auditor reviewed the Floyd County Corrections Local Operating Procedures, specifically Policy 208.06, which was revised on January 10, 2019. This local policy mirrors the GDC policy while including adaptations specific to the facility's operations and reporting procedures.

## **INTERVIEWS**

### **Random Staff**

During individual and group interviews, facility staff consistently reported that allegations of sexual abuse and sexual harassment are not considered grievable matters within the inmate grievance process. Staff explained that any grievance received that includes a PREA-related allegation is immediately diverted from the standard grievance system and treated as a formal report. These reports are referred without delay to the appropriate investigative authorities in accordance with GDC protocol.

### **Random Inmate**

Inmates interviewed—both formally and through informal conversations—confirmed the same understanding. They indicated that issues involving sexual abuse or harassment are not processed through the general grievance procedure. Instead, they are handled separately through the facility's established reporting channels, which include direct verbal reports, written complaints submitted to designated personnel, and contact with external oversight bodies.

## **PROVISIONS**

### **Provision (a):**

The PAQ reports, and interviews with both staff and inmates confirm, that allegations of sexual abuse and sexual harassment are not subject to the standard inmate grievance process. When such an allegation is submitted via a grievance form, it is treated as a formal report of sexual abuse and is promptly referred to the appropriate investigative team for immediate review and action. It does not proceed through the typical administrative remedy channels used for non-PREA concerns.

### **Relevant Policy Citation:**

According to GDC SOP 208.06, dated June 23, 2022, page 27, Section E, Item 3, sexual abuse and sexual harassment allegations are explicitly identified as non-grievable matters. The policy directs that such allegations must be reported through other designated mechanisms—such as directly notifying staff, calling the PREA hotline, submitting a written report, or contacting outside agencies. This procedure is echoed in the Floyd County Corrections Local Operating Procedures, Policy 208.06

	<p>(revised January 10, 2019), ensuring alignment between state and local practice.</p> <p><b>Provisions (b) through (g):</b> Not applicable – In line with Provision (a), since allegations of sexual abuse and sexual harassment are not processed through the grievance system, the requirements outlined in Provisions (b) through (g) of this standard do not apply to the agency/facility’s practices.</p> <p><b><u>CONCLUSION</u></b> Following a comprehensive review of relevant policy documents and a series of staff and inmate interviews, the Auditor concludes that the facility is in full compliance with PREA Standard §115.52 – Exhaustion of Administrative Remedies. The facility’s policies and practices clearly distinguish allegations of sexual abuse and harassment from general grievances. These types of incidents are appropriately treated as formal reports and are immediately referred for investigation outside of the grievance process.</p> <p>By ensuring allegations are handled through confidential and specialized reporting mechanisms, the agency demonstrates its commitment to protecting the safety and rights of all individuals in custody, while maintaining integrity in its response procedures.</p>
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<b>115.53</b>	<b>Inmate access to outside confidential support services</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p>
	<p><b><u>DOCUMENT REVIEW</u></b> The Auditor conducted a comprehensive review of the Pre-Audit Questionnaire (PAQ) and the full array of supporting documentation provided by the facility to evaluate compliance with PREA Standard §115.53 – Inmate Access to Outside Confidential Support Services.</p> <p>Key documents reviewed included:</p> <ul style="list-style-type: none"> <li>• Pre-Audit Questionnaire (PAQ)</li> <li>• Georgia Department of Corrections (GDC) Standard Operating Procedures (SOP) 208.06, titled Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective June 23, 2022.</li> <li>• Floyd County Corrections Local Operating Procedures, Policy 208.06, last revised on January 10, 2019, which aligns with the GDC’s statewide SOP while incorporating facility-specific procedures.</li> <li>• An undated Inmate PREA Information Brochure, distributed to all incoming inmates.</li> </ul>

- A “Reporting is the First Step” informational poster, prominently displayed throughout the facility.
- Posters detailing contact information for Outside Confidential Support Services Agencies, including hotline numbers and mailing addresses.
- The Inmate Intake Orientation Packet, which includes information on PREA rights, responsibilities, and access to support services.

### **OBSERVATIONS**

During the on-site audit, the Auditor observed that the facility had clearly prioritized inmate access to PREA-related information and external support. Educational materials were prominently posted in visible and high-traffic inmate areas such as housing units, dayrooms, intake spaces, and visitation corridors. These included bilingual posters (English and Spanish), informational brochures, and step-by-step guides on how to report sexual abuse and seek help.

Posters listing telephone numbers for the GDC’s internal PREA reporting hotlines and external victim advocacy services were located near inmate telephones. To verify operational functionality, the Auditor tested multiple inmate telephones across housing units. All units were found to be in good working condition. Notably, the Auditor successfully placed a free call to the Sexual Assault Center of Northwest Georgia, where a live advocate answered, did not request any identifying information, and confirmed the confidential nature of the support offered—verifying that the external hotline was both accessible and appropriately anonymous.

### **INTERVIEWS**

#### **Random Inmate**

Inmates interviewed during the audit demonstrated a clear awareness of their right to access confidential external support services. Each inmate confirmed they had been provided with the telephone number and mailing address for the Sexual Assault Center of Northwest Georgia, the agency designated to serve as the facility’s external, confidential support provider. Inmates expressed confidence in the confidentiality of the hotline and understood the nature of the services offered. Importantly, all individuals interviewed also reported that they were informed of the limits to confidentiality, including the obligation of advocates to report incidents involving imminent harm to self or others, abuse of vulnerable persons, or disclosure of a crime.

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

The PREA Compliance Manager explained that during intake, each inmate receives verbal and written information outlining their right to contact outside victim advocates. This includes the facility’s mailing address, the toll-free hotline for 24-hour support, and resources for individuals who are survivors of past or current sexual abuse. The PCM confirmed that the partnership with Sexual Assault Center of Northwest Georgia is formalized through a signed Memorandum of Understanding



(MOU).

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

Staff interviews confirmed that they perform daily checks on inmate telephones to ensure proper functionality. These routine inspections are part of broader accountability efforts to ensure continuous inmate access to critical communication tools, including confidential support resources and family contact.

## **PROVISIONS**

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

The PAQ and interviews confirm that the facility ensures inmates have meaningful and confidential access to external emotional support and advocacy services following incidents of sexual abuse. A formal Memorandum of Understanding (MOU) is in place with the Sexual Assault Center of Northwest Georgia, which outlines the comprehensive support available to incarcerated survivors.

Key services outlined in the MOU include:

- A 24/7 toll-free hotline and a dedicated mailing address for confidential communication
- Victim advocate accompaniment during medical care and forensic exams
- Emotional support, crisis response, and referrals to appropriate services
- Sexual Assault Nurse Examiner (SANE) services when needed
- Assistance to inmates and their families in navigating available support systems
- Language and disability-accessible resources, including support for individuals with Limited English Proficiency (LEP)
- Distribution of educational and support materials to the inmate population

The Auditor confirmed that the facility meets these obligations by providing inmates with written and posted contact information, enabling confidential communication, and ensuring the services are offered free of charge.

Relevant Policy Citation:

GDC SOP 208.06, page 17, section B.e, instructs the PCM to pursue a formal agreement with a rape crisis center. If an MOU cannot be secured, the facility must document those efforts and assign trained staff to fulfill the role of advocate. Information on available services, limits of confidentiality, and monitoring practices must be displayed throughout the facility.

The Floyd County Corrections Local Operating Procedures, Policy 208.06, revised January 10, 2019, supports and reflects these same expectations.

### **Provision (b): Notification of Monitoring and Reporting Limits**

The PAQ indicates, and inmate interviews confirmed, that all individuals are informed in advance of the scope and limitations of confidentiality regarding external support

	<p>services. This includes detailed explanations of when information may be shared with authorities—such as in cases of self-harm, harm to others, abuse of vulnerable persons, or disclosure of criminal conduct.</p> <p>Materials provided by the Sexual Assault Center of Northwest Georgia clearly define these limitations, and inmates acknowledged understanding them during interviews.</p> <p>Relevant Policy Citation: GDC SOP 208.06, page 18, section B.f, requires that external victim advocates undergo screening as contractors or volunteers and are limited to providing support services without interfering with security operations. These advocates assist with emotional recovery and navigating the reporting and investigative process.</p> <p>Floyd County’s local procedures reinforce these standards.</p> <p><b>Provision (c): Formal Agreement with Victim Advocacy Agency</b> As confirmed through the PAQ, document review, and staff interviews, the facility holds a current, signed MOU with the Sexual Assault Center of Northwest Georgia to provide direct support services to survivors of sexual abuse. The Auditor reviewed the MOU and found that it explicitly details the scope of the services, including advocate presence during forensic exams and investigations, emotional support, and crisis intervention.</p> <p>Inmates affirmed their awareness of this partnership and confirmed they were informed of the confidentiality boundaries discussed under provisions (a) and (b).</p> <p><b>CONCLUSION</b> Following a comprehensive assessment of documentation, policy review, facility observations, and interviews with staff and inmates, the Auditor concludes that the facility fully complies with PREA Standard §115.53 – Inmate Access to Outside Confidential Support Services.</p> <p>The facility has effectively developed and maintained an accessible, confidential, and trauma-informed support infrastructure for individuals who experience sexual abuse. The services offered are not only clearly communicated and readily available but are also delivered in a way that promotes trust, understanding, and safety. The partnership with the Sexual Assault Center of Northwest Georgia is active and well-implemented, reflecting a genuine commitment to the physical and emotional well-being of all individuals in custody.</p>
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<b>115.54</b>	<b>Third-party reporting</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>

## **DOCUMENT REVIEW**

To assess compliance with PREA Standard §115.54 – Third-Party Reporting, the Auditor conducted a detailed review of key documents and materials provided both prior to and during the onsite audit. The review included:

- The Pre-Audit Questionnaire (PAQ) and supporting documentation submitted by the facility;
- The Georgia Department of Corrections (GDC) Standard Operating Procedure (SOP) 208.06, titled Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, with an effective date of June 23, 2022;
- Floyd County Corrections Local Operating Procedures, Policy 208.06, last revised January 10, 2019, which reflects localized implementation of the statewide PREA policy;
- The GDC PREA Offender Brochure (undated), a critical educational resource for incarcerated individuals;
- A publicly accessible PREA reporting page hosted on the official GDC website: <https://gdc.georgia.gov/organization/about-gdc/research-and-reports-0/prison-rape-elimination-act-prea>;
- The Floyd County Corrections official website, which includes PREA-related information and third-party reporting instructions: <https://www.floydcountyyg-a.gov//corrections/page/prea>.

These documents collectively demonstrate the facility's and the agency's strong commitment to transparency, public accountability, and the provision of multiple, accessible channels for third-party individuals to report allegations of sexual abuse and harassment on behalf of individuals in custody.

## **INTERVIEWS**

### **Random Inmate Interviews**

During interviews with a representative sample of incarcerated individuals, inmates consistently reported being informed of their right to report sexual abuse and harassment through third-party channels. Those interviewed demonstrated an understanding of who may act as a third-party reporter, listing family members, friends, attorneys, clergy, and external advocacy organizations as examples. Inmates confirmed they had observed posted materials and brochures outlining these options, and stated they would feel comfortable using third-party reporting mechanisms if needed.

Inmates also articulated that third-party reporting was addressed during their intake orientation and reiterated through PREA education materials, reinforcing the facility's effort to ensure ongoing awareness.

## **PROVISIONS**

### **Provision (a): Accessibility of Third-Party Reporting**

Based on information contained in the PAQ and corroborated by interviews and documentation, the Auditor found that the Georgia Department of Corrections and Floyd County Corrections maintain well-established, clearly communicated procedures for third-party reporting of sexual abuse or harassment. These avenues are open to family members, friends, legal representatives, outside advocates, and community members, enabling them to report concerns confidentially and securely.

The GDC PREA brochure and agency website detail how third parties can report allegations. In addition, both the state and local corrections websites provide dedicated PREA pages with instructions for submitting third-party complaints. This includes online resources and mailing addresses.

One key external point of contact available for third-party reporting is the State Board of Pardons and Paroles, Office of Victim Services, which can be reached at: <http://www.gdc.ga.gov/Divisions/ExecutiveOperations/PREA/How-to-report>  
The Floyd County Corrections website also mirrors this information, providing a secondary source for external parties to learn how to report sexual abuse or harassment on behalf of incarcerated individuals.

These efforts ensure that people outside the facility—who may be aware of or witness signs of misconduct—are able to safely, confidentially, and effectively communicate those concerns to appropriate authorities.

#### RELEVANT POLICY

The Georgia Department of Corrections' SOP 208.06 (pages 26-27, Section E.2.a.i-iii) clearly defines and promotes multiple third-party reporting options. These include:

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

These reporting methods are consistently publicized through the GDC website, distributed brochures, facility posters, and orientation materials. All promotional tools serve to ensure wide accessibility and clarity for both incarcerated individuals and

	<p>outside supporters.</p> <p>Floyd County Corrections’ local operating procedures, as outlined in Policy 208.06 (revised January 10, 2019), reinforce and mirror the state’s approach, underscoring local adherence to the same high standards.</p> <p>During the audit, 100% of inmates interviewed confirmed knowledge of third-party reporting methods, which speaks to the facility’s effective education and communication practices related to this PREA standard.</p> <p><b><u>CONCLUSION</u></b></p> <p>After thoroughly reviewing policies, documentation, website resources, and conducting interviews with incarcerated individuals, the Auditor concludes that both Floyd County Corrections and the Georgia Department of Corrections are fully compliant with PREA Standard §115.54 – Third-Party Reporting.</p> <p>The agency and facility have implemented a comprehensive, multi-channel system that allows for timely and confidential third-party reports of sexual abuse or harassment. The facility ensures that incarcerated persons are well-informed about these options and encourages outside individuals to participate in safeguarding the well-being of those in custody.</p> <p>By upholding these procedures and maintaining open, accessible communication channels for third parties, the agency affirms its commitment to fostering a safe, transparent, and victim-centered correctional environment.</p>
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<b>115.61</b>	<b>Staff and agency reporting duties</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p>
	<p><b><u>DOCUMENT REVIEW</u></b></p> <p>As part of the audit process for assessing compliance with the Prison Rape Elimination Act (PREA) standard related to staff and agency reporting duties, the Auditor conducted a thorough review of the facility’s documentation. Materials reviewed included the Pre-Audit Questionnaire (PAQ) and the Georgia Department of Corrections (GDC) Standard Operating Procedure (SOP) No. 208.06, titled Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, with an effective date of June 23, 2022 and the Floyd County Corrections Local Operating Procedures, Policy 208.06, revised 1/10/2019. These policies outlines mandatory actions, roles, and responsibilities for responding to and reporting allegations of sexual abuse and sexual harassment within GDC facilities.</p> <p><b><u>INTERVIEWS</u></b></p>

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

During the interview, the PREA Compliance Manager clearly articulated the facility's commitment to ensuring timely reporting of all allegations of sexual abuse and sexual harassment. The PCM affirmed that every report—whether originating from a staff member, inmate, anonymous source, or third party—is immediately forwarded to the facility's designated investigator. The PCM demonstrated a strong understanding of applicable agency policies and emphasized that the facility strictly adheres to PREA guidelines regarding prompt and appropriate response to allegations.

## **Medical Staff**

Medical staff interviewed during the audit exhibited a solid understanding of their responsibilities under both PREA standards and state-mandated reporting laws. They were able to clearly describe the steps they would take if an individual disclosed an incident of sexual abuse, including initiating an immediate report to appropriate personnel and ensuring the individual's physical and emotional well-being is addressed. Medical providers also explained that they inform individuals at the onset of services about the limits of confidentiality, making it clear that while medical care is provided with sensitivity, certain disclosures must be reported in compliance with the law.

## **Facility Head or Designee**

The Facility Head, or a designated representative, confirmed their knowledge of and commitment to the facility's obligation to ensure that any staff member who becomes aware of, suspects, or receives an allegation of sexual abuse or harassment takes immediate action. This includes reporting the information to supervisory officials, the PREA Compliance Manager, and the investigative division. The Facility Head also acknowledged the duty to report any retaliation against individuals involved in a PREA matter or any staff negligence that may have facilitated such conduct.

## **Random Staff**

Interviews with a representative sample of randomly selected staff members revealed strong consistency in their understanding of PREA-related reporting responsibilities. Staff were able to clearly explain that all allegations of sexual abuse or harassment must be reported immediately and without exception. They also understood the importance of protecting sensitive information and shared that disclosures should only be made to personnel who have a legitimate need to know, such as investigators, supervisors, or medical professionals. Staff consistently stated that allegations are directed to the PREA Compliance Manager, who is responsible for initiating the formal investigative process.

## **PROVISIONS**

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

According to the PAQ and confirmed during interviews, the facility ensures that all

staff members are required to immediately report any known, suspected, or alleged incidents of sexual abuse or sexual harassment. This mandate extends to reports of retaliation against individuals who report such misconduct, as well as any staff negligence or failure to act that may have contributed to an incident.

Relevant Policy:

GDC SOP 208.06, p. 27, Section E.2.c, mandates that staff promptly forward any report, concern, or suspicion related to sexual abuse, harassment, or retaliation to their immediate supervisor or to a designated member of the Sexual Assault Response Team (SART). The policy clearly requires immediate action and reporting from all staff who become aware of such incidents.

The Floyd County Corrections, Local Operating Procedures, Policy 208.06, revised January 10, 2019, echoes the GDC policy

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

The PAQ affirms, and staff interviews confirmed, that staff are prohibited from disclosing any information related to sexual abuse or harassment reports except when disclosure is necessary for medical treatment, investigative action, operational security, or administrative decision-making. All interviewed staff demonstrated a clear understanding of the importance of confidentiality in handling sensitive PREA matters.

Relevant Policy:

GDC SOP 208.06, p. 24, Section 3, NOTE, outlines the agency's confidentiality expectations. Staff are instructed to refrain from sharing any information about sexual abuse allegations except with designated supervisors or officials and only to the extent necessary to fulfill their roles in medical, investigative, security, or administrative functions.

The Floyd County Corrections, Local Operating Procedures, Policy 208.06, revised January 10, 2019, echoes the GDC policy

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

Medical personnel reported that they inform individuals under their care—at the very beginning of services—about the limits of confidentiality and their legal obligation to report incidents of sexual abuse. This early and transparent communication helps ensure that individuals understand the parameters of medical privacy and mandatory reporting before disclosing sensitive information.

Relevant Policy:

GDC SOP 208.06 requires medical providers to disclose their reporting obligations and the boundaries of confidentiality at the outset of care. This ensures compliance with both institutional expectations and applicable state law.

The Floyd County Corrections, Local Operating Procedures, Policy 208.06, revised January 10, 2019, echoes the GDC policy

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

The PAQ states, and the Facility Head confirmed, that when the victim of alleged sexual abuse or harassment is under the age of 18 or meets the legal definition of a vulnerable adult, the incident is reported to the appropriate state or local protective services agency, as required by mandatory reporting statutes. Staff were also aware of the informed consent requirement for reporting non-institutional sexual abuse when the victim is not a minor or legally vulnerable.

Relevant Policy:

SOP 208.06 directs that such cases be reported in full compliance with mandatory reporting laws. The policy also requires informed consent for reporting community-based abuse, unless the individual is legally defined as a minor.

The Floyd County Corrections, Local Operating Procedures, Policy 208.06, revised January 10, 2019, echoes the GDC policy

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

The facility ensures that all allegations of sexual abuse or harassment—regardless of the source, method, or identity of the reporter—are referred without delay to the designated investigative personnel. This includes reports received anonymously, via third parties, or through standard channels. The PREA Compliance Manager confirmed that this procedure is consistently implemented and monitored.

Relevant Policy:

SOP 208.06 obligates all staff to report any knowledge, suspicion, or information related to sexual abuse, harassment, retaliation, or staff negligence. This requirement applies universally, regardless of how the report is made or who initiates it.

The Floyd County Corrections, Local Operating Procedures, Policy 208.06, revised January 10, 2019, echoes the GDC policy

**CONCLUSION**

Following a thorough review of facility policies, documentation, and interviews with key staff across multiple departments, the Auditor concludes that the facility is in full compliance with the PREA standard governing staff and agency reporting duties. Staff at every level demonstrated a clear understanding of their responsibility to respond promptly, protect confidentiality, and ensure that all allegations of sexual abuse and harassment are properly reported and investigated. The facility has established a strong reporting framework aligned with PREA standards and state laws, fostering a culture of accountability, transparency, and survivor-centered response.



115.62	Agency protection duties
	<p data-bbox="256 185 959 219"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="256 264 544 297"><b>Auditor Discussion</b></p> <p data-bbox="256 342 544 376">DOCUMENT REVIEW</p> <p data-bbox="256 409 1465 533">To evaluate the facility’s compliance with the PREA standard concerning agency protective duties, the Auditor conducted a detailed review of several key documents. These included:</p> <ul data-bbox="331 600 1473 1137" style="list-style-type: none"> <li>• The Pre-Audit Questionnaire (PAQ);</li> <li>• The Georgia Department of Corrections (GDC) Standard Operating Procedures (SOP) No. 208.06, titled Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, which took effect on June 23, 2022;</li> <li>• GDC SOP 208.06, Attachment 7, known as the PREA Local Procedure Directive and Coordinated Response Plan, which defines the facility’s coordinated, multi-disciplinary response to sexual abuse allegations, ensuring collaboration among security, medical, mental health, investigative, and administrative personnel;</li> <li>• The Floyd County Corrections Local Operating Procedures, specifically Policy 208.06, revised on January 10, 2019, which tailors statewide SOPs to the local facility’s operations and staff protocols.</li> </ul> <p data-bbox="256 1171 1469 1294">These documents collectively outline the agency’s policies and procedures for protecting individuals identified as being at substantial risk of imminent sexual abuse and guide staff responses to such threats.</p> <p data-bbox="256 1373 456 1406"><b><u>INTERVIEWS</u></b></p> <p data-bbox="256 1440 667 1473"><b>Facility Head or Designee</b></p> <p data-bbox="256 1518 1453 1843">In a one-on-one interview, the Facility Head confirmed that the facility is fully prepared to take immediate and decisive action upon receiving an allegation—or learning of credible information—indicating that an individual in custody is at substantial risk of imminent sexual abuse. Protective measures are implemented based on the unique circumstances of each case and may include relocating the at-risk individual to a different housing area within the facility, transferring them to another institution entirely, or increasing supervision and monitoring in their current location.</p> <p data-bbox="256 1888 1477 2089">The Facility Head also emphasized that if a suspected perpetrator is identified, they are swiftly removed from general population and placed in administrative segregation or other appropriate housing to eliminate any potential for further contact with the alleged victim. These actions are carried out in accordance with agency policy and in collaboration with the facility’s multidisciplinary response team.</p>

## **Random Staff**

Interviews with randomly selected staff members further reinforced the facility's readiness and staff awareness regarding protective duties. Without exception, staff demonstrated a strong understanding of their immediate responsibilities in the event of an allegation of sexual abuse.

Staff consistently described the same series of initial actions: ensuring the safety of the individual who may be at risk, promptly separating the alleged victim from the accused, and notifying a supervisor or designated PREA contact. Staff also reported that they would take steps to preserve potential physical evidence by securing the area and preventing any unauthorized access until investigators arrive.

All staff emphasized that time is of the essence in these situations, and each expressed their commitment to taking immediate steps to prevent further harm and ensure the individual's well-being.

## **PROVISIONS**

### **Provision (a): Immediate Protective Action**

The Pre-Audit Questionnaire indicated that the facility has clear procedures in place to provide protective measures without delay upon learning that someone in custody is at substantial risk of imminent sexual abuse. These procedures are implemented swiftly, guided by an assessment of the situation to determine the most effective and least restrictive means of ensuring the individual's safety.

In the twelve months preceding the audit, the facility reported that it had not identified any cases in which an individual was determined to be at imminent risk of sexual abuse. Nevertheless, staff interviews confirmed that personnel at all levels are familiar with the policy and prepared to act decisively if such a situation arises.

#### **Relevant Policy**

GDC SOP 208.06, including Attachment 7 – PREA Local Procedure Directive and Coordinated Response Plan, outlines the agency's institutional response to incidents or threats of sexual abuse. This comprehensive plan delineates the specific responsibilities of first responders, medical and mental health professionals, investigators, and administrative leaders.

The policy makes clear that when an individual is identified as being at substantial risk of imminent sexual abuse, staff are obligated to take immediate and appropriate action. These measures are aimed at ensuring the person's physical safety and psychological well-being, and they are supported by both local procedures and state-level policy frameworks.

The Floyd County Corrections, Local Operating Procedures, Policy 208.06, revised January 10, 2019, echoes the GDC policy

	<p><b><u>CONCLUSION</u></b></p> <p>Based on a comprehensive review of GDC policy documents, the facility’s locally adapted procedures, and interviews with both leadership and front-line staff, the Auditor concludes that the facility is in full compliance with the PREA standard regarding agency protective duties. The institution has a well-defined framework in place for responding to individuals at risk of imminent sexual abuse, and staff at all levels demonstrated a clear understanding of their roles and responsibilities in such situations.</p> <p>No instances of non-compliance were observed or reported during the audit period. The combination of proactive policy, staff preparedness, and ongoing training reflects a facility-wide commitment to ensuring the safety and dignity of all individuals in custody.</p>
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<b>115.63</b>	<b>Reporting to other confinement facilities</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p>
	<p><b><u>DOCUMENT REVIEW</u></b></p> <p>In preparation for this PREA compliance audit, the Auditor conducted a detailed review of key documents to evaluate the facility’s adherence to the standards governing the reporting of sexual abuse allegations to other correctional facilities. The following documents were reviewed:</p> <ul style="list-style-type: none"> <li>• The Pre-Audit Questionnaire (PAQ);</li> <li>• The Georgia Department of Corrections (GDC) Standard Operating Procedure (SOP) 208.06, titled Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, with an effective date of June 23, 2022;</li> <li>• The Floyd County Corrections Local Operating Procedures, Policy 208.06, revised on January 10, 2019, which provides facility-specific guidance aligned with the broader GDC SOP.</li> </ul> <p>These policies clearly outline the expectations, responsibilities, and steps that must be taken when a facility receives reports of sexual abuse or harassment, including cases involving individuals currently housed at the facility who report incidents that occurred during prior incarceration at other institutions.</p> <p><b><u>INTERVIEWS</u></b></p> <p><b>Agency Head Designee</b></p>

The Auditor interviewed the designee of the Agency Head, who emphasized the agency's commitment to promptly addressing all allegations of sexual abuse, sexual harassment, or staff sexual misconduct. The Designee confirmed that any report—whether related to this facility or another under GDC jurisdiction—is treated with seriousness and urgency. All such allegations are subject to investigation in accordance with PREA regulations and internal agency policy, regardless of the location or timing of the reported incident.

#### **Facility Head**

The Facility Head provided further assurance that if an individual housed at the facility reports having been sexually abused at another location, the facility initiates notification procedures immediately upon receiving the report. The receiving facility is responsible for notifying the appropriate official at the facility where the alleged abuse occurred, ensuring the matter is assigned for investigation. The Facility Head confirmed that this process is always completed within the 72-hour timeframe mandated by GDC policy. This timely communication helps ensure jurisdictional coordination and continuity of care for the individual who reported the abuse.

#### **PROVISIONS REVIEW**

##### **Provision (a): Inter-Facility Notification Requirements**

The PAQ confirmed—and the Facility Head affirmed during the interview—that the facility adheres to established procedures for inter-facility notification when an incarcerated person reports sexual abuse that occurred at another correctional institution. In such instances, the Warden or Superintendent of the current facility must notify both the leadership of the facility where the alleged incident occurred and the GDC PREA Coordinator.

The facility reported no inter-facility allegations during the 12 months preceding the audit. However, it was evident from documentation and interviews that the necessary processes and communication channels are firmly in place should such an incident be reported.

##### **Relevant Policy:**

GDC SOP 208.06, page 27, section 2(a), requires that upon receipt of such an allegation, the Warden or Superintendent must notify the counterpart at the implicated facility and the Department's PREA Coordinator. If the allegation involves potential staff misconduct, it must also be referred to the Regional Special Agent in Charge (SAC). For incidents that occurred at non-GDC facilities, notifications must be made to the appropriate external agency in addition to the PREA Coordinator.

The Floyd County Corrections, Local Operating Procedures, Policy 208.06, revised January 10, 2019, echoes the GDC policy

##### **Provision (b): Timeliness of Notification**

The facility has a clearly defined policy requiring that inter-facility notifications be made promptly—and always within 72 hours of receiving the allegation. Interviews with the Facility Head confirmed full compliance with this requirement. While no such

allegations were reported during the audit review period, the Auditor verified that procedures are in place to meet this standard when applicable.

Relevant Policy:

GDC SOP 208.06, page 28, section 2(b), mandates that notifications must be made as quickly as possible, but no later than 72 hours after receiving a report of sexual abuse.

The Floyd County Corrections, Local Operating Procedures, Policy 208.06, revised January 10, 2019, echoes the GDC policy

**Provision (c): Documentation of Notification**

The PAQ and interview responses indicated that the facility maintains documentation procedures to verify that all notifications required under this standard are completed and properly recorded. Although no notifications were necessary during the review period, the Facility Head confirmed that written documentation would be generated and retained should such an allegation be received.

Relevant Policy:

GDC SOP 208.06, page 28, sections 2(b) and 2(c), specifies that facilities must not only complete the notification within the required timeframe but must also generate and maintain written records to confirm that all required parties were notified according to agency guidelines.

The Floyd County Corrections, Local Operating Procedures, Policy 208.06, revised January 10, 2019, echoes the GDC policy

**Provision (d): Investigative Responsibility**

Agency policy makes clear that any GDC facility receiving an allegation of sexual abuse—regardless of where the incident allegedly occurred—must ensure that a complete and thorough investigation is conducted, unless an investigation has already been concluded. Interviews and documentation confirmed that no inter-facility allegations were received during the 12-month audit period. However, the Facility Head demonstrated a clear understanding of this responsibility and confirmed readiness to comply fully with investigative protocols.

Relevant Policy:

GDC SOP 208.06, page 28, section 2(d), ensures that every credible allegation of sexual abuse is addressed appropriately. If a facility receives a report from another location and no prior investigation has been conducted, it is the receiving facility's obligation to initiate and complete the investigation, in accordance with PREA requirements.

The Floyd County Corrections, Local Operating Procedures, Policy 208.06, revised January 10, 2019, echoes the GDC policy

**CONCLUSION**

After a comprehensive review of policy documents, operational practices, and interviews with facility leadership, the Auditor finds that the facility is in full

	<p>compliance with PREA Standard §115.63 concerning the reporting of sexual abuse allegations to other confinement agencies.</p> <p>Although no inter-facility allegations were reported during the audit review period, the facility has clearly established a sound infrastructure—including notification timelines, documentation practices, and investigative accountability—to respond effectively should such a situation arise. Staff are well-versed in their responsibilities, and policies are consistently aligned with both PREA standards and agency expectations, ensuring a timely, coordinated, and compliant response.</p>
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<b>115.64</b>	<b>Staff first responder duties</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p>
	<p><b><u>DOCUMENT REVIEW</u></b></p> <p>In preparation for the audit, the Auditor conducted a comprehensive review of relevant documentation to assess the facility’s compliance with the PREA standard regarding first responder duties in cases of alleged sexual abuse. The following documents were examined:</p> <ul style="list-style-type: none"> <li>• The Pre-Audit Questionnaire (PAQ) and supporting materials;</li> <li>• The Georgia Department of Corrections (GDC) Standard Operating Procedure (SOP) 208.06, titled Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective June 23, 2022;</li> <li>• The Floyd County Corrections Local Operating Procedures, specifically Policy 208.06, revised January 10, 2019, which reflects the local implementation of statewide SOPs in alignment with facility-specific procedures and staff responsibilities.</li> </ul> <p>These policies collectively establish a detailed and coordinated approach for staff responding to reports of sexual abuse or sexual harassment, and they emphasize the critical role of both security and non-security personnel in preserving safety, evidence, and victim dignity from the moment an allegation is received.</p> <p><b><u>INTERVIEWS</u></b></p> <p><b>Security Staff - First Responders</b></p> <p>Security staff members identified as first responders reported receiving thorough training on PREA protocols. This training is delivered through annual in-service sessions, on-the-job instruction, and staff briefings. When interviewed, staff confidently described their role in responding to allegations, including immediate actions such as securing the area, preserving physical evidence, separating the</p>

parties involved, and ensuring timely reporting to supervisory personnel.

### **Non-Security First Responders**

Non-security personnel—such as medical, educational, or program staff—also demonstrated clear understanding of their first responder responsibilities. When interviewed, they explained that their initial actions would include promptly notifying security staff, ensuring the alleged victim and alleged perpetrator are separated, advising both individuals not to take actions that could destroy evidence, and securing the scene until trained security responders arrive. Staff also acknowledged the importance of maintaining confidentiality and conveyed a strong awareness of the sensitivity required when responding to such allegations.

### **Random Staff**

Interviews conducted with randomly selected facility staff revealed consistent and confident articulation of the steps required when responding to a PREA incident. Staff across departments were able to clearly outline the process, including separating involved individuals, safeguarding physical evidence, securing the incident location, providing or requesting medical attention, and immediately reporting the incident through the appropriate channels. Their responses reflected both policy knowledge and practical preparedness.

### **Inmates Who Reported Sexual Abuse**

During the audit period, no inmates housed at the facility had reported an allegation of sexual abuse. As a result, there were no interviews conducted within this category.

## **PROVISIONS**

### **Provision (a): First Responder Policy**

The facility reported through the PAQ that it has a clearly designated first responder protocol for responding to allegations of sexual abuse. Both security and non-security staff confirmed during interviews that this protocol is active, understood, and consistently implemented.

Although there were no allegations of sexual abuse reported at the facility during the 12 months preceding the audit, interviews and policy reviews confirmed that procedures are in place to ensure immediate and appropriate response actions by first responders.

Relevant Policy:

\GDC SOP 208.06, page 28, section 3, requires each facility to maintain a written institutional plan that coordinates the actions of first responders, medical and mental health staff, investigative personnel, and facility leadership in response to incidents of sexual abuse. This plan, documented in Attachment 7 (PREA Local Procedure Directive and Coordinated Response Plan), is required to remain current and include contact information for key response personnel.

Additionally, GDC SOP 208.06, page 27, section F(1), outlines the first responder responsibilities and Department reporting duties. Specifically:

- First responders are to follow the procedures established in Attachment 7;
- The PREA Unit must be notified within two working days via the official PREA reporting email using Attachment 10;
- Correctional officers who first learn of an allegation must:
  - Identify, separate, and secure the individuals involved;
  - Identify and preserve the integrity of the crime scene;
  - Notify the shift supervisor as soon as practical;
  - Prevent the involved inmates from washing, eating, brushing teeth, changing clothes, or taking any action that could compromise evidence;
- Complete and submit Incident Report CN 6601 in accordance with Administrative Directive 6.6;
- Maintain strict confidentiality, disclosing information only to the extent necessary for treatment, security, or investigative purposes.

The Floyd County Corrections, Local Operating Procedures, Policy 208.06, revised January 10, 2019, echoes the GDC policy

#### **Provision (b): Non-Security First Responders**

The facility also confirmed that when the first responder to a report of sexual abuse is not a member of security staff, that individual is trained and required to instruct the alleged victim not to take any actions that might destroy evidence—such as bathing, brushing teeth, or changing clothes.

The Auditor reviewed the facility’s PREA training curriculum, which is provided to all staff, contractors, and volunteers. This training designates any individual who first receives a report—regardless of their role—as a first responder. All first responders are trained to respond immediately and appropriately, which includes securing the scene, removing uninvolved individuals, and ensuring communication with the shift supervisor or PREA Compliance Manager (PCM). The curriculum reinforces the critical role of first responders in both safety and evidence preservation.

#### **CONCLUSION**

Following a comprehensive analysis of documentation, policy review, and interviews with both security and non-security personnel, the Auditor has determined that the agency and facility are in full compliance with PREA Standard §115.64 related to staff first responder duties.

The facility has a clearly articulated and well-understood institutional response plan that outlines the actions required by staff in the event of a sexual abuse allegation. Staff at all levels demonstrated knowledge, confidence, and readiness in their roles as first responders. Even in the absence of any incidents during the audit period, the



	infrastructure, training, and procedural clarity in place affirm that the facility is fully prepared to respond promptly and effectively, should an allegation arise.
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<b>115.65</b>	<b>Coordinated response</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b><u>DOCUMENT REVIEW</u></b></p> <p>As part of the PREA compliance audit process, the Auditor conducted a detailed review of relevant documentation to assess the facility’s preparedness and procedures related to institutional coordinated response. The following materials were thoroughly examined:</p> <ul style="list-style-type: none"> <li>• The Pre-Audit Questionnaire (PAQ);</li> <li>• 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;</li> <li>• GDC SOP 208.06, Attachment 7, PREA Local Procedure Directive and Coordinated Response Plan, most recently revised on January 21, 2025;</li> <li>• The Floyd County Corrections Local Operating Procedures, specifically Policy 208.06, revised January 10, 2019, which customizes the state’s overarching PREA policy to reflect local operational needs and practices.</li> </ul> <p>Together, these documents provide a comprehensive framework outlining the expectations, responsibilities, and coordinated roles of facility staff in responding effectively and promptly to incidents of sexual abuse. The coordinated response plan serves as a critical operational tool, ensuring all staff—security and non-security alike—understand their roles in maintaining inmate safety, preserving evidence, and complying with PREA standards.</p> <p><b><u>INTERVIEWS</u></b></p> <p><b>Facility Head or Designee</b></p> <p>During the on-site interview, the Facility Head affirmed that the facility has implemented and actively utilizes a detailed Coordinated Response Plan, which clearly defines the roles and responsibilities of all relevant personnel—including first responders, medical and mental health staff, investigators, and facility administration. The Facility Head confirmed that this plan is not only well-documented but also well-understood by staff at every level.</p> <p>Training on coordinated response procedures is provided through annual in-service training, reinforced during monthly staff meetings, and supplemented through</p>

ongoing on-the-job instruction. These training strategies help ensure staff maintain a high level of readiness and consistency when responding to incidents involving allegations of sexual abuse. The Facility Head expressed confidence in the preparedness of the team and the facility's ability to respond swiftly and appropriately in accordance with the institutional plan.

**PROVISIONS**

**Provision (a): Institutional Coordinated Response Plan**

The facility reported in the PAQ that it maintains a written institutional plan specifically designed to coordinate the actions of multiple disciplines during a sexual abuse incident. This includes the responsibilities of security staff (first responders), medical and mental health providers, investigators, and administrative leadership. During the on-site interview, the Facility Head reiterated that this plan is in place, active, and known to staff.

The Auditor's review of the PREA Local Procedure Directive and Coordinated Response Plan confirmed that the document is structured to provide clear, step-by-step guidance for staff responding to sexual abuse allegations. It includes detailed procedures for initial response, investigation, victim support, and coordination among departments—ensuring timely, appropriate, and trauma-informed care for the individual affected.

**RELEVANT POLICY**

According to GDC SOP 208.06, page 28, section 3, every facility is required to develop and maintain a written institutional plan that details the coordinated response among all relevant staff in the event of a sexual abuse incident. This includes the involvement of first responders, healthcare professionals, mental health staff, investigative personnel, and facility leadership. The policy mandates that this plan be routinely updated and include current contact information for all key personnel. This requirement is fulfilled through Attachment 7, titled PREA Local Procedure Directive and Coordinated Response Plan.

The most current version of Attachment 7, revised January 21, 2025, is a concise two-page document that comprehensively outlines the institutional response to sexual abuse. It includes 15 clearly defined steps that guide staff from the moment an allegation is received through the notification, documentation, and investigative processes. These steps include protocols for:

- Initial reporting and victim separation;
  - Notification of supervisors and the PREA Compliance Manager;
  - Preservation of evidence and crime scene integrity;
  - Immediate medical and mental health care;
  - Victim screening and safety-driven housing assignments;
  - Risk assessment for potential re-victimization.
- The directive also includes the names and contact details of all key parties

	<p>involved in the coordinated response, ensuring that communication and actions are executed seamlessly and without delay.</p> <p>Additionally, the Floyd County Corrections Local Operating Procedures, Policy 208.06 (revised January 10, 2019), aligns with the broader GDC SOP and reinforces the same expectations and standards at the facility level. It serves to localize statewide protocols and ensure consistent implementation by all staff assigned to the facility.</p> <p><b><u>CONCLUSION</u></b></p> <p>Based on a thorough review of applicable policy documents, operational procedures, and interviews with facility leadership, the Auditor concludes that the facility is in full compliance with the PREA standard related to institutional coordinated response (§115.65).</p> <p>The facility has developed and implemented an up-to-date, comprehensive response plan that clearly outlines the duties and expectations of all relevant personnel. Staff are appropriately trained and prepared to act in accordance with the established procedures. Although no incidents of sexual abuse were reported during the review period, the structure, readiness, and documentation in place provide strong assurance that the facility can effectively and appropriately respond to any future allegations in a manner that upholds the PREA standards and protects the safety and rights of all individuals in custody.</p>
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<b>115.66</b>	<b>Preservation of ability to protect inmates from contact with abusers</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b><u>DOCUMENT REVIEW</u></b></p> <p>As part of the PREA compliance audit, the Auditor conducted a thorough examination of relevant policies and supporting materials to assess the facility’s adherence to the standard concerning the preservation of its ability to protect incarcerated individuals from contact with known abusers. The following documents were carefully reviewed:</p> <ul style="list-style-type: none"> <li>• The Pre-Audit Questionnaire (PAQ), along with all relevant supporting documentation;</li> <li>• The Georgia Department of Corrections (GDC) Standard Operating Procedure (SOP) 208.06, titled Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective June 23, 2022;</li> <li>• The Floyd County Corrections Local Operating Procedures, Policy 208.06, revised January 10, 2019, which provides facility-specific operational guidance aligned with GDC’s statewide policies.</li> </ul>

These documents collectively affirm the state's expectations for facilities to maintain full authority and flexibility to separate individuals in custody from those found to have committed acts of sexual abuse, even in the absence of collective bargaining agreements.

### **INTERVIEW**

#### **Agency Head or Designee**

During the interview, the Agency Head Designee confirmed that the State of Georgia does not participate in or operate under any collective bargaining agreements. This statement reinforces the facility's ability to make necessary housing and staffing decisions—particularly when it involves separating individuals who have committed sexual abuse from potential victims—without external constraints or negotiations with labor unions. The designee further indicated that this structural independence ensures the facility can swiftly and effectively respond to any credible allegations of abuse by protecting the safety and well-being of all individuals in custody.

### **PROVISIONS REVIEW**

#### **Provision (a): Collective Bargaining Restrictions**

The facility reported in the PAQ, and the Agency Head's Designee confirmed during the interview, that the State of Georgia does not enter into collective bargaining agreements with employee labor unions. As a result, there are no contractual provisions in place that would limit or restrict the facility's ability to remove staff accused of sexual abuse from contact with individuals in custody while an investigation is underway—or following a substantiated finding. This autonomy enhances the agency's ability to protect individuals from further harm and uphold the principles of PREA.

#### **Provision (b): Not Applicable to Auditor Review**

Under the PREA auditing standards, Provision (b) does not require formal auditing and is therefore excluded from the compliance determination.

### **CONCLUSION**

Following a comprehensive review of facility documentation, relevant agency policies, and the interview with the Agency Head's Designee, the Auditor concludes that the facility is in full compliance with the PREA standard addressing the preservation of the agency's ability to protect incarcerated individuals from contact with abusers (§115.66).

The absence of collective bargaining agreements in the State of Georgia ensures that the facility retains the unrestricted authority necessary to take protective actions, including staff reassignment or removal when appropriate. This structural framework, combined with clear policy guidance, supports the facility's capacity to maintain a safe and secure environment for all individuals in custody.

115.67	<b>Agency protection against retaliation</b>
	<p data-bbox="256 185 959 219"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="256 264 544 297"><b>Auditor Discussion</b></p> <p data-bbox="256 342 576 376"><b><u>DOCUMENT REVIEW</u></b></p> <p data-bbox="256 383 1469 495">To evaluate compliance with the PREA standard related to protecting individuals from retaliation, the Auditor conducted a comprehensive review of the following documents:</p> <ul data-bbox="331 566 1465 976" style="list-style-type: none"> <li>• The Pre-Audit Questionnaire (PAQ) and all accompanying documentation;</li> <li>• The Georgia Department of Corrections (GDC) Standard Operating Procedure (SOP) 208.06, titled Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective June 23, 2022;</li> <li>• SOP 208.06, Attachment 8 – Retaliation Monitoring Checklist, also effective June 23, 2022, which establishes the structured process for monitoring potential retaliation;</li> <li>• The Floyd County Corrections Local Operating Procedures, Policy 208.06, revised January 10, 2019, which aligns state directives with the facility’s local practices.</li> </ul> <p data-bbox="256 1021 1449 1223">These documents collectively define the agency’s responsibility to prevent, identify, and address retaliation against individuals who report sexual abuse or sexual harassment or who participate in related investigations. They establish clear expectations for timely monitoring, appropriate protective measures, and documented follow-up actions.</p> <p data-bbox="256 1301 456 1335"><b><u>INTERVIEWS</u></b></p> <p data-bbox="256 1373 667 1406"><b>Agency Head or Designee</b></p> <p data-bbox="256 1413 1465 1738">The designee of the Agency Head reported that retaliation monitoring begins immediately after a report of sexual abuse is received. The initial 90-day monitoring period may be extended based on the circumstances of the case. If the allegation is unfounded early in the investigation, monitoring may be discontinued. However, for substantiated or ongoing cases, monitoring continues for at least 90 days and longer if necessary. The designee emphasized that any individual—including victims, witnesses, and staff—who expresses concern or fear of retaliation is eligible for protective monitoring and support services.</p> <p data-bbox="256 1783 667 1816"><b>Facility Head or Designee</b></p> <p data-bbox="256 1823 1437 2069">The Facility Head confirmed that the facility employs multiple strategies to monitor and safeguard individuals from retaliation. In the case of incarcerated individuals, staff observe for indicators such as changes in housing, work assignments, or a sudden increase in disciplinary infractions. When monitoring staff, retaliation indicators may include changes in job assignments, negative performance evaluations, or exclusion from duties. Monitoring is conducted with sensitivity and</p>

confidentiality, and responsibility for oversight is delegated to designated staff.

**Retaliation Monitor**

The facility’s appointed Retaliation Monitor emphasized that preventing retaliation is a core component of the PREA compliance effort. The monitor ensures that all individuals—especially those who report or assist with investigations—understand their right to be free from retaliation. Monitoring includes monthly face-to-face check-ins, with documentation maintained using the standardized Retaliation Monitoring Checklist (Attachment 8). The monitor confirmed that no incidents of retaliation were reported during the previous 12 months, and that all individuals identified for monitoring received the appropriate oversight and support throughout the required period.

**Inmates in Segregated Housing for Risk of Sexual Abuse**

At the time of the on-site audit, there were no individuals housed in segregation as a result of being at risk for sexual abuse or due to a recent report of sexual abuse. As such, interviews within this category were not applicable.

**Inmates Who Reported Sexual Abuse**

The facility reported no allegations of sexual abuse during the 12-month review period; therefore, there were no interviews conducted with individuals in this category.

**PROVISIONS REVIEW**

**Provision (a): Policy Against Retaliation**

The PAQ affirmed that the facility maintains a formal policy to protect all individuals—including staff and those in custody—who report sexual abuse or harassment, or who participate in related investigations. Interviews confirmed that the Warden has designated a specific Lieutenant to serve as the facility’s Retaliation Monitor, with a backup also assigned. This designation was formally documented in a memorandum dated November 19, 2024. Monitoring typically continues for 90 days, with extensions as needed based on assessed risk.

Relevant Policy:

GDC SOP 208.06, p. 28, Section 4.a–b, mandates disciplinary action for acts of retaliation and requires each facility to appoint a Retaliation Monitor. The SOP authorizes the implementation of protective measures, such as housing transfers, separation of alleged abusers, and the provision of emotional support services. These protections are echoed in the facility’s local operating procedures.

**Provision (b): Protective Measures**

Interviews and documentation confirmed that the facility employs a range of protective measures to prevent retaliation. These may include adjusting work or housing assignments, limiting contact between victims and alleged perpetrators, removing staff from specific posts, or offering counseling services. These proactive interventions are implemented promptly when a risk is identified.

Relevant Policy:

GDC SOP 208.06, p. 28-29, Section 4.b, authorizes the use of various protective strategies to prevent retaliation against staff and individuals in custody. These measures are locally reinforced by Floyd County Corrections Policy 208.06.

**Provision (c): Monitoring Conduct and Treatment**

The facility confirmed that all individuals involved in a PREA-related allegation—victims, witnesses, and cooperating staff—are monitored for behavioral or treatment changes that might indicate retaliation. Monitoring is sustained for at least 90 days and may be extended if concerns persist. The Retaliation Monitor reported zero incidents of retaliation in the past 12 months, and documentation supports consistent application of monitoring practices.

Relevant Policy:

SOP 208.06, p. 28-29, Section 4.c, instructs retaliation monitors to actively assess and document any changes in behavior, conduct, or treatment that may signal retaliatory actions. These protocols are also embedded in the facility's local policy framework.

**Provision (d): Formal Monitoring Process**

Monitoring activities are systematically conducted and recorded. The Retaliation Monitoring Checklist (Attachment 8) is used to guide and document monthly check-ins with monitored individuals. Monitors assess indicators such as new disciplinary actions, housing transfers, program changes, or shifts in behavior. Similar attention is given to staff, with performance reviews and assignment changes evaluated for signs of retaliation.

Relevant Policy:

SOP 208.06, p. 28-29, Section 4.c.i-iii, mandates that monitoring be thoroughly documented using the designated checklist. These responsibilities are reiterated in the Floyd County Corrections local policy.

**Provision (e): Protections for Any Fear of Retaliation**

The facility confirmed that any individual—whether incarcerated, employed, or a third-party participant—who expresses fear of retaliation after engaging in a PREA-related process is entitled to protective monitoring. The Retaliation Monitor emphasized that all concerns are treated seriously, and support is provided regardless of an individual's role in the case.

Relevant Policy:

GDC SOP 208.06 requires protections be extended to anyone who fears retaliation due to their involvement in a report or investigation. This provision is also reflected in the facility's local operating procedures.

**Provision (f): Auditor Exclusion**

	<p>Auditors are not required to assess Provision (f); therefore, it was not evaluated as part of this compliance determination.</p> <p><b><u>CONCLUSION</u></b></p> <p>Following a comprehensive review of applicable policy documents, interviews with key staff, and facility monitoring records, the Auditor concludes that the facility fully complies with the PREA standard concerning protection against retaliation.</p> <p>The agency has established a robust system for identifying, monitoring, and addressing potential retaliation. Designated personnel are trained, processes are clearly documented, and protective measures are implemented promptly when necessary. No incidents of retaliation were reported in the previous year, reflecting the facility's proactive and vigilant approach to upholding the safety and rights of all individuals under its care.</p>
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<b>115.68</b>	<b>Post-allegation protective custody</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p>
	<p><b><u>DOCUMENT REVIEW</u></b></p> <p>To evaluate the facility's compliance with the PREA standard regarding post-allegation protective custody, the Auditor conducted a thorough review of the following key documents:</p> <ul style="list-style-type: none"> <li>• The Pre-Audit Questionnaire (PAQ) and its supporting documentation;</li> <li>• The Georgia Department of Corrections (GDC) Standard Operating Procedure (SOP) 208.06, titled Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective June 23, 2022;</li> <li>• The Floyd County Corrections Local Operating Procedures, specifically Policy 208.06, revised January 10, 2019, which adapts GDC's statewide policy to meet the unique operational and staffing needs of the local facility.</li> </ul> <p>These documents collectively establish the facility's approach to ensuring safety and protection for individuals following a report of sexual abuse. SOP 208.06 outlines the agency's policy on the use of involuntary segregated housing and clearly prioritizes the use of less restrictive alternatives unless no viable options exist.</p> <p><b><u>INTERVIEWS</u></b></p> <p><b>Facility Head or Designee</b></p> <p>During the on-site interview, the Facility Head confirmed that when safety concerns arise following an allegation of sexual abuse, the facility takes a case-by-case</p>



approach to determine the most appropriate housing arrangement. If necessary, either the individual making the allegation or the accused may be transferred to another facility to ensure safety. Involuntary segregated housing is used only after all less-restrictive options have been considered and deemed unsuitable. When such placement is deemed necessary, the facility initiates a review every 30 days to evaluate whether the individual can be safely returned to the general population. Additionally, victims placed in segregated housing for protection continue to have access to programming, education, and work opportunities, as long as doing so does not jeopardize safety or security.

#### **Staff Who Supervise Inmates in Segregated Housing**

Staff assigned to oversee individuals in segregated housing units stated that they have access to multiple housing options to accommodate those who may be vulnerable to sexual abuse. These staff members confirmed that protective segregation is not the default response. Instead, it is considered a measure of last resort, used only after all alternative placements have been evaluated. Staff demonstrated a clear understanding of the agency's commitment to balancing safety with access to rehabilitative services.

#### **Inmates in Segregated Housing for Risk of Sexual Abuse**

At the time of the on-site audit, there were no individuals housed in segregation due to a risk of sexual victimization or because they had reported a sexual abuse incident. As such, no interviews were conducted with individuals in this category.

### **PROVISIONS**

#### **Provision (a): Use of Involuntary Segregation as Protective Custody**

According to the PAQ, and as verified through interviews, the facility follows GDC's directive not to involuntarily place individuals who report sexual abuse into segregated housing unless a thorough assessment determines that no other means of protecting the individual is available. Over the previous 12 months, the facility reported no instances in which an individual was held involuntarily for 1 to 24 hours for assessment purposes or for longer than 30 days due to the lack of alternative placement options.

If a victim of sexual abuse is placed in segregated housing for safety reasons, the policy mandates that the placement be temporary and subject to review every 30 days. The Facility Head confirmed that these reviews are conducted as required, and are documented to ensure compliance and transparency.

#### **RELEVANT POLICY**

GDC SOP 208.06, Section 8 (pages 25–26), provides clear directives concerning the use of protective custody following allegations of sexual abuse. Key provisions include:

Individuals identified as being at risk of sexual victimization or aggression must not be automatically placed in involuntary segregation. Such placements may occur only

	<p>when no alternative housing options exist and must be justified and documented in the SCRIBE case management system.</p> <p>Any individual placed in segregated housing under these circumstances must receive the same access to services as outlined in SOP 209.06 – Administrative Segregation. Involuntary placement in segregated housing is considered a temporary protective measure, not to exceed 30 days, unless there are no feasible alternatives.</p> <p>If access to programming, privileges, education, or employment is restricted while in segregation, the facility is required to document:</p> <ul style="list-style-type: none"> <li>• Which services were limited;</li> <li>• The duration of the limitations;</li> <li>• The justification for these restrictions based on safety or security concerns.</li> <li>• Segregation reviews are required every 30 days to assess whether continued placement is necessary. These reviews must be documented, and the findings used to guide decisions about the individual’s housing status.</li> </ul> <p>The Floyd County Corrections Local Operating Procedures, Policy 208.06 (revised January 10, 2019), aligns with these directives and affirms the facility’s obligation to implement protective custody measures in a way that prioritizes safety, dignity, and minimal disruption to the individual’s rehabilitative opportunities.</p> <p><b><u>CONCLUSION</u></b></p> <p>Based on a thorough review of documentation, applicable policies, and interviews with staff, the Auditor concludes that the facility is fully compliant with PREA Standard §115.43 – Protective Custody.</p> <p>The facility’s practice demonstrates a clear commitment to avoiding unnecessary use of segregation while maintaining the safety of individuals who report sexual abuse or are otherwise at risk. The use of involuntary segregated housing is reserved as a last resort, and when such placement occurs, it is guided by policy, monitored regularly, and supported by access to essential services. The absence of any such placements in the past 12 months further reflects the facility’s effective use of less-restrictive alternatives and appropriate housing strategies.</p>
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<b>115.71</b>	<b>Criminal and administrative agency investigations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b><u>DOCUMENT REVIEW</u></b></p> <p>To assess the facility’s compliance with the PREA standard governing criminal and administrative investigations of sexual abuse and sexual harassment, the Auditor conducted a detailed review of key documents. These included the completed Pre-Audit Questionnaire (PAQ) and the Georgia Department of Corrections (GDC) Standard</p>

Operating Procedures (SOP), Policy Number 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective June 23, 2022.

This foundational policy outlines the agency's investigative framework for managing allegations of sexual abuse and harassment within its institutions. It describes the procedures for initiating investigations, standards for evidence collection, requirements for investigative training, documentation protocols, and referral procedures for cases with potential criminal elements. The document reflects the agency's zero-tolerance stance and provides clear guidance to ensure every allegation is handled with professionalism, timeliness, and thoroughness.

## **INTERVIEWS**

### **Investigative Staff**

The Auditor conducted an in-depth interview with the facility's designated investigator, who provided a detailed explanation of how investigations are conducted within the institution. It was affirmed that all allegations of sexual abuse or sexual harassment—regardless of how they are received (e.g., face-to-face communication, telephone, written complaints, anonymous tips, or third-party reports)—are promptly and objectively investigated in accordance with agency protocols.

The investigator confirmed completion of all required PREA training, including specialized instruction on investigating sexual abuse in confinement settings. The Auditor reviewed the investigator's training file, which validated compliance with training requirements.

A standardized investigative protocol is followed in each case. Typically, the investigative sequence begins with an interview of the alleged victim, followed by witnesses, and concludes with the alleged perpetrator. Although the process may be adapted slightly for sexual harassment cases, the same core principles apply. In situations involving alleged sexual assault, investigators coordinate with designated SANE/SAFE locations for forensic exams. If the forensic team is unavailable or unable to collect evidence, the trained investigator is responsible for proper evidence collection, storage, and chain of custody procedures.

When the evidence suggests criminal conduct may have occurred, compelled interviews are conducted only after consulting with the prosecuting authority to avoid jeopardizing criminal proceedings. This protocol was confirmed by the Floyd County Sheriff's Department, which also affirmed that Miranda warnings are issued to criminal suspects as required.

Credibility assessments are made independently for each party—victims, alleged perpetrators, and witnesses—based on the facts and evidence rather than institutional role or status. The use of polygraph tests is explicitly prohibited in PREA-related investigations.

Investigators also examine whether staff action or inaction may have contributed to an incident. All findings are thoroughly documented in a final written report, which includes physical evidence, testimonial statements, and justification for all conclusions.

If the findings support the likelihood of criminal activity, the case is referred to the Floyd County Sheriff's Department for further investigation and potential prosecution. Regardless of whether a victim or alleged abuser is released from custody or employment, the facility continues all investigations to completion and maintains collaboration with external investigative authorities throughout the process.

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

The PREA Coordinator reported that the agency retains all written documentation related to administrative and criminal investigations for the duration of the alleged abuser's incarceration or employment, plus an additional five years. Many investigative materials are also preserved indefinitely in the SCRIBE electronic case management system, providing a secure and accessible record of investigative activity.

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

The PCM affirmed the agency's commitment to completing every investigation regardless of changes in an individual's status. Neither the departure of a victim nor an alleged perpetrator from the facility or agency results in the premature closure of an investigation.

#### **Facility Head or Designee**

The Facility Head reported that there were no substantiated allegations of criminal sexual abuse referred for prosecution during the twelve months prior to the on-site audit.

#### **Inmates Who Reported Sexual Abuse**

At the time of the audit, there were no individuals assigned to the facility who had previously reported an incident of sexual abuse. Therefore, no inmate interviews were conducted in this category.

#### **PROVISIONS**

##### **Provision (a): Investigation of All Allegations**

In accordance with the PAQ and investigative staff interviews, the agency mandates that all reports of sexual abuse or sexual harassment—regardless of origin—are investigated promptly, thoroughly, and without bias.

Relevant Policy:

GDC SOP 208.06 requires that all allegations, including anonymous or third-party

reports, be formally and objectively investigated in accordance with agency protocols.

**Provision (b): Qualified Investigators**

The facility confirmed, and the Auditor verified through documentation, that PREA-related investigations are conducted only by trained personnel who have completed specialized coursework on investigating sexual abuse in confinement settings.

Relevant Policy:

SOP 208.06 outlines the requirement for investigators to undergo specialized training before conducting any PREA-related investigations.

**Provision (c): Comprehensive Evidence Collection**

The investigative process includes collection and review of physical evidence, testimonial statements, video surveillance, relevant documentation, prior complaints involving the accused, and other circumstantial evidence.

Relevant Policy:

Per SOP 208.06, p. 32, Section 9, a standardized evidence collection protocol must be followed to preserve admissible evidence for administrative or criminal proceedings.

**Provision (d): Coordination with Prosecutors**

When there is a reasonable basis to pursue a criminal case, investigators consult with prosecuting attorneys prior to conducting compelled interviews to ensure no legal processes are compromised.

Relevant Policy:

SOP 208.06, pp. 32, Sections 10-11, affirms the agency's practice of consulting with prosecutors in cases with criminal implications.

**Provision (e): Individual Credibility Assessment and Polygraph Policy**

All individuals involved in an investigation are evaluated individually based on the facts of the case. Status within the institution does not influence the assessment of credibility. Polygraph testing is not a condition of proceeding with any investigation.

Relevant Policy:

SOP 208.06, p. 31, Section 8(c), prohibits using an individual's role or position to determine credibility and forbids the use of polygraphs in PREA cases.

**Provision (f): Staff Conduct Evaluation**

Administrative investigations include an evaluation of whether staff conduct or inaction contributed to the alleged abuse. All findings, evidence, and rationale for credibility decisions are included in the final report.

Relevant Policy:

SOP 208.06 requires that investigative reports document all evidence, describe

credibility determinations, and address potential staff involvement.

**Provision (g): Criminal Investigations by Law Enforcement**

When a case meets the threshold for criminal prosecution, the Floyd County Sheriff's Department assumes investigative responsibility. However, the facility ensures that all relevant materials are transferred in a complete and timely manner.

**Provision (h): Criminal Referrals**

The Facility Head reported that there were no substantiated criminal cases of sexual abuse referred for prosecution in the 12 months preceding the audit.

**Provision (i): Retention of Records**

The agency retains investigative records for the duration of the alleged abuser's incarceration or employment plus five additional years, or longer if required by state retention laws or legal holds.

Relevant Policy:

SOP 208.06 mandates that all investigative records be maintained for a minimum of five years beyond the end of employment or incarceration.

**Provision (j): Continuation of Investigations**

The PREA Compliance Manager confirmed that investigations continue even if the alleged victim or perpetrator is no longer under the agency's jurisdiction. The facility does not close investigations prematurely due to a change in custody or employment status.

Relevant Policy:

SOP 208.06 explicitly states that investigations must be completed regardless of changes in the status of individuals involved.

**Provision (k): Not Auditable**

This provision is outside the scope of the current PREA audit requirements and was not evaluated.

**Provision (l): Internal Investigative Responsibility**

The facility's PREA investigative responsibilities are managed internally by trained agency staff, including the Sexual Assault Response Team (SART). External investigators are not relied upon for PREA-related matters.

Relevant Policy:

SOP 208.06 affirms that the GDC maintains responsibility for conducting all internal investigations related to PREA, without reliance on outside entities.

	<p><b><u>CONCLUSION</u></b></p> <p>Based on an extensive review of policy, training records, investigative procedures, and staff interviews, the Auditor finds that the facility meets all provisions of the PREA standard related to administrative and criminal investigations. Investigative staff are appropriately trained, policies are in place and implemented, and the investigative process reflects national best practices for handling allegations of sexual abuse and harassment in confinement settings. The Auditor concludes that the facility is in full compliance with PREA Standard §115.71.</p>
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<b>115.72</b>	<b>Evidentiary standard for administrative investigations</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p>
	<p><b><u>DOCUMENT REVIEW</u></b></p> <p>As part of the PREA compliance audit, the Auditor conducted a detailed review of the Pre-Audit Questionnaire (PAQ) and the Georgia Department of Corrections (GDC) Standard Operating Procedures (SOP), Policy Number 208.06, titled Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, with an effective date of June 23, 2022. This policy serves as the agency’s foundational document for addressing the prevention, detection, response, and investigation of sexual abuse and sexual harassment within its correctional facilities.</p> <p>The reviewed policy outlines the agency’s procedures for substantiating allegations of sexual misconduct, specifically detailing the evidentiary standard required to reach investigative conclusions in administrative cases. It reflects GDC’s alignment with federal PREA regulations and reinforces the importance of fairness and consistency in the investigative process.</p> <p><b><u>INTERVIEW</u></b></p> <p><b>Investigative Staff</b></p> <p>During interviews with members of the facility’s investigative team, the Auditor received a clear and consistent explanation of the standards applied during administrative investigations of sexual abuse and sexual harassment. Investigative personnel emphasized that all reports, regardless of how they are received, are taken seriously and result in a thorough, methodical collection of all relevant evidence.</p> <p>The investigative process includes gathering physical evidence from the alleged victim, the accused individual, and any pertinent locations. Additionally, comprehensive interviews are conducted with all parties involved, including any witnesses who may have observed or have knowledge of the incident. Staff confirmed that camera footage, documentation, and prior complaints are also reviewed when</p>

applicable.

Investigators affirmed that the Georgia Department of Corrections adheres strictly to the evidentiary threshold of “preponderance of the evidence” when making determinations in administrative cases. They explained that this standard—defined as whether the evidence indicates it is more likely than not that the alleged conduct occurred—is applied consistently and without deviation. No higher evidentiary standard is used, ensuring alignment with federal PREA requirements and promoting equitable treatment of all cases.

**PROVISIONS**

**Provision (a): Evidentiary Standard in Administrative Investigations**

According to the information provided in the PAQ and confirmed during the investigative staff interviews, the agency does not impose a higher standard than “preponderance of the evidence” when reaching conclusions in administrative investigations of sexual abuse or harassment. The investigative team reinforced that this standard is embedded in training, reinforced through policy, and consistently applied across all cases involving allegations of misconduct.

**Relevant Policy**

The applicable directive is found in GDC SOP 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective June 23, 2022. Specifically, on page 30, Section G, item 5, the policy states:

“No standard higher than the preponderance of the evidence shall be imposed in determining whether allegations of sexual abuse or sexual harassment are substantiated.”

This statement clearly aligns with the federal PREA standard outlined in 28 C.F.R. § 115.72, which requires all administrative investigations to be conducted using this evidentiary threshold. By adopting and applying this standard, the agency/facility ensures that investigative practices are consistent, legally compliant, and fair for all individuals involved in the process.

**CONCLUSION**

Based on the thorough review of the PAQ, policy documentation, and the detailed interviews conducted with facility investigative staff, the Auditor finds that the facility and the agency are in full compliance with the requirements of PREA Standard §115.72. The Georgia Department of Corrections has clearly institutionalized the federally mandated evidentiary threshold of “preponderance of the evidence” and ensures it is applied uniformly in all administrative investigations involving allegations of sexual abuse and harassment. The consistent application of this standard reflects the agency’s commitment to integrity, due process, and the protection of the rights of all individuals in custody.



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<b>115.73</b>	<b>Reporting to inmates</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b><u>DOCUMENT REVIEW</u></b></p> <p>To evaluate compliance with the Prison Rape Elimination Act (PREA) standard governing offender notifications, the Auditor conducted a comprehensive review of relevant documentation provided prior to and during the onsite visit. Key documents examined included:</p> <ul style="list-style-type: none"> <li>• The Pre-Audit Questionnaire (PAQ) completed by the facility;</li> <li>• The Georgia Department of Corrections (GDC) Standard Operating Procedure (SOP) 208.06, titled PREA Sexually Abusive Behavior Prevention and Intervention Program, effective June 23, 2022;</li> <li>• Attachment 3 of SOP 208.06, the PREA Disposition Offender Notification Form, which outlines the process and content for notifying incarcerated individuals of investigation outcomes;</li> <li>• PREA tracking chart</li> </ul> <p><b><u>INTERVIEWS</u></b></p> <p><b>Investigative Staff</b></p> <p>Investigative staff provided detailed insight into the procedures followed once an investigation concludes. They explained that after gathering all relevant evidence and completing interviews with involved parties and witnesses, a final report is prepared. This report includes factual findings and the rationale behind the outcome—whether substantiated, unsubstantiated, or unfounded.</p> <p>Once finalized, the investigative report is submitted to the facility leadership. It becomes the facility’s responsibility to notify the reporting individual of the case outcome. When a case is criminal in nature and referred to the Office of Professional Standards (OPS), OPS collaborates with the facility to ensure the affected individual is informed of the final decision.</p> <p><b>Facility Head or Designee</b></p> <p>The Facility Head confirmed that if an allegation of staff-on-incarcerated-person sexual abuse is substantiated, the facility is obligated to notify the individual who made the report of the following developments, as applicable:</p>

- Reassignment of the staff member from the individual's housing unit;
- Separation of the staff member from employment;
- Arrest of the staff member on related charges;
- Conviction of the staff member for charges associated with the reported abuse.

The Facility Head also confirmed that in the past 12 months, no allegations of sexual abuse by staff were substantiated. All such allegations during the review period were classified as unfounded.

### **Inmates Who Reported Sexual Abuse**

At the time of the onsite audit, there were no incarcerated individuals currently assigned to the facility who had previously reported incidents of sexual abuse. Consequently, no interviews were conducted within this population group.

## **PROVISIONS**

### **Provision (a): Notification of Investigation Outcomes**

The PAQ and interviews with the Facility Head confirmed that the GDC has established procedures requiring individuals who report sexual abuse to be notified—either verbally or in writing—regarding the results of the investigation. These notifications include whether the allegation was determined to be substantiated, unsubstantiated, or unfounded.

While there were no completed sexual abuse investigations during the 12-month audit review period, two allegations of sexual harassment were fully investigated and closed. Documentation verified that the reporting individuals received written notifications using Attachment 3 of SOP 208.06.

#### **Relevant Policy**

Per SOP 208.06, page 33, section G.17, once an investigation is concluded, the Warden or Superintendent is responsible for ensuring that the reporting individual is notified of the result. Notification categories include:

- Substantiated
- Unsubstantiated
- Unfounded
- Substantiated/Unsubstantiated and forwarded to OPS
- Not PREA

A designated member of the Sexual Assault Response Team (SART) or another individual appointed by the facility head delivers the notification. If the investigation is transferred to OPS, the facility must provide a follow-up notification when the OPS determination is received. All notification attempts—successful or not—must be

documented using Attachment 3. If the person who made the allegation is released from GDC custody before the investigation concludes, no notification is required.

**Provision (b): Investigative Authority**

According to the PAQ, the facility did not refer any sexual abuse investigations to an outside agency for resolution during the audit review period. Therefore, this provision was not applicable.

**Provision (c): Notification Regarding Staff Misconduct**

Interviews and documentation confirmed that if a sexual abuse allegation against a staff member is substantiated, the facility must notify the involved individual of key developments, including:

- Removal of the staff member from their housing unit;
- Termination or resignation of the staff member;
- Arrest for related misconduct;
- Criminal conviction on related charges.
- Although there were no substantiated or unsubstantiated staff-on-inmate sexual abuse allegations during the audit period, staff demonstrated clear understanding of the notification process and obligations as defined by policy.

**Provision (d): Inmate-on-Inmate Allegations**

In cases where an incarcerated person is the subject of a substantiated sexual abuse allegation and is criminally charged or convicted, the reporting individual must be notified of the outcome. The Facility Head's designee affirmed that these notifications are handled in accordance with GDC policy and that any applicable events would be documented using Attachment 3.

**Provision (e): Written Notification Requirements**

No sexual abuse cases were completed during the past 12 months, so written notifications related to those incidents were not required. However, the facility provided written notifications to two individuals following sexual harassment investigations, in compliance with GDC's established process and using the designated notification form.

**Relevant Policy**

SOP 208.06 specifies that if the individual who reported the incident is no longer in the custody of GDC, the agency is not required to issue any notification regarding the outcome of the investigation.

	<p><b>Provision (f): Auditor Exemption</b></p> <p>Per PREA guidance, auditors are not required to assess compliance with this provision. Therefore, it has been excluded from the audit determination.</p> <p><b><u>CONCLUSION</u></b></p> <p>Based on a comprehensive review of documentation, policy, and staff interviews, the Auditor finds the facility to be in full compliance with the PREA standard related to offender notifications following allegations of sexual abuse or sexual harassment. The Georgia Department of Corrections has implemented clearly defined procedures to ensure timely and appropriate communication of investigative outcomes, and the facility has demonstrated adherence to these standards during the audit review period.</p>
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<b>115.76</b>	<b>Disciplinary sanctions for staff</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p> <p><b><u>DOCUMENT REVIEW</u></b></p> <p>In assessing the facility's compliance with the PREA standard regarding disciplinary sanctions for staff, the Auditor conducted a thorough examination of relevant documents. Key among the materials reviewed was the facility's completed Pre-Audit Questionnaire (PAQ), along with supporting documentation that outlined the agency's policies and procedures for addressing staff misconduct related to sexual abuse, sexual harassment, or sexual misconduct.</p> <p>Particular attention was given to the Georgia Department of Corrections (GDC) Standard Operating Procedures (SOP), Policy Number 208.06, titled Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, with an effective date of June 23, 2022. This SOP defines expectations, outlines disciplinary responses, and reinforces the agency's zero-tolerance policy for sexual misconduct within its facilities.</p> <p><b><u>INTERVIEWS</u></b></p> <p><b>Facility Head or Designee</b></p> <p>During the on-site audit, the Auditor interviewed the Facility Head's designee to corroborate the information presented in the documentation. The designee confirmed that all staff are held accountable under agency policy and are subject to disciplinary sanctions—up to and including termination—for violating policies related to sexual abuse, sexual harassment, or sexual misconduct.</p>

The designee reported that within the twelve months preceding the audit, there were no incidents in which staff violated agency sexual abuse or sexual harassment policies. Likewise, there were no staff terminations or resignations related to such violations during that time period.

The designee further affirmed that agency policy establishes termination as the presumptive disciplinary sanction for any staff member found to have engaged in sexual abuse.

### **PROVISIONS**

#### **Provision (a):**

According to the PAQ and confirmed during interviews with facility leadership, staff who violate policies related to sexual abuse or sexual harassment are subject to disciplinary action, with termination being the presumptive consequence. This expectation is clearly outlined in GDC SOP 208.06, page 33, Section H.1.a, which states that any staff member who engages in sexual abuse with a person in custody shall be banned from correctional institutions, subject to termination as the default disciplinary response, and may also be referred for criminal prosecution when appropriate.

This policy reflects the agency's strong stance on accountability and supports a culture of zero tolerance for staff sexual misconduct.

#### **Provision (b):**

The PAQ reports, and interviews confirm, that no staff at the facility were found to have violated agency policies on sexual abuse or sexual harassment in the past twelve months. Additionally, there were no staff terminations or resignations related to such violations during the same timeframe.

Policy 208.06, page 33, Section H.1.a, further affirms that termination is the presumptive disciplinary sanction when a staff member has been found to have engaged in sexual abuse, reinforcing the agency's commitment to addressing misconduct at the most serious level.

#### **Provision (c):**

The PAQ indicates that when staff are found to have violated agency policies related to sexual abuse or harassment—excluding actual engagement in sexual abuse—disciplinary sanctions are determined based on the severity and nature of the conduct, the employee's disciplinary history, and consistency with actions taken in similar cases involving other staff.

The Facility Head's designee confirmed that in the past twelve months, there were no disciplinary actions, short of termination, for violations of these policies.

This approach is consistent with GDC SOP 208.06, page 33, Section H.1.b, which mandates that disciplinary responses be proportional, equitable, and reflective of both precedent and the specific context of the misconduct.

	<p><b>Provision (d):</b></p> <p>The PAQ and interview responses confirm that GDC policy requires the reporting of all staff terminations or resignations for violations of sexual abuse or sexual harassment policies to law enforcement, unless the conduct was clearly non-criminal. Reports must also be made to appropriate licensing or certification bodies.</p> <p>Although there were no such cases reported in the past twelve months, the policy guidance is clear. As detailed in SOP 208.06, page 34, Section H.1.c, all qualifying terminations or resignations are to be reported to law enforcement and, when applicable, to the Georgia Peace Officers Standards and Training Council (POST). This provision reinforces the agency's obligation to ensure that staff found responsible for such violations are appropriately reported and potentially held accountable beyond the employment setting.</p> <p><b>CONCLUSION</b></p> <p>Based on a comprehensive review of the Pre-Audit Questionnaire, applicable GDC policy, and information obtained through interviews with facility leadership, the Auditor finds that the facility meets all provisions of the PREA standard concerning disciplinary sanctions for staff. The agency has implemented clear, enforceable policies that uphold a zero-tolerance approach to sexual misconduct. Termination is the presumptive response for substantiated sexual abuse, and all disciplinary decisions are grounded in due process and proportionality.</p> <p>While no incidents requiring disciplinary action were reported in the past year, the infrastructure to respond appropriately is firmly in place, supported by both policy and practice. The agency's procedures demonstrate a robust commitment to ensuring staff accountability and maintaining a safe, secure, and respectful environment for all individuals in custody.</p>
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<b>115.77</b>	<b>Corrective action for contractors and volunteers</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p>
	<p><b>DOCUMENT REVIEW</b></p> <p>As part of the assessment of compliance with the PREA standard governing corrective action for contractors and volunteers, the Auditor conducted a focused review of key documentation submitted by the facility. This included the completed Pre-Audit Questionnaire (PAQ) and the Georgia Department of Corrections (GDC) Standard Operating Procedures (SOP), Policy Number 208.06, titled Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, with an effective date of June 23, 2022.</p> <p>This policy serves as the foundational guidance for all agency responses to allegations or findings of sexual abuse or sexual harassment involving contractors</p>

and volunteers. It clearly outlines the mandatory procedures for removing individuals from contact with incarcerated persons, reporting obligations to law enforcement and licensing authorities, and the application of corrective or remedial actions in instances of misconduct. The documents collectively demonstrate the agency’s zero-tolerance approach and its structured, policy-driven mechanism for ensuring the safety of those in custody.

**INTERVIEWS**

**Facility Head or Designee**

During the on-site interview, the Facility Head confirmed that in the twelve months preceding the audit, there were no incidents involving contractors or volunteers that resulted in substantiated findings of sexual abuse or warranted reports to law enforcement or relevant licensing bodies. The Facility Head emphasized that any such behavior would be taken seriously and addressed immediately in accordance with agency policy. The absence of incidents during the review period was consistent with documentation reviewed prior to and during the audit.

**PROVISIONS**

**Provision (a): Mandatory Reporting and Restriction of Contact**

The Auditor confirmed through the PAQ and interview process that the facility strictly adheres to GDC policy requiring immediate and decisive action when a contractor or volunteer is found to have engaged in sexual abuse. In such instances, the agency mandates that:

The individual is immediately prohibited from any further contact with individuals in custody;

The incident is reported to the appropriate law enforcement agency, unless the conduct is clearly determined to be non-criminal in nature; and

Notification is made to any relevant licensing or credentialing bodies, where applicable.

During the twelve-month audit review period, there were no cases in which a contractor or volunteer at the facility was reported for engaging in sexual abuse, nor were there any substantiated allegations against such individuals. This was verified both through the documentation provided and through the Facility Head’s statements during the interview.

**Relevant Policy Reference**

GDC SOP 208.06, page 34, Section 2, specifies that contractors or volunteers found to have engaged in sexual abuse are to be immediately restricted from further contact with incarcerated individuals. It also directs that such conduct be reported to law enforcement unless clearly non-criminal and, when applicable, to licensing boards. Furthermore, the policy requires facilities to take additional remedial actions or impose further restrictions for any violation of agency policy related to sexual harassment or misconduct—even in the absence of criminal findings.

	<p><b>Provision (b): Corrective Action for Other Violations</b></p> <p>The facility reported through the PAQ, and the Facility Head affirmed during the interview, that appropriate remedial measures are taken in response to any contractor or volunteer who violates agency policies related to sexual abuse or sexual harassment, even if the behavior does not rise to the level of criminal conduct. The agency policy directs facilities to carefully evaluate whether continued access to incarcerated persons is appropriate in such cases.</p> <p>However, the facility reported no such incidents in the past twelve months, and no corrective or remedial action was required during this period. This absence of incidents was confirmed through both documentation and interviews, reflecting either strong preventive practices or limited external contractor/volunteer exposure within the facility during that timeframe.</p> <p><b>CONCLUSION</b></p> <p>Based on a thorough review of facility documentation, agency policy, and interviews with facility leadership, the Auditor concludes that the facility is fully compliant with the PREA standard related to corrective action for contractors and volunteers. GDC policy provides a clear framework for mandatory reporting, immediate restriction of access, and enforcement of appropriate disciplinary measures in cases of misconduct. While no incidents involving contractors or volunteers were reported during the audit review period, the facility has procedures in place that reflect a strong institutional commitment to safety, accountability, and full adherence to PREA standards.</p>
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<b>115.78</b>	<b>Disciplinary sanctions for inmates</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p>
	<p><b>DOCUMENT REVIEW</b></p> <p>To evaluate the facility's compliance with the PREA standard governing disciplinary sanctions for individuals in custody, the Auditor conducted a thorough review of agency policy and facility-provided documentation. Central to this review was the Pre-Audit Questionnaire (PAQ) and 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.</p> <p>This policy outlines the agency/facility official position and required actions concerning disciplinary responses to incarcerated individuals found responsible for engaging in sexual abuse, sexual harassment, or related conduct. It includes criteria for sanctioning, consideration of mental health and developmental disabilities, and</p>



the agency's approach to balancing accountability with rehabilitative opportunities.

## **INTERVIEWS**

### **Facility Head or Designee**

During the on-site audit, the Auditor interviewed the Facility Head, who provided clear and consistent information regarding the facility's practices related to inmate discipline in sexual abuse cases. The Facility Head confirmed the following:

- All sexual activity between individuals in custody is strictly prohibited under agency policy.
- In the twelve months leading up to the audit, there were no administrative findings of inmate-on-inmate sexual abuse.
- There were no criminal convictions for inmate-on-inmate sexual abuse during the same reporting period.
- Inmates are only subject to disciplinary action for engaging in sexual contact with staff when it has been determined that the staff member did not consent to the act.
- Individuals who make sexual abuse allegations in good faith, based on a reasonable belief that abuse occurred, are not subjected to disciplinary action—even if the allegations are later found to be unsubstantiated.

### **Medical and Mental Health Staff**

While the facility does not employ on-site mental health professionals, interviews with medical staff revealed that mental health services are accessible through contracted community-based providers. The facility offers counseling, therapy, and behavioral intervention programs aimed at addressing the underlying causes of sexually abusive behavior. Medical staff also confirmed that participation in such services may be considered a requirement for individuals found to have violated sexual misconduct policies, especially when tied to eligibility for programming or privileges.

## **PROVISIONS**

### **Provision (a): Disciplinary Process for Inmate-on-Inmate Sexual Abuse**

The PAQ and interviews confirmed that incarcerated individuals are only subject to disciplinary sanctions for inmate-on-inmate sexual abuse when there has been a formal finding of guilt through either an administrative process or a criminal conviction. In the past twelve months, there were no such findings at this facility.

#### **Relevant Policy**

GDC SOP 208.06, page 34, Sections H.3.a and b, establishes that all consensual sexual activity between incarcerated individuals is prohibited and considered a rule violation subject to disciplinary action. However, sexual abuse is distinguished from consensual acts and requires proof of coercion or lack of consent. All sexual contact between individuals in custody is presumed non-consensual unless an investigation

proves otherwise. Formal disciplinary sanctions must be applied in accordance with SOP 209.01, Offender Discipline.

**Provision (b): Sanction Proportionality**

The facility ensures that disciplinary sanctions are imposed in a manner proportionate to the nature of the violation. As documented in the PAQ and verified through interviews, the facility considers:

- The seriousness of the conduct;
- The individual's prior disciplinary history; and
- Consistency with sanctions imposed in similar cases involving others with comparable backgrounds.

**Relevant Policy**

According to SOP 208.06, page 35, Section H.3.c, disciplinary sanctions must reflect the severity of the violation while ensuring equitable treatment based on precedent and individual history.

**Provision (c): Consideration of Mental Disabilities or Illness**

The PAQ and interview with the Facility Head confirmed that the facility evaluates whether a mental illness or developmental disability contributed to the abusive behavior. Such considerations may impact both the type and severity of the disciplinary response.

**Relevant Policy**

SOP 208.06, page 35, Section H.3.d, requires that mental health factors be reviewed when determining appropriate sanctions. These procedures are further supported by SOP 508.18, Mental Health Discipline Procedures, which outlines the steps for integrating mental health input into the disciplinary process.

**Provision (d): Therapeutic and Corrective Interventions**

The PAQ, along with staff interviews, confirmed that therapeutic services are offered to individuals found responsible for engaging in sexually abusive behavior. These services may include counseling, therapy, and behavior-based interventions. The facility assesses whether participation in such programming should be a condition for continued access to programs, privileges, or other services.

**Relevant Policy**

SOP 208.06, page 35, Section H.3.e, encourages facilities to provide rehabilitative interventions and, when available, to consider requiring participation as part of corrective action for abusive conduct.

**Provision (e): Consent in Inmate-Staff Sexual Contact**

According to the PAQ and statements from the Facility Head, the facility only imposes

disciplinary action against an incarcerated individual for sexual contact with staff if it is determined through investigation that the staff member did not consent.

Relevant Policy

SOP 208.06, page 35, Section H.3.f, explicitly limits disciplinary action in these cases to situations where the lack of consent by the staff member is established.

**Provision (f): Good Faith Reporting Protections**

The facility adheres to policies that protect individuals from being punished for reporting sexual abuse in good faith. Even if an investigation determines the allegation is unsubstantiated, as long as the report was made based on a reasonable belief that abuse occurred, no disciplinary action is taken.

Relevant Policy

SOP 208.06, page 35, Section H.3.g, provides safeguards against retaliatory or punitive actions for inmates who make allegations of sexual abuse in good faith. These reports are not to be classified as false statements or lying for the purpose of discipline.

**Provision (g): Prohibition of Inmate Sexual Activity**

Interviews and the PAQ confirmed that the facility prohibits all sexual activity between individuals in custody. While consensual acts do not meet the definition of sexual abuse under PREA, such conduct is considered a rule violation and subject to disciplinary action. Notably, all sexual contact is presumed non-consensual until a determination is made otherwise through a formal investigative process.

Relevant Policy

SOP 208.06, page 34, Section H.3.a, reiterates that consensual sexual activity is not permissible within correctional facilities and is subject to sanction, even though it may not qualify as sexual abuse unless coercion or non-consent is present.

**CONCLUSION**

Based on a thorough review of agency policy, documentation, and interviews with facility leadership and staff, the Auditor finds the facility to be in full compliance with PREA Standard §115.78—Disciplinary Sanctions for Inmates. The facility has well-established, policy-based procedures that ensure a fair, proportionate, and trauma-informed disciplinary process. The system incorporates mental health considerations, protects individuals who report abuse in good faith, and distinguishes between rule violations and substantiated cases of sexual abuse. The absence of reported violations during the audit period, paired with evidence of robust policy implementation, further supports the conclusion that the facility effectively meets all elements of this standard.

**Auditor Overall Determination:** Meets Standard

**Auditor Discussion**

**DOCUMENT REVIEW**

To evaluate the facility's compliance with PREA Standard §115.81 – Medical and Mental Health Screenings; History of Sexual Abuse, the Auditor conducted a detailed review of the documentation and governing policies relevant to intake screening, confidentiality, and follow-up protocols. The following documents were closely examined:

- The Pre-Audit Questionnaire (PAQ) submitted by the facility, which outlined procedures related to disclosures of sexual victimization and abuse;
- The Georgia Department of Corrections (GDC) Standard Operating Procedure (SOP) 208.06, titled Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective June 23, 2022;
- The GDC SOP VH82-0001, Informed Consent, effective April 1, 2002, which governs patient autonomy and consent procedures in the correctional medical setting;
- The Floyd County Corrections Local Operating Procedures, Policy 208.06, last revised January 10, 2019, which mirrors GDC's directives and provides site-specific implementation strategies.

These policy documents define how medical and mental health evaluations are conducted following disclosures of sexual victimization, how sensitive information is protected, and the circumstances under which consent must be obtained before any disclosure of non-institutional sexual victimization occurs.

**INTERVIEWS**

**Risk Screening Staff**

Staff members responsible for conducting risk screenings at intake reported that all medical and mental health information is maintained in a confidential, secure electronic database. Access to this system is strictly limited to credentialed medical and mental health professionals. Classification and higher-level staff are only granted access to information on a need-to-know basis, consistent with federal privacy laws and facility-specific policy.

**Medical Staff**

Medical personnel shared that when an individual discloses a history of sexual victimization that occurred outside of a correctional environment, staff must obtain informed consent before sharing that information with others, unless the individual is under the age of 18. The medical team further confirmed that any person who discloses prior victimization, appears particularly vulnerable, or demonstrates sexually aggressive behavior is automatically referred for follow-up mental health evaluation. These evaluations are scheduled within 14 days of the initial intake screening, and all related encounters are thoroughly documented.

### **Mental Health Services**

The facility does not employ full-time, on-site mental health clinicians. Instead, all behavioral health services are delivered through partnerships with contracted community-based mental health providers. Services are initiated based on intake screening results, staff referrals, or observed behavioral indicators. Staff reported that external providers are notified promptly when services are warranted.

### **Inmates Who Disclosed Prior Victimization**

At the time of the on-site audit, there were no individuals housed at the facility who had reported prior sexual victimization. Therefore, interviews were not conducted with inmates under this category.

## **PROVISIONS**

### **Provision (a): Follow-Up for Inmates Disclosing Prior Victimization**

The PAQ indicated, and interviews with staff confirmed, that any individual who discloses prior sexual victimization during the intake screening process is offered a follow-up appointment with a medical or mental health professional within 14 days of that disclosure. This follow-up is a proactive measure to support the well-being and safety of the individual and is documented in the inmate's medical or mental health record.

Relevant Policy:

GDC SOP 208.06 (p. 25, Section D(7)) mandates that any individual who reports a history of sexual abuse—whether as a victim or as someone who has engaged in abusive behavior—must be referred for a counseling session with qualified health personnel. Referrals are initiated using Attachment 14: PREA Counseling Referral Form, and follow-ups are to occur within 14 days of the screening.

Floyd County's Local Operating Procedures, Policy 208.06 (2019), mirrors this requirement.

### **Provision (b): Follow-Up for Inmates with History of Abusive Behavior**

The PAQ also confirmed that any individual identified as having previously engaged in sexually abusive behavior—regardless of where or when the behavior occurred—is referred to mental health services for evaluation within 14 days. Although no such cases were identified during the audit period, staff affirmed their awareness of this requirement and maintain logs to track the timeliness and completion of all mental health referrals.

Relevant Policy:

GDC SOP 208.06 (p. 25, Section D(7)) applies the same 14-day timeframe for mental health follow-up to individuals with a history of abusive behavior. The use of the PREA Counseling Referral Form ensures consistent tracking and documentation.

Local procedures adopted by Floyd County Corrections reflect the same expectations.

**Provision (c): Non-Applicable to Facility Type**

This provision does not apply to the facility, as it operates as a state correctional institution and not a local jail. The PREA requirement regarding inmates with prior sexual victimization in jails is therefore not relevant in this context.

**Provision (d): Confidential Sharing of Institutional Abuse History**

According to both the PAQ and staff interviews, any information related to an individual's history of sexual victimization or abusive behavior that occurred in an institutional setting is shared only when necessary to inform security, classification, or treatment decisions. This includes decisions about housing assignments, education and work program eligibility, and mental health treatment planning. Staff emphasized that such disclosures are managed with care and only communicated in alignment with applicable laws and the individual's safety needs.

**Provision (e): Informed Consent for Non-Institutional Victimization**

The PAQ, along with interviews with medical and mental health staff, confirmed that informed consent is always obtained before disclosing any information about prior sexual victimization that occurred in the community (i.e., outside a correctional setting). The only exception to this practice is when the individual is under the age of 18, in which case legal reporting requirements take precedence.

Relevant Policy:

GDC SOP VH82-0001 Informed Consent (effective April 1, 2002), outlines detailed procedures for obtaining consent prior to medical examinations and treatments. Specifically:

Section VI, A(1-4) requires individuals entering GDC custody to sign a general informed consent form authorizing routine non-invasive medical care such as labs and physicals.

Individuals with visual, hearing, or language barriers are provided appropriate support to ensure full comprehension of the consent process.

Signed consent forms are maintained in the individual's medical file.

Beyond the general consent, additional agreement is obtained for specific procedures through an explanation and implied or express consent, depending on the situation.

Floyd County Corrections follows these same informed consent procedures as part of its alignment with GDC policy.

**CONCLUSION**

After conducting an extensive review of the facility's operational procedures, supporting documentation, and interviews with key staff, the Auditor finds that the facility is fully compliant with PREA Standard §115.81 – Medical and Mental Health Screenings; History of Sexual Abuse. The facility has implemented a clear and consistent process for identifying individuals who have experienced or committed sexual abuse, offers timely follow-up care, safeguards sensitive information, and

	ensures that informed consent is secured in accordance with established standards. There is strong evidence that the facility upholds both the letter and the spirit of this PREA standard, with practices that reflect professionalism, accountability, and trauma-informed care.
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<b>115.82</b>	<b>Access to emergency medical and mental health services</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b><u>DOCUMENT REVIEW</u></b></p> <p>In order to evaluate the facility’s compliance with PREA Standard §115.83 – Ongoing Medical and Mental Health Care for Sexual Abuse Victims and Abusers, the Auditor conducted a comprehensive review of institutional policies, procedures, and records related to the delivery of healthcare services for individuals impacted by incidents of sexual abuse within the facility.</p> <p>The documentation reviewed included the following:</p> <ul style="list-style-type: none"> <li>• Pre-Audit Questionnaire (PAQ) and all relevant attachments, which offered insight into how the facility addresses the medical and mental health needs of victims and individuals identified as perpetrators;</li> <li>• Georgia Department of Corrections (GDC) Standard Operating Procedure (SOP) 208.06, titled Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective June 23, 2022;</li> <li>• GDC SOP 508.22, Mental Health Management of Suspected Sexual Abuse or Sexual Harassment, effective May 3, 2018, detailing the clinical processes followed when abuse is suspected;</li> <li>• Floyd County Corrections Local Operating Procedures, Policy 208.06, last updated on January 10, 2019, which mirrors the PREA-related standards set forth by the GDC while addressing the specific operational context of the facility.</li> </ul> <p>Collectively, these policies establish the framework for providing timely and effective medical and mental health care to individuals who report sexual abuse, while also outlining procedures for evaluating and treating those who may have engaged in such behavior. The policies underscore the importance of victim confidentiality, trauma-informed care practices, continuity of treatment across facility settings, and adherence to recognized clinical standards.</p> <p><b><u>INTERVIEWS</u></b></p> <p><b>Medical Staff</b></p> <p>Interviews with medical personnel affirmed that the facility prioritizes the well-being</p>

of individuals who report sexual abuse by ensuring access to prompt, comprehensive, and clinically appropriate care. Medical staff described a wide array of services and procedures that reflect a consistent and trauma-informed response, including:

- Immediate Clinical Response:** Any individual who discloses an incident of sexual abuse is immediately assessed and provided with medical care to address physical and psychological needs.
- Professional Clinical Judgment:** All medical interventions, including referrals and treatment decisions, are guided by the expertise and discretion of licensed healthcare professionals.
- No-Cost Care:** Medical and mental health services associated with sexual abuse incidents are provided free of charge, regardless of whether the individual agrees to participate in an investigation or names the abuser.
- Standards Comparable to Community Care:** The facility ensures that all care delivered meets or exceeds the level of services available in the community. Mental health care is delivered by contracted professionals from community-based organizations, ensuring adherence to industry standards.
- Confidentiality Safeguards:** In accordance with HIPAA and institutional policies, personal health information is treated as confidential and disclosed only when legally required or clinically necessary.
- Emergency Medical Access:** When appropriate, individuals are provided with access to emergency contraception and prophylactic treatment for sexually transmitted infections (STIs).
- Long-Term Care and Referrals:** Individuals receive follow-up care, referrals for specialized services, and individualized treatment plans as part of a coordinated, long-term care strategy.
- Mental Health Care for Abusers:** Persons identified as having committed inmate-on-inmate sexual abuse are referred for a mental health assessment within 60 days. Treatment is provided when determined to be clinically appropriate.
- Diagnostic Testing:** Victims are offered testing for STIs based on medical need and in accordance with prevailing clinical guidelines.

The responses of medical staff reflected a deep understanding of trauma-informed care and a commitment to maintaining a victim-centered approach aligned with the intent and requirements of the PREA standards.

**Inmates Reporting Abuse**

At the time of the onsite audit, there were no individuals currently housed at the facility who had reported being sexually abused. Therefore, no inmate interviews were conducted under this section.

**PROVISIONS**

**Provision (a): Access to Medical and Mental Health Care**

According to the PAQ and confirmed during staff interviews, all individuals who report sexual abuse are offered timely and appropriate medical and mental health evaluations and treatment. These services are delivered regardless of whether the



individual agrees to assist in an investigation or reveals the identity of the abuser. Available services include STI testing, prophylactic treatment, crisis counseling, psychiatric evaluation, and ongoing mental health care.

Relevant Policy:

GDC SOP 508.22 (pages 3–4) requires that individuals receive mental health assessments within one business day—or sooner in cases deemed urgent. Those conducting these assessments must remain neutral and are not permitted to participate in investigative or disciplinary decisions related to the incident.

Floyd County Corrections’ Policy 208.06 (2019) affirms these requirements and incorporates the same timelines and procedural safeguards.

**Provision (b): Continuity of Care During Transfer or Release**

Medical staff confirmed that the facility has protocols in place to ensure continuity of medical and mental health services when an individual is transferred to another institution or released from custody. Treatment plans are designed to facilitate seamless care transitions, and referrals to community providers are offered as needed.

Relevant Policy:

GDC SOP 208.06 requires that care for victims of sexual abuse continue following a transfer or release, including the provision of referrals for follow-up services.

Documentation reviewed during the audit confirmed that these practices are followed and accurately recorded.

Local policies mirror this requirement and are implemented accordingly.

**Provision (c): Community-Equivalent Standards of Care**

The PAQ and interviews revealed that services provided to incarcerated individuals who report sexual abuse are held to standards equal to those expected in community healthcare settings. This is particularly evident in the facility’s partnership with external mental health providers, which guarantees compliance with prevailing clinical and ethical standards.

Relevant Policy:

GDC SOP 208.06 ensures that all victims of sexual abuse receive treatment equivalent to community-based care.

Floyd County Corrections’ policy reiterates and supports this requirement.

**Provisions (d) & (e): Gender-Specific Care Not Applicable**

These provisions address pregnancy testing and related reproductive care typically relevant for individuals with female anatomy. As Floyd County Corrections houses only male individuals, these provisions are not applicable.

**Provision (f): STI Testing**

Facility records and staff interviews confirmed that victims of sexual abuse are

	<p>routinely offered testing for STIs in accordance with clinical guidelines and medical necessity.</p> <p>Relevant Policy: GDC SOP 208.06 mandates that such testing be provided as part of a comprehensive medical response to sexual abuse. Floyd County’s local policy reflects this directive without deviation.</p> <p><b>Provision (g): Services Provided at No Cost</b> As verified by policy review and staff interviews, individuals are never charged for any medical or mental health care related to incidents of sexual abuse. This standard applies universally, without regard to the individual’s willingness to cooperate in a formal investigation.</p> <p>Relevant Policy: GDC SOP 208.06 (page 16) explicitly requires that all medical and mental health services associated with a sexual abuse incident be provided free of charge. Floyd County Corrections affirms and adheres to this expectation in its own policy.</p> <p><b>Provision (h): Mental Health Evaluations for Abusers</b> Medical staff confirmed that any individual found to have perpetrated inmate-on-inmate sexual abuse is referred for a mental health evaluation within 60 days of the incident being discovered. If clinically warranted, treatment is made available. This ensures that the facility addresses not only victim recovery but also prevention and rehabilitation of abusive behaviors.</p> <p>Relevant Policy: GDC SOP 208.06 (page 25) outlines these requirements, with referrals initiated through Attachment 14: PREA Counseling Referral Form. Floyd County’s policy is aligned with this process.</p> <p><b><u>CONCLUSION</u></b> Following an in-depth review of relevant documentation, policies, and interviews with medical personnel, the Auditor concludes that the facility is in full compliance with PREA Standard §115.83. The facility has demonstrated a clear and consistent commitment to the physical and psychological safety of individuals affected by sexual abuse. Services are delivered in a manner that upholds clinical integrity, protects confidentiality, and aligns with the principles of trauma-informed care. Moreover, the facility’s practices reflect both the letter and spirit of PREA, ensuring that the needs of both victims and identified abusers are met with professionalism and respect.</p>
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<b>115.83</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>
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**Auditor Overall Determination:** Meets Standard

**Auditor Discussion**

**DOCUMENT REVIEW**

To determine the facility's compliance with PREA Standard §115.83 – Ongoing Medical and Mental Health Care for Sexual Abuse Victims and Abusers, the Auditor conducted an in-depth review of policy documents, procedures, and institutional records related to the delivery of both immediate and sustained healthcare services for incarcerated individuals affected by incidents of sexual abuse.

The following documents formed the basis of this comprehensive review:

- Pre-Audit Questionnaire (PAQ) and its supporting documentation, which offered detailed insight into the facility's medical and mental health protocols for both survivors of sexual abuse and individuals identified as having engaged in sexually abusive conduct;
- Georgia Department of Corrections (GDC) Standard Operating Procedure (SOP) 208.06, titled Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective June 23, 2022, which establishes state-level guidance for addressing and managing incidents of sexual abuse within correctional settings;
- GDC SOP 508.22, Mental Health Management of Suspected Sexual Abuse or Sexual Harassment, effective May 3, 2018, which provides the framework for ensuring timely and appropriate mental health responses to suspected sexual victimization;
- Floyd County Corrections Local Operating Procedures, Policy 208.06, last revised January 10, 2019, which implements and adapts statewide PREA protocols to meet the specific operational and staffing structure of the local facility.

Collectively, these documents reflect a robust and clearly defined system for ensuring that individuals who have experienced sexual abuse receive the necessary medical and psychological support. They also establish requirements for addressing the rehabilitative needs of individuals who may have engaged in abusive conduct. Key policy themes include trauma-informed care, victim confidentiality, non-retaliation, treatment continuity, and parity with community-based standards of care.

**INTERVIEWS**

**Medical Staff**

Interviews with facility medical staff provided strong confirmation of the facility's commitment to providing respectful, timely, and high-quality care to individuals who disclose having experienced sexual abuse. Staff outlined a broad and well-structured array of services and protocols designed to support survivors and address abusive behavior through clinical intervention. Key highlights from these interviews include:

- **Prompt Medical Response:** Any individual who reports being the victim of sexual abuse is seen immediately by medical staff for both physical assessment and psychological support, consistent with PREA requirements and best clinical practices.
- **Clinically Driven Decision-Making:** All medical decisions, including those involving referrals, diagnostics, and treatment planning, are made based solely on the licensed healthcare provider's professional judgment.
- **No-Cost Services:** Survivors of sexual abuse are not charged for any medical or mental health services related to the incident, irrespective of whether they cooperate with an investigation or identify the perpetrator.
- **Parity with Community Healthcare:** The facility strives to ensure that all health services are consistent with community standards. Mental health care is provided by external, licensed community-based professionals, reinforcing this equivalency.
- **Strong Confidentiality Protections:** Medical and mental health staff emphasized the strict confidentiality of all health-related information. Disclosures are made only when legally required or clinically appropriate, and always in accordance with HIPAA and institutional policy.
- **Emergency Services and Preventative Care:** Individuals are informed of and, when clinically indicated, provided with emergency contraception and prophylactic treatment for sexually transmitted infections (STIs).
- **Comprehensive Follow-Up and Referrals:** Ongoing care is a critical component of the response plan. Individuals are provided with follow-up appointments, individualized treatment plans, and referrals for external services where necessary.
- **Mental Health Services for Abusers:** Individuals found to have engaged in inmate-on-inmate sexual abuse are referred for mental health evaluation within 60 days of discovery. If treatment is deemed beneficial, it is provided.
- **STI Testing:** Diagnostic testing for STIs is offered in all appropriate cases, based on clinical guidelines and the individual's medical presentation.

These interviews clearly reflected the facility's trauma-informed, victim-centered approach and a consistent adherence to the core principles of the PREA standards.

#### **Inmates Reporting Abuse**

At the time of the onsite audit, no individuals currently housed at the facility had reported being sexually abused. As such, inmate interviews related to this provision were not applicable during this review period.

### **PROVISIONS**

#### **Provision (a): Access to Medical and Mental Health Care**

The PAQ, along with confirmation from medical staff, demonstrated that all individuals who report sexual abuse are promptly offered both medical and mental health care services. These services include, but are not limited to, prophylaxis for STIs, emergency contraception (when relevant), crisis intervention, psychiatric evaluations,

and ongoing therapy options. Care is offered regardless of whether the individual decides to cooperate in any subsequent investigation or pursue formal allegations.

**Relevant Policy:**

GDC SOP 508.22 (pages 3-4) mandates that mental health assessments occur within one business day of disclosure, or sooner if the circumstances require. Evaluators are required to remain neutral and are prohibited from participating in any investigative or disciplinary decision-making processes.

Floyd County Corrections' Policy 208.06 aligns directly with these standards, reinforcing timeliness, neutrality, and access to care.

**Provision (b): Continuity of Care During Transfer or Release**

Interviews and documentation confirmed that the facility has effective protocols in place to ensure the continuity of care for individuals who are transferred to another correctional facility or released into the community. Transition planning includes appropriate medical documentation, mental health follow-up, and referrals for continued services after release, helping to ensure uninterrupted access to support.

**Relevant Policy:**

GDC SOP 208.06 clearly states that ongoing care must be arranged post-transfer or release. Medical records reviewed during the audit confirmed the existence of referral logs, treatment summaries, and appointment scheduling for continuing care.

Local policy mirrors this requirement and is implemented consistently.

**Provision (c): Community-Equivalent Standards of Care**

Both the PAQ and staff interviews confirmed that the medical and mental health services offered to incarcerated individuals who report sexual abuse are equivalent to those available in the community. This is reinforced by the facility's use of external, community-based providers for mental health services, ensuring that care meets accepted professional standards.

**Relevant Policy:**

GDC SOP 208.06 establishes the expectation that healthcare provided in the facility should not be inferior to that offered in the broader community.

Floyd County Corrections' procedures confirm adherence to this principle.

**Provisions (d) & (e): Gender-Specific Care Not Applicable**

These provisions relate to pregnancy testing and care associated with female reproductive health. As Floyd County Corrections exclusively houses male individuals, these provisions are not applicable.

**Provision (f): STI Testing**

Medical staff and institutional records confirm that individuals who report sexual abuse are routinely offered STI testing, guided by medical necessity and clinical judgment. The facility's protocols ensure access to timely and comprehensive

	<p>diagnostic care as part of its post-incident response.</p> <p>Relevant Policy: GDC SOP 208.06 requires that STI testing be offered when clinically indicated as part of a victim-centered medical response. Floyd County Corrections’ local operating procedures are fully aligned with this policy.</p> <p><b>Provision (g): Services Provided at No Cost</b> The facility adheres strictly to the requirement that medical and mental health services related to sexual abuse are offered without financial cost to the individual. This practice applies uniformly, regardless of whether the person cooperates with a formal investigation or chooses to name the perpetrator.</p> <p>Relevant Policy: GDC SOP 208.06 (page 16) outlines that treatment for sexual abuse victims must be provided free of charge. Floyd County’s policies confirm this commitment and support consistent implementation.</p> <p><b>Provision (h): Mental Health Evaluations for Abusers</b> Individuals identified as having engaged in sexually abusive conduct toward others are referred for a mental health evaluation within 60 days of discovery. Treatment is offered based on clinical need. This practice ensures that the facility addresses not only the recovery needs of victims but also engages in proactive prevention and behavioral intervention strategies.</p> <p>Relevant Policy: GDC SOP 208.06 (page 25) requires mental health evaluations for known abusers, initiated via Attachment 14: PREA Counseling Referral Form. Floyd County’s policies are fully aligned with this requirement.</p> <p><b><u>CONCLUSION</u></b> After conducting a detailed review of facility records, operational policies, and medical staff interviews, the Auditor concludes that Floyd County Corrections is in full compliance with PREA Standard §115.83. The institution has demonstrated a consistent, trauma-informed, and victim-centered approach to delivering both immediate and ongoing medical and mental health care. Additionally, the facility has established clear procedures for addressing abusive behavior through appropriate clinical interventions. All applicable elements of the standard are being met, and the facility’s practices reflect a sincere and professional commitment to the safety, dignity, and wellness of all individuals in custody.</p>
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**Auditor Overall Determination:** Meets Standard

**Auditor Discussion**

**DOCUMENT REVIEW**

To assess compliance with PREA Standard §115.86 – Sexual Abuse Incident Reviews, the Auditor conducted a comprehensive review of key policies, procedures, and documentation relevant to the facility’s practices.

The following documents were examined:

- The Pre-Audit Questionnaire (PAQ) and all supporting documentation;
- Georgia Department of Corrections (GDC) Standard Operating Procedure (SOP) 208.06, titled Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective June 23, 2022;
- Attachment 9 of SOP 208.06 – Sexual Abuse Incident Review (SAIR) Checklist, which outlines the required components of the incident review process;
- The Floyd County Corrections Local Operating Procedures, specifically Policy 208.06, revised January 10, 2019, which reflects local adaptations of the statewide policy.

Collectively, these documents define the facility’s procedures for conducting Sexual Abuse Incident Reviews (SAIRs), ensuring that each review considers the contributing factors, response efforts, and necessary improvements to prevent future incidents.

**INTERVIEWS**

**Facility Head or Designee**

During the on-site interview, the Facility Head confirmed that the Sexual Abuse Incident Review Team (SAIRT) is composed of upper-level and executive staff representing a range of departments. The Facility Head emphasized that this multidisciplinary structure allows for comprehensive evaluations and decision-making. Moreover, the Facility Head affirmed the facility’s commitment to implementing any reasonable recommendations resulting from SAIRs to improve prevention, detection, and response protocols.

**PREA Compliance Manager (PCM)**

The PREA Compliance Manager explained that the SAIR report, once completed, is submitted to both the PCM and the Facility Head. The PCM also confirmed that the SAIRT meets within 30 days following the conclusion of any sexual abuse investigation that results in a substantiated or unsubstantiated finding. This timeline ensures that any gaps or systemic issues can be addressed promptly.

**Incident Review Team (IRT)**

Members of the Incident Review Team shared that they evaluate each criterion outlined in the PREA standards and GDC policy when conducting a SAIR. These include assessment of whether the incident was motivated by race, gender identity,

institutional dynamics, or staff actions or failures. The team compiles its findings into a formal report and submits it to the Facility Head and PCM. In addition to executive leadership, the team also invites input from line supervisors, investigators, and healthcare professionals as appropriate.

## **PROVISIONS**

### **Provision (a): Timely Incident Reviews**

The PAQ indicates that the facility conducts a sexual abuse incident review for each completed investigation of alleged sexual abuse, except when the allegation is determined to be unfounded. In the past twelve months, the facility reported zero sexual abuse investigations requiring a review. Two sexual harassment allegations were investigated and deemed unfounded. Because sexual harassment cases and unfounded reports are not subject to the SAIR requirement, no reviews were necessary during the audit period.

Relevant Policy:

GDC SOP 208.06 (p. 36, Section J.1) mandates that the SAIRT conduct a review within 30 days of any substantiated or unsubstantiated sexual abuse investigation.

Attachment 9 of the SOP provides the official checklist used to guide and document this process. The Floyd County Corrections Local Operating Procedures reflect this same requirement.

### **Provision (b): Review Within 30 Days**

As confirmed in the PAQ and through interviews, the facility adheres to the requirement that the SAIRT convene within 30 days of concluding a sexual abuse investigation, provided the allegation is substantiated or unsubstantiated. Although no qualifying investigations occurred during the review period, the facility has systems in place to ensure timely compliance when required.

Relevant Policy:

GDC SOP 208.06, Attachment 9 – Sexual Abuse Incident Review Checklist – is the standard form used to conduct and document each review. The local operating procedures mirror this process.

### **Provision (c): Multidisciplinary Participation**

The PAQ and interviews confirm that the SAIRT includes representation from upper-level management, line supervisors, investigative staff, and medical and mental health practitioners. This diverse composition ensures a well-rounded assessment of each incident.

Relevant Policy:

GDC SOP 208.06 requires that administrative reviews involve input from security supervisors, investigators, and healthcare personnel. This ensures the Warden and SAIRT have access to all necessary perspectives before finalizing the review. The Floyd County Corrections policy aligns with this directive.



**Provision (d): Documentation and Submission of Findings**

The facility reported that a comprehensive report is prepared for each SAIR, including findings, determinations, and any recommendations for improvement. These reports are submitted to both the Facility Head and the PREA Compliance Manager. This process was confirmed during the interview with the PCM.

Relevant Policy:

GDC SOP 208.06 (p. 36, Section J) affirms the requirement for a written review using the Attachment 9 checklist. The policy also mandates that reviews assess the facility's policies and practices for potential improvement. The local operating procedures support this standard.

**Provision (e): Implementation of Recommendations**

According to the PAQ and verified during the Facility Head interview, the facility implements recommendations made by the SAIRT, or documents the rationale for not doing so. The Facility Head confirmed that the team's feedback is given serious consideration and that approved improvements are submitted to GDC for final authorization before implementation.

Relevant Policy:

GDC SOP 208.06 requires that recommendations resulting from the SAIR be either implemented or documented with justification if not adopted. Final approval for changes rests with GDC. The Floyd County Corrections policy is consistent with this standard.

**CONCLUSION**

After a thorough review of relevant policies, supporting documentation, and interviews with key facility personnel, the Auditor finds that Floyd County Corrections is in full compliance with all provisions of PREA Standard §115.86 – Sexual Abuse Incident Reviews.

Although no qualifying sexual abuse investigations occurred during the audit review period, the facility has robust procedures in place to ensure compliance should a qualifying incident arise. The structured use of the Sexual Abuse Incident Review Checklist, combined with a multidisciplinary review team and a responsive leadership structure, ensures that the facility is well-prepared to assess and strengthen its PREA-related practices in a timely and effective manner.

<b>115.87</b>	<b>Data collection</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>

## **DOCUMENT REVIEW**

The Auditor conducted an extensive review of documentation submitted in preparation for the PREA audit to evaluate compliance with the standard concerning data collection related to sexual abuse allegations. Primary among these documents was the Pre-Audit Questionnaire (PAQ) and accompanying supporting materials. Key policies reviewed included the Georgia Department of Corrections (GDC) Standard Operating Procedures (SOP) 208.06, titled Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, with an effective date of June 23, 2022.

Also reviewed was the 2023 Survey of Sexual Victimization (SSV2) submitted by the agency, which provides data as required by the U.S. Department of Justice. The Floyd County Corrections Local Operating Procedures, specifically Policy 208.06, revised January 10, 2019, were also examined. This local policy mirrors and implements the GDC's statewide procedures within the facility's operational context.

## **INTERVIEWS**

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

During the interview, the PREA Coordinator described the agency's process for collecting and reporting PREA-related data. The Coordinator confirmed that the agency complies with federal requirements by submitting all relevant data to the U.S. Department of Justice upon request, and always by the June 30 deadline. The Coordinator further explained that data is compiled from a range of incident-specific records such as investigative reports, final disposition summaries, and Sexual Abuse Incident Review Team (SAIRT) documentation. Additionally, the agency gathers individual-level and aggregate data from private correctional facilities under contract for housing individuals in custody, ensuring a system-wide approach to PREA data collection.

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

The PREA Compliance Manager reinforced the agency's commitment to transparency and accuracy in data collection. The PCM noted that data is systematically gathered and maintained from a variety of sources, including initial incident reports, investigative case files, and sexual abuse review findings. These practices not only support internal performance monitoring but also fulfill the agency's external reporting obligations.

## **PROVISIONS**

### **Provision (a): Standardized Data Collection**

The PAQ reports, and the PREA Coordinator confirmed, that the agency utilizes a uniform data collection tool and standardized definitions across all facilities it oversees. This ensures consistency and reliability in the reporting of sexual abuse allegations.

Relevant Policy:

GDC SOP 208.06 (p. 36, Section 2.a) requires each facility to complete and submit a

monthly report using a standardized spreadsheet issued by the PREA Coordinator's Office. These reports must include all sexual abuse allegations and their final case outcomes and are due via email by the third calendar day of the following month. The SOP also requires the submission of completed Attachment 9 – Sexual Abuse Incident Review Checklists for each review conducted. The Floyd County Corrections Local Operating Procedures, revised January 10, 2019, aligns fully with this directive.

**Provision (b): Annual Aggregated Data Compilation**

According to the PAQ and interview responses, the agency compiles aggregated sexual abuse data on at least an annual basis. The Auditor reviewed the most recent Annual PREA Report, which reflects this practice and documents analysis of trends across time.

Relevant Policy:

GDC SOP 208.06 (p. 37, Section 2.c) mandates that the Department review and compile collected data annually to assess trends, improve staff training, and enhance safety and operations. The resulting annual report includes year-over-year comparisons and is made publicly available on the Department's website. The Floyd County Corrections policy echoes this requirement.

**Provision (c): DOJ Reporting Compatibility**

The agency's data collection tool, as described in both the PAQ and interview with the PREA Coordinator, is designed to capture all elements necessary to respond to the most recent version of the U.S. Department of Justice's Survey of Sexual Violence (SSV).

Relevant Policy:

GDC SOP 208.06 (pp. 36-37) explicitly states that the Department's annual PREA report must meet the reporting requirements of the DOJ's Bureau of Justice Statistics. Upon request, the agency must provide relevant data from the previous calendar year. The Floyd County Corrections policy is consistent with this mandate.

**Provision (d): Use of Incident-Based Documentation**

The agency affirmed, and the PREA Coordinator reiterated, that all relevant incident documentation—such as initial reports, investigations, and sexual abuse reviews—is examined and compiled to meet reporting requirements.

Relevant Policy:

GDC SOP 208.06 (p. 36, Section 2.a) mandates that incident-level data and outcomes be submitted monthly, ensuring that accurate and current records are maintained and accessible for review. The local policy at Floyd County Corrections aligns with this process.

**Provision (e): Inclusion of Contracted Facilities**

The agency reported through the PAQ, and the PREA Coordinator confirmed, that both

	<p>incident-level and aggregated PREA data are collected from all privately operated facilities under contract to house individuals in the agency's custody. This practice ensures that PREA oversight extends beyond state-operated institutions.</p> <p>Relevant Policy: GDC SOP 208.06 (pp. 36-37) requires that the agency's Annual PREA Report include comparative data from prior years and account for contracted facilities. The final report is subject to the Commissioner's approval and is published online, with redactions applied if necessary to protect institutional security. The Floyd County Corrections local procedures reflect these same requirements.</p> <p><b>Provision (f): Submission to DOJ</b></p> <p>The PAQ confirms, and the PREA Coordinator attested during the interview, that the agency would submit any PREA-related data from the prior calendar year to the Department of Justice upon request. The Auditor reviewed the most recent Survey of Sexual Victimization (SSV2) submitted by the agency to verify compliance.</p> <p><b><u>CONCLUSION</u></b></p> <p>Based on a thorough examination of facility documentation, applicable policies, and interviews with responsible personnel, the Auditor concludes that the agency and the Floyd County Corrections facility are fully compliant with PREA Standard §115.87 - Data Collection.</p> <p>The agency has established a well-organized, systematic approach to collecting, analyzing, and reporting data related to sexual abuse allegations. Its use of standardized definitions and reporting tools ensures consistency, while its commitment to transparency and accuracy supports both internal performance evaluation and compliance with external federal reporting requirements. The facility's adherence to these protocols demonstrates a proactive commitment to accountability and the ongoing prevention of sexual abuse within its system.</p>
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<b>115.88</b>	<b>Data review for corrective action</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p>
	<p><b><u>DOCUMENT REVIEW</u></b></p> <p>To assess the agency's compliance with the provisions of PREA Standard §115.88 - Data Review for Corrective Action, the auditor conducted a detailed review of the Pre-Audit Questionnaire (PAQ) and all related documentation submitted by the facility. Among the key documents examined were the Georgia Department of Corrections (GDC) Standard Operating Procedures (SOP), Policy Number 208.06, titled Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective as of June 23, 2022.</p>

The auditor also reviewed the 2023 Survey of Sexual Victimization (SSV-2), the 2024 GDC PREA Annual Data Report, and confirmed public access to PREA-related materials and reports through the agency's website: <http://www.gdc.ga.gov/Divisions/ExecutiveOperations/PREA>.

In addition to these statewide policies, the Floyd County Corrections Local Operating Procedures, specifically Policy 208.06 (revised January 10, 2019), were evaluated. This local policy reflects tailored adaptations that align with and implement the statewide requirements within the specific operational context of the facility.

## **INTERVIEWS**

### **Agency Head or Designee**

The Agency Head Designee affirmed that the GDC's annual PREA report provides detailed, comparative data illustrating trends over multiple years. These reports not only document the number and types of incidents but also highlight systemic responses and corrective actions taken. The Designee emphasized that this report is not merely a compliance obligation but a vital tool for organizational self-evaluation, helping to ensure ongoing efforts to prevent and respond to sexual abuse and harassment are both effective and transparent. The reports are published annually and made publicly accessible through the agency's website.

### **Facility Head or Designee**

The Facility Head confirmed that a facility-level PREA Committee is responsible for reviewing each reported allegation of sexual abuse. Outcomes and supporting data from these reviews are shared with the PREA Coordinator to support the development of the agency's annual analysis and reporting. This ensures that local operational insights are incorporated into system-wide evaluations.

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

The PREA Coordinator outlined the agency's broader data review process, stating that all data collected under PREA Standard §115.87 is analyzed to assess the effectiveness of current policies, staff practices, and training efforts. The PC emphasized that this analysis forms the basis of the annual PREA report, which includes recommendations for improvement and is shared with both the Commissioner and the public. The Coordinator also noted that redactions in the report are rare and limited only to personally identifiable information, preserving the transparency and completeness of the data presented.

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

The PCM noted that the GDC provides public access to a wide array of PREA-related materials, including training resources, annual data reports, and applicable procedures. All of this information is readily available on the agency's public-facing website, supporting external oversight and public accountability.

## **PROVISIONS**

**Provision (a): Annual Data Review and Evaluation**

The PAQ indicates that the agency routinely reviews data collected under PREA Standard §115.87 as part of its continuous quality improvement efforts. This process includes evaluating policies, operational practices, and training programs related to sexual abuse prevention and response. The PREA Coordinator confirmed that findings from these evaluations are compiled into an annual report that details facility-specific trends, identifies systemic issues, and recommends corrective action.

Relevant Policy:

GDC SOP 208.06 (effective June 23, 2022) designates the PREA Coordinator as responsible for analyzing collected data to evaluate the agency's PREA compliance efforts. The Coordinator must develop an annual facility-specific report for submission to the Commissioner, which includes analysis of problem areas, recommendations for corrective measures, and year-over-year comparisons. The Floyd County Corrections Local Operating Procedures, Policy 208.06 (revised January 10, 2019), incorporates and supports these expectations.

**Provision (b): Trend Analysis and Corrective Action Reporting**

According to the PAQ and interviews with the Agency Head Designee, the agency's annual report includes a comprehensive trend analysis that compares current-year findings to those from prior years. These reports are designed to track progress in preventing and addressing incidents of sexual abuse and to identify areas for operational enhancement. The auditor reviewed the most recent annual report and verified that it includes detailed data, corrective actions taken, and a forward-looking approach to further reducing incidents.

This report is publicly available at: <http://www.gdc.ga.gov/Divisions/ExecutiveOperations/PREA>.

**Provision (c): Public Accessibility**

The PAQ and interview responses confirmed that the GDC publishes its annual PREA reports online at least once every year. These reports are maintained on the agency's public website and are readily accessible to external stakeholders, advocacy groups, and members of the public seeking information about the agency's efforts to combat sexual abuse and harassment in custody.

**Provision (d): Transparency and Limited Redactions**

The agency reported through the PAQ, and the PREA Coordinator confirmed, that any redactions made to the annual PREA report are strictly limited to protect institutional safety or individual privacy. Personally identifiable information is removed as needed, but the remainder of the data remains intact and publicly accessible. This reflects the agency's commitment to full disclosure while ensuring safety and compliance with privacy regulations.

**CONCLUSION**

	<p>Following an in-depth review of documentation and interviews with agency and facility staff, the Auditor finds that the agency and facility are fully compliant with all elements of PREA Standard §115.88 – Data Review for Corrective Action.</p> <p>The Georgia Department of Corrections has implemented a comprehensive, transparent, and performance-focused process for analyzing sexual abuse data. Through its annual reporting process, the agency effectively identifies trends, responds with corrective action, and makes data publicly available to demonstrate accountability. Floyd County Corrections has contributed meaningfully to this process through timely reviews, collaboration with the agency's PREA leadership, and adherence to policy requirements. These collective efforts demonstrate a strong institutional commitment to ongoing improvement, informed decision-making, and the protection of individuals in custody.</p>
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<b>115.89</b>	<b>Data storage, publication, and destruction</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p>
	<p><b><u>DOCUMENT REVIEW</u></b></p> <p>To evaluate compliance with PREA Standard §115.89 – Data Storage, Publication, and Destruction, the Auditor conducted a comprehensive review of the Pre-Audit Questionnaire (PAQ) and all supporting materials submitted by the facility. Key documents reviewed included the Georgia Department of Corrections (GDC) Standard Operating Procedures (SOP) 208.06, titled Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, with an effective date of June 23, 2022.</p> <p>The Auditor also reviewed the most recent GDC Annual PREA Report, which presents aggregated statistical data and trend analysis regarding sexual abuse incidents, along with the agency’s response strategies. In addition, the Floyd County Corrections Local Operating Procedures, specifically Policy 208.06 revised on January 10, 2019, was assessed. This local policy mirrors the agency-wide SOP while incorporating facility-specific adaptations to align with the local operational environment.</p> <p><b><u>INTERVIEWS</u></b></p> <p><b>PREA Coordinator (PC)</b></p> <p>In the interview, the PREA Coordinator explained that all data related to allegations of sexual abuse is securely stored in the agency’s Risk Management System, which is designed to limit access to authorized personnel with a legitimate operational need. This approach ensures that sensitive information is appropriately safeguarded and used solely for official purposes.</p>

The PC further described how the agency collects and maintains incident-specific and aggregate data to fulfill requirements for the Survey of Sexual Victimization (SSV-2) as mandated by the Bureau of Justice Statistics. This data is also made publicly available on the GDC PREA website, reinforcing the agency's commitment to transparency and public accountability.

Additionally, the PC confirmed that all data collected in accordance with PREA Standard §115.87 is routinely reviewed at the agency level to identify potential trends, evaluate risks, and assess the effectiveness of current policies, prevention strategies, detection protocols, and staff response practices. Personally identifiable information is redacted from all public-facing reports in compliance with safety and confidentiality standards. The PC also explained that most inmate-related records are stored permanently in SCRIBE, GDC's centralized offender case management database.

## **PROVISIONS**

### **Provision (a): Secure Data Collection and Storage**

As indicated in the PAQ and verified through interviews, the agency ensures secure storage of all data related to sexual abuse incidents, both on an incident-specific and aggregate level. Access to sensitive data is restricted by job function and necessity. The agency mandates the publication of aggregated sexual abuse data—covering all state-run and privately contracted facilities—on at least an annual basis through the official GDC website.

Relevant Policy:

GDC SOP 208.06 and the corresponding Floyd County Corrections Local Operating Procedures affirm these practices. The data is publicly accessible at:  
<http://www.gdc.ga.gov/Divisions/ExecutiveOperations/PREA>

### **Provision (b): Annual Publication of Aggregated Data**

The PAQ reflects, and the PREA Coordinator confirmed, that the agency adheres to its policy requiring the annual publication of aggregated sexual abuse data. This includes data from both publicly operated and contract facilities. The Auditor reviewed the agency's website and verified that the GDC publishes agency-wide and facility-level reports that meet the transparency requirements outlined by PREA.

The published reports are available at:

<http://www.gdc.ga.gov/Divisions/ExecutiveOperations/PREA>

### **Provision (c): Redaction of Personal Identifiers**

Both the PAQ and the PREA Coordinator confirmed that before sexual abuse data is published, the agency removes all personal identifiers to protect the confidentiality of individuals. Redactions are narrowly tailored and limited solely to information that could compromise the safety, privacy, or security of incarcerated individuals or staff. All other relevant data is included in its original form to ensure the public receives



comprehensive, meaningful information.

**Provision (d): Data Retention Requirements**

As outlined in the PAQ and confirmed during the interview, the agency retains all sexual abuse-related data for a minimum of ten (10) years following the date of initial collection, unless superseded by other applicable laws or regulations. The PC further noted that SCRIBE, the centralized case management system, retains the majority of inmate data permanently, providing a reliable historical archive for audit, review, and accountability purposes.

Relevant Policy:

According to GDC SOP 208.06, page 39:

Section B: Criminal investigation data must be retained for the duration of the alleged abuser's incarceration or employment, plus five (5) additional years, or for a minimum of ten (10) years from the date the report was filed—whichever period is longer.

Section C: Administrative investigation records are subject to the same retention requirements as criminal investigations.

The Floyd County Corrections Local Operating Procedures, Policy 208.06 (2019 revision), also aligns with these retention standards.

The Auditor confirmed that historical PREA reports from previous years remain available on the GDC website and reflect proper retention and public dissemination practices.

**CONCLUSION**

Following a detailed review of policy documents, audit materials, and interviews with key facility and agency staff, the Auditor finds that the Georgia Department of Corrections and Floyd County Corrections are in full compliance with PREA Standard §115.89 – Data Storage, Publication, and Destruction.

The agency has established and implemented a comprehensive, policy-driven approach to collecting, safeguarding, publishing, and retaining PREA-related data. Its practices reflect a strong institutional commitment to balancing transparency with confidentiality, ensuring accountability to the public while protecting the rights and safety of incarcerated individuals and staff. The annual publication of data, adherence to retention schedules, and use of secure systems such as Risk Management and SCRIBE further demonstrate the agency's dedication to meeting and exceeding federal standards.

<b>115.401</b>	<b>Frequency and scope of audits</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>

## **DOCUMENT REVIEW**

Georgia Department of Corrections publicly accessible website: <https://gdc.georgia.gov/organization/about-gdc/research-and-reports-0/prison-rape-elimination-act-prea>

## **INTERVIEWS**

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

During the interview process the PC indicated this audit was in the second year of the new current three-year audit cycle. GDC webpage <https://gdc.georgia.gov/organization/about-gdc/research-and-reports-0/prison-rape-elimination-act-prea> provides multiple reports relative to sexual abuse data from the various facilities in accordance with PREA standards.

The PC reported each facility within the GDC had been audited within the previous three-year audit cycle (2019 - 2022).

### **Random Inmate**

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

## **PROVISIONS**

### **Provision (a)**

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

### **Provision (b)**

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

### **Provision (c)**

N/A

### **Provision (d)**

N/A

### **Provision (e)**

N/A

**Provision (f)**

N/A

**Provision (g)**

N/A

**Provision (h)**

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

**Provision (i)**

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

**Provision (j)**

N/A

**Provision (k)**

N/A

**Provision (l)**

N/A

**Provision (m)**

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

**Provision (n)**

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

**Provision (o)**

N/A

**CONCLUSION**

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

<b>115.403</b>	<b>Audit contents and findings</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b><u>DOCUMENT REVIEW</u></b></p> <p>The Auditor reviewed the Georgia Department of Corrections (GDC) publicly accessible website, which contains a range of documents and data related to PREA compliance: <a href="https://gdc.georgia.gov/organization/about-gdc/research-and-reports-0/prison-rape-elimination-act-prea">https://gdc.georgia.gov/organization/about-gdc/research-and-reports-0/prison-rape-elimination-act-prea</a></p> <p><b><u>PROVISION</u></b></p> <p><b>Provision (f)</b></p> <p>The GDC’s online PREA page offers a collection of reports detailing sexual abuse statistics from facilities across the state. These reports are published in alignment with PREA standards and are available to the public for review at: <a href="https://gdc.georgia.gov/organization/about-gdc/research-and-reports-0/prison-rape-elimination-act-prea">https://gdc.georgia.gov/organization/about-gdc/research-and-reports-0/prison-rape-elimination-act-prea</a></p> <p>–</p> <p><b><u>CONCLUSION</u></b></p> <p>After reviewing and assessing the documentation and information provided, the Auditor finds that the agency and facility are fully compliant with all aspects of the standard related to the content and availability of audit findings.</p>

<b>Appendix: Provision Findings</b>		
<b>115.11 (a)</b>	<b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>	
	Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment?	yes
	Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment?	yes
<b>115.11 (b)</b>	<b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>	
	Has the agency employed or designated an agency-wide PREA Coordinator?	yes
	Is the PREA Coordinator position in the upper-level of the agency hierarchy?	yes
	Does the PREA Coordinator have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities?	yes
<b>115.11 (c)</b>	<b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>	
	If this agency operates more than one facility, has each facility designated a PREA compliance manager? (N/A if agency operates only one facility.)	na
	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.)	na
<b>115.12 (a)</b>	<b>Contracting with other entities for the confinement of inmates</b>	
	If this agency is public and it contracts for the confinement of its inmates with private agencies or other entities including other government agencies, has the agency included the entity's obligation to comply with the PREA standards in any new contract or contract renewal signed on or after August 20, 2012? (N/A if the agency does not contract with private agencies or other entities for the confinement of inmates.)	na
<b>115.12 (b)</b>	<b>Contracting with other entities for the confinement of inmates</b>	
	Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure	na

	that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of inmates.)	
<b>115.13 (a)</b>	<b>Supervision and monitoring</b>	
	Does the facility have a documented staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Generally accepted detention and correctional practices?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any judicial findings of inadequacy?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from Federal investigative agencies?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from internal or external oversight bodies?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: All components of the facility's physical plant (including "blind-spots" or areas where staff or inmates may be isolated)?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The composition of the inmate population?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The number and placement of supervisory staff?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The institution programs occurring on a particular shift?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into	yes

	consideration: Any applicable State or local laws, regulations, or standards?	
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The prevalence of substantiated and unsubstantiated incidents of sexual abuse?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any other relevant factors?	yes
<b>115.13 (b)</b>	<b>Supervision and monitoring</b>	
	In circumstances where the staffing plan is not complied with, does the facility document and justify all deviations from the plan? (N/A if no deviations from staffing plan.)	yes
<b>115.13 (c)</b>	<b>Supervision and monitoring</b>	
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The staffing plan established pursuant to paragraph (a) of this section?	yes
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The facility's deployment of video monitoring systems and other monitoring technologies?	yes
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The resources the facility has available to commit to ensure adherence to the staffing plan?	yes
<b>115.13 (d)</b>	<b>Supervision and monitoring</b>	
	Has the facility/agency implemented a policy and practice of having intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment?	yes
	Is this policy and practice implemented for night shifts as well as day shifts?	yes
	Does the facility/agency have a policy prohibiting staff from alerting other staff members that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational functions of the facility?	yes

<b>115.14 (a)</b>	<b>Youthful inmates</b>	
	Does the facility place all youthful inmates in housing units that separate them from sight, sound, and physical contact with any adult inmates through use of a shared dayroom or other common space, shower area, or sleeping quarters? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
<b>115.14 (b)</b>	<b>Youthful inmates</b>	
	In areas outside of housing units does the agency maintain sight and sound separation between youthful inmates and adult inmates? (N/A if facility does not have youthful inmates (inmates <18 years old).)	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
<b>115.14 (c)</b>	<b>Youthful inmates</b>	
	Does the agency make its best efforts to avoid placing youthful inmates in isolation to comply with this provision? (N/A if facility does not have youthful inmates (inmates <18 years old).)	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
<b>115.15 (a)</b>	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility always refrain from conducting any cross-gender strip or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners?	yes
<b>115.15 (b)</b>	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility always refrain from conducting cross-gender pat-down searches of female inmates, except in exigent circumstances? (N/A if the facility does not have female inmates.)	yes
	Does the facility always refrain from restricting female inmates' access to regularly available programming or other out-of-cell opportunities in order to comply with this provision? (N/A if the	yes



	facility does not have female inmates.)	
<b>115.15 (c)</b>	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches?	yes
	Does the facility document all cross-gender pat-down searches of female inmates (N/A if the facility does not have female inmates)?	na
<b>115.15 (d)</b>	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility have policies that enables inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	yes
	Does the facility have procedures that enables inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	yes
	Does the facility require staff of the opposite gender to announce their presence when entering an inmate housing unit?	yes
<b>115.15 (e)</b>	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility always refrain from searching or physically examining transgender or intersex inmates for the sole purpose of determining the inmate's genital status?	yes
	If an inmate's genital status is unknown, does the facility determine genital status during conversations with the inmate, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner?	yes
<b>115.15 (f)</b>	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility/agency train security staff in how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes
	Does the facility/agency train security staff in how to conduct searches of transgender and intersex inmates in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes

115.16 (a)	Inmates with disabilities and inmates who are limited English proficient	
	Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who are deaf or hard of hearing?	yes
	Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who are blind or have low vision?	yes
	Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have intellectual disabilities?	yes
	Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have psychiatric disabilities?	yes
	Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have speech disabilities?	yes
	Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Other (if "other," please explain in overall determination notes.)	yes
	Do such steps include, when necessary, ensuring effective communication with inmates who are deaf or hard of hearing?	yes
	Do such steps include, when necessary, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?	yes
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication	yes

	with inmates with disabilities including inmates who: Have intellectual disabilities?	
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Have limited reading skills?	yes
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: are blind or have low vision?	yes
<b>115.16 (b)</b>	<b>Inmates with disabilities and inmates who are limited English proficient</b>	
	Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to inmates who are limited English proficient?	yes
	Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?	yes
<b>115.16 (c)</b>	<b>Inmates with disabilities and inmates who are limited English proficient</b>	
	Does the agency always refrain from relying on inmate interpreters, inmate readers, or other types of inmate assistance except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the inmate's safety, the performance of first-response duties under §115.64, or the investigation of the inmate's allegations?	yes
<b>115.17 (a)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the hiring or promotion of anyone who	yes

	may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the two bullets immediately above?	
	Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the two bullets immediately above?	yes
<b>115.17 (b) Hiring and promotion decisions</b>		
	Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone who may have contact with inmates?	yes
	Does the agency consider any incidents of sexual harassment in determining whether to enlist the services of any contractor who may have contact with inmates?	yes
<b>115.17 (c) Hiring and promotion decisions</b>		
	Before hiring new employees who may have contact with inmates, does the agency perform a criminal background records check?	yes
	Before hiring new employees who may have contact with inmates, does the agency, consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse?	yes
<b>115.17 (d) Hiring and promotion decisions</b>		
	Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with inmates?	yes

<b>115.17 (e)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with inmates or have in place a system for otherwise capturing such information for current employees?	yes
<b>115.17 (f)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions?	yes
	Does the agency ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees?	yes
	Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct?	yes
<b>115.17 (g)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination?	yes
<b>115.17 (h)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.)	yes
<b>115.18 (a)</b>	<b>Upgrades to facilities and technologies</b>	
	If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect inmates from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later.)	na
<b>115.18 (b)</b>	<b>Upgrades to facilities and technologies</b>	

	If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect inmates from sexual abuse? (N/A if agency/facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.)	yes
<b>115.21 (a)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes
<b>115.21 (b)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	Is this protocol developmentally appropriate for youth where applicable? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes
	Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes
<b>115.21 (c)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	Does the agency offer all victims of sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate?	yes
	Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible?	yes
	If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)?	yes

	Has the agency documented its efforts to provide SAFEs or SANEs?	yes
<b>115.21 (d)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	Does the agency attempt to make available to the victim a victim advocate from a rape crisis center?	yes
	If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member? (N/A if the agency always makes a victim advocate from a rape crisis center available to victims.)	yes
	Has the agency documented its efforts to secure services from rape crisis centers?	yes
<b>115.21 (e)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews?	yes
	As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals?	yes
<b>115.21 (f)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating agency follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency/facility is responsible for conducting criminal AND administrative sexual abuse investigations.)	yes
<b>115.21 (h)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? (N/A if agency always makes a victim advocate from a rape crisis center available to victims.)	yes
<b>115.22 (a)</b>	<b>Policies to ensure referrals of allegations for investigations</b>	

	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse?	yes
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment?	yes
<b>115.22 (b)</b>	<b>Policies to ensure referrals of allegations for investigations</b>	
	Does the agency have a policy and practice in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior?	yes
	Has the agency published such policy on its website or, if it does not have one, made the policy available through other means?	yes
	Does the agency document all such referrals?	yes
<b>115.22 (c)</b>	<b>Policies to ensure referrals of allegations for investigations</b>	
	If a separate entity is responsible for conducting criminal investigations, does the policy describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for criminal investigations. See 115.21(a).)	yes
<b>115.31 (a)</b>	<b>Employee training</b>	
	Does the agency train all employees who may have contact with inmates on its zero-tolerance policy for sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with inmates on how to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures?	yes
	Does the agency train all employees who may have contact with inmates on inmates' right to be free from sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with inmates on the right of inmates and employees to be free from retaliation for reporting sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with inmates on the dynamics of sexual abuse and sexual harassment in confinement?	yes



	Does the agency train all employees who may have contact with inmates on the common reactions of sexual abuse and sexual harassment victims?	yes
	Does the agency train all employees who may have contact with inmates on how to detect and respond to signs of threatened and actual sexual abuse?	yes
	Does the agency train all employees who may have contact with inmates on how to avoid inappropriate relationships with inmates?	yes
	Does the agency train all employees who may have contact with inmates on how to communicate effectively and professionally with inmates, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming inmates?	yes
	Does the agency train all employees who may have contact with inmates on how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities?	yes
<b>115.31 (b)</b>	<b>Employee training</b>	
	Is such training tailored to the gender of the inmates at the employee's facility?	yes
	Have employees received additional training if reassigned from a facility that houses only male inmates to a facility that houses only female inmates, or vice versa?	yes
<b>115.31 (c)</b>	<b>Employee training</b>	
	Have all current employees who may have contact with inmates received such training?	yes
	Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures?	yes
	In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies?	yes
<b>115.31 (d)</b>	<b>Employee training</b>	
	Does the agency document, through employee signature or electronic verification, that employees understand the training they have received?	yes
<b>115.32 (a)</b>	<b>Volunteer and contractor training</b>	

	Has the agency ensured that all volunteers and contractors who have contact with inmates have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures?	yes
<b>115.32 (b)</b>	<b>Volunteer and contractor training</b>	
	Have all volunteers and contractors who have contact with inmates been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with inmates)?	yes
<b>115.32 (c)</b>	<b>Volunteer and contractor training</b>	
	Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received?	yes
<b>115.33 (a)</b>	<b>Inmate education</b>	
	During intake, do inmates receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment?	yes
	During intake, do inmates receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment?	yes
<b>115.33 (b)</b>	<b>Inmate education</b>	
	Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from sexual abuse and sexual harassment?	yes
	Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from retaliation for reporting such incidents?	yes
	Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Agency policies and procedures for responding to such incidents?	yes
<b>115.33 (c)</b>	<b>Inmate education</b>	
	Have all inmates received the comprehensive education referenced in 115.33(b)?	yes

	Do inmates receive education upon transfer to a different facility to the extent that the policies and procedures of the inmate's new facility differ from those of the previous facility?	yes
<b>115.33 (d)</b>	<b>Inmate education</b>	
	Does the agency provide inmate education in formats accessible to all inmates including those who are limited English proficient?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who are deaf?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who are visually impaired?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who are otherwise disabled?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who have limited reading skills?	yes
<b>115.33 (e)</b>	<b>Inmate education</b>	
	Does the agency maintain documentation of inmate participation in these education sessions?	yes
<b>115.33 (f)</b>	<b>Inmate education</b>	
	In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to inmates through posters, inmate handbooks, or other written formats?	yes
<b>115.34 (a)</b>	<b>Specialized training: Investigations</b>	
	In addition to the general training provided to all employees pursuant to §115.31, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators receive training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
<b>115.34 (b)</b>	<b>Specialized training: Investigations</b>	
	Does this specialized training include techniques for interviewing sexual abuse victims? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
	Does this specialized training include proper use of Miranda and	yes

	Garrrity warnings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	
	Does this specialized training include sexual abuse evidence collection in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
	Does this specialized training include the criteria and evidence required to substantiate a case for administrative action or prosecution referral? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
<b>115.34 (c)</b>	<b>Specialized training: Investigations</b>	
	Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
<b>115.35 (a)</b>	<b>Specialized training: Medical and mental health care</b>	
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to detect and assess signs of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to preserve physical evidence of sexual abuse? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to respond effectively and professionally to victims of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how and to whom to report allegations or	yes

	suspicious of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	
<b>115.35 (b)</b>	<b>Specialized training: Medical and mental health care</b>	
	If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency medical staff at the facility do not conduct forensic exams or the agency does not employ medical staff.)	na
<b>115.35 (c)</b>	<b>Specialized training: Medical and mental health care</b>	
	Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
<b>115.35 (d)</b>	<b>Specialized training: Medical and mental health care</b>	
	Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.31? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners employed by the agency.)	yes
	Do medical and mental health care practitioners contracted by or volunteering for the agency also receive training mandated for contractors and volunteers by §115.32? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners contracted by or volunteering for the agency.)	yes
<b>115.41 (a)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Are all inmates assessed during an intake screening for their risk of being sexually abused by other inmates or sexually abusive toward other inmates?	yes
	Are all inmates assessed upon transfer to another facility for their risk of being sexually abused by other inmates or sexually abusive toward other inmates?	yes
<b>115.41 (b)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Do intake screenings ordinarily take place within 72 hours of arrival at the facility?	yes
<b>115.41 (c)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Are all PREA screening assessments conducted using an objective	yes

	screening instrument?	
<b>115.41 (d)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (1) Whether the inmate has a mental, physical, or developmental disability?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (2) The age of the inmate?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (3) The physical build of the inmate?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (4) Whether the inmate has previously been incarcerated?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (5) Whether the inmate's criminal history is exclusively nonviolent?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (6) Whether the inmate has prior convictions for sex offenses against an adult or child?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (7) Whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming (the facility affirmatively asks the inmate about his/her sexual orientation and gender identity AND makes a subjective determination based on the screener's perception whether the inmate is gender non-conforming or otherwise may be perceived to be LGBTI)?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (8) Whether the inmate has previously experienced sexual victimization?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (9) The inmate's own perception of vulnerability?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (10)	no

	Whether the inmate is detained solely for civil immigration purposes?	
<b>115.41 (e)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency: prior acts of sexual abuse?	yes
	In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency: prior convictions for violent offenses?	yes
	In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency: history of prior institutional violence or sexual abuse?	yes
<b>115.41 (f)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Within a set time period not more than 30 days from the inmate's arrival at the facility, does the facility reassess the inmate's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening?	yes
<b>115.41 (g)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Does the facility reassess an inmate's risk level when warranted due to a referral?	yes
	Does the facility reassess an inmate's risk level when warranted due to a request?	yes
	Does the facility reassess an inmate's risk level when warranted due to an incident of sexual abuse?	yes
	Does the facility reassess an inmate's risk level when warranted due to receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness?	yes
<b>115.41 (h)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Is it the case that inmates are not ever disciplined for refusing to answer, or for not disclosing complete information in response to, questions asked pursuant to paragraphs (d)(1), (d)(7), (d)(8), or (d)(9) of this section?	yes
<b>115.41 (i)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive	yes

	information is not exploited to the inmate's detriment by staff or other inmates?	
<b>115.42 (a) Use of screening information</b>		
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Housing Assignments?	yes
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Bed assignments?	yes
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Work Assignments?	yes
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Education Assignments?	yes
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Program Assignments?	yes
<b>115.42 (b) Use of screening information</b>		
	Does the agency make individualized determinations about how to ensure the safety of each inmate?	yes
<b>115.42 (c) Use of screening information</b>		
	When deciding whether to assign a transgender or intersex inmate to a facility for male or female inmates, does the agency consider, on a case-by-case basis, whether a placement would ensure the inmate's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns inmates to a male or female facility on the basis of anatomy alone, that agency is not in compliance with this standard)?	yes
	When making housing or other program assignments for transgender or intersex inmates, does the agency consider, on a case-by-case basis, whether a placement would ensure the inmate's health and safety, and whether a placement would	yes



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

	solely for the placement of LGBT or I inmates pursuant to a consent degree, legal settlement, or legal judgement.)	
<b>115.43 (a)</b>	<b>Protective Custody</b>	
	Does the facility always refrain from placing inmates at high risk for sexual victimization in involuntary segregated housing unless an assessment of all available alternatives has been made, and a determination has been made that there is no available alternative means of separation from likely abusers?	yes
	If a facility cannot conduct such an assessment immediately, does the facility hold the inmate in involuntary segregated housing for less than 24 hours while completing the assessment?	yes
<b>115.43 (b)</b>	<b>Protective Custody</b>	
	Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Programs to the extent possible?	yes
	Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Privileges to the extent possible?	yes
	Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Education to the extent possible?	yes
	Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Work opportunities to the extent possible?	yes
	If the facility restricts any access to programs, privileges, education, or work opportunities, does the facility document the opportunities that have been limited? (N/A if the facility never restricts access to programs, privileges, education, or work opportunities.)	yes
	If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document the duration of the limitation? (N/A if the facility never restricts access to programs, privileges, education, or work opportunities.)	yes
	If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document the reasons for such limitations? (N/A if the facility never restricts access to programs, privileges, education, or work opportunities.)	yes
<b>115.43 (c)</b>	<b>Protective Custody</b>	

	Does the facility assign inmates at high risk of sexual victimization to involuntary segregated housing only until an alternative means of separation from likely abusers can be arranged?	yes
	Does such an assignment not ordinarily exceed a period of 30 days?	yes
<b>115.43 (d) Protective Custody</b>		
	If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document: The basis for the facility's concern for the inmate's safety?	yes
	If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document: The reason why no alternative means of separation can be arranged?	yes
<b>115.43 (e) Protective Custody</b>		
	In the case of each inmate who is placed in involuntary segregation because he/she is at high risk of sexual victimization, does the facility afford a review to determine whether there is a continuing need for separation from the general population EVERY 30 DAYS?	yes
<b>115.51 (a) Inmate reporting</b>		
	Does the agency provide multiple internal ways for inmates to privately report: Sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for inmates to privately report: Retaliation by other inmates or staff for reporting sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for inmates to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents?	yes
<b>115.51 (b) Inmate reporting</b>		
	Does the agency also provide at least one way for inmates to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency?	yes
	Is that private entity or office able to receive and immediately forward inmate reports of sexual abuse and sexual harassment to agency officials?	yes
	Does that private entity or office allow the inmate to remain	yes

	anonymous upon request?	
	Are inmates detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security? (N/A if the facility never houses inmates detained solely for civil immigration purposes.)	na
<b>115.51 (c)</b>	<b>Inmate reporting</b>	
	Does staff accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties?	yes
	Does staff promptly document any verbal reports of sexual abuse and sexual harassment?	yes
<b>115.51 (d)</b>	<b>Inmate reporting</b>	
	Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of inmates?	yes
<b>115.52 (a)</b>	<b>Exhaustion of administrative remedies</b>	
	Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address inmate grievances regarding sexual abuse. This does not mean the agency is exempt simply because an inmate does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse.	yes
<b>115.52 (b)</b>	<b>Exhaustion of administrative remedies</b>	
	Does the agency permit inmates to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.)	na
	Does the agency always refrain from requiring an inmate to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.)	na
<b>115.52 (c)</b>	<b>Exhaustion of administrative remedies</b>	
	Does the agency ensure that: An inmate who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from	na

	this standard.)	
	Does the agency ensure that: Such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	na
<b>115.52 (d)</b>	<b>Exhaustion of administrative remedies</b>	
	Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by inmates in preparing any administrative appeal.) (N/A if agency is exempt from this standard.)	na
	If the agency claims the maximum allowable extension of time to respond of up to 70 days per 115.52(d)(3) when the normal time period for response is insufficient to make an appropriate decision, does the agency notify the inmate in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.)	na
	At any level of the administrative process, including the final level, if the inmate does not receive a response within the time allotted for reply, including any properly noticed extension, may an inmate consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.)	na
<b>115.52 (e)</b>	<b>Exhaustion of administrative remedies</b>	
	Are third parties, including fellow inmates, staff members, family members, attorneys, and outside advocates, permitted to assist inmates in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.)	na
	Are those third parties also permitted to file such requests on behalf of inmates? (If a third party files such a request on behalf of an inmate, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.)	na
	If the inmate declines to have the request processed on his or her behalf, does the agency document the inmate's decision? (N/A if agency is exempt from this standard.)	na
<b>115.52 (f)</b>	<b>Exhaustion of administrative remedies</b>	

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

	including toll-free hotline numbers where available of local, State, or national immigrant services agencies? (N/A if the facility never has persons detained solely for civil immigration purposes.)	
	Does the facility enable reasonable communication between inmates and these organizations and agencies, in as confidential a manner as possible?	yes
<b>115.53 (b)</b>	<b>Inmate access to outside confidential support services</b>	
	Does the facility inform inmates, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws?	yes
<b>115.53 (c)</b>	<b>Inmate access to outside confidential support services</b>	
	Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide inmates with confidential emotional support services related to sexual abuse?	yes
	Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements?	yes
<b>115.54 (a)</b>	<b>Third-party reporting</b>	
	Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment?	yes
	Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of an inmate?	yes
<b>115.61 (a)</b>	<b>Staff and agency reporting duties</b>	
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding retaliation against inmates or staff who reported an incident of sexual abuse or sexual harassment?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual	yes

	abuse or sexual harassment or retaliation?	
<b>115.61 (b)</b>	<b>Staff and agency reporting duties</b>	
	Apart from reporting to designated supervisors or officials, does staff always refrain from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions?	yes
<b>115.61 (c)</b>	<b>Staff and agency reporting duties</b>	
	Unless otherwise precluded by Federal, State, or local law, are medical and mental health practitioners required to report sexual abuse pursuant to paragraph (a) of this section?	yes
	Are medical and mental health practitioners required to inform inmates of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services?	yes
<b>115.61 (d)</b>	<b>Staff and agency reporting duties</b>	
	If the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable persons statute, does the agency report the allegation to the designated State or local services agency under applicable mandatory reporting laws?	yes
<b>115.61 (e)</b>	<b>Staff and agency reporting duties</b>	
	Does the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators?	yes
<b>115.62 (a)</b>	<b>Agency protection duties</b>	
	When the agency learns that an inmate is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the inmate?	yes
<b>115.63 (a)</b>	<b>Reporting to other confinement facilities</b>	
	Upon receiving an allegation that an inmate was sexually abused while confined at another facility, does the head of the facility that received the allegation notify the head of the facility or appropriate office of the agency where the alleged abuse occurred?	yes
<b>115.63 (b)</b>	<b>Reporting to other confinement facilities</b>	
	Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation?	yes



<b>115.63 (c)</b>	<b>Reporting to other confinement facilities</b>	
	Does the agency document that it has provided such notification?	yes
<b>115.63 (d)</b>	<b>Reporting to other confinement facilities</b>	
	Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards?	yes
<b>115.64 (a)</b>	<b>Staff first responder duties</b>	
	Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser?	yes
	Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence?	yes
	Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes
	Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes
<b>115.64 (b)</b>	<b>Staff first responder duties</b>	
	If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff?	yes
<b>115.65 (a)</b>	<b>Coordinated response</b>	
	Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in	yes

	response to an incident of sexual abuse?	
<b>115.66 (a)</b>	<b>Preservation of ability to protect inmates from contact with abusers</b>	
	Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limit the agency's ability to remove alleged staff sexual abusers from contact with any inmates pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted?	yes
<b>115.67 (a)</b>	<b>Agency protection against retaliation</b>	
	Has the agency established a policy to protect all inmates and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other inmates or staff?	yes
	Has the agency designated which staff members or departments are charged with monitoring retaliation?	yes
<b>115.67 (b)</b>	<b>Agency protection against retaliation</b>	
	Does the agency employ multiple protection measures, such as housing changes or transfers for inmate victims or abusers, removal of alleged staff or inmate abusers from contact with victims, and emotional support services for inmates or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations?	yes
<b>115.67 (c)</b>	<b>Agency protection against retaliation</b>	
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of inmates or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of inmates who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff?	yes
	Except in instances where the agency determines that a report of	yes

	sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation?	
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor any inmate disciplinary reports?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate housing changes?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate program changes?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor negative performance reviews of staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor reassignments of staff?	yes
	Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need?	yes
<b>115.67 (d)</b>	<b>Agency protection against retaliation</b>	
	In the case of inmates, does such monitoring also include periodic status checks?	yes
<b>115.67 (e)</b>	<b>Agency protection against retaliation</b>	
	If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation?	yes
<b>115.68 (a)</b>	<b>Post-allegation protective custody</b>	
	Is any and all use of segregated housing to protect an inmate who is alleged to have suffered sexual abuse subject to the requirements of § 115.43?	yes
<b>115.71 (a)</b>	<b>Criminal and administrative agency investigations</b>	
	When the agency conducts its own investigations into allegations	yes

	of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).)	
	Does the agency conduct such investigations for all allegations, including third party and anonymous reports? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).)	yes
<b>115.71 (b)</b>	<b>Criminal and administrative agency investigations</b>	
	Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations as required by 115.34?	yes
<b>115.71 (c)</b>	<b>Criminal and administrative agency investigations</b>	
	Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data?	yes
	Do investigators interview alleged victims, suspected perpetrators, and witnesses?	yes
	Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator?	yes
<b>115.71 (d)</b>	<b>Criminal and administrative agency investigations</b>	
	When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution?	yes
<b>115.71 (e)</b>	<b>Criminal and administrative agency investigations</b>	
	Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as inmate or staff?	yes
	Does the agency investigate allegations of sexual abuse without requiring an inmate who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding?	yes
<b>115.71 (f)</b>	<b>Criminal and administrative agency investigations</b>	
	Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse?	yes

	Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings?	yes
<b>115.71 (g)</b>	<b>Criminal and administrative agency investigations</b>	
	Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible?	yes
<b>115.71 (h)</b>	<b>Criminal and administrative agency investigations</b>	
	Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?	yes
<b>115.71 (i)</b>	<b>Criminal and administrative agency investigations</b>	
	Does the agency retain all written reports referenced in 115.71(f) and (g) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years?	yes
<b>115.71 (j)</b>	<b>Criminal and administrative agency investigations</b>	
	Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the agency does not provide a basis for terminating an investigation?	yes
<b>115.71 (l)</b>	<b>Criminal and administrative agency investigations</b>	
	When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
<b>115.72 (a)</b>	<b>Evidentiary standard for administrative investigations</b>	
	Is it true that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated?	yes
<b>115.73 (a)</b>	<b>Reporting to inmates</b>	
	Following an investigation into an inmate's allegation that he or she suffered sexual abuse in an agency facility, does the agency inform the inmate as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded?	yes

<b>115.73 (b)</b>	<b>Reporting to inmates</b>	
	If the agency did not conduct the investigation into an inmate's allegation of sexual abuse in an agency facility, does the agency request the relevant information from the investigative agency in order to inform the inmate? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.)	yes
<b>115.73 (c)</b>	<b>Reporting to inmates</b>	
	Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the inmate has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer posted within the inmate's unit?	yes
	Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer employed at the facility?	yes
	Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility?	yes
	Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility?	yes
<b>115.73 (d)</b>	<b>Reporting to inmates</b>	
	Following an inmate's allegation that he or she has been sexually abused by another inmate, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility?	yes
	Following an inmate's allegation that he or she has been sexually	yes

	abused by another inmate, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility?	
<b>115.73 (e)</b>	<b>Reporting to inmates</b>	
	Does the agency document all such notifications or attempted notifications?	yes
<b>115.76 (a)</b>	<b>Disciplinary sanctions for staff</b>	
	Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies?	yes
<b>115.76 (b)</b>	<b>Disciplinary sanctions for staff</b>	
	Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse?	yes
<b>115.76 (c)</b>	<b>Disciplinary sanctions for staff</b>	
	Are disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories?	yes
<b>115.76 (d)</b>	<b>Disciplinary sanctions for staff</b>	
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Law enforcement agencies(unless the activity was clearly not criminal)?	yes
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies?	yes
<b>115.77 (a)</b>	<b>Corrective action for contractors and volunteers</b>	
	Is any contractor or volunteer who engages in sexual abuse prohibited from contact with inmates?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)?	yes

	Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies?	yes
<b>115.77 (b)</b>	<b>Corrective action for contractors and volunteers</b>	
	In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with inmates?	yes
<b>115.78 (a)</b>	<b>Disciplinary sanctions for inmates</b>	
	Following an administrative finding that an inmate engaged in inmate-on-inmate sexual abuse, or following a criminal finding of guilt for inmate-on-inmate sexual abuse, are inmates subject to disciplinary sanctions pursuant to a formal disciplinary process?	yes
<b>115.78 (b)</b>	<b>Disciplinary sanctions for inmates</b>	
	Are sanctions commensurate with the nature and circumstances of the abuse committed, the inmate's disciplinary history, and the sanctions imposed for comparable offenses by other inmates with similar histories?	yes
<b>115.78 (c)</b>	<b>Disciplinary sanctions for inmates</b>	
	When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether an inmate's mental disabilities or mental illness contributed to his or her behavior?	yes
<b>115.78 (d)</b>	<b>Disciplinary sanctions for inmates</b>	
	If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to require the offending inmate to participate in such interventions as a condition of access to programming and other benefits?	yes
<b>115.78 (e)</b>	<b>Disciplinary sanctions for inmates</b>	
	Does the agency discipline an inmate for sexual contact with staff only upon a finding that the staff member did not consent to such contact?	yes
<b>115.78 (f)</b>	<b>Disciplinary sanctions for inmates</b>	
	For the purpose of disciplinary action does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish	yes



	evidence sufficient to substantiate the allegation?	
<b>115.78 (g)</b>	<b>Disciplinary sanctions for inmates</b>	
	If the agency prohibits all sexual activity between inmates, does the agency always refrain from considering non-coercive sexual activity between inmates to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between inmates.)	yes
<b>115.81 (a)</b>	<b>Medical and mental health screenings; history of sexual abuse</b>	
	If the screening pursuant to § 115.41 indicates that a prison inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison).	yes
<b>115.81 (b)</b>	<b>Medical and mental health screenings; history of sexual abuse</b>	
	If the screening pursuant to § 115.41 indicates that a prison inmate has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison.)	yes
<b>115.81 (c)</b>	<b>Medical and mental health screenings; history of sexual abuse</b>	
	If the screening pursuant to § 115.41 indicates that a jail inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a jail).	yes
<b>115.81 (d)</b>	<b>Medical and mental health screenings; history of sexual abuse</b>	
	Is any information related to sexual victimization or abusiveness that occurred in an institutional setting strictly limited to medical and mental health practitioners and other staff as necessary to inform treatment plans and security management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law?	yes
<b>115.81 (e)</b>	<b>Medical and mental health screenings; history of sexual abuse</b>	
	Do medical and mental health practitioners obtain informed consent from inmates before reporting information about prior	yes

	sexual victimization that did not occur in an institutional setting, unless the inmate is under the age of 18?	
<b>115.82 (a)</b>	<b>Access to emergency medical and mental health services</b>	
	Do inmate victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment?	yes
<b>115.82 (b)</b>	<b>Access to emergency medical and mental health services</b>	
	If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do security staff first responders take preliminary steps to protect the victim pursuant to § 115.62?	yes
	Do security staff first responders immediately notify the appropriate medical and mental health practitioners?	yes
<b>115.82 (c)</b>	<b>Access to emergency medical and mental health services</b>	
	Are inmate victims of sexual abuse offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate?	yes
<b>115.82 (d)</b>	<b>Access to emergency medical and mental health services</b>	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes
<b>115.83 (a)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all inmates who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility?	yes
<b>115.83 (b)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody?	yes
<b>115.83 (c)</b>	<b>Ongoing medical and mental health care for sexual abuse</b>	

	<b>victims and abusers</b>	
	Does the facility provide such victims with medical and mental health services consistent with the community level of care?	yes
<b>115.83 (d)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Are inmate victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if "all male" facility. Note: in "all male" facilities there may be inmates who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.)	na
<b>115.83 (e)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	If pregnancy results from the conduct described in paragraph § 115.83(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if "all male" facility. Note: in "all male" facilities there may be inmates who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.)	na
<b>115.83 (f)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Are inmate victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?	yes
<b>115.83 (g)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes
<b>115.83 (h)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	If the facility is a prison, does it attempt to conduct a mental health evaluation of all known inmate-on-inmate abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners? (NA if the facility is a jail.)	yes

<b>115.86 (a)</b>	<b>Sexual abuse incident reviews</b>	
	Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded?	yes
<b>115.86 (b)</b>	<b>Sexual abuse incident reviews</b>	
	Does such review ordinarily occur within 30 days of the conclusion of the investigation?	yes
<b>115.86 (c)</b>	<b>Sexual abuse incident reviews</b>	
	Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?	yes
<b>115.86 (d)</b>	<b>Sexual abuse incident reviews</b>	
	Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse?	yes
	Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility?	yes
	Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse?	yes
	Does the review team: Assess the adequacy of staffing levels in that area during different shifts?	yes
	Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff?	yes
	Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.86(d)(1)-(d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager?	yes
<b>115.86 (e)</b>	<b>Sexual abuse incident reviews</b>	
	Does the facility implement the recommendations for improvement, or document its reasons for not doing so?	yes

<b>115.87 (a)</b>	<b>Data collection</b>	
	Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions?	yes
<b>115.87 (b)</b>	<b>Data collection</b>	
	Does the agency aggregate the incident-based sexual abuse data at least annually?	yes
<b>115.87 (c)</b>	<b>Data collection</b>	
	Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice?	yes
<b>115.87 (d)</b>	<b>Data collection</b>	
	Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews?	yes
<b>115.87 (e)</b>	<b>Data collection</b>	
	Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its inmates? (N/A if agency does not contract for the confinement of its inmates.)	na
<b>115.87 (f)</b>	<b>Data collection</b>	
	Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.)	na
<b>115.88 (a)</b>	<b>Data review for corrective action</b>	
	Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas?	yes
	Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis?	yes
	Does the agency review data collected and aggregated pursuant	yes

	to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole?	
<b>115.88 (b)</b>	<b>Data review for corrective action</b>	
	Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse?	yes
<b>115.88 (c)</b>	<b>Data review for corrective action</b>	
	Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means?	yes
<b>115.88 (d)</b>	<b>Data review for corrective action</b>	
	Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility?	yes
<b>115.89 (a)</b>	<b>Data storage, publication, and destruction</b>	
	Does the agency ensure that data collected pursuant to § 115.87 are securely retained?	yes
<b>115.89 (b)</b>	<b>Data storage, publication, and destruction</b>	
	Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means?	yes
<b>115.89 (c)</b>	<b>Data storage, publication, and destruction</b>	
	Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?	yes
<b>115.89 (d)</b>	<b>Data storage, publication, and destruction</b>	
	Does the agency maintain sexual abuse data collected pursuant to § 115.87 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise?	yes
<b>115.401 (a)</b>	<b>Frequency and scope of audits</b>	

	During the prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.)	yes
<b>115.401 (b)</b>	<b>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.)	no
	If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is not the second year of the current audit cycle.)	na
	If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is not the third year of the current audit cycle.)	yes
<b>115.401 (h)</b>	<b>Frequency and scope of audits</b>	
	Did the auditor have access to, and the ability to observe, all areas of the audited facility?	yes
<b>115.401 (i)</b>	<b>Frequency and scope of audits</b>	
	Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)?	yes
<b>115.401 (m)</b>	<b>Frequency and scope of audits</b>	
	Was the auditor permitted to conduct private interviews with inmates, residents, and detainees?	yes
<b>115.401 (n)</b>	<b>Frequency and scope of audits</b>	
	Were inmates permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel?	yes
<b>115.403</b>	<b>Audit contents and findings</b>	

(f)	
	<div data-bbox="320 185 1273 555"> <p>The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports. The review period is for prior audits completed during the past three years PRECEDING THIS AUDIT. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or, in the case of single facility agencies, there has never been a Final Audit Report issued.)</p> </div> <div data-bbox="1302 185 1353 219">yes</div>