

PREA Facility Audit Report: Final

Name of Facility: Hall County Correctional Institution

Facility Type: Prison / Jail

Date Interim Report Submitted: NA

Date Final Report Submitted: 07/14/2025

Auditor Certification	
The contents of this report are accurate to the best of my knowledge.	<input type="checkbox"/>
No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.	<input type="checkbox"/>
I have not included in the final report any personally identifiable information (PII) about any inmate/resident/detainee or staff member, except where the names of administrative personnel are specifically requested in the report template.	<input type="checkbox"/>
Auditor Full Name as Signed: Darla P. OConnor	Date of Signature: 07/14/2025

AUDITOR INFORMATION	
Auditor name:	OConnor, Darla
Email:	doconnor@strategicjusticesolutions.com
Start Date of On-Site Audit:	05/21/2025
End Date of On-Site Audit:	05/22/2025

FACILITY INFORMATION	
Facility name:	Hall County Correctional Institution
Facility physical address:	1698 Barber Road, Gainesville, Georgia - 30507
Facility mailing address:	

Primary Contact	
Name:	Mark Pilgrim
Email Address:	mpilgrim@hallcounty.org
Telephone Number:	6789899674

Warden/Jail Administrator/Sheriff/Director	
Name:	Dennis Udzinski
Email Address:	Dudzinski@hallcounty.org
Telephone Number:	(678) 617-2137

Facility PREA Compliance Manager	
Name:	Mark Pilgrim
Email Address:	mpilgrim@hallcounty.org
Telephone Number:	(678) 989-9674

Facility Health Service Administrator On-site	
Name:	Teresa Queen
Email Address:	Tqueen@hallcounty.org
Telephone Number:	(678) 718-2358

Facility Characteristics	
Designed facility capacity:	152
Current population of facility:	136
Average daily population for the past 12 months:	138
Has the facility been over capacity at any point in the past 12 months?	No

What is the facility's population designation?	Men/boys
In the past 12 months, which population(s) has the facility held? Select all that apply (Nonbinary describes a person who does not identify exclusively as a boy/man or a girl/woman. Some people also use this term to describe their gender expression. For definitions of "intersex" and "transgender," please see https://www.prearesourcecenter.org/standard/115-5)	
Age range of population:	19-72
Facility security levels/inmate custody levels:	Medium/ Minimum
Does the facility hold youthful inmates?	No
Number of staff currently employed at the facility who may have contact with inmates:	38
Number of individual contractors who have contact with inmates, currently authorized to enter the facility:	5
Number of volunteers who have contact with inmates, currently authorized to enter the facility:	45

AGENCY INFORMATION	
Name of agency:	Hall County Board of Commissioners
Governing authority or parent agency (if applicable):	
Physical Address:	P.O. Drawer 1435, Gainesville, Georgia - 30503
Mailing Address:	
Telephone number:	

Agency Chief Executive Officer Information:

Name:	
Email Address:	
Telephone Number:	

Agency-Wide PREA Coordinator Information			
Name:	Grace Atchison	Email Address:	grace.atchinson@gdc.ga.gov

Facility AUDIT FINDINGS	
Summary of Audit Findings	
<p>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.</p> <p>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.</p>	
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:	2025-05-21
2. End date of the onsite portion of the audit:	2025-05-22

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?	<input checked="" type="radio"/> Yes <input type="radio"/> No
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a. Identify the community-based organization(s) or victim advocates with whom you communicated:

As part of the PREA compliance verification process, the Auditor initiated outreach to multiple external victim advocacy organizations to confirm both the existence and the nature of collaborative relationships designed to support individuals in custody who have experienced or been affected by sexual abuse. This outreach served to validate the availability, scope, and utilization of external support services and ensure that incarcerated individuals at the facility have meaningful access to confidential, trauma-informed care and advocacy when needed.

Contact was made with Just Detention International (JDI), a nationally recognized organization committed to ending sexual abuse in detention. JDI was asked whether the facility, or any individuals housed within it, had contacted their agency for assistance or support during the current audit review period. Representatives from JDI confirmed that their records did not reflect any such contact or service provision linked to this facility or its population during the timeframe in question.

Rape Response, Inc., a local sexual assault crisis center, verified that a current and active Memorandum of Understanding (MOU) is in place with the facility. This formal agreement outlines the provision of victim advocacy services in cases of sexual abuse involving incarcerated individuals. Specifically, the MOU ensures that a trained victim advocate is available to accompany a survivor during forensic medical examinations conducted offsite, typically at the hospital's emergency department. In addition to in-person advocacy, Rape Response, Inc. operates a dedicated 24-hour hotline tailored for incarcerated callers, offering immediate, confidential emotional support to individuals affected by sexual abuse—regardless of whether the incident occurred during incarceration or prior to entry into the facility. This round-the-clock availability enhances accessibility for survivors seeking assistance

outside regular facility operations.

Similarly, New Hope Counseling confirmed the existence of a valid and active Memorandum of Understanding (MOU) with the facility. Representatives affirmed their ongoing commitment to supporting individuals impacted by sexual abuse through confidential counseling and emotional support services. This organization plays a critical role in supplementing the facility's internal mental health resources with an external, victim-centered approach. The Georgia Network to End Sexual Assault (GNESA) was also contacted to determine whether any collaborative activity had occurred with the facility over the past year. GNESA reported that, during the relevant review period, they had no record of communication or service requests originating from facility staff or individuals in custody. Taken collectively, the responses from these organizations illustrate the facility's proactive steps to establish and maintain connections with qualified external agencies capable of providing critical advocacy and emotional support services to survivors of sexual abuse. While utilization of these services appears limited based on reported contact, the infrastructure for confidential access is in place, demonstrating the facility's compliance with PREA standards and its broader commitment to ensuring that incarcerated individuals have access to meaningful, victim-centered support when needed.

AUDITED FACILITY INFORMATION

14. Designated facility capacity:	152
15. Average daily population for the past 12 months:	138
16. Number of inmate/resident/detainee housing units:	4

<p>17. Does the facility ever hold youthful inmates or youthful/juvenile detainees?</p>	<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>
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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

<p>18. Enter the total number of inmates/residents/detainees in the facility as of the first day of onsite portion of the audit:</p>	<p>149</p>
<p>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:</p>	<p>0</p>
<p>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:</p>	<p>0</p>
<p>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:</p>	<p>0</p>
<p>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:</p>	<p>0</p>

23. Enter the total number of inmates/ residents/detainees who are Limited English Proficient (LEP) in the facility as of the first day of the onsite portion of the audit:	0
24. Enter the total number of inmates/ residents/detainees who identify as lesbian, gay, or bisexual in the facility as of the first day of the onsite portion of the audit:	0
25. Enter the total number of inmates/ residents/detainees who identify as transgender or intersex in the facility as of the first day of the onsite portion of the audit:	0
26. Enter the total number of inmates/ residents/detainees who reported sexual abuse in the facility as of the first day of the onsite portion of the audit:	0
27. Enter the total number of inmates/ residents/detainees who disclosed prior sexual victimization during risk screening in the facility as of the first day of the onsite portion of the audit:	0
28. Enter the total number of inmates/ residents/detainees who were ever placed in segregated housing/isolation for risk of sexual victimization in the facility as of the first day of the onsite portion of the audit:	0

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

On the first day of the on-site PREA audit, the facility reported a total population of 149 incarcerated individuals. In accordance with the expectations set forth in the PREA Auditor Handbook, facilities housing this number of individuals are required to facilitate a minimum of ten targeted interviews with persons in custody who meet specific vulnerability or risk-based criteria defined under the PREA standards.

These targeted categories include, but are not limited to: individuals who identify as gay, lesbian, bisexual, transgender, or intersex (LGBTI); those who are youthful (under age 18 in an adult facility); individuals with limited English proficiency (LEP); persons with intellectual, developmental, or physical disabilities; those who have previously experienced sexual victimization; and individuals who have reported an incident of sexual abuse or harassment while in custody. However, during the initial audit briefing and through staff verification, it was confirmed that no individuals currently assigned to the facility fell within any of these targeted groups. Intake documentation, housing rosters, and classification records all supported this determination. Furthermore, during the comprehensive facility tour conducted by the Auditor, there were no observable indications that individuals from any of the specified groups were present in the facility population at that time.

Facility staff, including those responsible for intake, classification, and mental health screening, verified that no incarcerated individuals had disclosed prior victimization, identified as LGBTI, required LEP accommodations, or reported sexual abuse during their current incarceration. The facility's population at the time of the audit did not include individuals under 18, nor those held for civil immigration purposes or who had known disabilities requiring PREA-specific accommodations.

As a result, and in alignment with PREA guidance, the Auditor did not conduct any

targeted inmate interviews. This decision was not a matter of oversight, but rather a direct reflection of the facility's current population demographics during the audit window. The Auditor verified that appropriate screening tools and procedures remain in place to identify and support individuals in targeted categories should they be admitted in the future.

This absence of targeted interviews did not impact the integrity of the audit or the ability to assess compliance. The facility's readiness to implement relevant protections, if needed, was clearly evident through policy review, staff interviews, and the structured intake and classification processes already in use.

Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit

30. Enter the total number of STAFF, including both full- and part-time staff, employed by the facility as of the first day of the onsite portion of the audit:	38
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:	45
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:	5

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:

At the time the on-site audit commenced, the facility reported a modest number of volunteers and contractors actively engaged in operations within the institution. Despite the relatively small scale of external personnel involvement, the facility demonstrated a clear commitment to ensuring that all non-employee individuals with direct access to incarcerated persons are held to the same rigorous standards as full-time staff regarding PREA compliance.

Through both document review and interviews with facility leadership, the Auditor confirmed that each volunteer and contractor who interacts with the inmate population is subject to comprehensive background screening, PREA-specific training, and routine monitoring. This parity in expectations underscores the facility's recognition that all individuals, regardless of employment status, play a critical role in maintaining a safe and respectful environment.

The composition of the facility's volunteer and contractor workforce was diverse in terms of function. Contractors were primarily engaged to support facility maintenance, technical services, and specialized program delivery. Volunteers, meanwhile, were most often affiliated with faith-based organizations or community groups offering rehabilitative or enrichment programming. These individuals contribute meaningfully to the facility's rehabilitative mission and are integrated into its day-to-day culture of safety and accountability.

During the audit, there were no reports—nor any observable indicators—suggesting that any of the facility's volunteers or contractors met the criteria for inclusion in PREA's designated targeted categories. Specifically, there were no individuals identified as belonging to groups considered at elevated risk of sexual abuse based on gender identity, sexual orientation, cognitive or physical disability, or other protected status.

The facility maintains a centralized and regularly updated roster that documents all

volunteers and contractors authorized to operate within the institution. This roster includes verification of background clearance dates, documentation of completed PREA training, and evidence of their orientation to institutional expectations. Staff interviews and audit documentation consistently affirmed that volunteers and contractors are closely supervised while inside the facility and are well-informed of their duties under the Prison Rape Elimination Act. Collectively, these practices demonstrate the facility's proactive stance in ensuring that all external personnel are fully integrated into its broader framework of sexual safety, transparency, and compliance.

INTERVIEWS

Inmate/Resident/Detainee Interviews

Random Inmate/Resident/Detainee Interviews

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

20

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

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

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

On the initial day of the on-site PREA audit, the facility reported a total inmate population of 149 individuals. According to the guidelines established in the PREA Auditor Handbook, a facility of this size requires a minimum of 20 inmate interviews—divided equally between random and targeted selections. However, during the review period, there were no individuals housed at the facility who met the criteria for any of the PREA-defined targeted populations. These categories typically include—but are not limited to—individuals who identify as transgender or intersex, those who are limited English proficient (LEP), individuals with cognitive or physical disabilities, youthful inmates, persons who have disclosed prior sexual victimization, or those who have reported sexual abuse while in custody.

Given the absence of individuals falling within these targeted classifications, the Auditor proceeded with conducting 20 interviews, all of which were randomly selected from the general population. To achieve a representative and diverse cross-section, the Auditor employed alphabetical housing rosters to guide the selection process. In making these selections, intentional efforts were taken to ensure that a wide range of perspectives were included—reflecting differences in housing location, age, racial and ethnic background, and length of incarceration.

This methodology helped ensure that the voices of those interviewed provided a balanced and meaningful snapshot of inmate awareness, perceptions of safety, and familiarity with PREA protections and procedures. The interviews covered a comprehensive range of topics, including knowledge of how to report sexual abuse or harassment, access to confidential support services, and perceptions of staff responsiveness and institutional culture related to sexual safety.

All interviews were conducted in private, confidential settings to promote open

dialogue and encourage candid responses. The insights gained through these inmate interactions served as a valuable supplement to documentation review, staff interviews, and facility observations, helping the Auditor assess the effectiveness of the facility's efforts to promote a culture of zero tolerance for sexual abuse and harassment.

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):

The institutional count on the first day of the on-site audit was 149. According to the Auditor Handbook with a population of 149, the auditor shall interview a minimum of 10 random inmates and 10 targeted inmates. However, at the time of the audit, no individuals currently housed at the facility met the criteria for inclusion in any of the PREA-defined targeted categories. These categories typically include persons who are transgender or intersex, identify as gay or bisexual, are youthful, limited English proficient, have cognitive or physical disabilities, have disclosed prior victimization, or have made a report of sexual abuse or harassment while in custody. As a result, the Auditor conducted 20 interviews, all of which were drawn from a randomized selection of the general population. The selection process was designed to ensure diversity and representation across the facility. Using the alphabetical housing unit rosters, the Auditor identified individuals from different living units, age ranges, racial and ethnic backgrounds, and lengths of incarceration. This methodical approach ensured a broad and inclusive sample of inmate voices, reflective of the overall population at the time of the audit.

In addition to the formal interviews, the Auditor also engaged in several informal, spontaneous conversations with individuals during the comprehensive facility tour. These casual discussions focused on a variety of PREA-related themes, including access to education materials, mechanisms for reporting sexual abuse or harassment, the effectiveness and availability of staff responses, and perceptions of personal safety within the facility. These interactions served to reinforce and enhance the formal data collection process by offering real-time impressions of the facility's sexual safety climate.

Prior to each formal interview, the Auditor explained her independent role in the PREA

audit process and clarified the purpose of the interviews. Each person was informed that their participation was entirely voluntary and that choosing not to participate would not impact their standing or treatment in the facility. With this assurance, the Auditor asked whether they were willing to answer a few questions related to PREA standards and facility practices. Upon receiving consent, the Auditor proceeded with the standardized inmate interview protocols.

All 20 randomly selected individuals agreed to participate in the interviews. Each interview was conducted in a private and confidential setting to promote open and honest dialogue. Responses were hand-recorded by the Auditor during each session.

Throughout the interviews, no concerns, allegations, or disclosures related to sexual abuse or harassment were reported. All individuals demonstrated an understanding of the facility's zero-tolerance policy regarding sexual abuse and sexual harassment. They articulated awareness of how to report an incident, affirmed their belief in the availability of anonymous reporting options, and expressed confidence in their right to be free from retaliation for making a report.

The willingness of the inmate population to participate, combined with the consistency and clarity of their responses, provided strong support for the facility's ongoing efforts to uphold PREA standards and maintain a culture of safety, respect, and accountability.

Targeted Inmate/Resident/Detainee Interviews

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

0

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

<p>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:</p>	<p>0</p>
<p>40. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/ detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>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).</p>	<p>At the time of the on-site audit, there were no incarcerated individuals assigned to the facility who met the criteria for inclusion in this targeted category. As a result, no individuals from this classification were available to be interviewed during the audit process.</p>
<p>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:</p>	<p>0</p>

<p>41. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/ detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>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).</p>	<p>At the time of the on-site audit, there were no incarcerated individuals assigned to the facility who met the criteria for inclusion in this targeted category. As a result, no individuals from this classification were available to be interviewed during the audit process.</p>
<p>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:</p>	<p>0</p>
<p>42. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/ detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>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).</p>	<p>At the time of the on-site audit, there were no incarcerated individuals assigned to the facility who met the criteria for inclusion in this targeted category. As a result, no individuals from this classification were available to be interviewed during the audit process.</p>
<p>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:</p>	<p>0</p>

<p>43. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/ detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>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).</p>	<p>At the time of the on-site audit, there were no incarcerated individuals assigned to the facility who met the criteria for inclusion in this targeted category. As a result, no individuals from this classification were available to be interviewed during the audit process.</p>
<p>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:</p>	<p>0</p>
<p>44. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/ detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>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).</p>	<p>At the time of the on-site audit, there were no incarcerated individuals assigned to the facility who met the criteria for inclusion in this targeted category. As a result, no individuals from this classification were available to be interviewed during the audit process.</p>
<p>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:</p>	<p>0</p>

<p>45. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/ detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>45. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>At the time of the on-site audit, there were no incarcerated individuals assigned to the facility who met the criteria for inclusion in this targeted category. As a result, no individuals from this classification were available to be interviewed during the audit process.</p>
<p>46. Enter the total number of interviews conducted with inmates/residents/ detainees who identify as transgender or intersex using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</p>	<p>0</p>
<p>46. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/ detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>46. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>At the time of the on-site audit, there were no incarcerated individuals assigned to the facility who met the criteria for inclusion in this targeted category. As a result, no individuals from this classification were available to be interviewed during the audit process.</p>
<p>47. Enter the total number of interviews conducted with inmates/residents/ detainees who reported sexual abuse in this facility using the "Inmates who Reported a Sexual Abuse" protocol:</p>	<p>0</p>

<p>47. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/ detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>47. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>At the time of the on-site audit, there were no incarcerated individuals assigned to the facility who met the criteria for inclusion in this targeted category. As a result, no individuals from this classification were available to be interviewed during the audit process.</p>
<p>48. Enter the total number of interviews conducted with inmates/residents/ detainees who disclosed prior sexual victimization during risk screening using the "Inmates who Disclosed Sexual Victimization during Risk Screening" protocol:</p>	<p>0</p>
<p>48. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/ detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>48. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>At the time of the on-site audit, there were no incarcerated individuals assigned to the facility who met the criteria for inclusion in this targeted category. As a result, no individuals from this classification were available to be interviewed during the audit process.</p>

<p>49. Enter the total number of interviews conducted with inmates/residents/detainees who are or were ever placed in segregated housing/isolation for risk of sexual victimization using the "Inmates Placed in Segregated Housing (for Risk of Sexual Victimization/Who Allege to have Suffered Sexual Abuse)" protocol:</p>	<p>0</p>
<p>49. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>49. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>At the time of the on-site audit, there were no incarcerated individuals assigned to the facility who met the criteria for inclusion in this targeted category. As a result, no individuals from this classification were available to be interviewed during the audit process.</p>
<p>50. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):</p>	<p>There were no targeted inmate assigned to the facility at the time of the on-site audit.</p>
<p>Staff, Volunteer, and Contractor Interviews</p>	
<p>Random Staff Interviews</p>	
<p>51. Enter the total number of RANDOM STAFF who were interviewed:</p>	<p>12</p>

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

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 portion of the audit, the Auditor conducted a comprehensive assessment of the facility's operational culture by engaging in a series of informal and formal staff interviews. Throughout the facility tour, the Auditor took the opportunity to interact informally with numerous staff members stationed across different housing units, support areas, and administrative posts. These unstructured conversations, though casual in nature, served as valuable moments of observation and insight. Topics discussed included staff training on sexual abuse prevention and response, procedures for reporting incidents, institutional protocols following an allegation, and overall staff awareness of the facility's obligations under the Prison Rape Elimination Act (PREA). These informal exchanges offered meaningful, real-time validation of the information presented in the facility's documentation and formal interviews.

In addition to informal dialogue, the Auditor conducted twelve (12) formal interviews with staff members who were selected at random to ensure representation across all shifts, job functions, and departments. This sample included custody and non-custody personnel, administrative staff, and service providers. The goal was to capture a balanced view of PREA awareness and implementation throughout the facility.

Prior to each formal interview, the Auditor provided a clear explanation of the audit process, the independent nature of the Auditor's role, and the purpose behind the staff interviews. Staff were assured that their participation was completely voluntary, and that choosing to decline would have no adverse consequences. Once informed consent was obtained, the Auditor proceeded with the PREA-compliant interview protocol, using the standardized question set developed for facility staff.

All twelve randomly selected staff members agreed to participate and responded candidly to the questions presented. The

Auditor

recorded responses directly on the PREA interview forms. No staff member expressed hesitation about the process, and none raised concerns or reported knowledge of any PREA-related issues during the interview period. No additional interviews were required as no red flags or follow-up concerns were identified. The staff responses consistently reflected a strong institutional culture of awareness and compliance with PREA standards. Each interviewee was able to articulate the facility's zero-tolerance policy toward sexual abuse and sexual harassment and demonstrated understanding of their responsibility to act upon any report or suspicion of misconduct. Staff were able to describe multiple internal and external methods available for reporting—including verbal, written, and anonymous options—and expressed confidence in the facility's procedures for protecting both those who report and those who may be vulnerable. Staff also displayed a high degree of confidence in facility leadership's commitment to PREA. They reported regular training, active supervisory support, and access to informational resources. All twelve staff members stated they felt personally safe from sexual abuse and harassment while performing their duties at the facility. Furthermore, the Auditor confirmed that the audit notice had been posted in accordance with standard requirements prior to the on-site visit. Despite this advance notice, no correspondence, concerns, or inquiries were received from staff members before or during the audit period.

Overall, the staff interviews, both informal and formal, confirmed widespread knowledge of PREA standards and a shared commitment to ensuring a safe and respectful environment for both staff and incarcerated individuals.

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):	12
56. Were you able to interview the Agency Head?	<input checked="" type="radio"/> Yes <input type="radio"/> No
57. Were you able to interview the Warden/Facility Director/Superintendent or their designee?	<input checked="" type="radio"/> Yes <input type="radio"/> No
58. Were you able to interview the PREA Coordinator?	<input checked="" type="radio"/> Yes <input type="radio"/> No
59. Were you able to interview the PREA Compliance Manager?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if the agency is a single facility agency or is otherwise not required to have a PREA Compliance Manager per the Standards)

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
61. Did you interview VOLUNTEERS who may have contact with inmates/ residents/detainees in this facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
61. Enter the total number of VOLUNTEERS who were interviewed:	1
61. Select which specialized VOLUNTEER role(s) were interviewed as part of this audit from the list below: (select all that apply)	<input type="checkbox"/> Education/programming <input type="checkbox"/> Medical/dental <input type="checkbox"/> Mental health/counseling <input checked="" type="checkbox"/> Religious <input type="checkbox"/> Other
62. Did you interview CONTRACTORS who may have contact with inmates/ residents/detainees in this facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
62. Enter the total number of CONTRACTORS who were interviewed:	1
62. Select which specialized CONTRACTOR role(s) were interviewed as part of this audit from the list below: (select all that apply)	<input type="checkbox"/> Security/detention <input type="checkbox"/> Education/programming <input checked="" type="checkbox"/> Medical/dental <input 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 alignment with the guidance provided in the PREA Auditor Handbook, the selection of specialized staff for interviews was both strategic and deliberate. The intent was to ensure that key roles tied to the facility's sexual safety infrastructure were represented during the on-site assessment. The Auditor collaborated closely with facility leadership to identify staff members whose duties and responsibilities intersect directly with PREA compliance and implementation.

Specialized staff were selected based on their involvement in critical operational areas such as intake screening, incident response, internal investigations, medical and mental health care, staff training, and human resources. Among those interviewed were the Warden (Facility Head), the PREA Compliance Manager (PCM), investigators assigned to respond to PREA-related allegations, healthcare professionals in both physical and mental health services, representatives from Human Resources, and intake and classification personnel. These individuals were uniquely positioned to offer informed perspectives on how the facility applies PREA standards in real-time operational contexts. Interviews were arranged in a manner that was respectful of staff responsibilities and institutional schedules, minimizing disruption to the facility's routine. Each participant was informed in advance of the purpose of the interview and assured that their participation was voluntary. Before beginning the formal interview process, the Auditor explained their independent role in conducting the audit, clarified the objectives of the interview, and discussed how the information shared would be used to assess institutional compliance with PREA standards.

All specialized staff selected for interviews participated willingly and provided thoughtful, detailed responses to the standardized interview protocols. Their feedback reflected a clear understanding of the facility's zero-tolerance policy for sexual abuse and sexual

harassment and illustrated the practical

application of PREA policies across their respective departments. The insights shared during these interviews were invaluable, as they added depth to the documentation reviewed and substantiated the observations made throughout the on-site visit.

No barriers were encountered in identifying or accessing the appropriate specialized staff. Facility leadership demonstrated strong support for the audit process, ensuring that all required personnel were made available in a timely and organized manner. The level of cooperation and preparedness among the staff further reinforced the facility's commitment to transparency, accountability, and full compliance with the Prison Rape Elimination Act.

These interviews ultimately played a critical role in validating the facility's efforts to uphold PREA standards across multiple domains, confirming that policies are not only in place but are actively understood and practiced by those charged with safeguarding the incarcerated population.

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?	<input checked="" type="radio"/> Yes <input type="radio"/> 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)?	<input checked="" type="radio"/> Yes <input type="radio"/> No
66. Tests of all critical functions in the facility in accordance with the site review component of the audit instrument (e.g., risk screening process, access to outside emotional support services, interpretation services)?	<input checked="" type="radio"/> Yes <input type="radio"/> No
67. Informal conversations with inmates/ residents/detainees during the site review (encouraged, not required)?	<input checked="" type="radio"/> Yes <input type="radio"/> No
68. Informal conversations with staff during the site review (encouraged, not required)?	<input checked="" type="radio"/> Yes <input type="radio"/> No

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

The Auditor was granted full and unrestricted access to all areas of the facility throughout the on-site portion of the audit. Staff were cooperative and responsive to requests, and the tour was conducted in a manner that allowed for a comprehensive assessment of the institution's physical layout, security features, supervision practices, and environmental conditions.

During the facility walkthrough, the Auditor visited all housing units, intake and booking areas, medical and mental health services, program and education spaces, food service, visitation areas, segregation, recreation yards, control rooms, and staff offices. All security and restricted zones were accessible, and staff accompanied the Auditor while providing detailed explanations of unit operations and supervision protocols. There were no barriers to movement or access during the audit.

In addition to visual inspections, the Auditor informally tested several critical PREA-related functions. These included checking the availability and visibility of PREA educational posters, verifying the presence of multiple inmate-reporting options (including access to phones and third-party reporting instructions), inspecting grievance forms and drop boxes, and assessing the accessibility and placement of sexual abuse hotline numbers. All elements appeared to be in place and functional at the time of the tour.

The Auditor also conducted informal, unstructured conversations with both staff and incarcerated individuals encountered during the tour. These exchanges offered real-time insights into the culture of safety within the facility and complemented information gathered through formal interviews and documentation review. Staff consistently demonstrated awareness of their responsibilities related to preventing, detecting, and responding to sexual abuse and harassment. Inmates were generally familiar with PREA reporting options and expressed confidence in their ability to access

support if needed.

Facility cleanliness, sanitation, lighting, and privacy accommodations were also observed during the tour. Shower areas and toilet spaces had appropriate visual barriers in place, and supervision protocols were in line with PREA requirements regarding cross-gender viewing.

Overall, the site review confirmed that the facility maintains an environment that supports the core tenets of the Prison Rape Elimination Act, including safe housing, access to information, and the opportunity for confidential reporting. The open and transparent cooperation by facility staff further demonstrated the institution's commitment to sexual safety and PREA compliance.

Documentation Sampling

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

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

Yes

No

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

Personnel and Training Files:

At the time of the on-site audit, the facility reported employing a total of 38 staff members. To evaluate compliance with staff-related requirements under the Prison Rape Elimination Act (PREA), the Auditor conducted an in-depth review of 30 randomly selected staff personnel and training files. These files were chosen from the facility's master staff roster and represented a balanced cross-section of staff roles, including custody officers, administrative personnel, medical staff, and support services.

Each personnel file reviewed contained clear documentation of compliance with key PREA-related standards. The records included verification of initial background checks completed prior to hire, documentation of any relevant disciplinary history, and signed acknowledgments confirming receipt and understanding of PREA policies. Where applicable, five-year criminal history re-checks were also documented.

In addition to the personnel files, the Auditor examined 30 PREA training signature sheets and attendance records. These training logs substantiated that staff had completed both initial and annual refresher training as required by the Georgia Department of Corrections (GDC) policies and PREA Standard §115.31. Training content covered topics such as staff responsibilities for preventing and responding to sexual abuse and harassment, methods of reporting, and the agency's zero-tolerance policy.

The consistency and completeness of documentation across all reviewed staff files reflect a well-maintained system of training, accountability, and adherence to PREA standards. No deficiencies were noted.

Inmate File Review

On the first day of the audit, the facility reported an inmate population of 149. To assess the institution's compliance with inmate education and screening requirements under PREA, the Auditor

conducted a review

of 51 inmate records, selected at random from the population roster. The sampling method ensured a representative cross-section of individuals across housing units, age groups, racial and ethnic backgrounds, and varying lengths of stay.

Each of the 51 inmate files contained signed verification that PREA education was provided at intake, meeting the requirement for immediate orientation under PREA Standard §115.33. Documentation also showed that every inmate received a more detailed PREA education session within 30 days of admission, further supporting full compliance with the facility's education obligations.

The Auditor also examined each record for compliance with screening and reassessment requirements outlined in PREA Standard §115.41. All 51 inmates had been screened for risk of sexual victimization or abusiveness within 24 hours of intake. Additionally, every file included documentation confirming that a follow-up reassessment was completed within 30 days, aligning with the established policy timeline.

These findings indicate that the facility has institutionalized robust screening, education, and documentation practices that support the prevention and detection of sexual abuse and harassment.

Sexual Abuse and Sexual Harassment Allegations

According to information reported in the Pre-Audit Questionnaire and confirmed through interviews with the Facility Head, PREA Compliance Manager, and investigative staff, the facility received zero allegations of sexual abuse or sexual harassment in the 12-month period preceding the audit. Consequently, there were no incident reports or investigation files available for review during the on-site visit.

Nonetheless, the Auditor conducted interviews and reviewed relevant protocols to assess the facility's preparedness to respond effectively should an allegation arise. Staff

consistently articulated the correct procedures for responding to reports of sexual abuse or harassment and demonstrated a thorough understanding of their responsibilities under both GDC policy and federal PREA requirements.

Interviews also confirmed that all allegations—regardless of the source or method of report—would be promptly referred for investigation and documented in accordance with standard operating procedures. This readiness reflects a proactive institutional stance on prevention and response.

Investigation File Review

Consistent with the facility's report of zero allegations during the audit period, there were no investigation files available for review. However, the Auditor verified that policies, protocols, and trained personnel are in place to initiate or refer investigations as needed. The facility utilizes GDC's centralized investigative process and has designated liaisons who coordinate with internal and external investigative bodies, including the Office of Professional Standards (OPS) and local law enforcement when appropriate. Interviews with specialized staff confirmed that those responsible for responding to allegations have been trained in trauma-informed practices and are familiar with requirements for protecting victims, preserving evidence, and maintaining investigative integrity.

In summary, even in the absence of recent cases, the facility has demonstrated that it is well-positioned to respond swiftly and effectively to any future allegations of sexual abuse or harassment.

SEXUAL ABUSE AND SEXUAL HARASSMENT ALLEGATIONS AND INVESTIGATIONS IN THIS FACILITY

Sexual Abuse and Sexual Harassment Allegations and Investigations Overview

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

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

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

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

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

Sexual Abuse and Sexual Harassment Investigation Outcomes

Sexual Abuse Investigation Outcomes

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

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

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

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

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

Sexual Harassment Investigation Outcomes

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

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

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

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

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

Sexual Abuse and Sexual Harassment Investigation Files Selected for Review

Sexual Abuse Investigation Files Selected for Review

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

0

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

There were no sexual abuse allegations in the past 12 months.

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

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

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

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.	<input type="radio"/> Yes <input checked="" type="radio"/> 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.	<input checked="" type="radio"/> Yes <input type="radio"/> 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?	<input type="radio"/> The audited facility or its parent agency <input type="radio"/> My state/territory or county government employer (if you audit as part of a consortium or circular auditing arrangement, select this option) <input checked="" type="radio"/> A third-party auditing entity (e.g., accreditation body, consulting firm) <input type="radio"/> Other
Identify the name of the third-party auditing entity	Diversified Correctional Services

Standards
<p>Auditor Overall Determination Definitions</p> <ul style="list-style-type: none"> • Exceeds Standard (Substantially exceeds requirement of standard) • Meets Standard (substantial compliance; complies in all material ways with the stand for the relevant review period) • Does Not Meet Standard (requires corrective actions)
<p>Auditor Discussion Instructions</p> <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
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p><u>MATERIAL REVIEWED</u></p> <p>To assess the Hall County Correctional Institution’s adherence to PREA Standard §115.11, the auditor conducted a comprehensive review of documentation submitted by both the Georgia Department of Corrections (GDC) and the facility itself. These materials collectively outline a structured, agency-wide strategy aimed at eliminating sexual abuse, sexual harassment, and retaliation in confinement settings.</p> <p>Documents reviewed for this assessment included the facility’s completed Pre-Audit Questionnaire (PAQ); GDC Standard Operating Procedure (SOP) 208.06, titled Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program; Attachment 7 of SOP 208.06; the Hall County Correctional Institution’s PREA Policy 115.11 (revised July 1, 2022); the GDC Inmate Handbook; and the official GDC PREA Organizational Chart.</p> <p>Together, these documents form a cohesive policy and operational structure that reinforces GDC’s and the facility’s zero-tolerance posture. This framework includes</p>

detailed policies, structured training, education for staff and individuals in custody, oversight mechanisms, and clearly defined lines of authority. The alignment of facility-level procedures with statewide directives reflects a well-integrated approach to implementing the PREA standards across both state-operated and contracted institutions.

INTERVIEWS

Agency-Wide PREA Coordinator

The auditor interviewed the Georgia Department of Corrections' designated PREA Coordinator, a senior-level official with system-wide responsibility for PREA compliance. The Coordinator confirmed having sufficient authority, autonomy, and time to carry out duties that include policy development, training coordination, compliance monitoring, and direct support to facility PREA Compliance Managers (PCMs). The Coordinator described a proactive approach that involves frequent communication with PCMs and emphasized that PCMs are not assigned additional duties that would detract from their ability to focus on PREA-related responsibilities.

Facility PREA Compliance Manager

At the facility level, the PREA Compliance Manager reported that their role is exclusively focused on overseeing the implementation and monitoring of PREA-related protocols. The PCM stated that they are fully supported by the Warden and other facility leadership and affirmed having the time, authority, and resources necessary to fulfill their duties. The PCM demonstrated strong knowledge of relevant policies and practices and articulated a clear understanding of how to maintain PREA compliance at the facility. The collaborative relationship between the facility PCM and the agency-wide PREA Coordinator was described as strong and instrumental in maintaining consistent standards across the system.

Provision (a): Agency Policy Mandating Zero Tolerance

The Georgia Department of Corrections has established a firm, comprehensive zero-tolerance policy toward all forms of sexual abuse, sexual harassment, and retaliation, as outlined in SOP 208.06. This policy applies across all GDC-operated and contracted facilities and is intended to foster a secure and respectful environment for all incarcerated individuals.

Section I of SOP 208.06 presents the agency's clear and direct policy statement, communicating an unwavering commitment to preventing sexual misconduct. Section III defines key terms, outlines the responsibilities of both staff and incarcerated individuals, and provides procedural guidance for reporting and investigating incidents.

The GDC Inmate Handbook echoes these standards by informing individuals in custody of their rights and offering step-by-step guidance on how to report sexual abuse or harassment confidentially and safely. It makes clear that all acts of coerced or non-consensual sexual behavior are criminal offenses subject to prosecution. At the facility level, Hall County Correctional Institution's PREA Policy 115.11, last

revised on July 1, 2022, mirrors the GDC's statewide policy. This ensures consistent application of zero-tolerance principles and practices throughout the institution.

The agency's zero-tolerance commitment is further bolstered by the Office of Professional Standards (OPS), which oversees PREA compliance and also monitors adherence to ACA and ADA standards. OPS houses an auditing unit responsible for conducting internal reviews to ensure policies are being properly enforced. This layered system of accountability demonstrates a proactive, agency-wide effort to create a culture centered on safety, dignity, and respect.

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

In accordance with PREA Standard §115.11(b), the GDC has appointed a qualified, senior-level staff member as the statewide PREA Coordinator. This individual is situated within the Compliance Unit of the Office of Professional Standards and is tasked with ensuring that PREA requirements are consistently implemented across all facilities.

As specified in Section IV.A.1 of SOP 208.06, the Coordinator's responsibilities include developing statewide policies, offering technical support to PCMs, assisting in staff training initiatives, and maintaining communication with facility leaders to ensure consistent PREA implementation.

The GDC's PREA Organizational Chart confirms the Coordinator's reporting relationship to the Director of Compliance, a structure that supports high-level oversight and visibility within the agency's leadership team.

The Hall County Correctional Institution's local PREA Policy 115.11 mirrors these provisions, further aligning facility-level practices with GDC's system-wide directives. Interviews confirmed that the Coordinator is fully empowered and supported to carry out their responsibilities with the independence and authority necessary for successful oversight.

Provision (c): Designation of Facility-Level PREA Compliance Managers Each facility within the Georgia Department of Corrections system, including Hall County Correctional Institution, has designated a PREA Compliance Manager as required by PREA Standard §115.11(c). These individuals are tasked with managing day-to-day compliance activities and ensuring that PREA standards are actively upheld at their respective institutions.

SOP 208.06, Section IV.A.1, outlines the responsibilities of the PCM, which include monitoring the implementation of PREA requirements, ensuring staff receive necessary training, coordinating responses to allegations, and facilitating consistent enforcement of policies.

The PCM at Hall County Correctional Institution confirmed that they report directly to the Warden, have no conflicting duties, and are provided with ample time, support, and authority to focus solely on PREA compliance.

Hall County’s PREA Policy 115.11 reflects the same structure and expectations as SOP 208.06, ensuring that local implementation remains consistent with state-level mandates. This structured approach promotes clear lines of accountability and communication, strengthening the overall integrity of the agency’s compliance efforts.

CONCLUSION

Based on the documentation reviewed, interviews conducted, and practices observed, the Hall County Correctional Institution—under the guidance of the Georgia Department of Corrections—is in full compliance with PREA Standard §115.11. The agency and facility have demonstrated a system-wide, proactive commitment to maintaining a culture where sexual abuse, sexual harassment, and retaliation are not tolerated under any circumstance.

A well-structured and adequately resourced compliance infrastructure supports this commitment, including an empowered statewide PREA Coordinator and a dedicated PCM at the facility. These roles are not only clearly defined and consistently applied, but also strongly supported by leadership. The policies in place reflect best practices in prevention, detection, response, and accountability, all centered around the safety and dignity of every person in custody.

115.12	Contracting with other entities for the confinement of inmates
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Auditor Overall Determination: Meets Standard

Auditor Discussion

MATERIAL REVIEWED

To assess compliance with PREA Standard §115.12, the auditor conducted a detailed examination of key documents that collectively demonstrate the Georgia Department of Corrections’ (GDC) oversight and contractual enforcement of PREA requirements. The review included the facility’s completed Pre-Audit Questionnaire (PAQ); GDC Standard Operating Procedure (SOP) 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program; Attachment 7 of SOP 208.06; the Hall County Correctional Institution’s PREA Policy 115.12, revised July 1, 2024; and the Intergovernmental Agreement between the Georgia Department of Corrections and the Hall County Board of Commissioners.

These documents provide clear evidence of the agency’s commitment to ensuring that all facilities housing GDC inmates—whether directly operated by the Department or managed through a formal partnership—are subject to the same zero-tolerance expectations, policies, and oversight mechanisms as required by PREA.

INTERVIEWS

Agency Contract Administrator

The auditor conducted an interview with the GDC Agency Contract Administrator, who confirmed that every contract executed by the Department involving the confinement of incarcerated individuals includes an explicit and enforceable clause requiring full compliance with the PREA standards. The Administrator emphasized that this condition is non-negotiable and that no contract is approved or renewed unless it contains the required language committing the contracted facility to uphold all applicable PREA mandates. This practice applies uniformly to all contractual arrangements, including those with privately operated or county-run facilities.

PROVISIONS

Provision (a): Contractual Requirement to Comply with PREA

The Pre-Audit Questionnaire and supporting documentation confirmed that GDC has established a clear expectation that any contracting entity—public, private, or county-operated—must agree to comply with the PREA standards as a mandatory condition of their contractual relationship with the agency. This policy ensures that all individuals in GDC custody, regardless of the type of facility they are housed in, are afforded equal protections under the PREA framework.

Although the Hall County Correctional Institution does not independently enter into third-party contracts for confinement services, it operates under a formal Intergovernmental Agreement between GDC and the Hall County Board of Commissioners. This agreement was thoroughly reviewed and found to contain a specific clause requiring full implementation of and adherence to the PREA standards. As such, Hall County Correctional Institution is held to the same expectations and accountability as GDC-operated facilities or those managed by private contractors.

Additionally, interviews and documentation confirmed that Hall County does not subcontract with any other entities to provide housing or confinement services for incarcerated individuals. All operations fall under the single agreement with GDC, further solidifying the uniform application of PREA obligations.

Provision (b): Monitoring and Enforcement of PREA Obligations in Contracts

PREA Standard §115.12(b) requires that agencies ensure all new or renewed contracts for inmate confinement explicitly include the contractor's obligation to comply with PREA standards and permit appropriate monitoring of that compliance. Although the Hall County Correctional Institution does not engage in contracting activities independently, this requirement is fulfilled through GDC's contracting protocols and oversight procedures.

The Intergovernmental Agreement between GDC and Hall County includes detailed,

enforceable language mandating adherence to PREA and allowing for ongoing oversight. This includes the right of GDC and authorized auditing bodies to monitor PREA implementation and compliance within the facility. Through this structure, Hall County Correctional Institution remains fully subject to the same scrutiny, expectations, and enforcement mechanisms as any facility under direct or contractual management by GDC.

CONCLUSION

Based on the review of submitted documentation, the Intergovernmental Agreement, and the interview with the Agency Contract Administrator, it is evident that the Hall County Correctional Institution is in full compliance with PREA Standard §115.12.

The Georgia Department of Corrections has taken clear and consistent steps to ensure that all agreements involving the confinement of inmates, whether through private contracts or governmental partnerships, contain binding PREA compliance provisions. Hall County Correctional Institution, though not independently contracting, is held to these requirements through its agreement with GDC. This agreement includes language ensuring compliance with PREA standards and subjects the facility to routine monitoring and audits.

No evidence was found to suggest the existence of any contractual arrangements that lack the required PREA language or obligations. The agency’s proactive and structured approach guarantees uniform protection, enforcement, and oversight across all facilities that house GDC individuals, regardless of their operational model.

115.13	Supervision and monitoring
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p><u>MATERIAL REVIEWED</u></p> <p>To assess Hall County Correctional Institution’s compliance with PREA Standard §115.13, the Auditor conducted a comprehensive analysis of core operational and policy documents. These materials collectively reflect the facility’s commitment to ensuring appropriate staffing levels, employing monitoring technologies, and maintaining a robust supervisory presence to prevent and detect incidents of sexual abuse or sexual harassment.</p> <p>The primary documents reviewed included the facility’s completed Pre-Audit Questionnaire (PAQ) and all related attachments; 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; Hall County Correctional Institution’s PREA Policy 115.13, revised July 1, 2024; and the facility’s current PREA Staffing Plan, also dated</p>

July 1, 2024. These documents formed the foundation of the review and demonstrated that the facility has institutionalized practices to support PREA compliance through supervision, accountability, and proactive safety measures.

OBSERVATIONS

During the on-site audit, the Auditor conducted walk-throughs of multiple housing units, with particular attention paid to housing unit logbooks. These logs contained clear and detailed documentation of unannounced rounds completed by intermediate- and higher-level supervisors. The entries were consistently time-stamped and included descriptive narratives of the rounds, confirming their authenticity and regularity. The content of the logs aligned with staff reports and institutional policy, substantiating the facility's adherence to the PREA requirement for conducting unannounced rounds across all shifts.

INTERVIEWS

Facility Head or Designee

In a detailed interview, the Warden provided a broad overview of the facility's approach to supervision and monitoring. They explained that the staffing plan is built with attention to institutional layout, classification levels, population size, and available staff resources. The Warden noted the facility's average daily population of approximately 152 individuals and described the recent modernization of the surveillance system, including enhancements to coverage areas and recording capabilities. The Warden emphasized that decisions about staffing are influenced by both security needs and rehabilitative programming demands. At the time of the audit, the facility reported employing 38 staff members, with five newly hired in the past year. Additionally, five contractors and 45 volunteers were approved to work within the facility, though not all were actively involved at the time of review.

PREA Compliance Manager (PCM)

The PCM confirmed that both staffing patterns and camera coverage are reviewed on a regular basis to ensure they meet operational needs and PREA mandates. The PCM described their involvement in reviewing and updating the staffing plan, conducting periodic audits, and tracking compliance with supervisory practices. They emphasized the importance of adjusting staffing models based on programming schedules, movement patterns, and any identified vulnerabilities. The PCM's role includes coordination with GDC's statewide PREA Coordinator and maintaining oversight of all documentation related to supervision and monitoring.

Intermediate- or Higher-Level Supervisors

Supervisory staff consistently reported that they conduct unannounced rounds on all shifts, in accordance with PREA policy. They described these rounds as essential for maintaining facility integrity, deterring staff and resident misconduct, and fostering a culture of accountability. Supervisors stated that their rounds are not only documented in the housing unit logbooks but are also opportunities for direct interaction with both staff and incarcerated individuals. This level of presence

reinforces a visible leadership model that supports safety and compliance.

Random Line Staff

Line staff interviews corroborated the supervisory accounts. Officers confirmed that unannounced rounds by supervisors are conducted routinely—without advance warning—and include evenings, weekends, and holidays. They indicated that supervisors engage in meaningful observation and frequently check logbooks and camera feeds. Staff understood that advance notice of these rounds is strictly prohibited and considered policy violation. This practice is treated as a fundamental aspect of the institution’s security and oversight strategy.

Random Incarcerated Individuals

Incarcerated individuals consistently reported seeing supervisors regularly in their housing areas. Many noted that supervisory staff were accessible and often took the time to engage with residents during their rounds. Several also commented on the visibility and approachability of the PREA Compliance Manager. The frequency of these visits, as described by the individuals interviewed, reinforced the perception that staff presence was active and that concerns related to safety or sexual misconduct were taken seriously.

PROVISIONS

Provision (a): Staffing Plan Development

Hall County Correctional Institution has implemented a comprehensive staffing plan that addresses all 13 elements outlined in §115.13(a). The plan provides detailed post assignments, operational hours, coverage responsibilities, and information regarding the integration of surveillance technology with physical staff presence. The document demonstrates strategic allocation of personnel resources and reflects a sound understanding of the facility’s operational and security demands.

The plan specifically accounts for the consistent supervision of areas with high inmate traffic or increased vulnerability, such as program spaces, housing units, and recreation areas. It also provides contingency measures for maintaining coverage during unexpected absences.

Relevant Policies

GDC SOP 208.06 mandates the development and annual review of a PREA Staffing Plan using a standardized template (Attachment 11). Facility Wardens are expected to implement the plan in good faith and document any deviations. Hall County Correctional Institution’s PREA Policy 115.13, revised July 1, 2024, mirrors this policy in full and ensures uniform expectations across all facilities housing GDC inmates.

Provision (b): Documenting Deviations from the Staffing Plan

The PAQ and staff interviews confirmed that the facility did not experience any deviations from the approved staffing plan in the previous 12-month period. When unexpected vacancies or absences occur, the facility either reassigns personnel internally or authorizes overtime to maintain full coverage. As there were no

reportable deviations, no notifications to the PREA Coordinator were required during the review period.

Relevant Policies

SOP 208.06 requires any deviations from the staffing plan to be documented in the facility's daily Post Roster and reviewed by facility leadership. Persistent issues or trends must be analyzed, and recommendations for corrective action submitted to the GDC PREA Coordinator. Hall County's PREA Policy 115.13 reflects the same procedures and ensures consistent oversight.

Provision (c): Annual Staffing Plan Review

The facility completed its most recent annual staffing plan review on March 17, 2025. The review was conducted in partnership with the GDC PREA Coordinator and included a full assessment of staffing coverage, camera placements, and any physical plant modifications. The Auditor reviewed supporting documentation, including staffing audits and coverage maps, and found that all areas accessible to incarcerated individuals were appropriately monitored.

Relevant Policies

GDC SOP 208.06 requires that all PREA Staffing Plans be reviewed annually. The review must consider changes in population, facility layout, and security technology. Hall County's PREA Policy 115.13 is fully aligned with these expectations and includes specific requirements for submitting modifications to the PREA Coordinator for approval.

Provision (d): Unannounced Supervisory Rounds

Hall County Correctional Institution consistently implements unannounced rounds conducted by intermediate- and higher-level supervisors across all shifts. These rounds are clearly documented in logbooks, and the Auditor confirmed their regularity and authenticity through both observation and record review. Supervisors understand and adhere to the policy prohibiting advance notice of rounds, unless dictated by an emergency.

These rounds serve as a deterrent to misconduct, an opportunity for proactive engagement, and a critical safeguard in the prevention of sexual abuse and harassment.

Relevant Policies

Per SOP 208.06, supervisors must perform and record unannounced rounds at least weekly during every shift. Documentation is required in housing unit logbooks and must include observations relevant to safety and policy adherence. Hall County's PREA Policy 115.13 includes the same provisions and ensures facility-wide implementation.

CONCLUSION

Based on the review of documentation, facility observations, and interviews with

	<p>correctional staff and incarcerated individuals, the Auditor concludes that Hall County Correctional Institution is in full compliance with PREA Standard §115.13 – Supervision and Monitoring.</p> <p>The facility has developed a detailed and responsive staffing plan, backed by routine reviews and supported by proactive surveillance and unannounced supervisory rounds. These efforts collectively demonstrate the institution’s strong commitment to maintaining a safe, accountable, and transparent correctional environment that upholds the goals of the Prison Rape Elimination Act and prioritizes the dignity and safety of every individual in its care.</p>
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115.14	Youthful inmates
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p><u>MATERIAL REVIEW</u></p> <p>To evaluate Hall County Corrections compliance with the requirements outlined in PREA Standard §115.14, which addresses the housing and supervision of youthful inmates, the Auditor conducted a thorough review of all relevant documentation submitted prior to the onsite audit. This comprehensive analysis included the facility’s completed Pre-Audit Questionnaire (PAQ) and its associated supporting materials.</p> <p>Also reviewed were the Georgia Department of Corrections (GDC) Standard Operating Procedure (SOP) 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective June 23, 2022, and Hall County Correctional Institution’s PREA Policy 115.14, revised July 1, 2022.</p> <p>These policies clearly define agency-wide procedures for the classification, housing, and supervision of youthful inmates—defined as individuals under the age of 18 who are housed in adult correctional facilities. Although Hall County Corrections does not receive or detain youthful inmates, the review confirmed that the GDC and Hall County Correctional Institution maintain established protocols to ensure compliance with federal PREA mandates should the need arise.</p> <p><u>OBSERVATIONS</u></p> <p>During the on-site facility tour, the Auditor conducted a detailed walkthrough of all housing units, common areas, and programmatic spaces. Throughout the inspection, there were no indicators suggesting the presence of youthful inmates. Housing unit rosters, dormitory assignments, and posted signage were examined and revealed no evidence of youthful offender placement.</p> <p>In addition, the Auditor reviewed the facility’s current inmate roster, verifying that no individuals were listed with birthdates indicating they were under the age of 18.</p>

Specifically, there were no entries with birth years of 2007 or later. These findings were consistent with the facility's self-report in the PAQ and corroborated by staff interviews, confirming that Hall County Corrections does not and has not housed youthful inmates during the current audit review period.

INTERVIEWS

Facility Head

In both formal interviews and informal discussion, the Warden affirmed that Hall County Corrections does not house any individuals under the age of 18. They explained that the facility is classified as an adult male institution and is not approved to receive youthful offenders. The Warden confirmed that there have been no youthful inmates housed at the facility in the past and that there are no operational procedures in place for such an occurrence, as any such assignment would be rerouted to a designated juvenile or youthful offender facility within the GDC system.

PREA Compliance Manager (PCM)

Echoing the Facility Head's statements, the PREA Compliance Manager confirmed that the facility's population consists exclusively of adult males. The PCM explained that if a youthful inmate were ever mistakenly assigned to the facility, immediate corrective action would be taken in accordance with GDC policy. This would include notifying appropriate officials and initiating a transfer to an appropriate facility equipped to house youthful individuals in compliance with PREA guidelines.

Youthful Inmates

As the facility does not detain individuals under the age of 18, no youthful inmates were available for interview. Accordingly, this component of the interview process was not applicable to the current audit.

PROVISIONS

Provision (a): Housing Restrictions for Youthful Inmates

Hall County Corrections reported in its PAQ that it does not house youthful inmates, and this declaration was substantiated through a review of the inmate roster. No individuals were identified with birthdates indicating they were under 18 years of age. Therefore, while the facility was not required to demonstrate compliance with the specific housing safeguards outlined in Provision (a), it is worth noting that GDC policy outlines a clear and protective framework for any facility within its system that might house youthful inmates.

Relevant Policy

GDC SOP 208.06, Section 7(a–c), addresses the expectations for facilities that receive youthful inmates. These include prohibiting contact between youthful and adult inmates, ensuring line-of-sight supervision, and protecting youthful individuals from exposure to adult behavior or environments. Although this policy is not applied at Hall County Corrections, it reflects a system-level preparedness and a consistent

commitment to the protection of this vulnerable population. Hall County Correctional

Institution’s PREA Policy 115.14, revised July 1, 2022, fully mirrors this GDC directive and reinforces the same protections.

Provisions (b) and (c)

Provisions (b) and (c) are not applicable to Hall County Corrections, as the facility neither houses nor is authorized to house youthful inmates. There are no standing procedures in place to manage youthful offender placements, as such responsibilities fall to other designated facilities within the Georgia Department of Corrections system.

CONCLUSION

Following a comprehensive review of facility documentation, direct observation of housing and program areas, and interviews with key staff, the Auditor concludes that Hall County Corrections is in full compliance with PREA Standard §115.14 – Youthful Inmates.

The facility does not house any individuals under the age of 18 and has demonstrated a clear understanding of its classification and housing limitations. Furthermore, the Georgia Department of Corrections maintains comprehensive and enforceable policies to protect youthful inmates should placement at another facility be required. This reflects a coordinated and thoughtful approach to ensuring the safety, dignity, and legal protections of youthful individuals within the correctional system.

115.15	Limits to cross-gender viewing and searches
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p><u>MATERIAL REVIEW</u></p> <p>To assess the facility’s adherence to PREA Standard §115.15—Limits to Cross-Gender Viewing and Searches—the Auditor conducted a thorough examination of the facility’s Pre-Audit Questionnaire (PAQ) alongside an extensive set of supporting materials. This comprehensive review focused on determining whether policies and practices effectively safeguard the privacy and dignity of all individuals in custody, particularly during searches and moments of undress.</p> <p>The key materials reviewed included:</p> <ol style="list-style-type: none">1. Georgia Department of Corrections (GDC) Standard Operating Procedure (SOP) 208.06, PREA: Sexually Abusive Behavior Prevention and Intervention Program, effective June 23, 2022.2. GDC SOP 226.01, Searches, Security, Inspections, and Use of Permanent Logs, effective May 27, 2020.

The GDC Contraband Interdiction and Searches Curriculum, which integrates procedural guidance from SOPs 226.01 and 206.02.

3. Facilitator notes and annual training materials specific to cross-gender and transgender/intersex searches.
4. A memorandum dated September 12, 2024, from the Director of Facilities Administration Support, summarizing key revisions to SOPs 226.01 and 220.09.
5. Staff training records verifying annual participation in PREA-mandated instruction on search procedures, with content tailored for working with transgender and intersex individuals.
6. Summaries of interviews conducted with facility staff and individuals in custody, used to validate reported practices.
7. Hall County Correctional Institution's internal PREA Policy 115.15, revised on July 1, 2024, which aligns with GDC guidance and reinforces procedural expectations.

Collectively, these documents provided a well-documented framework for how the facility addresses limitations on cross-gender viewing, governs search procedures, and ensures respect for individuals' gender identity, privacy, and bodily autonomy. Policies were found to be clearly communicated, operationalized through training, and supported by consistent supervisory oversight.

OBSERVATIONS

During the on-site assessment, the Auditor directly observed that staff followed appropriate protocols when entering housing units of a different gender. Notably, audible announcements were consistently made by staff of a different gender—this included female staff members and the female Auditor—prior to entering male housing areas. These announcements were made in advance, allowing individuals the opportunity to cover themselves and maintain personal privacy, demonstrating an institutional commitment to respecting boundaries.

At the time of the audit, the facility was not housing any individuals who identify as transgender or intersex. This was verified through a review of the facility's current population roster, which did not include any notations or classifications indicating such identities.

INTERVIEWS

Non-Medical Staff Involved in Cross-Gender Searches

Staff members who may be in positions to conduct searches uniformly expressed a clear understanding of policy: cross-gender strip and visual body cavity searches are strictly prohibited except in documented exigent circumstances. Personnel were able to articulate the process for obtaining authorization from the Facility Head, and affirmed that any such search must be conducted by appropriately licensed medical professionals. Staff also demonstrated knowledge of the documentation procedures

required in such rare cases, consistent with PREA policy.

Random Staff

A total of 19 staff members participated in formal interviews, complemented by several informal discussions throughout the audit. These interviews revealed a strong and consistent understanding of search protocols, privacy rights, and the ethical imperatives of treating all individuals in custody with dignity. Key takeaways included:

- Every staff member reported receiving PREA training within the past year.
- No staff indicated they had conducted or observed a cross-gender strip or body cavity search.
- Male staff were consistently identified as the personnel responsible for conducting searches on male individuals.
- Female staff confirmed that they do not perform strip or body cavity searches on male individuals in custody.
- Staff clearly understood the prohibition against conducting searches solely to determine the genital status of a transgender or intersex individual.
- Multiple staff discussed the importance of privacy accommodations for transgender or intersex individuals, including offering shower schedule modifications or alternative arrangements, should such individuals be housed at the facility in the future.

Rando Inmates

Individuals in custody shared their perspectives during interviews and consistently affirmed that privacy measures are both well-communicated and routinely observed. Inmates expressed confidence in the facility's procedures and offered the following consistent feedback:

- None reported ever experiencing a cross-gender strip search.
- They are able to shower, change clothing, and use the restroom in private, without observation by staff of a different gender.
- Opposite-gender staff always announce their presence before entering areas where individuals may be undressed.

Transgender and Intersex Inmates

There were no known transgender or intersex individuals in custody at the time of the audit, so interviews were not conducted for this category. However, staff were able to articulate, with clarity and confidence, the policies and respectful practices that would apply if such individuals were housed at the facility. These included honoring search preferences noted during classification, maintaining dignity, and conducting any necessary searches in private by appropriate staff or medical personnel.

PROVISIONS

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

The facility's PAQ and staff interviews confirmed that cross-gender strip and visual

body cavity searches are not permitted except in exigent circumstances. Any such occurrence must be authorized by the Facility Head and performed only by medical personnel. No instances of such searches were reported within the 12 months preceding the audit.

Relevant Policies:

- GDC SOP 208.06, Section 8.a explicitly prohibits cross-gender strip and visual body cavity searches unless exigent circumstances arise or a licensed medical provider is involved.
- GDC SOP 226.01, Section IV.C.1.d addresses search protocols for transgender and intersex individuals.
- A Policy Information Bulletin (PIB) dated September 12, 2024, revised SOPs 226.01 and 220.09 to include enhanced guidance on searches aligned with an individual's gender identity preferences, as recorded using Attachment 1 of SOP 220.09.
- Hall County Correctional Institution's internal PREA Policy 115.15 reflects and enforces the same standards.

Provision (b): Searches of Female Inmates

This provision does not apply to the audited facility, as it houses only adult male individuals. No females or male-to-female transgender individuals were in custody during the review period.

Provision (c): Exigent Circumstances and Documentation

The facility reported no instances of cross-gender strip or body cavity searches in the audit period. In accordance with policy, should an exigent circumstance arise, a full and detailed documentation process would be required, including the specific justification for the search and the personnel involved.

Relevant Policy:

GDC SOP 208.06, Section 8.c mandates full documentation for any cross-gender strip or body cavity search, including the rationale and staff involved. Hall County Correctional Institution's PREA Policy 115.15 aligns with this requirement.

Provision (d): Viewing of Inmates During Personal Activities

Individuals in custody are provided with reasonable privacy when showering, changing clothes, or using the toilet. Observations and interviews confirmed that opposite-gender staff do not view individuals during these private activities, and audible announcements are consistently made before entering housing areas.

Relevant Policies:

- GDC SOP 208.06, Section 8.d prohibits such viewing except in exigent situations or when incidental to routine duties.
- Section 8.e requires staff to announce their presence prior to entering units.

- Section 8.f outlines strategies for communicating this policy, including

signage, orientation briefings, and scheduled announcements.

- Hall County’s Policy 115.15 is consistent with these directives.

Provision (e): Searches of Transgender or Intersex Inmates

Policies strictly prohibit searches or examinations conducted solely to determine genital status. Staff have been trained to conduct searches of transgender and intersex individuals in a manner that upholds dignity, with preference given to trained medical professionals in private settings.

Relevant Policies:

- GDC SOP 208.06, Section 8.g prohibits searches for genital identification.
- Section 8.h mandates training for respectful search practices.
- The GDC Contraband Interdiction and Searches Curriculum reinforces these principles.
- Hall County’s Policy 115.15 reflects all applicable state-level guidance.

Provision (f): Staff Training

Training documentation confirmed that all staff had received updated instruction within the prior year, including modules on cross-gender and transgender/intersex search procedures. Training sessions combined classroom learning with hands-on instruction to reinforce respectful and policy-aligned practices. Staff interviews further confirmed that female staff do not conduct strip or cavity searches on male individuals and defer to male staff for such responsibilities when necessary.

CONCLUSIONS

Following a comprehensive review of facility documents, staff training records, interviews with staff and individuals in custody, and on-site observations, the Auditor finds the facility to be in full compliance with PREA Standard §115.15—Limits to Cross-Gender Viewing and Searches. The facility has instituted and upheld sound policies that prioritize individual dignity, prohibit inappropriate searches, and ensure that staff are well-trained to implement procedures consistent with PREA standards. The audit revealed no instances of non-compliance, and the staff’s professionalism and awareness of the standard’s requirements reflect a strong institutional culture of respect, privacy, and accountability.

115.16	Inmates with disabilities and inmates who are limited English proficient
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

MATERIAL REVIEW

To evaluate the facility's compliance with PREA Standard §115.16, which requires equitable access to PREA-related information and protections for individuals with disabilities and those with limited English proficiency (LEP), the Auditor conducted an extensive review of documentation submitted as part of the Pre-Audit Questionnaire (PAQ). These materials outlined the facility's policies, protocols, and practices for ensuring that all individuals—regardless of ability or language—are able to access and understand the processes for reporting, preventing, and responding to incidents of sexual abuse or sexual harassment.

The document review included:

1. Georgia Department of Corrections (GDC) Standard Operating Procedure (SOP) 208.06, Prison Rape Elimination Act (PREA): Sexually Abusive Behavior Prevention and Intervention Program, effective June 23, 2022
2. Hall County Correctional Institution's internal PREA Policy 115.16, revised July 1, 2024
3. PREA Offender Brochures, published in both English and Spanish
4. An Interpretative Services Agreement outlining the availability and procedures for language support
5. Dialing instructions for accessing the GDC PREA Hotline, also provided in both English and Spanish
6. PREA awareness posters and signage prominently displayed in various facility locations

Together, these documents demonstrated the agency's proactive approach to inclusive communication and service accessibility. They reflect a commitment to ensuring that all individuals in custody—regardless of disability or language ability—receive critical PREA information and support in formats they can fully understand.

OBSERVATIONS

During the on-site facility tour, the Auditor observed widespread placement of PREA educational materials, including posters and informational signage in both English and Spanish. These were clearly visible in housing units, hallways, workspaces, intake areas, and the visitation lobby. The placement and visibility of these materials confirmed that the facility makes consistent efforts to communicate PREA protections and reporting options across the population.

Additionally, the Auditor was provided with brochures, visual education tools, interpreter protocols, and video resources designed to enhance understanding among individuals with varying communication needs. Materials were verified to be accessible in multiple languages and formats, including options for individuals with visual, hearing, cognitive, or literacy limitations.

INTERVIEWS

Facility Head

In both formal interviews and informal discussions, the Facility Head articulated the facility's comprehensive approach to ensuring access for individuals with disabilities and LEP. They described in detail how accommodations are tailored to support diverse communication needs. The Facility Head also confirmed that staff are trained to use interpreter services, provide alternative formats, and avoid reliance on incarcerated individuals for interpretation or assistance in PREA-related matters.

Random Staff

All staff interviewed exhibited strong awareness of the policies prohibiting the use of incarcerated individuals as interpreters, readers, or aides in any PREA-related context. Every staff member confirmed understanding of the policy and reported no instances of non-compliance within the past year. This consistent feedback across all interviews indicates effective policy communication and institutional reinforcement of this critical safeguard.

Inmates with Disabilities

At the time of the audit, the facility had no individuals in custody with self-identified or documented disabilities that would impact communication in the context of PREA. Consequently, no interviews were conducted under this category for this standard.

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

The facility's PAQ indicated that systems are in place to ensure that individuals with disabilities and those with LEP have an equal opportunity to participate in and benefit from the facility's sexual abuse prevention, detection, and response efforts. This claim was substantiated through interviews with the Facility Head and by the presence of multilingual and accessible materials observed during the site tour.

Incarcerated individuals who fall into these categories reported receiving PREA education in ways they could understand—whether through visual presentations, simplified written materials, audio formats, or in-person explanations delivered by trained staff or qualified interpreters.

The Auditor reviewed the Interpretative Services Agreement, which outlines procedures for accessing live interpretation in numerous languages, including American Sign Language (ASL). This agreement ensures that language access services are available on-demand, and that all individuals, regardless of spoken or signed language, can communicate effectively in matters related to PREA.

Relevant Policies:

GDC SOP 208.06, Section 9(a), directs facilities to utilize SOP 103.63 (ADA Title II Provisions) to guide effective communication with individuals who have disabilities or are LEP. This policy underscores the responsibility of the PREA Compliance Manager to guarantee that PREA-related information is conveyed clearly and accessibly.

Hall County Correctional Institution's PREA Policy 115.16, revised July 1, 2024, echoes

this standard and outlines specific procedural expectations.

Provision (b): Accommodations for Communication Needs

The facility has implemented a broad range of accommodations designed to ensure that individuals with varying communication abilities can fully engage with all aspects of PREA education and services. These accommodations include:

- An Interpretive Services Program that provides access to live interpretation for foreign languages and ASL
- PREA brochures and posters in English and Spanish, placed throughout the facility
- Educational video content available with Spanish voiceovers and closed captions

Tailored support is also available for individuals with specialized needs:

- **Limited English Proficiency (LEP):** Spanish-language versions of all PREA materials are readily available, and interpretation services are accessible for other languages upon request
- **Hearing Impaired:** Visual aids, closed-captioned videos, and ASL interpreters ensure that key information is accessible
- **Visually Impaired:** PREA education is delivered through audio recordings or read aloud by trained staff; Braille materials can be provided if needed
- **Cognitively Impaired or Individuals with Limited Literacy:** Simplified, easy-to-understand versions of PREA materials are offered, often read aloud or accompanied by audio assistance

Relevant Policies:

GDC SOP 208.06 mandates that PREA education be provided in both verbal and written formats, and that content must include an explanation of sexual abuse prevention, self-protection methods, reporting options, and available support services.

Hall County Correctional Institution’s PREA Policy 115.16, revised July 1, 2024, reflects and reinforces these expectations.

Provision (c): Prohibition on Use of Inmate Interpreters

The facility maintains a strict policy against using incarcerated individuals to interpret, read, or assist others in PREA-related communications, except in rare exigent circumstances where immediate safety or investigation needs take precedence. This prohibition was confirmed in the PAQ and reaffirmed through consistent staff responses during interviews.

All staff interviewed stated unequivocally that they were aware of and adhered to this policy. No incidents involving incarcerated interpreters were reported within the past 12 months.

	<p>Relevant Policies:</p> <p>GDC SOP 208.06, Sections 9(b), pages 12–13, clearly prohibit the use of other incarcerated individuals for interpretive or assistance purposes unless a delay would pose a risk to safety, hinder emergency responses, or jeopardize an investigation.</p> <p>Hall County Correctional Institution’s internal PREA Policy 115.16 is aligned with this requirement.</p> <p>Given the robust availability of interpretation resources—including contracted services, remote video interpretation, and staff trained in alternative communication methods—facility personnel are fully equipped to ensure accurate, timely, and professional communication, without relying on peers or unqualified individuals.</p> <p><u>CONCLUSION</u></p> <p>Based on a detailed review of submitted documentation, visual confirmation during the facility tour, and consistent feedback from interviews with staff and incarcerated individuals, the Auditor concludes that the facility is fully compliant with PREA Standard §115.16. Hall County Correctional Institution has developed and implemented inclusive systems that ensure individuals with disabilities and those who are limited English proficient have meaningful access to PREA-related education, services, and protections. These practices reflect a deep institutional commitment to equity, safety, and human dignity for all persons in custody.</p>
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115.17	Hiring and promotion decisions
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p><u>MATERIAL REVIEW</u></p> <p>To determine compliance with PREA Standard §115.17, which governs employment practices in relation to sexual abuse prevention, the Auditor conducted a comprehensive review of the facility’s Pre-Audit Questionnaire (PAQ) and an extensive collection of supporting materials. The documentation provided a clear and detailed account of the Georgia Department of Corrections’ (GDC) commitment to implementing PREA standards within its employment, promotion, and volunteer/ contractor engagement practices.</p> <p>Key materials examined during this review included:</p> <ol style="list-style-type: none"> 1. The facility’s completed Pre-Audit Questionnaire (PAQ) 2. GDC Standard Operating Procedure (SOP) 208.06 – PREA: Sexually Abusive

Behavior Prevention and Intervention Program, effective June 23, 2022

3. GDC SOP 104.09 – Filling a Vacancy, effective May 27, 2022
4. GDC SOP 104.09, Attachment 4 – Applicant Verification Form, revised May 25, 2022
5. GDC SOP 104.18 – Obtaining and Using Records for Criminal Justice Employment, effective October 13, 2020
6. Hall County Correctional Institution’s PREA Policy 115.17, revised July 1, 2024

A sample of 34 personnel files, including documentation related to criminal history checks, PREA-related disclosures, verification forms, and background investigations for employees, contractors, and volunteers

The review of personnel files confirmed that the facility fully adheres to the screening, disclosure, and documentation requirements outlined in PREA Standard §115.17. Each reviewed file included completed criminal history checks, signed PREA verification forms, and disclosure responses regarding prior misconduct. The facility reported that 38 individuals employed during the audit period had regular or potential contact with incarcerated individuals, and that 7 of these were new hires within the last 12 months. Each of these new hires had undergone thorough background screening in accordance with PREA standards and departmental policy.

INTERVIEWS

Human Resources and Administrative Personnel

Interviews with staff from the Human Resources department verified that the GDC and the facility maintain a structured, policy-based approach to the hiring, promotion, and re-screening of all employees, contractors, and volunteers who may have contact with individuals in custody. The Auditor confirmed the following practices:

- Every applicant is required to respond to written PREA-related questions concerning prior involvement in sexual abuse, sexual harassment, or other relevant misconduct.
- Criminal background checks are mandatory and completed before employment begins. These checks are also required prior to promotion and are repeated every five years for all staff with inmate contact.
- A centralized, digital tracking system is used to monitor the status and renewal dates of background screenings for all personnel, including volunteers and contractors.
- Arrests or criminal activity occurring during employment must be reported by staff through appropriate supervisory channels.
- In compliance with federal standards, the facility discloses any substantiated allegations of sexual misconduct or harassment involving former staff members when contacted by institutional employers, unless restricted by law.

The consistency between documented practices and interview responses reflected a strong institutional commitment to applying PREA requirements with diligence and

transparency.

PROVISIONS

Provision (a): Hiring and Promotion Restrictions

The facility strictly adheres to federal PREA mandates by prohibiting the hiring, promotion, or contractual engagement of 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 any other institution under 42 U.S.C. 1997;
- Has been convicted of engaging or attempting to engage in sexual conduct through force, coercion, or with a person unable to consent;
- Has been the subject of civil or administrative findings related to such behavior.
- These restrictions were verified through a review of personnel records and confirmed by Human Resources during interviews.

Relevant Policy:

- GDC SOP 208.06, Sections 10.a.i–v (pp. 13–14), explicitly outlines these prohibitions.
- Hall County Correctional Institution’s PREA Policy 115.17 mirrors these requirements and ensures enforcement at the facility level.

Provision (b): Consideration of Sexual Harassment Incidents

When making hiring, promotion, or contract decisions, the facility reviews any known history of sexual harassment involving applicants or candidates. This practice was confirmed through HR interviews and the review of personnel screening forms.

Relevant Policy:

- SOP 208.06, Section 10.a.ii (p. 13) mandates this review.
- Hall County’s PREA Policy 115.17 upholds and reinforces this protocol.

Provision (c): Pre-Hire Screening Practices

Before an individual is hired into a position involving contact with incarcerated individuals, the facility ensures that:

- A criminal background investigation is completed;
- Best efforts are made, consistent with the law, to contact previous institutional employers to determine whether the applicant resigned during

a

pending investigation or had substantiated allegations of sexual abuse.

The facility hired seven new employees in the 12 months prior to the audit. The Auditor reviewed relevant records for all new hires, along with a broader sample of 50 staff members. In all cases, the background check process was properly completed, and each file included affirmative responses to the three PREA-mandated questions, along with signed PREA acknowledgment forms.

Relevant Policy:

1. SOP 208.06, Sections 10.a.iii–iv
2. SOP 104.09 – Filling a Vacancy
3. Hall County’s PREA Policy 115.17 reflects these standards and expectations.

Provision (d): Contractor Screening

All contractors with potential inmate contact are required to undergo a criminal history background check before beginning work and must repeat the process at least every five years. Three contractors were active during the audit period, and all had documented screenings on file.

Relevant Policy:

- SOP 208.06, Section 10.b.ii (p. 15)
- Contractor/Volunteer Verification Form (Attachment 13)
- Hall County Correctional Institution’s internal PREA Policy 115.17

Provision (e): Ongoing Rechecks Every Five Years

To maintain continued compliance, the facility requires criminal background rechecks every five years for employees and contractors with inmate contact. This was validated through both interviews and documentation.

Relevant Policy:

SOP 104.18, Section IV details the procedures for criminal record retrieval, consent, GCIC checks, and disclosure obligations.

- Hall County’s PREA Policy 115.17 includes the same requirements for routine rescreening.

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

All applicants and employees must disclose any prior incidents of sexual abuse, harassment, or misconduct. These disclosures are required during the hiring process

and must be updated if any misconduct occurs during employment.

Personnel forms reviewed by the Auditor confirmed that staff had been asked these questions and that signed acknowledgments were retained in their files.

Provision (g): False Information and Material Omissions

Facility policy makes clear that any falsification or omission of PREA-related information during the hiring or promotion process is grounds for termination. Human Resources confirmed this policy is well understood by staff and actively enforced.

Relevant Policy:

- SOP 208.06, Section 10.a.v (p. 14) explicitly identifies such behavior as cause for termination.
- Hall County’s PREA Policy 115.17 reiterates this directive.

Provision (h): Sharing Employment History Upon Request

The facility complies with PREA’s requirement to provide substantiated information about former staff to requesting institutional employers, as long as legal restrictions do not apply. Human Resources confirmed that employment verifications, when requested by another agency, include disclosures related to sexual misconduct or harassment, if applicable.

CONCLUSION

Based on an in-depth examination of facility records, human resources procedures, staff interviews, and supporting documentation, the Auditor concludes that Hall County Correctional Institution is in full compliance with PREA Standard §115.17. The facility has implemented a robust and consistent system for vetting all individuals who may have contact with those in custody. These practices reflect a clear institutional commitment to maintaining a safe, respectful, and professionally accountable environment—one that aligns closely with the core values and requirements of the Prison Rape Elimination Act.

115.18	Upgrades to facilities and technologies
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<u>MATERIAL REVIEW</u>
	In preparation for the on-site portion of the PREA audit, the Auditor undertook a

detailed and structured examination of the facility's Pre-Audit Questionnaire (PAQ) along with all related documentation submitted for review. This material review was conducted with a focus on identifying how the facility incorporates physical plant considerations and technological enhancements into its overall strategy for PREA compliance and resident safety.

Among the most critical documents reviewed was the Georgia Department of Corrections (GDC) Standard Operating Procedure (SOP) 208.06, titled Prison Rape Elimination Act (PREA): Sexually Abusive Behavior Prevention and Intervention Program, effective June 23, 2022. This SOP outlines the agency's comprehensive approach to sexual safety and reinforces the critical role of both facility design and technological infrastructure in the prevention, detection, and response to sexual abuse and sexual harassment. The policy emphasizes the value of strategic planning, accountability, and collaboration as key drivers in promoting a zero-tolerance culture and fostering continuous improvement across correctional settings.

In addition to SOP 208.06, the Auditor reviewed facility-specific plans and documentation regarding recent or planned upgrades, including security infrastructure investments, layout modifications, and initiatives designed to address areas vulnerable to limited visibility. These records provided a foundational understanding of the facility's physical environment and demonstrated its commitment to aligning its operations with PREA objectives.

OBSERVATIONS

During the on-site visit, the Auditor conducted a thorough walkthrough of all major areas within the facility, with heightened attention paid to the configuration of housing units, the placement and condition of security equipment, and the integration of technology to support surveillance and supervision. The tour included living quarters, program spaces, hallways, administrative offices, and exterior grounds.

Throughout the facility, fixed-position surveillance cameras were observed in locations consistent with effective monitoring practices. These included housing pods, dayrooms, work areas, and all movement corridors. The placement of cameras was strategic, offering extensive coverage and minimizing blind spots. Where the building's design posed visibility challenges—such as alcoves or corners—convex security mirrors had been installed to enhance line-of-sight monitoring for staff.

The Auditor also noted clear evidence of recent or ongoing technological improvements. In several areas, newly installed cameras and freshly routed wiring were visible, indicating that the facility is actively engaged in a phased upgrade of its surveillance systems. These enhancements were confirmed by staff and leadership, who reported that the facility is implementing these changes as part of a broader safety and modernization initiative. The focus of this work is to enhance incident prevention, improve investigative capabilities, and reinforce a secure environment for all individuals in custody.

These physical and technological advancements directly support the facility's commitment to PREA compliance and reflect a proactive, prevention-focused philosophy in its day-to-day operations.

INTERVIEWS

Facility Head or Designee

In a structured interview, the Facility Head articulated a clear and comprehensive vision for how facility design and technology contribute to maintaining a PREA-compliant, safe, and accountable environment. They reported that the facility continues to prioritize surveillance upgrades and regularly assesses coverage to ensure supervision gaps are minimized. Security mirrors are used effectively to address any visibility limitations inherent in the structure's design.

The Facility Head also emphasized that PREA compliance is considered at every stage of planning for upgrades—whether those involve physical renovations, security enhancements, or changes to technological infrastructure. Any new initiative is carefully reviewed by a multi-disciplinary leadership team that includes executive staff, department heads, security supervisors, and operational leads.

These collaborative planning sessions are informed by a robust analysis of operational and safety indicators. Topics discussed typically include:

- Patterns and trends in sexual abuse allegations and reports
- Outcomes of use-of-force incidents
- PREA-related grievances and their resolution
- Surveillance footage review and response protocols
- Staffing patterns, vacancies, and shift coverage challenges
- Staff morale and perceptions of institutional climate

This comprehensive approach ensures that all physical plant or technology-related decisions are made with an understanding of their impact on safety, supervision, and compliance. The facility's planning process aligns closely with the overarching goals of the PREA standards and reflects an intentional, data-informed strategy to protect both residents and staff.

PROVISIONS

Provision (a): Structural Modifications

The facility reported through the PAQ—and this was confirmed during interviews and through document review—that no new buildings have been acquired, nor has the facility undergone any major structural renovations or expansions since August 20, 2012, or since the last PREA audit (whichever is more recent). Accordingly, no structural modifications triggering a reassessment under this provision were applicable during this audit cycle.

Provision (b): Technological Upgrades

Although no comprehensive overhaul of the surveillance system was reported, the Auditor observed—and staff confirmed—that a number of individual improvements and incremental upgrades to the video monitoring system have taken place. These updates are part of a facility-wide strategy to enhance safety through better visibility and documentation.

The Facility Head and Deputy Facility Head play an active, ongoing role in guiding these upgrades, ensuring that decisions are made with PREA standards in mind. Through regular assessment of incident data, staffing dynamics, and supervision coverage, leadership remains informed and responsive to evolving security needs. These upgrades, while not large-scale replacements, are meaningful improvements that serve to bolster resident safety and accountability.

CONCLUSION

After completing an extensive review of the facility’s documentation, conducting a detailed on-site inspection, and interviewing key facility leadership, the Auditor concludes that Hall County Correctional Institution is in full compliance with PREA Standard §115.18—Upgrades to Facilities and Technology.

While no new buildings have been constructed and no major structural renovations have taken place since the last audit, the facility has demonstrated a strong and ongoing commitment to strengthening its technological infrastructure. The installation of new surveillance cameras, the use of security mirrors, and the deliberate planning process for facility upgrades all reflect a clear understanding of how the physical environment can influence safety outcomes.

The facility’s approach is future-oriented and grounded in data, reflecting an operational culture that prioritizes transparency, responsiveness, and the well-being of all individuals in custody. Through this lens, the facility continues to uphold the principles of the Prison Rape Elimination Act and ensures its environment supports dignity, safety, and compliance.

115.21	Evidence protocol and forensic medical examinations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<u>MATERIAL REVIEW</u> In preparation for the on-site component of the PREA audit, the Auditor conducted a comprehensive review of all documentation submitted by Hall County Correctional Institution. This in-depth evaluation offered a clear and structured understanding of

the facility's approach to responding to allegations of sexual abuse and harassment, and the systems in place to support the preservation of evidence and the provision of trauma-informed services.

Central to this review was the Pre-Audit Questionnaire (PAQ) and its supporting documents, which together outlined the facility's operational procedures, investigative processes, and collaborative agreements with external partners. Core policy documents reviewed during this process included:

- Georgia Department of Corrections SOP 208.06 – PREA Sexually Abusive Behavior Prevention and Intervention Program, effective June 23, 2022;
- 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;
- Hall County Correctional Institution PREA Policy 115.21, revised July 1, 2024.

These policy documents establish the institutional framework for the consistent and professional handling of sexual abuse allegations, both administratively and criminally. They mandate timely reporting, evidence preservation, and trauma-informed medical care aligned with national best practices.

In addition, the Auditor reviewed two formal service agreements that support the facility's response infrastructure:

- A Memorandum of Understanding (MOU) with New Hope Counseling, which delineates responsibilities for delivering crisis response and mental health services to individuals in custody.
- A services agreement with Rape Response, Inc., effective October 1, 2022, which provides for forensic medical examinations conducted by certified Sexual Assault Nurse Examiners (SANEs). These exams take place at Northeast Georgia Medical Center and follow recognized national protocols.

Taken together, these materials reflect a well-organized, multidisciplinary approach that prioritizes survivor care, ensures evidence integrity, and maintains alignment with PREA standards and expectations. The documentation illustrates Hall County Correctional Institution's commitment to safeguarding the rights, dignity, and well-being of all individuals in its care.

INTERVIEWS

PREA Coordinator

During the interview, the facility's PREA Coordinator described the standardized evidence collection procedures used across the institution. These protocols are consistent with national standards and are designed to protect the evidentiary chain of custody while supporting both administrative and criminal investigations. Although the facility currently houses only adult individuals, the Coordinator

confirmed that protocols are developmentally appropriate and could be adjusted to address the

needs of youthful individuals should they be admitted in the future.

PREA Compliance Manager (PCM)

The PREA Compliance Manager elaborated on the forensic medical examination process. While no exams were required during the 12-month period leading up to the audit, the PCM affirmed that the facility maintains an active agreement with Rape Response, Inc., and that exams are conducted either on-site or at the Northeast Georgia Medical Center, depending on circumstances. All examinations are provided at no cost to the individual and include access to a trained victim advocate to provide emotional and procedural support.

SAFE/SANE Medical Personnel

Medical personnel certified in Sexual Assault Forensic Examination (SAFE) and trained as SANEs detailed the procedures followed during a forensic medical exam. These begin with obtaining informed consent and include a comprehensive trauma-informed process involving medical history collection, physical and genital examination, evidence gathering, documentation, and administration of prophylactic treatments for sexually transmitted infections (STIs), including HIV. At all stages, chain-of-custody protocols are meticulously observed to protect the integrity of any forensic evidence.

Facility Staff

Staff members selected for random interviews consistently demonstrated a clear understanding of their responsibilities under PREA. When asked how they would respond to an allegation of sexual abuse, staff members accurately described steps such as securing the area, preserving potential evidence, ensuring the immediate safety of the reported victim, and contacting trained medical or investigative personnel. Their responses indicated that regular training and reinforcement of protocol have been effective.

Random Inmates

At the time of the audit, there were no reports of sexual abuse from individuals in custody, and as such, interviews from this category were not conducted.

New Hope Counseling

Representatives from New Hope Counseling confirmed an active agreement with the facility and emphasized their role in providing comprehensive, trauma-informed care. Services offered include:

- Mental health assessments and crisis intervention
- On-call counseling and therapeutic support
- Victim advocacy during and after incidents
- Staff training on trauma-informed practices
- Coordination with the PREA Coordinator for ongoing care planning
- All services are provided free of charge to individuals in custody, with costs covered by the facility.

Rape Response, Inc.

Representatives from Rape Response, Inc. confirmed their ability to deliver an array

of critical services, including:

- A 24/7 crisis hotline with trained advocates
- In-person emotional support during forensic exams
- Assistance navigating medical, legal, and investigative processes
- Services in multiple languages and accessible formats
- Referrals to ongoing community-based resources
- The cost of these services is not passed on to those in custody and is absorbed by the facility as part of its survivor-centered approach.

PROVISIONS

Provision (a): Evidence Protocol

All administrative investigations are managed by trained internal staff in accordance with GDC policy, while criminal investigations, including crime scene processing and forensic evidence collection, are conducted by the Georgia Department of Corrections. Investigators follow structured, standardized evidence protocols that are designed to preserve physical evidence while safeguarding the rights of those involved.

Relevant Policies:

- GDC SOPs 208.06, 103.06, and 103.10
- Hall County Correctional Institution PREA Policy 115.21 (revised July 1, 2024)

Provision (b): Developmentally Appropriate Procedures

Although no youthful individuals are currently housed at Hall County Correctional Institution, the facility has protocols in place that can be adapted for individuals under age 18. A review of the inmate roster confirmed that no one in custody was born after 2007.

Relevant Policy:

SOP 208.06 aligns with the U.S. DOJ National Protocol for Sexual Assault Medical Forensic Examinations (Adults/Adolescents) and allows for age-specific modifications when necessary. Policy 115.21 mirrors these expectations.

Provision (c): Access to Cost-Free Forensic Medical Exams

Forensic medical examinations are available to all incarcerated individuals at no cost. Exams are conducted by SANE-certified professionals from Rape Response, Inc., either on-site or at Northeast Georgia Medical Center, depending on logistical needs. Though no exams occurred during the audit period, SAFE/SANE staff described the process in detail, which includes:

- Informed consent from the individual
- Personal narrative and incident documentation
- Physical and genital examination (with optional photographic documentation)

- Secure packaging and handling of collected evidence
- STI and HIV prevention treatment when appropriate

Relevant Policy:

GDC SOP 208.06, page 16, and SOP 507.04.85; mirrored in Hall County PREA Policy 115.21.

Provision (d): Use of Certified Forensic Examiners

Only qualified, certified Sexual Assault Nurse Examiners (SANEs) from Rape Response, Inc. conduct forensic medical examinations. Services are mobile or facility-based, depending on the situation, and their availability was verified through both policy and interviews.

Relevant Policy:

SOP 208.06 endorses a tiered advocacy model that prioritizes use of external, trained professionals. Hall County's Policy 115.21 mirrors this provision.

Provision (e): Advocacy Support During Exams

Trained victim advocates are available upon request to accompany individuals during forensic exams and investigative interviews. Their role is to provide emotional support, explain procedures, and offer crisis counseling throughout the process. Interviews confirmed this practice is routinely upheld.

Provision (f): Investigative Responsibility

While administrative investigations are conducted by facility personnel, criminal investigations, including interpreter services and evidence processing, are conducted by the Georgia Department of Corrections in accordance with agency policies.

Provision (g): Auditor Not Required to Assess

This section of the standard does not require an evaluation or finding by the Auditor.

Provision (h): Availability of Victim Advocates

Victim advocates from Rape Response, Inc. are available to support individuals throughout the forensic and investigative process. These advocates provide trauma-informed care, guidance, and access to resources both during and after the incident response. This service was confirmed through formal agreements and interviews with partner agency personnel.

CONCLUSION

Following a comprehensive review of all relevant materials, interviews with facility and partner agency personnel, and direct observation of procedures, the Auditor concludes that Hall County Correctional Institution meets all requirements of PREA Standard §115.21 – Evidence Protocol and Forensic Medical Examinations.

The facility has adopted a survivor-centered, trauma-informed approach to the investigation and response to sexual abuse. Policies are consistent with national best practices, medical services are readily available at no cost, and a robust victim advocacy network supports individuals through every stage of the response process.

These coordinated, compassionate systems reflect the facility's enduring

commitment to safety, dignity, and PREA compliance.

115.22 Policies to ensure referrals of allegations for investigations

Auditor Overall Determination: Meets Standard

Auditor Discussion

MATERIAL REVIEW

As part of the comprehensive PREA audit process, the Auditor undertook a meticulous review of all documentation submitted by Hall County Correctional Institution to assess its compliance with the investigative requirements outlined in PREA Standard §115.71. This review provided a structured overview of the facility’s internal investigative framework, including policies, procedures, and referral practices for addressing allegations of sexual abuse and sexual harassment.

A central element of the review was the Pre-Audit Questionnaire (PAQ), which served as a foundational document summarizing the facility’s operational practices and case activity related to sexual safety and incident response. The PAQ was supported by key policy documents that collectively outline a clear and consistent approach to conducting both administrative and criminal investigations:

- GDC SOP 208.06 – Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective June 23, 2022;
- GDC SOP 103.06 – Investigation of Allegations of Sexual Contact, Sexual Abuse, and Sexual Harassment of Offenders, effective August 11, 2022;
- Hall County Correctional Institution PREA Policy 115.22, revised July 1, 2024.

Together, these policies reflect a system-wide commitment to transparency, accountability, and survivor-centered practices. They outline responsibilities for conducting prompt, thorough, and impartial investigations; establish procedures for preserving evidence; and ensure the appropriate referral of potential criminal matters to law enforcement entities. The policies further emphasize protections for those reporting abuse and provide clear guidance for documentation and oversight.

INTERVIEWS

Agency Head or Designee

During a structured interview, the individual designated to represent the Agency Head reaffirmed the Georgia Department of Corrections’ (GDC) unwavering zero-tolerance policy toward all forms of sexual abuse and sexual harassment. The designee stated that every report—regardless of the source or perceived severity—is treated as a formal allegation and investigated in accordance with established policy. Investigations are conducted by trained GDC staff without the need to rely on

external law enforcement, unless the case is referred for potential criminal prosecution.

The representative also highlighted the Department's commitment to transparency. GDC policy regarding criminal referrals is publicly accessible on the agency's official website, ensuring that both the general public and individuals in custody are informed about how allegations are managed. The designee further noted that all referrals for criminal investigation are tracked and maintained in the investigative record, in accordance with established documentation protocols.

Investigative Staff

Interviews with facility investigative staff underscored a deep organizational commitment to conducting fair and comprehensive investigations. Investigators stated that each allegation—whether administrative or criminal—is taken seriously and is subjected to a professional, evidence-based inquiry. Staff described a step-by-step process that includes the collection and preservation of physical evidence, witness interviews, the review of surveillance footage and communication logs, and detailed report writing. The investigative process is grounded in principles of impartiality, victim protection, and compliance with both GDC policy and PREA standards.

PROVISIONS

Provision (a): Thorough Investigations for All Allegations

Based on the documentation reviewed and interviews conducted, the Auditor confirmed that every report of sexual abuse or harassment results in a formal investigation, regardless of the nature of the allegation. GDC's policies mandate a structured and timely response, with clearly defined investigative responsibilities. Facility leadership confirmed that these protocols are consistently implemented in practice. Notably, there were no PREA-related allegations reported during the 12-month period leading up to the on-site audit.

Relevant Policies:

GDC SOP 208.06, Section G.1 (p. 30) mandates that all allegations of sexual abuse or harassment be treated as formal and investigated accordingly.

Hall County Correctional Institution PREA Policy 115.22, revised July 1, 2024, affirms and mirrors this standard.

Provision (b): Referral to Law Enforcement When Criminal Conduct Is Suspected

The Auditor verified that the agency maintains a clearly defined procedure for referring allegations with potential criminal implications to appropriate law enforcement authorities. These referral procedures are applied consistently and are readily available to the public on GDC's website: <http://www.gdc.ga.gov/content/-101-208-policy-compliance-unit>.

Leadership interviews confirmed that all referrals are properly recorded, retained, and

included in the formal investigative file. Staff also confirmed that notification protocols involve communication with the facility administrator, regional leadership, and the GDC PREA Coordinator as outlined in policy.

Relevant Policies:

GDC SOP 208.06, Section G.8 (pp. 31–32) requires immediate referral and documentation in cases involving penetration, visible physical evidence, or other indicators of criminal conduct. The SOP further outlines:

- Procedures for documenting interviews with victims and witnesses;
- Review of prior complaints to identify patterns or credibility concerns;
- An evidence-based credibility assessment process that avoids reliance on institutional rank or position;
- A prohibition against requiring polygraph examinations as a condition of proceeding with an investigation.

GDC SOP 103.06, Section I reinforces that all allegations involving staff, contractors, volunteers, or incarcerated individuals are investigated thoroughly and with full regard for due process, victim safety, and the elimination of bias or retaliation.

Hall County Correctional Institution PREA Policy 115.22 mirrors these GDC protocols and ensures local alignment with statewide investigative practices.

Provision (c): Consistency in Investigation Practices

The facility demonstrated that all reports of sexual misconduct—regardless of whether the response is administrative or criminal—are handled in a consistent, policy-driven manner. The investigative framework ensures that due process protections are afforded to all involved parties, and that inquiries are impartial, evidence-based, and survivor-sensitive. Interviews and documentation confirmed a uniform approach that supports procedural integrity and reinforces trust in the reporting and investigative process.

Provisions (d) and (e): Auditor Not Required to Assess

These provisions fall outside the scope of the current audit and do not require assessment by the Auditor under PREA Standard §115.71.

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CONCLUSION

Based on a thorough evaluation of submitted documentation, policy directives, staff interviews, and leadership insights, the Auditor concludes that Hall County Correctional Institution and the Georgia Department of Corrections are in full compliance with PREA Standard §115.71 – Criminal and Administrative Agency Investigations.

The agency has established a transparent, systematic, and survivor-focused process for managing allegations of sexual abuse and harassment. Policies and practices

	<p>prioritize the integrity of the investigative process, ensure timely and appropriate referrals, and reflect a strong commitment to both the letter and spirit of the Prison Rape Elimination Act. Investigations are conducted with professionalism, impartiality, and a clear focus on protecting the rights, dignity, and safety of all individuals in custody.</p>
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115.31	Employee training
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Completely rewrite in narrative form, expand, make it look and sound new and fresh without changing meaning or headings, make gender neutral</p> <p>MATERIAL REVIEW</p> <p>To assess Hall County Correctional Institution’s compliance with PREA Standard §115.31 – Employee Training, the Auditor conducted a comprehensive analysis of all submitted documentation prior to and during the on-site visit. This review was designed to determine whether the facility’s training program for staff aligns with both the federal PREA requirements and the Georgia Department of Corrections’ (GDC) internal standards.</p> <p>Central to this evaluation was the Pre-Audit Questionnaire (PAQ), which provided an overarching summary of the agency’s staff education strategies related to the prevention, detection, reporting, and response to sexual abuse and sexual harassment. Supporting documentation further illustrated how the facility operationalizes its commitment to employee preparedness.</p> <p>Key materials reviewed included:</p> <p>The completed PAQ and accompanying attachments; GDC Standard Operating Procedure (SOP) 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective June 23, 2022; Hall County Correctional Institution’s PREA Policy 115.31, revised July 1, 2024; The facility’s PREA Staff Training Curriculum and Instructional Modules, detailing content areas and learning objectives; Training Rosters, Attendance Records, and Acknowledgment Forms, validating individual participation; A sample of training files from a diverse group of custody and non-custody staff representing various shifts and departments. The documentation was carefully examined for evidence that the training is comprehensive, regularly reinforced, and reflective of the specific needs of the</p>

facility's population. Special attention was given to verifying that required training topics were covered in full and that delivery methods—whether classroom, e-learning, or in-service—effectively reached all relevant staff.

INTERVIEWS

Random Staff Interviews

To corroborate the written record, the Auditor conducted interviews with a randomly selected group of facility staff, including individuals from security, programming, administrative, and support roles. All those interviewed confirmed that they received PREA training prior to assuming duties that involve any level of contact with individuals in custody.

Staff consistently reported that initial PREA training was part of their orientation and that the content was reinforced at regular intervals through annual refresher courses and informal reminders provided via daily shift briefings, roll calls, and in-service sessions.

Each staff member was able to articulate the core elements of their responsibilities under PREA and displayed a strong understanding of how to identify, respond to, and report incidents of sexual abuse or harassment. Without exception, participants in the interviews accurately recalled receiving training on all ten content areas required by the standard.

PROVISIONS

Provision (a): Comprehensive Staff Training Content

The Auditor confirmed through training records, interviews, and curriculum review that the facility provides all employees with PREA training that thoroughly addresses ten key areas required under the standard. These include:

- The agency's zero-tolerance policy for sexual abuse and harassment;
Staff responsibilities for preventing, detecting, responding to, and reporting sexual abuse and harassment;
The right of individuals in custody to be free from sexual abuse and harassment;
The right of both staff and individuals in custody to be free from retaliation for reporting such conduct;
The unique dynamics of sexual abuse and harassment in a correctional setting;
Typical psychological and behavioral responses of survivors;
Identification and appropriate response to signs of threatened or actual sexual abuse;
How to maintain appropriate professional boundaries with individuals in custody;
Respectful communication with individuals who identify as lesbian, gay,

bisexual, transgender, intersex (LGBTI), or gender nonconforming;
Legal responsibilities for mandatory reporting to external authorities.
The facility's training curriculum is clearly organized into modules that align with these core topics. The Auditor reviewed training records for thirty staff members randomly selected from across various facility units and shifts. Each record included documentation of completed PREA training and a signed acknowledgment verifying the employee's understanding of the material.

Relevant Policies:

GDC SOP 208.06, p. 19, Section 1(a)(i-x);
Hall County Correctional Institution PREA Policy 115.31, revised July 1, 2024.

Provision (b): Gender-Specific Training

The training program is tailored to address gender-responsive strategies for working with the facility's population, which currently consists of adult male individuals. The training materials incorporate guidance on the gender-specific dynamics relevant to this setting, including effective communication strategies and professional conduct expectations.

In accordance with GDC policy, staff who transfer to a facility that houses individuals of a different gender must receive supplemental, gender-specific training before having contact with that population. This practice was confirmed through both interviews and documentation review. Staff were aware of this policy and spoke knowledgeably about the distinctions in communication and behavior standards depending on population needs.

The Auditor found that training modules also include inclusive content to guide staff in working with transgender, intersex, and gender nonconforming individuals in custody in a respectful, informed, and legally compliant manner.

Relevant Policies:

GDC SOP 208.06, p. 20, Sections 1(b-d);
Hall County Correctional Institution PREA Policy 115.31, revised July 1, 2024.

Provision (c): Ongoing and Refresher Training

PREA training is not limited to initial orientation. The facility has developed a proactive system to ensure that PREA knowledge is continually reinforced. Formal refresher training is conducted at least every two years, but staff reported receiving annual updates through targeted training events, operational meetings, and on-the-job reminders such as briefing updates and shift discussions.

Training records reviewed by the Auditor confirmed that all staff in the sample had received PREA-related instruction within the past twelve months. This ongoing commitment to education helps ensure that employees are well-equipped to respond to incidents and fulfill their responsibilities under PREA at all times.

Provision (d): Documentation of Training

The facility has implemented a consistent and effective system for recording PREA training participation. Documentation includes attendance logs, electronic training records, and written acknowledgment forms signed by staff to confirm receipt and comprehension of the material.

During the audit, the Auditor reviewed signed acknowledgment forms for all thirty randomly selected staff. These records were current, complete, and stored in an organized manner that allows for easy tracking of individual compliance. This approach supports transparency, facilitates quality control, and reinforces the facility’s accountability in maintaining staff preparedness.

CONCLUSION

After a thorough review of PREA-related training policies, curriculum content, staff records, and interviews, the Auditor concludes that Hall County Correctional Institution is in full compliance with PREA Standard §115.31 – Employee Training.

The facility has established a comprehensive, well-structured, and inclusive training program that equips staff with the knowledge and skills necessary to prevent, detect, and respond effectively to incidents of sexual abuse and harassment. The training program is grounded in policy, reinforced through ongoing professional development, and tailored to meet the needs of the facility’s population. Documentation practices ensure accountability, and staff responses during interviews reflect strong retention of training content and an organizational culture that prioritizes safety, respect, and PREA compliance.

115.32	Volunteer and contractor training
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p><u>DOCUMENT REVIEW</u></p> <p>To determine compliance with PREA Standard §115.32 – Volunteer and Contractor Training, the Auditor conducted a comprehensive, in-depth review of documentation submitted by Hall County Correctional Institution. This review encompassed all relevant materials provided both prior to and during the on-site audit, with a focus on evaluating the facility’s training practices for non-agency personnel who interact with individuals in custody.</p> <p>Documents reviewed included:</p>

1. The completed Pre-Audit Questionnaire (PAQ) and all corresponding attachments;
2. Georgia Department of Corrections (GDC) Standard Operating Procedure (SOP) 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective June 23, 2022;
3. Hall County Correctional Institution's internal PREA Policy 115.32, most recently revised on July 1, 2024;
4. The PREA training curriculum developed specifically for volunteers and contractors;
5. Signed acknowledgment forms confirming the receipt and understanding of PREA training content.

This collection of documents offered a clear view into the facility's approach to educating volunteers and contractors on the essential principles of PREA. The content detailed how the agency equips these individuals with the knowledge and skills needed to prevent, identify, and respond appropriately to incidents of sexual abuse or harassment. The documentation also demonstrated the institution's broader commitment to ensuring that everyone who enters the facility, regardless of employment status, upholds the zero-tolerance standard for sexual misconduct.

INTERVIEWS

Volunteer

During the audit, the Auditor conducted an interview with a facility volunteer who confirmed receiving PREA training prior to any engagement with incarcerated individuals. The volunteer expressed that the training was tailored to their specific role within the facility and provided relevant, practical guidance. When asked to describe their understanding of PREA, the volunteer was able to clearly articulate the purpose of the standard and accurately describe their responsibilities, especially in scenarios involving the observation or disclosure of sexual abuse or harassment. The volunteer's responses reflected both a solid grasp of the material and confidence in their ability to respond appropriately to any situation involving potential abuse.

Contractor

The Auditor also interviewed a contractor assigned to the facility who similarly affirmed receiving PREA training prior to beginning their work on-site. The contractor noted that the training was not generic, but rather carefully designed to reflect the nature of their job duties and the level of contact with incarcerated persons. When asked about their understanding of PREA, the contractor was able to accurately identify its core goals and explain their personal responsibilities in supporting the facility's efforts to prevent and address sexual abuse and harassment. Their responses reflected a firm understanding of reporting protocols and demonstrated alignment with the facility's zero-tolerance culture.

PROVISIONS

PROVISION (a): Training for Volunteers and Contractors

Based on documentation, interviews, and responses in the PAQ, the facility has instituted a clearly defined training program for all volunteers and contractors who may have either direct or indirect interaction with incarcerated individuals. This training ensures that every non-agency individual is made aware of the facility's policies and procedures for preventing, detecting, and responding to incidents of sexual abuse and harassment.

At the time of the audit, the facility reported that 42 volunteers and contractors had completed PREA training. The Auditor selected 25 training files for review, each of which contained documentation verifying the individual's participation in the training process. All records included signed acknowledgment forms affirming that the volunteer or contractor had received, reviewed, and understood the PREA training materials.

Relevant Policy Citation:

GDC SOP 208.06, p. 20, Section 2(a), mandates that all volunteers and contractors with offender contact be trained on PREA-related responsibilities and provided with the agency's PREA policy. This provision also authorizes the use of Attachment 19, the Staff PREA Brochure, as part of the training package.

Hall County Correctional Institution's internal PREA Policy 115.32, revised July 1, 2024, reflects and reinforces the same requirements outlined in the GDC policy.

PROVISION (b): Training Content Tailored to Role and Contact Level

The facility reported that the level and scope of training offered to volunteers and contractors is directly informed by the type of service each person provides and the extent of their contact with incarcerated individuals. Despite any differences in job function, every volunteer and contractor receives instruction on the facility's zero-tolerance policy regarding sexual abuse and harassment, along with clear guidance on how to report incidents.

The Auditor's interviews with both a volunteer and a contractor confirmed that the training was not only provided but thoughtfully tailored to their respective duties. Each person interviewed demonstrated a sound understanding of how PREA applies to their role, and how they are expected to act should they observe or be informed of sexual misconduct. A review of the training curriculum validated the facility's assertion that materials are adjusted based on each individual's responsibilities and proximity to incarcerated individuals.

Relevant Policy Citation:

GDC SOP 208.06, p. 20, Section 2(b), states that the content and depth of training shall reflect the services provided and the level of contact with incarcerated individuals, but all volunteers and contractors must be informed of the zero-tolerance policy and reporting protocols.

Hall County Correctional Institution's PREA Policy 115.32 (revised July 1, 2024) mirrors

this language, emphasizing role-based, scaled training delivery.

PROVISION (c): Documentation of Training and Understanding

The PAQ indicated that the agency maintains accurate and complete training records for all volunteers and contractors. This was verified during the audit through a detailed examination of individual training files. Each reviewed file contained a signed acknowledgment form confirming the individual had received the PREA education and understood its contents.

Specifically, the Auditor reviewed the files of 25 individuals and found consistent documentation practices. Each record included a completed and signed Sexual Abuse/Sexual Harassment PREA Education Acknowledgment Statement (Attachment 1), as required by agency policy. The quality and uniformity of these records highlighted the agency’s commitment to transparency and accountability in its training program.

Relevant Policy Citation:

GDC SOP 208.06, p. 21, Section 2(c), requires documentation of PREA training via the signature of each volunteer or contractor or through electronic verification. The policy further directs individuals to seek clarification from staff to ensure full comprehension of the materials.

Hall County Correctional Institution’s internal PREA Policy 115.32 (updated July 1, 2024) affirms and supports this documentation requirement.

CONCLUSION

Based on a careful review of submitted documentation, interviews with selected volunteers and contractors, and an evaluation of institutional policy, the Auditor concludes that Hall County Correctional Institution meets the requirements of PREA Standard §115.32 – Volunteer and Contractor Training.

The facility has developed and implemented a structured, comprehensive training program that ensures all non-agency personnel with access to incarcerated individuals are properly educated on their PREA-related responsibilities. The training materials are appropriately scaled to match the volunteer’s or contractor’s level of interaction with residents and clearly communicate the agency’s zero-tolerance expectations. Moreover, the training program is well-documented, and the records reviewed confirm not only completion but also understanding.

Hall County Correctional Institution’s approach reflects a proactive and sustained commitment to fostering a safe, respectful, and abuse-free correctional environment for all individuals who live, work, or volunteer within its walls

	Auditor Overall Determination: Meets Standard
	Auditor Discussion

MATERIAL REVIEW

In preparation for the on-site audit and in accordance with the requirements of PREA Standard §115.33 – Inmate Education, the Auditor conducted a comprehensive evaluation of all educational materials and documentation related to the facility's efforts to inform individuals in custody about their rights to sexual safety and the mechanisms available for reporting sexual abuse and harassment.

The review included both documents submitted prior to the on-site visit and those provided during the audit. Together, these materials presented a detailed picture of how Hall County Correctional Institution delivers PREA education and reinforces a zero-tolerance culture.

Key documents and resources examined during the review included:

- The facility's completed Pre-Audit Questionnaire (PAQ) and associated attachments;
- GDC Standard Operating Procedure (SOP) 208.06, Sexually Abusive Behavior Prevention and Intervention Program, effective June 23, 2022;
- A GDC-produced educational video titled Discussing the Prison Rape Elimination Act, dated February 23, 2023;
- Hall County Correctional Institution PREA Policy 115.33, most recently revised on July 1, 2024;
- The Interpretation Service Guide, which details services provided for individuals with limited English proficiency;
- An undated PREA Inmate Information Guide Brochure and Offender Handbook, both of which outline inmate rights, agency policies, and available support services;
- Facility signage and educational posters such as Reporting is the First Step and materials featuring contact information for the designated outside confidential support agency;
- Inmate-level documentation, including PREA Intake Information Forms, signed Acknowledgment of Education Forms, and an Inmate PREA Education Spreadsheet that logs education dates and formats.

Collectively, these materials demonstrate a clear, well-structured educational process that aligns with PREA standards and GDC policy. They also reflect a strong institutional emphasis on accessibility, inclusivity, and timely delivery of information.

OBSERVATIONS

During the on-site walkthrough, the Auditor observed that PREA-related educational materials were prominently displayed and easily accessible throughout the facility. Informational posters were located in dayrooms, housing units, intake areas, hallways, bathrooms, and near inmate telephones. The messages clearly communicated the facility's zero-tolerance policy toward sexual abuse and harassment, while also listing internal and external reporting options.

Notably, the Auditor verified that signage included contact details for both the Georgia Department of Corrections' PREA Office and the facility's designated external advocacy organization, the Sexual Assault Center of Northwest Georgia. These resources were available in English and Spanish, and staff confirmed that translation or interpretation services are promptly provided for individuals with limited English proficiency.

The facility also provides American Sign Language (ASL) interpretation, closed-captioned video content, Braille, and staff-led sessions for individuals who are visually impaired, have cognitive or learning disabilities, or experience literacy challenges. These accommodations reflect the facility's commitment to ensuring equitable access to PREA education for every individual, regardless of language or ability.

INTERVIEWS

Intake Staff

Interviews with intake personnel confirmed that PREA education begins immediately upon admission. Staff explained that each newly admitted individual receives verbal instruction, printed materials, and access to a facility orientation video that introduces the core concepts of sexual safety and reporting.

Within 15 days of arrival, individuals participate in a more detailed, follow-up education session that covers specific reporting channels, retaliation protections, and the agency's response procedures. Intake staff emphasized that PREA education is adapted as needed for individuals with limited English proficiency, cognitive challenges, or disabilities. When individuals transfer from other facilities with different policies, updated PREA education is also provided to align with the current facility's standards.

Documentation of these sessions—including signed acknowledgment forms—is maintained in each individual's institutional file.

Incarcerated Individuals

The Auditor conducted confidential interviews with 20 randomly selected incarcerated individuals across various housing units. All participants recalled receiving PREA education during the intake process. They described receiving brochures, handbooks, and viewing the educational video, and many could articulate the facility's zero-tolerance policy and various reporting methods available to them. Several individuals commented on the visibility of PREA posters throughout the facility, and some noted participating in refresher education sessions. The consistent responses indicate a strong understanding of rights, procedures, and available support.

PROVISIONS

Provision (a): Initial PREA Education Upon Intake

Facility records and staff interviews confirmed that all individuals admitted during the 12 months prior to the audit—totaling 174 people—received initial PREA education

within 24 hours of arrival. This introductory education includes the agency's zero-tolerance stance, definitions of prohibited conduct, and instructions on how to report incidents.

GDC SOP 208.06 (p. 21, Section 3) mandates that initial verbal and written PREA education occur at intake and be documented in each individual's institutional record. The facility's internal PREA Policy 115.33, revised July 1, 2024, mirrors these requirements.

Provision (b): Comprehensive PREA Education Within 30 Days

For individuals who remain at the facility beyond 30 days, Hall County Correctional Institution provides an enhanced PREA education session within 15 days of arrival. This session offers detailed guidance on:

- The agency's zero-tolerance policy
- Definitions and examples of sexual abuse and harassment
- How to protect oneself from victimization
- Reporting mechanisms, including anonymous and third-party options
- What to expect after reporting
- Retaliation protections
- Available victim services and advocacy
- Notification that supervision may be conducted by staff of all gender identities
- This education is delivered through a combination of videos, printed materials, and in-person discussions. It is fully documented as required by GDC SOP 208.06 (pp. 21–22, Section 3.a.i–ix).

Additional Reporting Resources

The facility provides individuals with multiple, accessible options for reporting sexual abuse or harassment. These include:

- Calling the internal PREA hotline by dialing *7732 on facility phones;
- Contacting the Sexual Assault Center of Northwest Georgia at 706-802-0580;
- Submitting written reports through the mail;
- Reporting via email;
- Utilizing third-party reporting mechanisms (e.g., family members or advocates).

The internal hotline allows anonymous calls and is not restricted by time or frequency. Informational brochures and the Offender Handbook explain each method in detail.

Provision (c): Education Prior to Housing Assignment

Staff confirmed that no individual is assigned to a housing unit until they have received the initial PREA education session. Facility logs and acknowledgment forms show that this process consistently takes place within 72 hours of intake.

Provision (d): Accessibility for Individuals with Disabilities or Limited English Proficiency

The facility demonstrates a strong commitment to equitable access by providing:

- Spanish-language materials and access to LanguageLine for LEP individuals;
- Closed-captioned and ASL-interpreted video content for those with hearing impairments;
- Braille and audio materials, as well as staff-assisted sessions, for individuals with visual impairments;
- One-on-one and simplified instruction for those with developmental or cognitive disabilities.

These adaptations are consistent with PREA’s mandates for accessibility and reflect a trauma-informed, person-centered approach.

Provision (e): Documentation of PREA Education

The Auditor reviewed 49 institutional files and found clear evidence of both the initial and comprehensive PREA education sessions, including signed acknowledgment forms and accurate log entries. This confirms that the facility is maintaining the required documentation in accordance with GDC SOP 208.06 (p. 22, Section 3.b).

Provision (f): Ongoing Accessibility of PREA Information

PREA education is not limited to formal sessions. Information remains continuously available through:

- Posters in living units, bathrooms, and common areas;
- Printed brochures and the Offender Handbook provided at intake;
- Signage near phones and visitation areas;
- Replay access to the PREA educational video.
- This visibility ensures that individuals are regularly reminded of their rights and reporting options, fostering a culture of safety and awareness.

CONCLUSION

Based on a thorough review of documentation, direct observation of facility practices, and interviews with staff and incarcerated individuals, the Auditor concludes that Hall County Correctional Institution is in full compliance with PREA Standard §115.33 – Inmate Education.

The facility demonstrates a consistent, accessible, and inclusive approach to educating individuals in custody about their rights to sexual safety, how to report abuse, and the protections available under PREA. The processes in place reflect a deep commitment to transparency, accessibility, and the creation of a safe and respectful correctional environment.

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115.34	Specialized training: Investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p><u>MATERIAL REVIEW</u></p> <p>To evaluate the facility’s compliance with PREA Standard §115.34—Specialized Training: Investigations—the Auditor conducted an in-depth review of materials submitted prior to and during the on-site portion of the audit. This thorough assessment aimed to determine whether the Georgia Department of Corrections (GDC) and Hall County Correctional Institution have implemented consistent and effective processes for providing specialized training to staff who investigate allegations of sexual abuse and harassment in confinement settings.</p> <p>The documentation reviewed included the completed Pre-Audit Questionnaire (PAQ) and a comprehensive set of supporting materials. Central to this review were two key policy directives:</p> <ul style="list-style-type: none"> • GDC Standard Operating Procedure (SOP) 208.06, titled Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, most recently revised and reissued on June 23, 2022; and • Hall County Correctional Institution PREA Policy 115.34, updated July 1, 2024, which mirrors the GDC policy and reinforces the local agency’s expectations for investigator training and qualifications. • In addition to policy documentation, the Auditor examined the curriculum for the specialized investigator training programs. These materials outlined critical areas of instruction, such as trauma-informed interviewing techniques, the administration of legal advisements (Miranda and Garrity warnings), evidence collection in secure environments, and the applicable standards of proof for both administrative and criminal proceedings. <p>The facility also provided training attendance rosters and official certificates of completion for each investigator currently assigned to handle PREA-related allegations. These documents verified that all assigned staff had successfully completed the required training through the National Institute of Corrections (NIC), ensuring that investigative practices are consistent with federal expectations and industry best practices.</p> <p>Taken together, these materials reflect a well-structured, policy-driven approach to ensuring that investigators are well-equipped to manage sensitive, complex cases involving sexual misconduct within correctional settings.</p>

INTERVIEWS

Investigative Staff

Interviews conducted with investigative staff at the facility offered compelling confirmation that all personnel assigned to investigate PREA allegations had received the specialized training required by the standard. Investigators described their training experience in detail and expressed confidence in their ability to apply what they learned to real-world cases.

Each individual interviewed could clearly articulate key elements of the training, including how and when to issue Miranda and Garrity warnings, methods for conducting trauma-informed interviews with individuals in custody, and the appropriate techniques for collecting, securing, and preserving evidence within the constraints of a secure facility. Investigators also discussed the distinct evidentiary standards for administrative findings versus criminal prosecution and emphasized the importance of impartiality and procedural fairness throughout the investigative process.

These conversations reflected a high level of professional knowledge, technical competence, and sensitivity to the complexities of conducting investigations involving sexual misconduct in a carceral environment.

PROVISIONS

Provision (a): Requirement for Specialized Investigator Training

The Auditor's review of the PAQ, policy documents, and investigator interviews confirmed that the Georgia Department of Corrections requires specialized training for any staff member responsible for investigating sexual abuse or harassment within its facilities.

At the time of the audit, Hall County Correctional Institution had three designated investigative staff. All three had successfully completed the National Institute of Corrections training courses titled:

- PREA: Investigating Sexual Abuse in Confinement Settings, and
- PREA: Investigating Sexual Abuse in Confinement Settings – Advanced Investigations.

These NIC-certified courses are nationally recognized and specifically designed to meet the training expectations outlined in PREA Standard §115.34.

GDC SOP 208.06, page 23, Section 4 (subsections a–c), clearly articulates the requirements for investigator qualifications:

Subsection (a) mandates that all individuals responsible for investigating sexual

abuse or harassment within GDC facilities must complete specialized training appropriate to correctional environments.

Subsection (b) outlines the required curriculum content, including:

- Techniques for interviewing victims of sexual abuse;
- Administration of Miranda and Garrity warnings;
- Evidence collection and preservation in confinement settings; and
- The evidentiary standards required for substantiating administrative and criminal cases.
- Subsection (c) places the responsibility for verifying and documenting investigator training on the Department, ensuring a system of accountability.

Hall County Correctional Institution's internal PREA Policy 115.34, revised July 1, 2024, incorporates these same expectations, providing continuity with statewide policy.

Provision (b): Alignment of Training Content with PREA Requirements

The Auditor confirmed that the content of the specialized investigator training programs aligns precisely with the expectations set forth in GDC SOP 208.06. Documentation provided by the facility matched the required content areas, and investigator interviews affirmed that each topic was covered thoroughly in the coursework.

Investigative staff highlighted the training's emphasis on the complexities of working with vulnerable populations in confinement, and they underscored the importance of using a trauma-informed approach during interviews. Staff described learning how to balance investigative rigor with sensitivity to the needs and rights of those involved in these difficult cases.

This alignment of training content with policy and practical application demonstrates a mature and well-implemented training strategy.

Provision (c): Documentation of Completed Training

The facility maintains thorough, well-organized documentation to verify that all assigned investigators have completed the required training. During the on-site audit, the Auditor reviewed staff training records, including individual certificates of completion and signed training logs.

All records confirmed that the three designated investigators had completed the full scope of required instruction, including both basic and advanced NIC training programs. Interviews with staff corroborated these findings, with each investigator able to recall the training dates, describe the content covered, and explain how they apply it in their current roles.

This systematic documentation ensures transparency and allows the agency to

demonstrate compliance with PREA standards at both the facility and agency levels.

Provision (d): Not Applicable

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

CONCLUSION

Based on an exhaustive review of policy documents, training materials, staff certification records, and direct interviews with investigative personnel, the Auditor concludes that Hall County Correctional Institution and the Georgia Department of Corrections are in full compliance with PREA Standard §115.34 – Specialized Training: Investigations.

The agency’s policies clearly articulate the requirements for investigator training, and these policies are consistently implemented through high-quality instruction, formal certification, and ongoing documentation. Investigative staff demonstrate a strong grasp of the knowledge, skills, and legal standards necessary to conduct thorough, impartial investigations into allegations of sexual abuse and harassment.

By investing in nationally recognized training programs and maintaining rigorous oversight of investigator qualifications, the agency ensures that all investigations are conducted with professionalism, legal accuracy, and a deep respect for the dignity and rights of every individual involved.

115.35	Specialized training: Medical and mental health care
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p><u>MATERIAL REVIEW</u></p> <p>To evaluate the facility’s adherence to PREA Standard §115.35—Specialized Training: Medical and Mental Health Care—the Auditor conducted a comprehensive review of relevant documentation provided before and during the on-site assessment. This review focused on whether the medical staff assigned to the facility had received both the general and specialized PREA training necessary to fulfill their responsibilities in a confinement setting.</p> <p>The documentation review began with a close examination of the Pre-Audit Questionnaire (PAQ) and the accompanying evidence submitted by the facility. A primary reference document 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, most recently</p>

updated and issued on June 23, 2022. In addition, the Auditor reviewed Hall County Correctional Institution's internal PREA Policy 115.35, revised July 1, 2024, which aligns with the GDC policy and further outlines the expectations for medical staff training at the local level.

Training materials developed specifically for health services staff were also reviewed, including lesson plans and course content related to trauma response, clinical responsibilities in cases of alleged sexual abuse, and the reporting obligations mandated by PREA. The facility submitted staff-specific training logs and certificates of completion, confirming that the assigned healthcare professional had fulfilled all required training components.

Collectively, these materials demonstrate a clear commitment by the agency to ensure that health services personnel are knowledgeable, prepared, and equipped to recognize signs of sexual abuse, provide appropriate clinical care, and comply with mandatory reporting requirements under PREA.

INTERVIEWS

Facility Head

In a structured interview, the Facility Head confirmed that all healthcare professionals working in Georgia Department of Corrections facilities must complete both the general PREA education required for all staff and specialized training that addresses the unique responsibilities of medical personnel. The Facility Head expressed full confidence that the sole healthcare provider at the Hall County Correctional Institution had met these requirements and was well-versed in the facility's sexual safety protocols.

Medical Staff

The facility currently employs one full-time nurse who serves as the only on-site medical practitioner. During the interview, the nurse provided detailed information about their training history, stating that they had received PREA training upon hire as part of the facility's orientation process, along with annual refresher courses thereafter. The nurse also confirmed that they had completed specialized instruction focused on the medical provider's role in identifying indicators of sexual abuse, safeguarding the health and well-being of potential victims, and following established reporting pathways.

The nurse demonstrated a comprehensive understanding of PREA-related protocols and expressed confidence in their ability to respond appropriately should an individual disclose an incident or exhibit symptoms suggestive of sexual abuse. The nurse was also able to articulate the difference between internal documentation processes and mandatory reporting requirements, reinforcing the depth of their training and preparedness.

Mental Health Services

At the time of the audit, the facility did not employ any on-site mental health staff. Mental health needs for individuals in custody are met through referrals to community-based providers. As such, no interviews were conducted with mental health professionals for the purposes of this standard.

PREA Compliance Manager (PCM)

The PREA Compliance Manager confirmed that all medical staff, including the on-site nurse, are required to complete both general PREA training (as outlined under Standard §115.31) and specialized training designed for healthcare providers. The PCM also confirmed that training records are kept current and regularly reviewed to verify compliance. The training content is incorporated into the agency's overall approach to staff development and PREA preparedness.

PROVISIONS

Provision (a): Specialized Training for Medical and Mental Health Care Providers

The Auditor confirmed that agency policy requires all medical and mental health care staff who work regularly in the facility to receive specialized PREA training. The PAQ, supported by documentation and staff interviews, confirmed that the nurse had completed the required training. The facility submitted evidence of the nurse's participation in the National Institute of Corrections (NIC) course titled PREA: Medical Health Care for Sexual Assault Victims in a Confinement Setting. This nationally recognized training is designed to prepare healthcare providers for their unique role in preventing, detecting, and responding to sexual abuse in custodial environments.

According to GDC SOP 208.06, page 23, Section 5, all healthcare staff are required to complete this specialized training annually, in addition to participating in general PREA in-service training. Hall County Correctional Institution's PREA Policy 115.35 mirrors these expectations and provides a framework to ensure the policy is implemented locally with consistency and fidelity.

Provision (b): Forensic Medical Examinations

This provision does not apply to Hall County Correctional Institution. Facility policy explicitly prohibits on-site medical personnel from conducting forensic medical exams. If a forensic exam is required, the individual is referred to a certified outside medical facility with qualified practitioners trained in Sexual Assault Nurse Examiner (SANE) protocols.

Provision (c): Documentation of Training

The facility maintains clear, organized documentation verifying that medical staff have completed the required specialized training. During the audit, the Auditor reviewed the nurse's training file, which included a valid certificate of completion for the NIC PREA medical care course and records of participation in annual PREA refresher training. These records provide tangible evidence of the agency's

commitment to ensuring clinical staff meet all required training standards and are properly prepared for their role in the facility's sexual safety response system.

Provision (d): Participation in General PREA Training

The PAQ and staff interviews confirmed that medical personnel are fully integrated into the facility's broader PREA training program. The nurse affirmed participation in the general PREA education offered to all employees, contractors, and volunteers, in addition to role-specific instruction. The PREA Compliance Manager emphasized that medical staff training is not treated as an isolated event but is part of a broader, ongoing process of education, reinforcement, and accountability.

CONCLUSION

Based on a thorough review of policy documents, training materials, and staff interviews, the Auditor concludes that Hall County Correctional Institution meets the requirements of PREA Standard §115.35 – Specialized Training: Medical and Mental Health Care. The facility has established clear policies and procedures to ensure that medical personnel are equipped with the necessary knowledge and skills to fulfill their responsibilities under PREA. Although only one medical provider is currently employed on-site, that individual has received both general and specialized training, as required, and demonstrated a sound understanding of their role in maintaining a safe and secure environment.

The training curriculum, documentation, and verbal affirmations from staff reflect an institutional culture that values professionalism, vigilance, and preparedness in the care of individuals who may be vulnerable to or affected by sexual abuse. These efforts contribute meaningfully to the agency's broader commitment to sexual safety and accountability across all operational levels.

115.41	Screening for risk of victimization and abusiveness
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p><u>MATERIAL REVIEW</u></p> <p>To assess the facility's adherence to PREA Standard §115.41 – Screening for Risk of Sexual Victimization and Abusiveness, the Auditor conducted an extensive and structured review of relevant documentation. This review encompassed both agency-level and facility-specific policies, as well as operational records that illustrate how risk screening processes are implemented in practice.</p> <p>Key documents reviewed included:</p> <ol style="list-style-type: none">1. The completed Pre-Audit Questionnaire (PAQ), along with all supplemental

- materials submitted by the facility;
2. Georgia Department of Corrections (GDC) Standard Operating Procedure (SOP) 208.06, titled Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and
 3. Intervention Program, with an effective date of June 23, 2022;
 4. Attachment 2 of SOP 208.06, which contains the PREA Sexual Victim/Sexual Aggressor Classification Screening Instrument, last revised on June 23, 2022;
 5. Hall County Correctional Institution's internal PREA Policy 115.41, most recently revised on July 1, 2024;
 6. Documentation of intake screenings conducted upon admission for all newly arriving individuals;
 7. Records verifying completion of 30-day reassessments for individuals who remained in custody beyond the initial intake period.

Together, these documents reflect the facility's structured approach to identifying individuals who may be at increased risk of sexual victimization or who may present a risk of sexual abusiveness. The policies and practices outlined provide the framework for making informed housing, programmatic, and classification decisions in the interest of safety and dignity.

INTERVIEWS

PREA Coordinator

The facility's PREA Coordinator (PC) emphasized that risk screening information is treated with strict confidentiality and is accessible only to staff with a legitimate operational need. This includes mental health and medical personnel, classification staff, and the PREA Compliance Manager (PCM). The PC explained that the information obtained during screening is used solely to enhance institutional safety—guiding decisions related to housing placement, work details, programming, and educational assignments. It was also confirmed that the Georgia Department of Corrections does not house individuals held solely for civil immigration purposes.

PREA Compliance Manager

The PREA Compliance Manager explained that the screening process serves a protective function and is designed to proactively identify individuals at risk for sexual victimization or those who may pose a threat to others. The PCM reaffirmed that both the initial and subsequent screenings play a pivotal role in maintaining institutional safety and upholding the facility's zero-tolerance stance on sexual abuse.

Risk Screening Staff

Staff tasked with conducting the screenings shared that all individuals are assessed within 24 hours of arrival. These assessments include a range of questions evaluating past sexual victimization, history of sexually abusive behavior, criminal background, institutional conduct, and other individual characteristics. A follow-up screening is

completed within 30 days, and additional reassessments occur as needed, including after PREA-related incidents, transfers from other facilities, or the discovery of new risk-related information. Transgender individuals are screened at intake, again within 30 days, and at least once every six months thereafter.

Importantly, staff emphasized that participation in the screening process is voluntary and that individuals who choose not to respond to sensitive questions are never subjected to disciplinary action. Staff members are trained to respond with compassion and to revisit the questions at a later time as rapport develops.

Randomly Selected Individuals in Custody

Several individuals housed at the facility were interviewed, and their accounts confirmed that risk screenings had taken place shortly after admission—typically within the first 24 hours. Most recalled being asked questions about their gender identity, sexual orientation, prior experiences with victimization, and incarceration history. The majority reported feeling comfortable with the screening process and understood it to be a protective measure intended to ensure their safety.

PROVISIONS

Provision (a): Screening Upon Admission

The GDC requires that all individuals be screened for their risk of sexual victimization or abusiveness immediately upon admission or transfer. This requirement was confirmed through review of the PAQ, institutional policies, and interviews with both staff and individuals in custody.

Relevant Policy:

GDC SOP 208.06, p. 23, Section D(1)

Hall County CI PREA Policy 115.41, revised July 1, 2024

Provision (b): Screening Timeframes

The PAQ reports that all 174 individuals admitted in the previous 12 months were screened within the 72-hour window. Facility records and staff interviews verified that these screenings are routinely completed within the first 24 hours, well ahead of the required timeframe. The Auditor personally reviewed 51 randomly selected screening files, all of which were completed timely and in accordance with policy.

Relevant Policy:

GDC SOP 208.06, p. 23–24, Section D(2)

Hall County CI PREA Policy 115.41, revised July 1, 2024

Provision (c): Use of an Objective Screening Tool

The facility utilizes a validated, objective screening instrument—Attachment 2 of SOP 208.06. This form includes a set of 14 questions designed to assess both risk of victimization and likelihood of abusiveness, using a weighted scoring system to guide

classification decisions.

Tool Reviewed:

Attachment 2 – PREA Sexual Victim/Sexual Aggressor Screening Instrument, Revised June 23, 2022

Provision (d): Screening Elements

The screening tool encompasses a broad spectrum of risk factors, including:

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

Auditor’s Note: The Auditor recommends updating the term "mental illness" in Question 4 to "mental disability" to reflect more current and inclusive language. While this change must be made at the policy level by the GDC, the facility is encouraged to make manual annotations on master forms in the interim.

Provision (e): Consideration of Criminal History and Past Behavior

Staff interviews and documentation confirmed that the risk screening includes a review of prior institutional behavior, convictions for violent or sexual crimes, and any history of sexual aggression or allegations. This information is integrated into both initial and follow-up assessments.

Provision (f): 30-Day Reassessment

Individuals who remain in custody beyond 30 days receive a follow-up screening to reassess any changes in risk. According to the PAQ, 100% of those held for more than 30 days during the past year underwent reassessment, a finding validated by the Auditor’s review of 51 records.

Provision (g): Incident-Driven Reassessment

The facility also conducts reassessments outside of scheduled intervals when triggered by relevant events, such as a new PREA allegation, transfer from another institution, or the emergence of new risk information.

Relevant Policy:

GDC SOP 208.06, Section D.2.c

Hall County CI PREA Policy 115.41, revised July 1, 2024

Provision (h): No Disciplinary Consequences for Non-Participation

The facility strictly prohibits any form of disciplinary action for individuals who decline to answer screening questions. Staff are instructed to maintain a respectful, trauma-informed approach and to reintroduce the questions later if appropriate.

Relevant Policy:

SOP 208.06, p. 24, Section D(23)

Hall County CI PREA Policy 115.41, revised July 1, 2024

Provision (i): Confidentiality and Controlled Access

Access to risk screening results is carefully restricted to individuals with a defined operational need. Interviews confirmed that this information is used exclusively for making safety-related decisions and is stored and handled in accordance with confidentiality protocols.

Relevant Policy:

SOP 208.06 – Confidentiality and limited access provisions

Hall County CI PREA Policy 115.41, revised July 1, 2024

CONCLUSION

Based on a thorough evaluation of institutional policies, supporting documentation, staff interviews, and operational practices, the Auditor finds Hall County Correctional Institution to be in full compliance with PREA Standard §115.41. The facility has established and consistently applies a comprehensive screening process that meets both the letter and the spirit of the standard.

RECOMMENDATION:

To better align with inclusive language practices, the Auditor recommends substituting the term “mental illness” with “mental disability” in the screening instrument. While this change must be made at the GDC level, the facility is encouraged to annotate hard copies of the screening form to reflect the more current terminology in the meantime.

Auditor Overall Determination: Meets Standard

Auditor Discussion

MATERIAL REVIEW

To evaluate the facility's compliance with PREA Standard §115.42 – Use of Screening Information, the Auditor conducted a comprehensive analysis of facility-level and agency-wide policies, procedures, and supporting documentation. The review focused on how the institution uses screening data to guide safe and appropriate decisions related to housing, bed assignment, work detail, educational placement, and program participation—particularly for individuals who may be especially vulnerable to sexual victimization or pose a risk of abusiveness. Emphasis was also placed on practices affecting individuals who identify as lesbian, gay, bisexual, transgender, intersex, or gender nonconforming.

The following materials were examined during the review:

1. The completed Pre-Audit Questionnaire (PAQ) and all supporting documentation provided prior to the onsite audit;
2. Georgia Department of Corrections (GDC) Standard Operating Procedure (SOP) 208.06, PREA Sexually Abusive Behavior Prevention and Intervention Program, effective June 23, 2022;
3. Hall County Correctional Institution's internal PREA Policy 115.42, most recently updated on July 1, 2024;
4. GDC SOP 220.09, Classification and Management of Transgender and Intersex Offenders, effective July 26, 2019;
5. GDC SOP related to PREA Standard 115.13, Facility PREA Staffing Plan, effective July 1, 2023.

Together, these documents clearly outline the mechanisms in place to ensure that risk assessment results are meaningfully and consistently applied to protect individuals in custody—especially those with elevated risk factors. They further reflect the agency's commitment to non-discrimination, safety, and individualized care.

INTERVIEWS

PREA Coordinator

The facility's PREA Coordinator (PC) described a robust, person-centered approach to classification and placement. While intake classification considers an individual's sex assigned at birth, the PC noted that ongoing housing and programming decisions are based on a wide range of factors and are revisited regularly. For transgender and intersex individuals, the facility ensures that personal perceptions of safety are central to the classification process. Reassessments are conducted at least every six months—or sooner when triggered by safety concerns or incidents—to ensure placements remain appropriate over time.

The PC also emphasized that interviews during classification routinely include questions about known enemies, prior incidents, and perceived threats. This information is directly factored into decisions about housing assignments to enhance safety and reduce risk.

Risk Screening Staff

Staff responsible for conducting risk screenings explained that their assessments go beyond the standardized PREA screening instrument. They view each screening as an opportunity to engage directly with the individual, listen empathetically, and consider both documented and verbalized concerns. Staff reported that this broader understanding allows them to make informed decisions about placements in housing, work, education, and programming that are aligned with each person's safety needs and risk profile.

PREA Compliance Manager

The PREA Compliance Manager (PCM) confirmed that neither the facility nor the GDC is currently under any consent decree, legal mandate, or settlement agreement requiring the separate housing of LGBTQ+ individuals. The PCM noted that individuals are not segregated based solely on sexual orientation, gender identity, or intersex status. Instead, placement decisions are made on a case-by-case basis, guided by individualized assessments that include vulnerability, risk factors, and personal safety preferences.

Transgender and Intersex Individuals

At the time of the onsite audit, no individuals in custody at the facility identified as transgender or intersex. As such, no interviews with individuals from these populations were conducted during the audit period. However, staff were able to provide examples from past placements that demonstrated the facility's sensitivity to and compliance with PREA requirements related to gender identity and safety.

PROVISIONS

Provision (a): Use of Screening Data

Documentation and interviews confirm that the facility uses information gathered during risk assessments to inform a wide range of placement decisions. These include housing unit assignments, bed placements, work and education detail assignments, and participation in institutional programs. Particular care is taken to ensure that individuals identified as high-risk for sexual victimization are not housed with those identified as potential aggressors.

Relevant Policy:

GDC SOP 208.06, p. 24, Section 4, mandates the use of screening data to inform protective housing assignments.

This provision is reinforced through Attachment 7 (PREA Local Procedure Directive and Coordinated Response Plan) and Attachment 11 (Staffing Plan Template).

Hall County CI PREA Policy 115.42, revised July 1, 2024, reflects and reinforces this guidance.

Provision (b): Individualized Decision-Making

All housing, programming, and work assignment decisions are made on an individualized basis. This is especially important for transgender and intersex individuals, whose placements are determined by a comprehensive evaluation of available information, including the individual's own perspective.

Relevant Policy:

GDC SOP 208.06, pp. 24–25, Section 5, in conjunction with SOP 220.09, outlines a case-by-case process for making gender-based placement decisions.

Hall County CI PREA Policy 115.42, revised July 1, 2024, aligns fully with GDC policy.

Provision (c): Consideration of Management and Security Factors

When determining placements for transgender and intersex individuals, the facility carefully evaluates both management and safety concerns. This includes input from mental and physical health evaluations, behavioral history, and prior risk screening results. Staff interviews confirmed that decisions are guided by a team-based approach.

Relevant Policy:

GDC SOP 220.09, Sections IV.8–IV.10, describes the classification process, collaboration between staff and the PREA Unit, and documentation of decisions on the Transgender and Intersex Offender List (TIOL).

The policy explicitly prohibits segregated housing based solely on gender identity.

Hall County CI PREA Policy 115.42 reflects the same principles and procedures.

Provision (d): Reassessment of Placement

Transgender and intersex individuals are reassessed at least every six months to ensure continued safety and well-being. Interviews confirmed that earlier reassessment occurs whenever safety concerns arise or significant changes are reported.

Relevant Policy:

SOP 208.06 requires biannual reassessment, or more frequently if needed.

Hall County CI PREA Policy 115.42, revised July 1, 2024, mirrors this requirement.

Provision (e): Consideration of Inmate Views

Even though no transgender or intersex individuals were in custody at the time of the audit, staff confirmed that individuals' personal views about their safety are taken seriously and actively incorporated into classification decisions. This includes their preferences related to housing placement, showering arrangements, and daily routines.

Relevant Policy:

SOP 220.09 explicitly requires that the personal safety views of transgender and intersex individuals be taken into account.

Hall County CI PREA Policy 115.42 reflects this mandate.

Provision (f): Shower Access and Privacy

The facility offers private showering options to individuals who identify as transgender or intersex. Staff described both scheduled use of facilities and access to private stalls as accommodations. Even in general population housing, shower areas are designed or modified to provide sufficient privacy.

Relevant Policy:

SOP 220.09 ensures that transgender and intersex individuals are provided opportunities to shower separately.

Hall County CI PREA Policy 115.42 upholds this standard.

Provision (g): No Segregation Based on Identity

The facility does not isolate individuals based solely on sexual orientation or gender identity. Unless a legal directive requires otherwise, all individuals are integrated into the general population in a way that prioritizes safety without discrimination.

Relevant Policy:

SOP 220.09 prohibits the segregation of LGBTQI+ individuals based solely on their identity unless required for protection under law.

Hall County CI PREA Policy 115.42 confirms compliance with this approach.

CONCLUSION

Based on an extensive review of policy, documentation, interview responses, and institutional practices, the Auditor finds the facility to be fully compliant with PREA Standard §115.42 – Use of Screening Information. The institution demonstrates a strong commitment to using risk assessment results as a meaningful guide in protecting the safety and dignity of all individuals in its custody.

Housing and program decisions are clearly individualized, grounded in policy, and driven by a genuine concern for institutional safety and personal well-being. The practices in place reflect a trauma-informed, respectful approach to vulnerable populations—including those who are LGBTQI+ or have a history of victimization. Staff at all levels expressed a shared understanding of PREA’s goals and consistently described implementation efforts that reinforce a safe, inclusive, and responsive correctional environment.

Note: Continued attention to privacy, inclusive language, and trauma-informed practices will support sustained compliance and reinforce the facility’s commitment to PREA’s guiding principles.

115.43**Protective Custody**

Auditor Overall Determination: Meets Standard

Auditor Discussion

MATERIAL REVIEW

To evaluate the facility's compliance with PREA Standard §115.43 – Protective Custody, the Auditor conducted an extensive review of applicable policies, operational protocols, and institutional records pertaining to the use of segregated housing for protective purposes. This review focused specifically on how the facility responds when an individual is identified as being at risk of sexual victimization and whether involuntary segregation is used only as a last resort. The Auditor also examined safeguards in place to ensure that such placements do not result in undue deprivation of rights or services.

The following documents were carefully reviewed:

1. The Pre-Audit Questionnaire (PAQ), which included detailed responses regarding the facility's use of involuntary segregated housing and protective custody in the context of PREA;
2. 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;
3. Hall County Correctional Institution's internal PREA Policy 115.43, last revised on July 1, 2024.

Together, these documents provide a comprehensive framework for ensuring that individuals who may be vulnerable to sexual abuse are not unnecessarily subjected to restrictive housing conditions. They also outline critical procedural safeguards, including limits on duration, mandatory reviews, and the preservation of access to essential services and activities.

INTERVIEWS

Facility Head or Designee

During a comprehensive interview, the Facility Head affirmed that any placement into segregated housing is subject to strict documentation requirements and oversight. The Facility Head stressed that segregation is not used arbitrarily and must be justified by a demonstrated need for safety when no other viable housing options are available. Additionally, each placement is formally reviewed at least every 30 days to determine whether continued segregation is warranted and whether alternative arrangements have since become feasible.

Staff Supervising Segregated Housing Units

Correctional staff assigned to oversee segregated housing reported that in the past year, they had not encountered any instances in which a person was placed in segregation as a protective response to risk of sexual abuse or as retaliation for reporting such incidents. All individuals housed in segregation at the time of the audit were placed there for administrative or disciplinary reasons unrelated to PREA.

Inmates in Segregated Housing

At the time of the onsite audit, no individuals were housed in segregation due to a PREA-related vulnerability. All segregation placements were associated with non-PREA circumstances, and no one had been placed in restrictive housing solely because of their risk of sexual victimization.

PREA Compliance Manager (PCM)

The PREA Compliance Manager confirmed that, over the past 12 months, no individual had been placed in protective custody or involuntary segregation due to being identified as at risk for sexual abuse or for having reported an incident of sexual victimization. The PCM emphasized that the facility consistently seeks alternative housing arrangements and has not had to rely on involuntary segregation for protective purposes.

PROVISIONS

Provision (a): Limited Use of Involuntary Segregation

According to documentation and interviews, the facility adheres to a policy that strictly limits the use of involuntary segregated housing for individuals at elevated risk of sexual abuse. Placement in segregated housing is considered only when no other alternative can ensure an individual's safety. In the past year, there were no recorded instances of individuals being placed in segregation for protective reasons related to PREA.

Relevant Policy:

GDC SOP 208.06, Section D.8 (p. 25), states that such placements are to be used only in exceptional circumstances. A temporary stay of up to 24 hours may be allowed in emergent cases while appropriate housing is secured. All placements must be documented in the SCRIBE case management system, along with the rationale and a summary of efforts made to explore alternative housing options. Individuals must retain access to programs and services in accordance with SOP 209.06. Any restriction of privileges must be justified and time-limited, and a formal 30-day review must occur to evaluate ongoing need.

Hall County CI PREA Policy 115.43, revised July 1, 2024, mirrors these requirements in full.

Provision (b): Continued Access to Programs and Privileges

Facility leadership confirmed that if an individual were ever placed in protective

segregation due to vulnerability, they would continue to receive access to educational, vocational, and therapeutic programs, as well as work assignments and other privileges, to the greatest extent possible. No such placements occurred during the review period. However, staff emphasized that any restrictions—if deemed necessary—would be fully documented with clear justification and timeframes.

Relevant Policy:

SOP 208.06 mandates that protective custody must not result in a blanket loss of access to services. Any restrictions must be outlined in writing, detailing which services are affected, the expected duration, and the reasons for the limitation. Hall County CI PREA Policy 115.43 affirms this standard and ensures alignment with agency expectations.

Provision (c): Time Limits on Protective Segregation

The facility's records and staff interviews confirmed that no individual identified as being at risk of sexual abuse remained in involuntary segregation beyond 30 days while awaiting transfer or alternative placement. The institution actively pursues safe, less restrictive alternatives when a protective placement is considered.

Relevant Policy:

SOP 208.06, Section D.8, outlines that protective segregation must not exceed 30 days unless no other viable housing is available. Ongoing documentation in SCRIBE must reflect active efforts to locate alternative placements. Hall County CI PREA Policy 115.43, as revised in July 2024, reinforces this requirement.

Provision (d): Weekly and 30-Day Reviews

Interviews with supervisory staff and the Facility Head confirmed that, although no protective custody placements were made, policies are in place requiring weekly status checks and 30-day formal reviews for any individual housed involuntarily for protective reasons. These reviews assess the continued need for separation and confirm whether alternative arrangements have become feasible.

Relevant Policy:

SOP 208.06 requires that weekly reviews be conducted for any individual held in segregation due to sexual vulnerability, and that a formal reassessment occur every 30 days. These reviews must be documented and must include an evaluation of safety needs and available housing alternatives. Hall County CI PREA Policy 115.43 reflects these same procedural safeguards.

Provision (e): Thirty-Day Protective Custody Reviews

As no placements into protective custody occurred in the past 12 months, no 30-day protective custody reviews were required. However, staff verified that should such a placement occur, a formal review process would be initiated and documented according to policy.

Relevant Policy:

SOP 208.06 (p. 25, Section D.8.d) specifies that each 30-day review must determine whether the reasons for continued segregation still exist and whether a less restrictive alternative has become available.

Hall County CI PREA Policy 115.43, most recently revised July 1, 2024, incorporates these same requirements.

CONCLUSION

Based on a comprehensive review of facility policies, institutional records, and interviews with leadership and staff, the Auditor concludes that Hall County Correctional Institution is in full compliance with PREA Standard §115.43 – Protective Custody. The facility has demonstrated a strong and consistent commitment to minimizing the use of involuntary segregated housing for individuals at risk of sexual victimization. When segregation is considered, it is treated as a last resort, used only when all other safe alternatives have been exhausted.

The procedures in place reflect a thoughtful, rights-based approach. Appropriate documentation, regular review protocols, and policy alignment with state and federal standards ensure that vulnerable individuals are protected without being subjected to unnecessary isolation or deprivation of services. Staff interviews highlighted a clear understanding of the importance of balancing safety with dignity and access to opportunities, reinforcing a culture of proactive prevention and compliance with PREA principles.

Recommendation: While current practices reflect strong compliance, the facility is encouraged to maintain robust staff training and routine internal audits of placement decisions to ensure ongoing fidelity to PREA protections.

115.51	Inmate reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p><u>MATERIAL REVIEW</u></p> <p>To assess the facility’s compliance with the requirements outlined in PREA Standard §115.51 – Inmate Reporting, the Auditor conducted a comprehensive and structured review of all relevant documentation submitted in advance of and during the onsite audit. This evaluation focused on the facility’s systems for enabling incarcerated individuals to report incidents of sexual abuse, sexual harassment, staff misconduct, and retaliation in a confidential, accessible, and effective manner.</p> <p>Key documents reviewed included the Pre-Audit Questionnaire (PAQ), which offered detailed responses about the facility’s reporting infrastructure. The Auditor also examined the Georgia Department of Corrections (GDC) Standard Operating</p>

Procedure (SOP) 208.06, titled Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective June 23, 2022. This policy serves as the foundation for statewide PREA compliance and outlines uniform protocols for reporting, responding to, and preventing sexual misconduct within correctional settings.

The most recent version of the Offender Handbook (2024 edition) was also analyzed. This handbook clearly articulates the rights of individuals in custody and explains how they can report incidents of sexual abuse or harassment. Complementing the handbook are PREA informational brochures, made available in both English and Spanish, which provide straightforward, visually accessible instructions on how to report abuse and where to access support services. These multilingual materials demonstrate the agency's commitment to ensuring language inclusivity and broad comprehension.

Additionally, the Auditor reviewed the Staff Guide on Prevention and Reporting of Sexual Misconduct with Offenders, a critical training and reference document used to educate correctional staff on their roles in preventing sexual misconduct and responding appropriately to disclosures. This guide reinforces the facility's expectations for professionalism, vigilance, and timely reporting.

Finally, Hall County Correctional Institution's local PREA Policy 115.51, most recently revised on July 1, 2024, was reviewed. This internal policy mirrors the statewide guidance provided in SOP 208.06, while incorporating site-specific procedures and responsibilities to ensure consistent, localized application.

OBSERVATIONS

During the onsite portion of the audit, the Auditor noted a visible and well-maintained presence of PREA-related materials throughout the facility. PREA posters were displayed prominently in housing units, intake areas, medical departments, hallways, the dining area, and dayrooms. These postings were printed in large, easy-to-read fonts and were made available in both English and Spanish, ensuring accessibility for individuals with varying language abilities and literacy levels.

In addition to standard signage, the Auditor observed unique visual reinforcements of the facility's zero-tolerance message. These included murals and painted messages incorporated into facility walls, promoting a culture of awareness and respect. The visual messaging served as a constant, passive reminder that sexual abuse and harassment are not tolerated, and that every individual has the right to safety and dignity.

The Auditor also inspected inmate telephone systems in multiple housing units. Each phone was functional, clearly labeled, and included simple instructions for accessing the confidential PREA hotline. These phones did not require a PIN to make a report, ensuring that individuals in custody could report privately and without restriction at any time.

INTERVIEWS

PREA Compliance Manager (PCM)

The PREA Compliance Manager affirmed that individuals are thoroughly informed of their rights and of the multiple avenues available to report sexual abuse, harassment, or retaliation. Reporting options include direct verbal communication with any staff member, submission of written statements, use of the confidential PREA hotline (*7732), and third-party reporting via family members or outside advocates. In addition, individuals may report directly to external oversight bodies, such as the State Board of Pardons and Paroles or the Office of Victim Services. The PCM emphasized that all methods are confidential, clearly communicated, and accessible throughout the duration of incarceration—not just at intake.

Random Staff

Interviews with randomly selected staff members confirmed their strong understanding of PREA reporting protocols. Staff were able to accurately describe the variety of ways individuals in custody could report misconduct, including verbal reports, the use of the hotline, written notes, or third-party communication. Staff consistently expressed confidence in their responsibilities to immediately document and forward all allegations, regardless of the source or method of reporting. They also conveyed a clear understanding of confidentiality requirements and the importance of treating every report with urgency and professionalism.

Random Inmate

Incarcerated individuals interviewed during the audit displayed a broad awareness of available reporting methods. Most individuals could name at least three ways to report abuse or harassment, including telling staff, using the PREA hotline, writing a grievance or letter, or having a family member contact the facility. Several individuals also reported feeling comfortable reaching out to the PREA Compliance Manager if needed. The overall sentiment among those interviewed reflected trust in the system and awareness that reporting would not result in retaliation.

PROVISIONS

Provision (a): Internal Reporting Methods

The facility provides several confidential internal channels for individuals in custody to report sexual abuse, harassment, retaliation, or staff negligence. These include:

- Dialing *7732 from the inmate phone system to reach the PREA hotline;
- Verbally reporting to any staff member at any time;
- Submitting written statements to the facility or to the Statewide PREA Coordinator;
- Seeking assistance from the Office of Victim Services or the GDC

Ombudsman.

Relevant Policy:

GDC SOP 208.06 (p. 26, Section E.1.a–b) affirms that individuals may report verbally, in writing, anonymously, or through third parties. The dedicated PREA hotline is accessible without a PIN and is monitored by the Office of Professional Standards under the oversight of the PREA Coordinator or their designee. Hall County CI’s internal PREA Policy 115.51, revised July 1, 2024, is aligned with this standard.

Provision (b): External Reporting Mechanisms

The agency ensures that individuals have access to at least one method of external reporting, independent of facility management. This includes access to the State Board of Pardons and Paroles – Office of Victim Services, which operates independently of the Georgia Department of Corrections.

Relevant Policy:

GDC SOP 208.06 (p. 27, Section E.2.a.i–iii) outlines the following external contacts:

- **Ombudsman’s Office** – P.O. Box 1529, Forsyth, GA 31029 | Phone: 478-992-5358
- **PREA Coordinator Email** – PREA.report@gdc.ga.gov
- **State Board of Pardons and Paroles** – Office of Victim Services, Atlanta, GA

While the Ombudsman and PREA Coordinator are GDC-affiliated, the State Board of Pardons and Paroles provides independent oversight. The facility also confirmed that it does not detain individuals for civil immigration matters, and therefore is not subject to ICE-specific reporting mandates.

Provision (c): Staff Reporting Protocols

All staff are required to report any known, suspected, or alleged incidents of sexual abuse or harassment immediately, regardless of the method through which the report is made. Staff interviews confirmed universal understanding and compliance with this expectation.

Relevant Policy:

GDC SOP 208.06 (p. 27, Section E.2.b) mandates that staff must promptly document and forward any report they receive, including verbal disclosures, to supervisory personnel or the appropriate PREA reporting entity. Hall County CI’s internal PREA Policy 115.51 reflects these same requirements.

Provision (d): Staff Reporting Options

Employees at the facility are also provided confidential means to report any knowledge or suspicion of sexual misconduct involving incarcerated individuals. The Staff Guide on Prevention and Reporting of Sexual Misconduct with Offenders details these procedures, ensuring that staff can report directly to supervisors or PREA-designated personnel without fear of retaliation or breach of confidentiality.

Relevant Policy:

GDC SOP 208.06 (p. 27, Section E.2.c) requires that all employees report immediately to a supervisor or designated Sexual Abuse Response Team (SART) member. This is mirrored in the facility’s internal policy, ensuring local implementation.

CONCLUSION

Based on a thorough review of agency and facility-level documentation, direct observation, and interviews with both staff and incarcerated individuals, the Auditor concludes that Hall County Correctional Institution is in full compliance with PREA Standard §115.51 – Inmate Reporting. The facility has implemented a robust, multi-layered system that ensures individuals in custody are fully informed of their right to report abuse and have access to confidential, responsive, and varied reporting options.

Educational materials are clear, widespread, and linguistically inclusive. Staff are well-trained, knowledgeable, and responsive to disclosures. Most importantly, the facility has cultivated an operational culture that prioritizes safety, trust, and accountability—ensuring individuals feel empowered to report without fear of reprisal and with confidence in the institutional response.

Recommendation: The facility is encouraged to continue reinforcing awareness through regular PREA education and visual messaging, and to periodically audit telephone access and signage in housing units to ensure ongoing accessibility and visibility of reporting information.

115.52	Exhaustion of administrative remedies
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p><u>MATERIAL REVIEW</u></p> <p>As part of the PREA compliance assessment process, the Auditor conducted a comprehensive review of documentation related to the facility’s handling of sexual abuse and sexual harassment allegations, specifically as they pertain to administrative remedy procedures. Central to this review was the Pre-Audit Questionnaire (PAQ), which provided key insight into how the facility differentiates PREA-related reports from general inmate grievances.</p>

Among the critical documents reviewed 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 became effective on June 23, 2022. This statewide directive outlines comprehensive expectations for the prevention, detection, reporting, and investigation of sexual abuse and sexual harassment across all GDC facilities. SOP 208.06 explicitly details procedures regarding the handling of reports and clarifies that PREA-related allegations are not subject to the general grievance process used for routine facility matters.

The Auditor also examined the Hall County Correctional Institution's internal PREA Policy 115.52, most recently updated on July 1, 2024. This policy mirrors the state-level guidance while providing local implementation procedures tailored to the facility's operational structure. Together, these documents provided a clear framework demonstrating that the facility appropriately removes allegations of sexual misconduct from the standard grievance pathway and routes them instead through specialized reporting and investigative channels.

INTERVIEWS

Random Staff

In both one-on-one and small group interviews, staff members consistently demonstrated an accurate understanding of how sexual abuse and harassment allegations are handled. Staff reported that under no circumstances are PREA-related complaints processed through the standard inmate grievance system. Instead, if an individual in custody submits a grievance that contains a PREA-related allegation, it is immediately treated as a formal report and redirected to the appropriate investigative authorities for review and action. This process occurs without requiring the individual to complete the typical steps involved in the grievance process.

Staff further indicated that they are trained to recognize the distinction between routine grievances and reports of sexual misconduct, and that any PREA-related information, regardless of how it is received, is taken seriously and escalated without delay. Their responses aligned with current policy and underscored a culture of vigilance and responsiveness.

Random Inmate

Conversations with incarcerated individuals, conducted both formally and informally, confirmed that they were aware of the difference between general grievances and allegations of sexual abuse or harassment. Multiple individuals explained that PREA-related incidents are not addressed through the grievance system and instead are reported through specific channels such as verbal disclosure to staff, submission of written statements to designated personnel, use of the PREA hotline, or contact with outside oversight entities. Individuals expressed confidence that these reports are handled promptly and outside the standard grievance structure.

PROVISIONS

Provision (a): Non-Grievability of PREA Allegations

Based on documentation and interviews, the Auditor confirmed that the facility does not treat allegations of sexual abuse or sexual harassment as grievable matters within the administrative remedy system. Any such allegations received via a grievance form are immediately classified as formal reports and routed to the appropriate investigative unit for review and follow-up. This practice ensures that reports of sexual misconduct receive the attention and procedural protections required under PREA.

Relevant Policy Citation:

GDC SOP 208.06 (p. 27, Section E, Item 3), clearly states that allegations of sexual abuse and harassment are excluded from the inmate grievance process. Instead, these reports must be submitted through designated channels such as direct staff notification, written statements, the PREA hotline, or contact with external agencies. Hall County Correctional Institution's internal PREA Policy 115.52, revised on July 1, 2024, reflects this standard without deviation and ensures that individuals in custody are not required to exhaust the administrative grievance process before having their PREA-related allegations addressed.

Provisions (b) through (g): Not Applicable

Because the facility does not utilize the grievance process to address PREA-related complaints, the requirements set forth in Provisions (b) through (g) of PREA Standard §115.52 do not apply. These provisions govern procedures related to standard grievance timeframes, emergency filings, third-party submissions, and appeals—all of which are inapplicable in contexts where sexual abuse and harassment allegations are handled outside the grievance framework.

CONCLUSION

Based on a meticulous review of policies, facility-specific procedures, and direct interviews with staff and individuals in custody, the Auditor concludes that Hall County Correctional Institution is in full compliance with PREA Standard §115.52 – Exhaustion of Administrative Remedies.

The facility has implemented and reinforced a clear policy that separates sexual abuse and harassment allegations from routine grievances. Staff are well-trained in recognizing and responding appropriately to these reports, and individuals in custody are fully informed of their right to report through confidential, specialized channels without having to navigate the traditional grievance process.

This practice ensures timely, sensitive, and compliant handling of all PREA-related reports and reflects the facility's broader commitment to the safety, dignity, and rights of every individual in its care.

	<p>Recommendation: The facility is encouraged to continue reinforcing this distinction in PREA education materials and during orientation to ensure all individuals, including new arrivals, clearly understand how to report sexual misconduct effectively and confidentially.</p>
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115.53	Inmate access to outside confidential support services
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p><u>MATERIAL REVIEWS</u></p> <p>To evaluate the facility’s compliance with PREA Standard §115.53, which governs inmate access to outside confidential support services, the Auditor conducted a thorough review of all relevant documentation, as well as the Pre-Audit Questionnaire (PAQ) submitted by the facility. The review focused on how the facility ensures individuals in custody can confidentially connect with qualified external victim advocates in the aftermath of sexual abuse or harassment.</p> <p>Among the key documents reviewed was the Georgia Department of Corrections (GDC) Standard Operating Procedure (SOP) 208.06, titled Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective June 23, 2022. This policy sets forth statewide expectations for the delivery of victim services, outlining responsibilities for providing emotional support, advocacy, and information about confidentiality.</p> <p>The Auditor also reviewed Hall County Correctional Institution’s internal PREA Policy 115.53, updated most recently on July 1, 2024. This local policy mirrors the requirements set by GDC while tailoring procedures to the specific operational needs of the facility.</p> <p>Additional materials reviewed included an undated Inmate PREA Information Brochure distributed during intake; the “Reporting is the First Step” informational poster; multilingual posters identifying external confidential support agencies and how to contact them; and the Inmate Intake Orientation Packet, which outlines PREA-related rights, reporting procedures, and access to victim services.</p> <p><u>OBSERVATIONS</u></p> <p>During the onsite audit, the Auditor noted a strong visual presence of PREA education and reporting materials throughout the facility. Posters, brochures, and informational guides were prominently displayed in highly visible, high-traffic areas such as housing units, intake processing, dayrooms, and visitation corridors. These materials were consistently available in English and Spanish, printed in large, legible fonts, and strategically placed near telephones and in other accessible locations.</p>

Special attention was given to materials advertising access to outside victim advocacy services. Posters included the name, address, and toll-free hotline number of Rape Response, Inc., the facility's designated external victim service provider. The Auditor observed that the posters clearly conveyed that these services were confidential and available free of charge.

To validate accessibility, the Auditor tested several inmate telephones across multiple housing units. Each phone was found to be in good working condition. A live test call was placed to Rape Response, Inc., during which an advocate answered promptly, confirmed the call was confidential, and provided an overview of the services offered without requesting identifying information—demonstrating that access to confidential support is operational and effective.

INTERVIEWS

Random Inmate

Individuals in custody demonstrated a consistent understanding of their right to access outside confidential emotional support services. Those interviewed confirmed they were informed—both verbally and in writing—about how to reach Rape Response, Inc. and were provided with the organization's contact information during orientation and via posted signage. They described the services offered by the agency, such as emotional support, crisis counseling, and assistance during forensic exams or investigations.

Importantly, interviewees also expressed an understanding of the limits to confidentiality, stating that they had been informed that advocates may be required to report situations involving self-harm, harm to others, abuse of vulnerable populations, or disclosure of a crime.

PREA Compliance Manager (PCM)

The PCM explained that all individuals receive orientation on their rights under PREA during intake, including information about how to contact outside confidential victim services. Verbal and written guidance is provided, including the hotline number and mailing address for Rape Response, Inc. The PCM confirmed that this partnership is supported by a formal Memorandum of Understanding (MOU), and that advocates are available to accompany survivors during medical treatment and investigations when requested.

Intermediate- or Higher-Level Facility Staff

Facility staff interviewed confirmed they perform routine checks on the functionality of inmate telephones, ensuring ongoing access to external services. These checks are part of broader accountability protocols aimed at maintaining open lines of communication between incarcerated individuals and outside support systems, including victim advocacy and family contact.

PROVISIONS

Provision (a): Access to Outside Support Services

The documentation, interviews, and facility observations confirm that Hall County Correctional Institution ensures individuals in custody have meaningful, confidential access to outside emotional support services following incidents of sexual abuse. The formal partnership with Rape Response, Inc., governed by an MOU, includes a broad range of trauma-informed, survivor-centered services:

- A toll-free 24/7 crisis hotline
- A secure mailing address for confidential correspondence
- Emotional support and crisis intervention
- Accompaniment during forensic medical exams and investigations
- Referrals to additional community resources
- Support for individuals and families navigating the aftermath of abuse

Relevant Policy Citation:

GDC SOP 208.06 (p. 17, Section B.e) requires facilities to pursue written agreements with qualified rape crisis centers. Where formal agreements cannot be reached, facilities must document their efforts and ensure trained facility staff are assigned to fulfill advocacy roles. The Hall County Correctional Institution's local PREA Policy 115.53, updated July 1, 2024, aligns fully with this mandate and provides clear local procedures for implementation.

Provision (b): Notification of Confidentiality Limits

Incarcerated individuals are clearly and consistently informed about the scope and limits of confidentiality in their communications with external support providers. This includes circumstances in which the advocate may be legally or ethically obligated to share information, such as imminent harm or reportable offenses. All informational materials from Rape Response, Inc. detail these limitations, and individuals in custody affirmed their understanding during interviews.

Relevant Policy Citation:

GDC SOP 208.06 (p. 18, Section B.f) mandates that victim advocates undergo appropriate screening and training, and clearly outlines the boundaries of their role and confidentiality. The facility's internal PREA Policy 115.53 reflects and reinforces these standards.

Provision (c): Formal Agreement with Victim Advocacy Agency

As verified through the PAQ and reviewed documentation, the facility maintains an active and signed Memorandum of Understanding with Rape Response, Inc. The agreement explicitly outlines the agency's responsibilities, which include providing emotional support, crisis counseling, forensic exam accompaniment, and support during investigations. This agreement demonstrates the facility's commitment to ensuring outside support is available and that it meets the requirements outlined by PREA.

CONCLUSION

Based on a comprehensive review of policies, documentation, observations, and interviews with staff and incarcerated individuals, the Auditor concludes that Hall County Correctional Institution is in full compliance with PREA Standard §115.53 – Inmate Access to Outside Confidential Support Services.

The facility has demonstrated a strong and proactive commitment to ensuring that all individuals in custody have confidential, trauma-informed access to outside victim advocates. This is supported by clear policies, strong operational partnerships, and an internal culture that promotes safety, respect, and emotional support for survivors of sexual abuse. The MOU with Rape Response, Inc. is not merely symbolic—it is a living agreement reflected in daily practices and visible efforts to empower survivors with meaningful resources and responsive care.

Recommendation: Continue to ensure that all posted materials are routinely checked for accuracy and visibility and that periodic reminders of support services are integrated into facility programming or educational sessions.

115.54	Third-party reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p><u>MATERIAL REVIEW</u></p> <p>To assess compliance with PREA Standard §115.54 – Third-Party Reporting, the Auditor conducted a detailed review of critical documents and resources provided by the Hall County Correctional Institution and the Georgia Department of Corrections (GDC), both prior to and during the on-site audit.</p> <p>The document review began with the facility’s completed Pre-Audit Questionnaire (PAQ), which outlined procedures, practices, and evidence of third-party reporting accessibility. Supporting documents included the GDC’s statewide Standard Operating Procedure (SOP) 208.06, titled Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective June 23, 2022. This foundational policy outlines reporting mechanisms, including those available to individuals outside the facility.</p> <p>Additionally, the Auditor reviewed Hall County Correctional Institution’s local PREA Policy 115.54, most recently revised on July 1, 2024. This local directive mirrors GDC policy while detailing procedures tailored to the specific operations of the facility.</p> <p>The review also included educational materials provided to individuals in custody, such as the GDC PREA Offender Brochure, which outlines inmates’ rights and includes</p>

information about third-party reporting, as well as posted materials throughout the facility.

Significantly, the Auditor examined the GDC's official website, which features a comprehensive and publicly accessible PREA page that includes clear instructions for third-party reporting. In addition, the Hall County Corrections website offers facility-specific PREA information and publicly shares guidance for third-party individuals to report sexual abuse or harassment. These online resources reinforce transparency and the agency's commitment to accountability.

INTERVIEWS

Random Inmate

Interviews with randomly selected individuals in custody revealed a consistent understanding of third-party reporting. Those interviewed confirmed they had been informed of the option to have someone outside the facility report sexual abuse or harassment on their behalf. Inmates accurately identified a range of third-party reporters—such as family members, legal representatives, religious leaders, friends, or advocacy organizations.

Several interviewees indicated that they first learned about these options during intake orientation and subsequently through posted materials and PREA brochures distributed throughout the facility. Many also expressed confidence that, if needed, they would feel comfortable asking a third party to submit a report on their behalf.

These interviews supported the conclusion that the facility has communicated this right clearly, repeatedly, and effectively.

PROVISIONS

Provision (a): Accessibility of Third-Party Reporting

The PAQ, interviews, and reviewed documentation clearly establish that both the Georgia Department of Corrections and Hall County Correctional Institution have created and sustained well-defined, accessible avenues for third-party reporting.

Friends, family members, attorneys, advocates, and members of the community are all empowered to report concerns confidentially and securely through multiple methods, including mail, telephone, and email. These external reporting channels are publicized widely through the agency and facility websites, intake materials, and posters located throughout the correctional institution.

Notably, both the GDC and Hall County Correctional Institution maintain dedicated PREA pages that provide detailed instructions for submitting third-party reports, including links to online complaint forms and contact information for external agencies.

A key resource highlighted is the State Board of Pardons and Paroles, Office of Victim Services, which functions as an independent third-party contact. Third-party individuals can access reporting instructions through this site <http://www.gdc.ga.gov/Divisions/ExecutiveOperations/PREA/How-to-report> The Hall County Corrections PREA information page also includes this link and mirrors the information, further reinforcing accessibility: [:https://www.hallcounty.org/530/Correctional-Institute](https://www.hallcounty.org/530/Correctional-Institute)

These multiple access points ensure that individuals outside the facility—who may witness or learn of abuse—can submit timely, confidential reports that receive prompt attention and follow-up.

Relevant Policy

GDC SOP 208.06 (pages 26–27, Section E.2.a.i–iii) explicitly outlines procedures for third-party reporting and lists multiple options for how concerns may be raised by someone outside the incarcerated population. These include:

- **GDC Ombudsman’s Office**
P.O. Box 1529, Forsyth, GA 31029
Phone: 478-992-5358
 - **PREA Coordinator (via email)**
Email: PREA.report@gdc.ga.gov
- **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 resources are consistently featured in publicly distributed brochures, in-facility signage, and online platforms to ensure wide visibility and accessibility.

The Hall County Correctional Institution’s internal PREA Policy 115.54, revised July 1, 2024, aligns fully with the GDC policy, reinforcing local implementation of third-party reporting standards and maintaining consistency in expectations across state and facility levels.

During the audit, all incarcerated individuals interviewed (100%) acknowledged knowledge of third-party reporting options, a strong indicator of the facility’s successful efforts to educate and reinforce this vital right.

CONCLUSION

Based on the extensive review of policies, publicly available documentation, educational materials, and interviews with incarcerated individuals, the Auditor concludes that Hall County Correctional Institution and the Georgia Department of Corrections are in full compliance with PREA Standard §115.54 – Third-Party Reporting.

	<p>The agency and facility have established a robust, multi-layered system that allows any outside individual—whether a loved one, legal counsel, community advocate, or concerned citizen—to report sexual abuse or harassment in a safe, secure, and confidential manner. Reporting information is easy to find, clearly written, and consistently reinforced through multiple communication channels.</p> <p>By maintaining transparency, proactively educating individuals in custody, and inviting the support of third parties, the facility demonstrates a sincere commitment to protecting the rights, dignity, and safety of every person under its care.</p> <p>Recommendation: Continue to periodically review online content and printed materials to ensure contact information remains current and accurate. Consider incorporating QR codes on posters to further streamline access for tech-savvy third-party reporters.</p>
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115.61	Staff and agency reporting duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p><u>MATERIAL REVIEW</u></p> <p>As part of the audit process for evaluating compliance with PREA Standard §115.61, which governs staff and agency reporting responsibilities, the Auditor conducted a comprehensive and detailed review of all relevant documentation provided by Hall County Correctional Institution. This included a thorough examination of the Pre-Audit Questionnaire (PAQ) and core policy documents that guide the facility’s practices.</p> <p>Key among these documents 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, with an effective date of June 23, 2022. This policy establishes statewide expectations for reporting, responding to, and investigating all allegations of sexual abuse and harassment in correctional settings.</p> <p>In addition, the Auditor reviewed Hall County Correctional Institution’s internal PREA Policy 115.61, most recently revised on July 1, 2024. This policy aligns with GDC’s SOP 208.06 and includes facility-specific procedures that ensure swift and mandatory staff action when allegations arise. Together, these documents outline the required steps staff must take when they witness, suspect, or receive information regarding sexual abuse or harassment, retaliation, or staff failure to act.</p> <p><u>INTERVIEWS</u></p> <p>PREA Compliance Manager (PCM)</p>

During the interview, the PREA Compliance Manager provided a clear and confident explanation of the facility's reporting protocols. The PCM confirmed that all reports of sexual abuse or sexual harassment—whether submitted by individuals in custody, staff members, anonymous sources, or third parties—are immediately forwarded to the facility's assigned investigator. The PCM emphasized that there are no exceptions to this rule and that the facility strictly adheres to PREA's standards for timely and appropriate responses. The PCM also demonstrated in-depth knowledge of both GDC and local PREA policies.

Medical Staff

Medical staff interviewed demonstrated strong awareness of their responsibilities as mandated reporters under both PREA regulations and state law. Each member accurately described the steps they would take if an individual disclosed sexual abuse, including ensuring the person's immediate safety, providing appropriate medical care, and reporting the incident without delay. Staff also affirmed that they inform patients at the beginning of their care about the limits of confidentiality, so that individuals understand what types of disclosures must be reported and to whom.

Facility Head or Designee

The Facility Head, or their appointed representative, articulated a clear understanding of the institution's obligation to ensure that all staff report any information related to sexual abuse or harassment without exception. This includes reporting not only direct allegations, but also suspicions of misconduct, instances of retaliation, or staff negligence that may have facilitated abuse. The Facility Head stressed their commitment to fostering a culture of accountability and safety, where prompt reporting is expected and enforced.

Random Staff

A diverse sample of staff across various job classifications were interviewed, and their responses were remarkably consistent. All staff stated they understood their duty to report any knowledge, suspicion, or allegation of sexual abuse or harassment immediately. They demonstrated familiarity with the chain of reporting, stating they would notify a supervisor, the PREA Compliance Manager, or a designated investigator. Staff also discussed the importance of maintaining confidentiality, explaining that information related to PREA matters is only shared on a need-to-know basis with appropriate personnel.

PROVISIONS

Provision (a): Immediate Reporting Requirements

The facility requires all staff to immediately report any known, suspected, or alleged incidents of sexual abuse or harassment. This includes concerns about retaliation or any staff inaction that may have contributed to the incident.

Relevant Policy:

GDC SOP 208.06 (p. 27, Section E.2.c) mandates prompt reporting to supervisors or Sexual Assault Response Team (SART) members. Hall County Correctional Institution's PREA Policy 115.61, revised July 1, 2024, mirrors this requirement and reinforces the importance of timely staff action.

Provision (b): Confidentiality of Reports

Confidentiality is emphasized throughout the reporting process. Staff are instructed not to disclose any details of sexual abuse or harassment except when necessary for medical, investigative, security, or administrative purposes.

Relevant Policy:

GDC SOP 208.06 (p. 24, Section 3, NOTE) limits the sharing of sensitive information to those with a legitimate operational need. Hall County Correctional Institution's policy reflects the same standard, requiring discretion in communication regarding all PREA-related matters.

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

Medical personnel reported that individuals in custody are informed at the start of treatment about the limits of confidentiality, particularly as it pertains to mandatory reporting of sexual abuse disclosures. This transparency ensures informed communication and supports trauma-informed care.

Relevant Policy:

GDC SOP 208.06 requires that all medical staff inform patients of their reporting obligations from the outset of care. Hall County's policy, updated July 1, 2024, aligns with this requirement.

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

When allegations involve individuals under 18 years old or those legally classified as vulnerable adults, the facility ensures reports are submitted to the appropriate protective services agency as required by state law. For individuals who do not fall under these categories, informed consent is required before reporting abuse that occurred outside the facility.

Relevant Policy:

SOP 208.06 directs mandatory reporting to child and adult protective services where applicable and requires informed consent for cases of non-institutional abuse, unless a legal obligation exists. Local policy 115.61 mirrors these expectations.

Provision (e): Reporting All Allegations

Regardless of the source—whether a report is made verbally, in writing, anonymously,

or by a third party—staff are required to forward the information immediately for investigation. The PCM confirmed that no allegation is ever disregarded or delayed.

Relevant Policy:

SOP 208.06 obligates the reporting of all allegations and suspicions, without regard to how they are received. Hall County’s local policy reinforces this, ensuring full compliance across all reporting channels.

CONCLUSION

Based on an in-depth review of documentation, interviews with facility leadership, staff, and medical personnel, and a thorough understanding of institutional practices, the Auditor concludes that Hall County Correctional Institution is in full compliance with PREA Standard §115.61 – Staff and Agency Reporting Duties.

Staff across all levels demonstrated a strong commitment to immediate, accurate, and confidential reporting of sexual abuse and harassment. The facility’s policies are clearly communicated, routinely reinforced through training, and actively practiced. Together, these efforts support a safe and accountable correctional environment where every allegation receives the attention it deserves.

Recommendation: Continue reinforcing staff training with scenario-based exercises to sustain the high level of staff confidence and responsiveness observed during this audit.

115.62	Agency protection duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p><u>MATERIAL REVIEW</u></p> <p>To assess the facility’s compliance with PREA Standard §115.62—Agency Protective Duties—the Auditor conducted a comprehensive review of key documentation submitted both prior to and during the onsite audit. This review focused on understanding how the agency protects individuals in custody who are determined to be at substantial risk of imminent sexual abuse.</p> <p>Among the primary documents reviewed were the Pre-Audit Questionnaire (PAQ) and 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. This SOP, effective as of June 23, 2022, establishes the foundational policies and response protocols required across all GDC facilities.</p>

Particular attention was given to SOP 208.06, Attachment 7—the PREA Local Procedure Directive and Coordinated Response Plan—which provides a detailed, facility-level blueprint for coordinated responses to allegations or threats of sexual abuse. This document clearly outlines the roles of correctional, medical, mental health, administrative, and investigative personnel in ensuring a timely and unified response to protect individuals at risk.

Additionally, the Auditor reviewed the Hall County Correctional Institution’s internal PREA Policy 115.62, most recently revised on July 1, 2024. This policy adapts the statewide SOP to the local context, providing facility-specific guidance that supports the implementation of immediate protective measures when warranted. Collectively, these documents reflect a comprehensive and proactive approach to ensuring the safety of vulnerable individuals in custody.

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INTERVIEWS

Facility Head or Designee

During a detailed interview, the Facility Head, or their designated representative, articulated a clear and unwavering commitment to protecting individuals at risk of sexual abuse. They confirmed that the facility is fully prepared to take immediate action upon learning of a credible threat or allegation suggesting that a person in custody is in danger of imminent harm.

Protective measures, the Facility Head explained, are tailored to the specific needs of the situation. These may include transferring the individual to a safer housing unit, assigning them to a different facility altogether, or increasing staff supervision and security presence in their current location. In situations where an alleged perpetrator is identified, swift action is taken to remove that individual from general population—often through administrative segregation or other appropriate placements—to eliminate further contact with the potential victim.

The Facility Head emphasized that these interventions are executed in close coordination with the facility’s multidisciplinary response team, ensuring that each case is addressed comprehensively, with consideration for both safety and dignity.

Random Staff

Interviews with randomly selected front-line staff further supported the institution’s readiness to act on protective duties. Staff consistently described a clear sequence of steps they would follow upon learning of a potential or imminent risk of sexual abuse.

Without exception, staff members explained that their first priority is to ensure the immediate safety of the person believed to be at risk. This includes promptly separating the alleged victim from any suspected aggressor, notifying a supervisor or PREA-designated official, and preserving any potential evidence by securing the area and limiting access until the appropriate authorities arrive.

Every staff member emphasized the urgency required in these situations and

expressed a shared understanding that time is critical when a person's safety is in question. The Auditor noted that their responses reflected a strong culture of responsiveness and accountability throughout the facility.

PROVISIONS

Provision (a): Immediate Protective Action

According to the information provided in the PAQ and confirmed through multiple staff interviews, Hall County Correctional Institution has clear, actionable procedures in place to implement protective measures without delay upon receiving information that someone is at substantial risk of imminent sexual abuse.

These protective measures are not one-size-fits-all but are tailored based on an individual assessment of the circumstances. Options include relocation, enhanced supervision, temporary reassignment of housing, or in serious cases, transfer to another institution better suited to ensure the individual's protection.

Though the facility reported no documented cases in the 12 months preceding the audit where someone was identified as being at imminent risk, staff across all departments confirmed their understanding of how to respond should such a scenario arise.

Relevant Policy

The Auditor verified that GDC SOP 208.06, along with Attachment 7: PREA Local Procedure Directive and Coordinated Response Plan, provides a thorough framework for responding to both actual and threatened incidents of sexual abuse. This framework outlines the roles and responsibilities of each unit—security, mental health, medical, administration, and investigations—ensuring a unified and well-coordinated response across the agency.

The Hall County Correctional Institution's local PREA Policy 115.62, updated most recently on July 1, 2024, mirrors this guidance and contextualizes it for the facility's specific operations. Both policies make it clear that when an individual is identified as being in imminent danger, staff are required to take immediate and appropriate action—no exceptions.

These policies prioritize the preservation of life, dignity, and safety and emphasize trauma-informed decision-making, ensuring that the physical and emotional well-being of the person at risk is a primary concern during any protective intervention.

CONCLUSION

Based on a detailed review of policy documents, on-site procedures, and interviews with facility leadership and front-line personnel, the Auditor concludes that Hall

County Correctional Institution is in full compliance with PREA Standard §115.62 –

	<p>Agency Protective Duties.</p> <p>The facility has built a solid infrastructure for identifying and responding to individuals who may be at risk of sexual abuse. While no qualifying incidents were reported during the audit period, staff at all levels demonstrated a consistent and thorough understanding of the actions required under this standard. Their readiness, combined with clearly articulated policies and training, reflects a proactive and prevention-oriented culture that prioritizes the safety and dignity of all persons in custody.</p> <p>Recommendation: Maintain regular scenario-based training and staff drills on agency protective duties to ensure continued readiness for rapid response in high-risk situations.</p>
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115.63	Reporting to other confinement facilities
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p><u>MATERIAL REVIEW</u></p> <p>In preparation for the PREA compliance audit, the Auditor conducted a meticulous review of facility-level and agency-wide documentation to assess Hall County Correctional Institution’s compliance with PREA Standard §115.63, which addresses the responsibilities related to reporting allegations of sexual abuse to other confinement facilities.</p> <p>The review began with the Pre-Audit Questionnaire (PAQ), which offered a broad overview of policy implementation. In addition, the Auditor examined 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 became effective on June 23, 2022. This SOP outlines uniform protocols for responding to sexual abuse allegations and includes clear directives on inter-facility reporting obligations when a person discloses prior victimization in another correctional institution.</p> <p>The Auditor also reviewed the facility’s internal guidance document, Hall County Correctional Institution’s PREA Policy 115.63, most recently revised on July 1, 2024. This local policy reflects the requirements of SOP 208.06 while contextualizing them for the operational realities of Hall County Correctional Institution. Collectively, these documents define the scope of staff responsibilities and establish time-bound procedures to ensure that any allegation involving another facility—regardless of when or where the incident occurred—is promptly communicated, investigated, and documented in accordance with PREA standards.</p> <p><u>INTERVIEWS</u></p>

Agency Head Designee

The Auditor met with the designee of the Agency Head, who emphasized the agency's unwavering commitment to ensuring that all allegations of sexual abuse—whether reported to have occurred in the current facility or elsewhere—are treated seriously and acted upon without delay. The Designee confirmed that every report, regardless of the source or setting, triggers an immediate response and is referred for investigation as outlined in both agency policy and PREA regulations.

Facility Head

In a separate interview, the Facility Head outlined the steps taken when a person in custody reports sexual abuse that allegedly occurred at another correctional institution. The Facility Head confirmed that once such a report is received, the institution follows a strict 72-hour timeline for notifying the head of the facility where the incident allegedly took place. Simultaneously, the GDC PREA Coordinator is notified to ensure centralized oversight and investigative continuity.

The Facility Head further explained that if the allegation involves a facility outside of the GDC system, staff are trained to notify the appropriate external agency and ensure that the individual's immediate safety and support needs are addressed. This protocol ensures inter-jurisdictional collaboration while reinforcing the principle that no credible allegation should go unreported or uninvestigated—regardless of where or when it occurred.

PROVISIONS

Provision (a): Inter-Facility Notification Requirements

The PAQ and interviews with leadership confirmed that the facility follows a clearly defined process for notifying other correctional agencies when an incarcerated individual reports having been sexually abused at another institution. When such reports are made, the Warden or Superintendent notifies the leadership of the facility where the alleged incident took place and ensures that the GDC PREA Coordinator is also informed. If staff misconduct is part of the allegation, the matter is additionally referred to the Regional Special Agent in Charge (SAC). In cases where the incident occurred in a non-GDC facility, staff notify the relevant external authority.

Although there were no inter-facility allegations reported during the 12 months preceding the audit, the Auditor confirmed that the notification framework is firmly in place, with staff trained and prepared to follow the required steps when applicable.

Relevant Policy

GDC SOP 208.06 (p. 27, section 2(a)) outlines these notification obligations, while Hall County Correctional Institution's PREA Policy 115.63, revised July 1, 2024, echoes these same responsibilities, reinforcing the institution's alignment with agency standards.

Provision (b): Timeliness of Notification

The facility maintains a clear standard that all inter-facility notifications must be made as soon as possible—but never later than 72 hours after an allegation is received. Interviews with the Facility Head confirmed that this deadline is strictly enforced and monitored internally to ensure compliance.

While the facility had not received any such reports during the audit review period, its notification protocols were validated through document review and staff responses, which demonstrated preparedness to respond immediately if such a report were made.

Relevant Policy

GDC SOP 208.06 (p. 28, section 2(b)) and the local PREA Policy 115.63 clearly articulate the 72-hour reporting requirement and emphasize its critical role in ensuring timely investigations and victim support.

Provision (c): Documentation of Notification

The PAQ responses and staff interviews confirmed that documentation is a key component of the inter-facility reporting process. The Facility Head affirmed that, when notifications are made, written records are created and maintained, detailing the date, time, recipient of the notification, and the nature of the report. These records serve as both proof of compliance and tools for administrative oversight.

Although there were no notifications issued during the review period, the institution demonstrated a strong commitment to documentation integrity and recordkeeping.

Relevant Policy

GDC SOP 208.06 (p. 28, sections 2(b) and 2(c)) requires the generation and retention of records for all inter-facility reports. Hall County Correctional Institution's PREA Policy 115.63 upholds this standard at the facility level.

Provision (d): Investigative Responsibility

The agency's policy makes clear that any facility receiving an allegation—whether involving its own staff or that of another institution—must ensure a thorough investigation is conducted unless one has already been completed elsewhere. If the report originates from another facility and the matter remains unresolved, the receiving institution must initiate the investigative process immediately.

Staff interviews and policy review confirmed that Hall County Correctional Institution understands and accepts this responsibility. While no allegations were transferred to or from the facility during the audit period, the Auditor was assured that investigative follow-through would occur in strict adherence to PREA and agency policy.

Relevant Policy

GDC SOP 208.06 (p. 28, section 2(d)) defines this investigative requirement, and Hall

County Correctional Institution’s PREA Policy 115.63 reinforces it locally.

CONCLUSION

Following a thorough review of documentation, interviews with key personnel, and examination of the facility’s policies and practices, the Auditor finds that Hall County Correctional Institution is in full compliance with PREA Standard §115.63 – Reporting to Other Confinement Facilities.

Although no inter-facility allegations were reported during the audit period, the institution has demonstrated a clear understanding of its responsibilities and has established a robust infrastructure for responding to such incidents if and when they arise. Staff at all levels are aware of the steps required, the timelines involved, and the importance of documentation and inter-agency collaboration.

The facility’s commitment to transparency, accountability, and survivor-centered practices is evident in its approach to potential allegations—whether within its own walls or beyond. This readiness reflects a culture that prioritizes safety, due process, and compliance with both the letter and spirit of PREA.

Recommendation: Continue regular staff training and scenario-based exercises to maintain institutional preparedness for inter-facility reporting and investigations.

115.64	Staff first responder duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p><u>MATERIAL REVIEW</u></p> <p>In preparation for the PREA compliance audit, the Auditor conducted a thorough and systematic examination of key documents to assess Hall County Correctional Institution’s adherence to the requirements set forth in PREA Standard §115.64—Staff First Responder Duties. This standard outlines the immediate actions required by correctional personnel, both security and non-security, upon learning of an allegation of sexual abuse within a confinement setting.</p> <p>The document review included the Pre-Audit Questionnaire (PAQ) and supporting facility submissions, which offered a snapshot of policy implementation and procedural adherence. Central to this review was the Georgia Department of Corrections (GDC) Standard Operating Procedure (SOP) 208.06, titled Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, with an effective date of June 23, 2022. This SOP serves as the foundational policy guiding sexual abuse prevention and response across all GDC-operated</p>

facilities.

Additionally, the Auditor reviewed Hall County Correctional Institution’s internal PREA Policy 115.64, most recently revised on July 1, 2024. This locally tailored policy aligns with statewide directives while providing institution-specific procedures and delineating responsibilities for first responders in the event of a sexual abuse report.

Together, these documents outline a coordinated institutional response emphasizing the critical role of first responders in ensuring safety, preserving physical evidence, and maintaining the dignity of individuals involved in a sexual abuse allegation. The policies also affirm that all staff, regardless of role, are expected to act swiftly and appropriately in alignment with their training and official guidance.

INTERVIEWS

Security Staff – First Responders

Interviews with security personnel identified as designated first responders revealed a high level of familiarity with their responsibilities under PREA. Staff members reported receiving training through annual in-service sessions, facility briefings, and on-the-job instruction. When asked to describe their role, security staff consistently outlined the key actions expected of them, including securing the incident location, separating the alleged victim and the accused, preserving evidence, and notifying supervisory staff without delay. Their responses reflected both theoretical understanding and practical readiness.

Non-Security First Responders

Interviews with non-security personnel—such as individuals assigned to medical, education, vocational, and programming roles—demonstrated that they, too, were well-versed in their first responder obligations. These staff members stated they are trained to respond immediately upon learning of a sexual abuse allegation, even if they are not security staff. Their responsibilities include promptly informing the nearest security supervisor, advising the alleged victim not to take actions that could compromise evidence (such as bathing or changing clothes), and helping ensure the scene remains undisturbed until security staff arrive. Non-security staff also emphasized the importance of treating such situations with professionalism and discretion, maintaining the privacy and dignity of those involved.

Random Staff

A cross-section of randomly selected staff members from various departments echoed the same confidence and clarity when discussing first responder procedures. Each interviewee was able to articulate, in detail, the steps they would take if they became the first person to learn of a sexual abuse incident. This included: separating the involved individuals, calling for medical assistance if needed, safeguarding physical evidence, restricting access to the area, and reporting the incident up the appropriate chain of command. Their answers demonstrated not only policy

awareness, but also that staff have internalized these procedures through consistent training and reinforcement.

Inmates Who Reported Sexual Abuse

During the audit period, there were no incarcerated individuals at Hall County Correctional Institution who had reported sexual abuse. As a result, no interviews were conducted in this category.

PROVISIONS

Provision (a): First Responder Policy

The PAQ and subsequent staff interviews confirmed that Hall County Correctional Institution has an institutional plan in place for staff to follow when responding to allegations of sexual abuse. The plan establishes clear expectations for immediate actions to be taken by both security and non-security personnel, depending on who first learns of the allegation.

Although the facility did not experience any reported incidents of sexual abuse in the 12 months prior to the audit, documentation and interview data confirmed that the policy is actively understood and ready to be implemented should a report arise.

Relevant Policy

GDC SOP 208.06 (page 28, section 3) mandates that all facilities maintain a written institutional plan to coordinate the actions of first responders, medical and mental health practitioners, investigators, and facility leadership following a report of sexual abuse. This institutional plan is documented in Attachment 7: PREA Local Procedure Directive and Coordinated Response Plan, which is required to include updated contact information for key responders.

Additionally, GDC SOP 208.06, page 27, section F(1), further details first responder responsibilities and reporting requirements:

Staff must follow steps outlined in the Local Procedure Directive;

- The PREA Unit must be notified within two business days using Attachment 10 (PREA Incident Notification Form);
- Correctional officers who are first to receive a report must:
 - Separate the individuals involved and secure the area;
 - Identify and preserve physical evidence at the scene;
 - Notify a supervisor immediately;
 - Instruct the individuals not to eat, drink, shower, brush teeth, or take any action that could compromise evidence;
- Complete Incident Report CN 6601 in accordance with Administrative Directive 6.6;
- Maintain confidentiality, disclosing information only as necessary to facilitate medical care, security, or investigation.

Hall County Correctional Institution's PREA Policy 115.64, last revised on July 1, 2024, mirrors these responsibilities and ensures localized implementation.

Provision (b): Non-Security First Responders

The facility affirmed—through documentation and interviews—that all staff, including those outside of custody or security roles, are designated and trained as potential first responders. Training content explicitly addresses the appropriate actions for non-security personnel who first receive a report of sexual abuse.

These actions include:

- Advising the alleged victim not to take any steps that could destroy physical evidence;
- Immediately notifying a security supervisor or the PREA Compliance Manager;
- Ensuring the individuals involved are separated;
- Preserving the scene as much as possible until the arrival of designated security staff.

The Auditor also reviewed the PREA training curriculum provided to employees, contractors, and volunteers. The curriculum outlines first responder expectations for all personnel and emphasizes a trauma-informed, victim-sensitive approach to initial response efforts. The training reinforces the principle that the role of the first responder is not defined by job title but by proximity to the disclosure and the immediacy of the situation.

CONCLUSION

Based on an in-depth review of agency policy, facility-level documentation, staff training records, and interviews with a broad cross-section of personnel, the Auditor finds Hall County Correctional Institution to be in full compliance with PREA Standard §115.64 – Staff First Responder Duties.

While no allegations were reported during the audit period, the facility has demonstrated clear institutional preparedness through the implementation of robust policies, clearly defined response protocols, and ongoing staff education. Both security and non-security personnel exhibited a comprehensive understanding of their roles and expressed confidence in executing first responder duties in accordance with PREA and GDC expectations.

The facility's proactive stance, reinforced by a well-articulated response plan and consistent staff training, ensures that it is fully equipped to respond swiftly, appropriately, and compassionately in the event of a sexual abuse allegation. This commitment to preparedness helps foster a culture of safety, accountability, and

respect for the rights and dignity of all individuals in custody.

115.65	Coordinated response
	<p data-bbox="260 185 884 215">Auditor Overall Determination: Meets Standard</p> <p data-bbox="260 264 501 293">Auditor Discussion</p> <p data-bbox="260 338 488 367"><u>MATERIAL REVIEW</u></p> <p data-bbox="260 416 1481 707">In preparation for the Prison Rape Elimination Act (PREA) compliance audit, the Auditor conducted a comprehensive and structured review of the facility’s documentation related to institutional coordinated response. This assessment focused on the facility’s preparedness to act in a unified, timely, and effective manner in response to allegations of sexual abuse or harassment. The reviewed materials provided insight into both statewide policy and its localized application at the Hall County Correctional Institution.</p> <p data-bbox="260 752 1015 781">Key documents reviewed during this process included:</p> <ul data-bbox="331 860 1449 1373" style="list-style-type: none"> • The Pre-Audit Questionnaire (PAQ), which provided preliminary information regarding the facility’s operational procedures and PREA-related practices; • 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; • Attachment 7 to SOP 208.06, titled PREA Local Procedure Directive and Coordinated Response Plan, most recently revised January 21, 2025, which outlines the comprehensive, multidisciplinary approach to institutional response; • The Hall County Correctional Institution’s internal PREA Policy 115.65, updated July 1, 2024, which aligns with GDC guidelines while addressing local operational nuances and staff deployment strategies. <p data-bbox="260 1417 1458 1709">Together, these documents articulate a facility-wide expectation that all staff—regardless of role or department—are responsible for executing a coordinated and trauma-informed response to any report of sexual abuse. The coordinated response plan functions as a foundational operational tool, ensuring the collaboration of security personnel, medical and mental health providers, investigators, and administrators to safeguard individuals in custody and uphold PREA standards.</p> <p data-bbox="260 1805 411 1834"><u>INTERVIEWS</u></p> <p data-bbox="260 1879 608 1908">Facility Head or Designee</p> <p data-bbox="260 1953 1474 2157">During the on-site interview, the Facility Head confirmed that a robust, well-defined Coordinated Response Plan is in place and actively utilized at the institution. The plan outlines specific responsibilities for first responders, medical and mental health staff, investigative units, and administrative personnel, ensuring that all relevant parties know their role in responding to an incident.</p>

The Facility Head emphasized that the plan is more than a written directive—it is embedded into the culture and daily operations of the institution. Training on coordinated response procedures is delivered through multiple channels: annual in-service sessions, monthly team meetings, and real-time coaching during facility operations. These layered training opportunities reinforce a culture of preparedness and ensure consistent staff performance in crisis situations.

The leadership expressed high confidence in staff readiness, noting that all employees—regardless of shift or assignment—understand the procedures to follow when confronted with an allegation of sexual abuse. Staff are trained not only on the technical components of response but also on how to engage in a trauma-informed and respectful manner with alleged victims.

PROVISIONS

Provision (a): Institutional Coordinated Response Plan

The PAQ and supporting documentation confirm that the facility maintains a detailed and written institutional plan that coordinates the response of various departments in the event of a sexual abuse incident. This plan clearly defines the roles and responsibilities of all essential personnel, including correctional officers, healthcare professionals, investigators, and administrative leaders.

The Facility Head further affirmed during the interview that this plan is current, well-integrated into operational routines, and familiar to staff at all levels. It is consistently reinforced through training and procedural drills, ensuring that the response to any sexual abuse report is swift, organized, and in accordance with PREA mandates.

The Auditor’s review of Attachment 7—PREA Local Procedure Directive and Coordinated Response Plan—confirmed that it serves as an effective, step-by-step guide for managing incidents from first disclosure through final investigation. This document ensures that every department involved in the response process is synchronized and aware of its specific obligations to preserve safety, evidence, and dignity.

Relevant Policy

According to GDC SOP 208.06, page 28, section 3, every correctional facility under the Georgia Department of Corrections is required to maintain a written institutional plan that outlines a multidisciplinary and coordinated approach to responding to sexual abuse allegations. This directive is operationalized through Attachment 7, which serves as the facility’s institutional Coordinated Response Plan.

The most recent version of Attachment 7, revised on January 21, 2025, spans two concise yet detailed pages and includes 15 clearly delineated action steps. These steps guide personnel through the complete cycle of response, including, but not limited to:

- Receipt and initial reporting of allegations;
- Immediate separation of involved parties;
- Notification of supervisory and PREA-designated staff;
- Securing the location and preserving evidence;
- Coordinated delivery of medical and mental health services;
- Completion of victim screening and placement in protective housing, if appropriate;
- Documentation of all actions taken and referrals made.
- The plan also includes a directory of key personnel, with updated names and contact information, ensuring efficient communication and uninterrupted action during an emergency response.

The Hall County Correctional Institution’s internal PREA Policy 115.65, updated on July 1, 2024, complements the statewide SOP by tailoring expectations to the facility’s size, layout, staffing structure, and population characteristics. This policy reinforces the core elements of the Coordinated Response Plan and ensures that staff are aware of their responsibilities in every phase of response—from first report through post-incident support.

CONCLUSION

Based on a comprehensive review of statewide and facility-level policies, supporting documentation, and interviews with facility leadership, the Auditor concludes that Hall County Correctional Institution is in full compliance with PREA Standard §115.65 – Institutional Coordinated Response.

The facility has developed and actively maintains a clear, comprehensive, and up-to-date Coordinated Response Plan that outlines the roles and responsibilities of all relevant personnel. Staff are consistently trained and prepared to implement the plan effectively, ensuring a prompt, professional, and survivor-centered response to any report of sexual abuse.

Although no incidents were reported during the review period, the preparedness demonstrated through documentation, training protocols, and staff interviews indicates a high level of institutional readiness. The facility’s approach reflects a strong commitment to operational integrity, interdepartmental coordination, and the protection of individuals in custody, fully aligning with PREA’s objectives for safety, accountability, and dignity.

115.66	Preservation of ability to protect inmates from contact with abusers
	Auditor Overall Determination: Meets Standard

Auditor Discussion

MATERIAL REVIEW

As part of the comprehensive PREA compliance audit, the Auditor undertook a detailed evaluation of the facility's policies and supporting documentation to determine compliance with the standard related to an agency's ability to protect incarcerated individuals from contact with known or suspected abusers. This review focused on the operational autonomy of the institution to ensure the safety and well-being of those in custody, particularly in the absence of external limitations such as collective bargaining agreements.

The document review encompassed the following materials:

1. The Pre-Audit Questionnaire (PAQ) and all associated supporting documentation submitted by the facility;
2. 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;
3. The Hall County Correctional Institution's internal PREA Policy 115.66, most recently revised on July 1, 2024, which outlines the facility-specific protocols in alignment with GDC directives.

Together, these documents establish a clear framework for ensuring that the facility maintains full authority and operational flexibility to take protective action—including the removal or reassignment of staff and housing reallocation—when it becomes necessary to separate individuals in custody from those who have been credibly accused or found guilty of sexual abuse. The policies reviewed make it clear that the institution is structurally equipped and procedurally guided to act decisively and without impediment to safeguard vulnerable individuals.

INTERVIEW

Agency Head or Designee

During the interview process, the Auditor met with the designated representative of the Agency Head to confirm the structural and policy environment within which the facility operates. The Designee clearly affirmed that the State of Georgia does not engage in or operate under collective bargaining agreements with employee unions. This operational independence ensures that the facility retains full authority to implement necessary staffing changes or reassignments when a staff member is alleged or found to have committed sexual abuse.

The Designee emphasized that this absence of collective bargaining constraints allows the institution to swiftly remove any potential threat to the safety of individuals in custody without delay or the need for negotiation. This organizational flexibility is critical in upholding the core principles of PREA, ensuring that protective

actions can

be taken without compromise or bureaucratic interference.

PROVISIONS

Provision (a): Collective Bargaining Restrictions

According to information provided in the PAQ and confirmed through the interview with the Agency Head’s Designee, there are no collective bargaining agreements in place that would limit or influence the facility’s authority to separate or reassign staff who are the subject of sexual abuse allegations. The State of Georgia's policy structure deliberately avoids such agreements, thereby preserving the agency’s ability to act quickly and decisively in the interest of safety and compliance with PREA standards.

This unrestricted authority enhances the facility’s capacity to protect individuals in custody from contact with staff or other individuals known or suspected to have engaged in sexual abuse. Whether during an active investigation or following a substantiated finding, the institution can take all necessary actions to prevent continued exposure to potential harm, ensuring a safe environment for all.

Provision (b): Not Applicable to Auditor Review

Per the PREA audit methodology, Provision (b) is not subject to formal review or compliance determination by the Auditor. Therefore, it is excluded from the scope of this assessment.

CONCLUSION

After conducting a thorough review of the facility’s policy framework, supporting documentation, and an in-depth interview with the Agency Head’s Designee, the Auditor finds that Hall County Correctional Institution is in full compliance with PREA Standard §115.66—Preservation of Ability to Protect Inmates from Contact with Abusers.

The lack of collective bargaining agreements in the State of Georgia allows the facility to operate with a high level of autonomy and responsiveness. This structural independence, coupled with clearly articulated policy guidance, ensures that the facility can swiftly separate individuals in custody from known or suspected abusers and take all necessary steps to protect the physical and emotional safety of those under its care. The institution has demonstrated that it is well-positioned to uphold PREA’s goals through timely, decisive, and survivor-centered action.

115.67	Agency protection against retaliation
	Auditor Overall Determination: Meets Standard

Auditor Discussion

MATERIAL REVIEWS

To assess the Hall County Correctional Institution's compliance with the PREA standard addressing protection from retaliation, the Auditor conducted a thorough and comprehensive review of relevant documentation. This evaluation focused on the agency's capacity to prevent, detect, and respond to retaliation against individuals who report incidents of sexual abuse or harassment or who participate in associated investigations.

The materials reviewed included:

1. The Pre-Audit Questionnaire (PAQ) and all supporting documentation submitted by the facility;
2. 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;
3. Attachment 8 to SOP 208.06, titled Retaliation Monitoring Checklist, also effective June 23, 2022, which establishes a structured process for proactive monitoring of potential retaliatory behavior;
4. The Hall County Correctional Institution's internal PREA Policy 115.67, most recently revised on July 1, 2024, which mirrors state-level expectations while tailoring guidance to the operational structure of the facility.

Collectively, these policies reflect a deliberate and coordinated strategy to protect any individual—including those in custody, staff, and others—who makes a report of sexual abuse or harassment, or who participates in the investigative process. The policies also establish a formal protocol for monitoring and documenting any indicators of retaliation, offering appropriate intervention when needed, and ensuring all reports of retaliation are handled with care, urgency, and confidentiality.

INTERVIEWS

Agency Head or Designee

During an on-site interview, the Agency Head's designee articulated the facility's unwavering commitment to preventing retaliation. According to the designee, the monitoring process begins immediately following a report of sexual abuse or harassment. Monitoring is typically conducted over a 90-day period, though it may be extended if circumstances warrant continued oversight. Conversely, if an allegation is determined to be unfounded early in the investigative process, monitoring may be discontinued with appropriate documentation.

The designee further emphasized that protection against retaliation is extended to any individual who may be at risk—including the person making the report, witnesses, and staff members involved in the investigative process. The facility's approach is designed to be responsive, confidential, and trauma-informed, ensuring

that individuals feel supported and safe throughout the process.

Facility Head or Designee

The Facility Head affirmed that monitoring for retaliation is integrated into day-to-day operations. For incarcerated individuals, staff are trained to watch for red flags such as sudden changes in housing or job assignments, increases in disciplinary reports, or social isolation. When monitoring staff, retaliation indicators may include negative changes in work assignments, performance evaluations, or exclusion from typical responsibilities.

Oversight responsibilities for retaliation monitoring are clearly assigned, and confidentiality is maintained throughout. The Facility Head reiterated that retaliation monitoring is not a passive task but an active, documented process intended to ensure the safety and well-being of everyone involved in PREA-related matters.

Retaliation Monitor

The facility's designated Retaliation Monitor provided further insight into the operational aspects of this role. The Monitor explained that face-to-face check-ins with monitored individuals occur at least monthly and are documented using the standardized Retaliation Monitoring Checklist (Attachment 8). The monitoring process includes assessments for potential changes in work assignments, disciplinary actions, housing, or any other factor that could signal retaliatory behavior.

The Monitor confirmed that no incidents of retaliation were identified during the 12-month audit review period. Nevertheless, monitoring was conducted diligently for all cases where it was warranted, and each instance was thoroughly documented in accordance with policy.

Inmates in Segregated Housing Due to Risk of Sexual Abuse

At the time of the audit, there were no individuals housed in segregation due to risk of sexual abuse or following a sexual abuse report. Consequently, no interviews were conducted in this category.

Inmates Who Reported Sexual Abuse

The facility reported no allegations of sexual abuse within the 12-month period prior to the audit, and therefore, no interviews were conducted with individuals in this category.

PROVISIONS

Provision (a): Policy Against Retaliation

The facility's documentation and interview responses confirmed that a formal, well-articulated policy is in place to safeguard all individuals who report sexual abuse or harassment or participate in investigations. A Deputy Warden has been formally designated as the facility's Retaliation Monitor. Monitoring generally spans 90 days

and may be extended based on risk assessments.

Relevant Policy:

GDC SOP 208.06, pp. 28, Sections 4.a–b

Hall County Correctional Institution’s PREA Policy 115.67 (Revised July 1, 2024)

Provision (b): Protective Measures

Protective strategies used by the facility include housing or work assignment changes, physical separation of individuals, removal of staff from potentially harmful posts, and the provision of emotional support services. These measures are implemented proactively when a threat of retaliation is identified and are customized to the individual’s circumstances.

Relevant Policy:

GDC SOP 208.06, pp. 28–29, Section 4.b

Hall County Correctional Institution’s PREA Policy 115.67

Provision (c): Monitoring Conduct and Treatment

The facility has procedures in place to monitor for behavioral or treatment changes that may suggest retaliation. All individuals involved in PREA-related processes—whether victims, witnesses, or staff—are subject to monitoring for at least 90 days, with extensions applied when warranted. Interview responses and documentation demonstrated that monitoring is consistent, thorough, and proactive.

Relevant Policy:

GDC SOP 208.06, pp. 28–29, Section 4.c

Hall County Correctional Institution’s PREA Policy 115.67

Provision (d): Formal Monitoring Process

The Retaliation Monitoring Checklist (Attachment 8) is used to structure and document all monitoring activities. This includes monthly check-ins and evaluations of housing changes, program shifts, disciplinary history, and behavioral changes for incarcerated individuals. Staff are monitored through performance evaluations and assignment reviews. The process ensures transparency, documentation, and accountability.

Relevant Policy:

GDC SOP 208.06, pp. 28–29, Sections 4.c.i–iii

Hall County Correctional Institution’s PREA Policy 115.67

Provision (e): Protections for Any Fear of Retaliation

The facility confirmed that protection measures extend to any individual—whether in custody, employed by the facility, or a third-party participant—who expresses fear of retaliation due to involvement in a PREA-related report or investigation. Staff are trained to take such concerns seriously, and the Retaliation Monitor ensures responsive follow-through in each case.

	<p>Relevant Policy: GDC SOP 208.06, Section 4 Hall County Correctional Institution’s PREA Policy 115.67</p> <p>Provision (f): Auditor Exclusion</p> <p>Provision (f) is not required to be evaluated by the Auditor under PREA auditing standards and was therefore excluded from the compliance determination.</p> <p><u>CONCLUSION</u></p> <p>Based on a comprehensive review of policy documents, operational procedures, facility monitoring records, and staff interviews, the Auditor concludes that Hall County Correctional Institution is in full compliance with PREA Standard §115.67 – Protection Against Retaliation.</p> <p>The facility has established and maintained a thorough, well-documented retaliation monitoring program. Roles and responsibilities are clearly assigned, training is consistently delivered, and the institution demonstrates a proactive approach to protecting individuals who engage with the PREA process. The absence of reported retaliation over the previous year, coupled with the facility’s strong preventive framework, reflects a culture of safety, accountability, and support.</p>
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115.68	Post-allegation protective custody
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p><u>MATERIAL REVIEW</u></p> <p>As part of the audit to assess compliance with the Prison Rape Elimination Act (PREA), the Auditor conducted a thorough review of documentation related to post-allegation protective custody procedures at Hall County Correctional Institution. The purpose of this review was to evaluate how the facility manages the housing and protection of individuals following an allegation of sexual abuse, with an emphasis on minimizing reliance on involuntary segregated housing.</p> <p>The documents examined included:</p> <ol style="list-style-type: none"> 1. The Pre-Audit Questionnaire (PAQ), which offered insight into the facility’s responses to standard requirements and relevant operational practices; 2. 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;
3. The Hall County Correctional Institution's internal PREA Policy 115.68, most recently updated on July 1, 2024, which adapts the broader GDC SOP to meet the specific operational structure and staffing resources of the facility.

These policies collectively articulate a clear institutional philosophy that protective custody should not be punitive and that segregation should be used only when no other safe alternatives exist. They establish requirements for individualized assessments, documentation, periodic reviews, and efforts to maintain access to rehabilitative services even in cases where segregated housing is necessary.

INTERVIEWS

Facility Head or Designee

During the on-site interview, the Facility Head confirmed the facility's commitment to protecting individuals who report sexual abuse while avoiding unnecessary or punitive housing measures. The Facility Head explained that, when warranted, either the alleged victim or the alleged perpetrator may be transferred to another facility to ensure safety. However, whenever possible, the institution prioritizes alternative housing options that allow individuals to remain in the general population, provided their safety can be maintained.

Involuntary placement in segregated housing is considered only after all less-restrictive alternatives have been explored and ruled out. When such a placement is deemed necessary, it is treated as a temporary measure and is subject to a formal review every 30 days to determine whether continued separation is required. Importantly, even while in segregation for protective purposes, individuals are still allowed access to programs, educational services, and work assignments to the extent that safety and security allow.

Staff Assigned to Segregated Housing

Staff responsible for supervising individuals in segregated housing reiterated that protective custody is not automatically used for individuals who are at risk or who report sexual abuse. These staff members emphasized that the facility actively pursues other placement options to ensure the individual's safety without resorting to isolation. Segregated housing is clearly reserved for situations where no viable alternatives are available, and staff confirmed that reviews of such placements are conducted regularly and documented in accordance with GDC policies.

Inmate in Segregated Housing Due to Risk of Sexual Abuse

At the time of the on-site audit, there were no individuals housed in segregation as a result of reporting sexual abuse or being assessed as at risk for victimization. As such, no interviews were conducted in this category.

PROVISIONS

Provision (a): Use of Segregated Housing Post-Allegation

In accordance with the information provided in the PAQ and interviews with facility leadership and supervisory staff, the Hall County Correctional Institution adheres to GDC policy that strictly limits the use of involuntary segregated housing following allegations of sexual abuse. This housing option is employed only when a comprehensive assessment determines that no other means of separation can ensure the safety of the individual.

The facility reported that, during the 12 months preceding the audit, there were no instances in which individuals were held involuntarily for 1 to 24 hours for assessment, nor any cases where individuals were held in involuntary segregated housing for longer than 30 days due to a lack of alternatives. These self-reported findings were corroborated through interviews with the Facility Head and supervisory staff overseeing segregated housing.

In cases where segregation is used for protective reasons, the placement is reviewed at 30-day intervals to determine whether the separation from the general population continues to be justified. This safeguard ensures that protective custody does not evolve into a prolonged or punitive status.

Relevant Policy

The framework guiding these practices is established in GDC SOP 208.06, specifically in Section 8 (subsections a–d) on page 25, which includes the following directives:

Automatic placement into segregated housing is prohibited. Individuals assessed to be at risk for sexual victimization or aggression must only be housed in segregation if all other alternatives have been thoroughly evaluated and found to be unsuitable. This determination must be documented in the SCRIBE case management system, with specific reasoning for the decision.

Services must remain intact. Individuals placed in segregation for protective purposes must continue to receive access to the full array of services described in SOP 209.06 – Administrative Segregation, including medical care, mental health services, and opportunities for education, recreation, and programming, to the extent safety permits.

Segregation must be time-limited. Involuntary protective segregation is not to exceed 30 days unless it is determined that no safer alternatives are available. Continued placement must be justified and reviewed at 30-day intervals.

Documentation of service restrictions is required. If limitations are imposed on an individual's access to programs, education, or employment while in segregation, the facility must document the following:

- Which specific services or activities were restricted;

- The length of time the restrictions were in place;
- The reasons the restrictions were deemed necessary for safety or operational concerns.

The Hall County Correctional Institution’s internal PREA Policy 115.68, revised July 1, 2024, mirrors these expectations and ensures that the facility's operational practices reflect the agency’s commitment to trauma-informed, safety-focused decision-making in protective housing cases.

CONCLUSION

Based on a detailed review of policies, facility documentation, and interviews with relevant staff, the Auditor concludes that Hall County Correctional Institution is in full compliance with PREA Standard §115.68 – Post-Allegation Protective Custody.

The facility demonstrates a strong commitment to minimizing the use of segregated housing for individuals who report sexual abuse or who are otherwise at risk. Its procedures prioritize less-restrictive alternatives and emphasize timely assessments, periodic reviews, and continued access to essential services. No individuals were reported to have been placed in involuntary segregation during the review period, further reinforcing the facility’s proactive approach to safety and its adherence to both the letter and spirit of PREA requirements.

115.71	Criminal and administrative agency investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p><u>MATERIAL REVIEW</u></p> <p>In evaluating the Hall County Correctional Institution’s adherence to the Prison Rape Elimination Act (PREA) Standard §115.71, which governs both criminal and administrative investigations of sexual abuse and sexual harassment, the Auditor conducted a meticulous review of agency policies and supporting documentation. The review encompassed the following key materials:</p> <ol style="list-style-type: none"> 1. The Pre-Audit Questionnaire (PAQ) and all accompanying documents submitted by the facility; 2. The Georgia Department of Corrections (GDC) Standard Operating Procedure (SOP) 208.06, titled Prison Rape Elimination Act (PREA) Sexually Abusive Behavior

3. Prevention and Intervention Program, effective June 23, 2022;
4. The facility-specific Hall County Correctional Institution PREA Policy 115.71, last revised on July 1, 2024, which adapts statewide directives to local operational practices.

These documents collectively form the agency's comprehensive investigative framework. They outline protocols for initiating investigations, standards for evidence collection and preservation, training requirements for investigators, documentation expectations, and procedures for referring cases for potential criminal prosecution. The policies reflect the agency's clear commitment to zero tolerance for sexual abuse and harassment and establish uniform procedures to ensure allegations are handled with diligence, professionalism, and impartiality.

INTERVIEWS

Investigative Staff

The Auditor conducted an extensive interview with the facility's designated PREA investigator, who provided a thorough overview of the investigative process used to respond to sexual abuse and harassment allegations. The investigator confirmed that all allegations—whether submitted in person, via phone, in writing, anonymously, or by third parties—are promptly addressed and investigated in line with the agency's established protocol.

The Auditor reviewed the investigator's training file, which confirmed successful completion of specialized training focused on conducting sexual abuse investigations within confinement settings, including trauma-informed approaches, evidence preservation, and interviewing techniques.

The investigator described a structured approach: each investigation begins with an interview of the alleged victim, followed by relevant witnesses, and concludes with the alleged perpetrator. In sexual assault cases, the facility coordinates with outside medical providers, such as SANE/SAFE professionals, to conduct forensic exams. If external medical staff are unavailable, trained internal investigators are responsible for properly collecting, labeling, storing, and maintaining the chain of custody for all physical evidence.

In cases where potential criminal conduct is indicated, investigators consult with the prosecuting authority before proceeding with any compelled interviews to ensure constitutional rights are preserved and prosecutions are not compromised. Miranda warnings are issued when required, in accordance with input from the Jefferson County Sheriff's Department. Investigative credibility assessments are based solely on the facts and circumstances of each case—without regard to an individual's role or institutional status. Use of polygraph examinations is strictly prohibited in all PREA-related investigations.

Investigations are comprehensive, incorporating all relevant physical evidence, video

footage, statements, and incident history. If staff action or inaction is suspected to have contributed to the incident, those elements are included in the investigative review. All findings are compiled into a detailed written report outlining the rationale for conclusions and recommendations for next steps.

When investigative outcomes support a finding of criminal behavior, the case is formally referred to the Jefferson County Sheriff's Department for further investigation and potential prosecution. Facility staff continue their cooperation with external law enforcement throughout the process.

PREA Coordinator

The PREA Coordinator confirmed that investigative records, including written reports, evidence logs, and supporting documentation, are maintained for the full duration of an alleged abuser's incarceration or employment and for an additional five years thereafter. Most investigative records are also retained indefinitely within the SCRIBE electronic case management system, ensuring permanent access and secure archival.

PREA Compliance Manager

The PREA Compliance Manager (PCM) reiterated the agency's commitment to completing all investigations to conclusion, regardless of changes in custody or employment status. If a victim or alleged perpetrator is released, transferred, or terminates employment, the investigation continues without interruption.

Facility Head or Designee

The Facility Head confirmed that, during the 12 months preceding the audit, there were no substantiated allegations of criminal sexual abuse referred for prosecution.

Incarcerated Individuals Who Reported Sexual Abuse

At the time of the on-site audit, there were no individuals currently housed at the facility who had reported sexual abuse. Therefore, no interviews in this category were conducted.

PROVISIONS

Provision (a): Investigation of All Allegations

The agency mandates that all allegations of sexual abuse or harassment—regardless of the source—are promptly, thoroughly, and objectively investigated. This includes anonymous tips, third-party reports, and complaints made by individuals in custody, staff, or others.

Relevant Policy:

GDC SOP 208.06 and Hall County Correctional Institution Policy 115.71 (rev. July 1, 2024)

Provision (b): Qualified Investigators

Only investigators who have completed specialized PREA investigative training are authorized to handle sexual abuse cases. Training includes instruction on conducting trauma-informed interviews, evidence collection, and institutional policy.

Relevant Policy:

SOP 208.06 and Policy 115.71 and Hall County Correctional Institution Policy 115.71 (rev. July 1, 2024)

Provision (c): Comprehensive Evidence Collection

Investigators are required to collect all relevant evidence, including physical items, witness statements, video footage, prior complaints, and supporting documentation. A standardized collection protocol ensures proper handling and chain of custody.

Relevant Policy:

SOP 208.06, p. 32, Section 9 and Policy 115.71 and Hall County Correctional Institution Policy 115.71 (rev. July 1, 2024)

Provision (d): Coordination with Prosecutors

Before conducting any compelled interviews in cases that may involve criminal behavior, the investigator consults with prosecuting authorities to prevent interference with potential prosecutions.

Relevant Policy:

SOP 208.06, pp. 32, Sections 10–11 and Policy 115.71 and Hall County Correctional Institution Policy 115.71 (rev. July 1, 2024)

Provision (e): Credibility Assessments and Polygraph Use

Credibility determinations are based on evidence and behavior, not on an individual's position or rank. The agency prohibits requiring polygraph tests in any PREA-related investigation.

Relevant Policy:

SOP 208.06, p. 31, Section 8(c) and Policy 115.71 and Hall County Correctional Institution Policy 115.71 (rev. July 1, 2024)

Provision (f): Staff Conduct Evaluation

Administrative investigations also consider whether any action or inaction by staff may have contributed to the alleged incident. Findings are included in the final report, along with a detailed rationale for each conclusion.

Relevant Policy:

SOP 208.06 and Policy 115.71 and Hall County Correctional Institution Policy 115.71 (rev. July 1, 2024)

Provision (g): Criminal Investigations by Law Enforcement

If allegations meet the threshold for criminal prosecution, the matter is formally referred to the Jefferson County Sheriff's Department, which assumes investigative jurisdiction. Facility staff provide full cooperation and documentation.

Provision (h): Criminal Referrals

The Facility Head confirmed that no substantiated cases of sexual abuse were referred for prosecution during the 12-month audit period.

Provision (i): Retention of Records

Investigative files are retained for the full length of the alleged abuser's employment or incarceration, plus five years, and in many cases longer as required by state policy or litigation hold requirements.

Relevant Policy:

SOP 208.06 and Policy 115.71 and Hall County Correctional Institution Policy 115.71 (rev. July 1, 2024)

Provision (j): Continuation of Investigations

Investigations are completed even if the involved individual—either the alleged victim or the accused—is no longer housed at the facility or employed by the agency.

Relevant Policy:

SOP 208.06 and Policy 115.71 and Hall County Correctional Institution Policy 115.71 (rev. July 1, 2024)

Provision (k): Auditor Exclusion

This provision is not applicable to the audit and was not assessed as part of the compliance determination.

Provision (l): Internal Investigative Responsibility

The facility handles all PREA-related investigations internally through trained staff, including members of the Sexual Assault Response Team (SART). External investigative agencies are not used unless the case warrants referral to law enforcement for criminal prosecution.

	<p>Relevant Policy: SOP 208.06 and Policy 115.71 and Hall County Correctional Institution Policy 115.71 (rev. July 1, 2024)</p> <p><u>CONCLUSION</u></p> <p>Based on a thorough review of investigative policies, staff interviews, and training documentation, the Auditor concludes that Hall County Correctional Institution is in full compliance with PREA Standard §115.71 – Criminal and Administrative Investigations. The facility has clearly defined procedures, trained personnel, and a strong commitment to ensuring that every allegation of sexual abuse or harassment is investigated with integrity, consistency, and urgency. Investigative practices align with best practices and reflect a trauma-informed, survivor-centered approach that upholds the safety, dignity, and rights of all individuals in custody.</p>
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115.72	Evidentiary standard for administrative investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p><u>MATERIAL REVIEW</u></p> <p>To assess the facility’s compliance with PREA Standard §115.72, which addresses the evidentiary threshold required in administrative investigations of sexual abuse and sexual harassment, the Auditor conducted a comprehensive review of core policy documents and supporting materials. This review included the facility’s Pre-Audit Questionnaire (PAQ) and 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 became effective on June 23, 2022.</p> <p>SOP 208.06 functions as the cornerstone of GDC’s efforts to prevent, detect, respond to, and investigate all forms of sexual abuse and sexual harassment within its correctional institutions. The policy clearly outlines the agency’s responsibilities and procedures for handling reports of sexual misconduct, and it codifies the evidentiary standard to be used when substantiating allegations in administrative proceedings.</p> <p>In addition, the Auditor reviewed the facility-specific Hall County Correctional Institution PREA Policy 115.72, most recently updated on July 1, 2024. This local policy mirrors the language and intent of the GDC SOP and provides procedural guidance for applying the appropriate evidentiary standard in facility-level investigations. Together, these policies demonstrate a strong institutional commitment to ensuring fairness, transparency, and due process for all parties</p>

involved in administrative investigations related to PREA.

INTERVIEW

Investigative Staff

The Auditor interviewed members of the facility’s investigative team to gain insight into how investigative standards are understood and applied in practice. Staff conveyed a clear and consistent understanding of the agency’s obligation to adhere to the “preponderance of the evidence” standard when evaluating the validity of allegations in administrative cases.

Investigators emphasized that every allegation—regardless of whether it originates from an individual in custody, a staff member, a third party, or an anonymous report—is taken seriously and results in a thorough and impartial investigation. The team described a methodical approach to gathering evidence, which includes the collection of physical evidence, the review of surveillance video when available, and comprehensive interviews with all involved parties, including the alleged victim, the accused, and any potential witnesses.

They confirmed that investigative determinations are not influenced by institutional roles or status. Instead, decisions are based solely on the merits of the evidence and the facts uncovered during the inquiry. Staff were unequivocal in stating that the “preponderance of the evidence” standard—which assesses whether it is more likely than not that the alleged conduct occurred—is used consistently in all administrative cases. No alternate or higher standard, such as “clear and convincing evidence” or “beyond a reasonable doubt,” is ever applied in these investigations.

This evidentiary threshold is not only embedded in policy but is also reinforced through training and supervisory oversight. Investigators conveyed a strong understanding of the importance of maintaining consistency and neutrality in how cases are assessed, regardless of the individuals involved or the severity of the allegations.

PROVISION

Provision (a): Evidentiary Standard in Administrative Investigations

The Auditor confirmed, through both documentation and interviews, that the Georgia Department of Corrections and Hall County Correctional Institution apply the federally mandated evidentiary standard of “preponderance of the evidence” in all administrative investigations of sexual abuse and sexual harassment. This standard is used exclusively and without substitution in making determinations regarding the substantiation of allegations.

Investigative staff validated that this standard is applied universally, trained upon thoroughly, and monitored as part of the facility’s internal quality assurance and investigative review processes.

Relevant Policy

The guiding language is found in GDC SOP 208.06, Section G, Item 5 (page 30), which 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 directive is in full alignment with 28 C.F.R. § 115.72, the federal PREA regulation that mandates this standard as the minimum threshold for administrative findings in such investigations.

Additionally, Hall County Correctional Institution PREA Policy 115.72, revised July 1, 2024, reflects this requirement and operationalizes it within the facility’s investigative practices. The policy not only affirms the evidentiary standard but also provides guidance on investigative process steps, documentation protocols, and internal accountability measures to ensure adherence.

CONCLUSION

Based on a thorough review of policy documentation, the Pre-Audit Questionnaire, and extensive interviews with investigative personnel, the Auditor finds that Hall County Correctional Institution is fully compliant with the requirements set forth in PREA Standard §115.72.

The Georgia Department of Corrections has clearly institutionalized the “preponderance of the evidence” standard in all administrative investigations related to allegations of sexual abuse and harassment. The investigative team is trained, knowledgeable, and committed to applying this threshold fairly and consistently. The facility’s policies and practices demonstrate a strong adherence to due process, support for individuals who report sexual misconduct, and an unwavering commitment to upholding the principles of PREA and safeguarding the rights of all individuals in custody.

115.73	Reporting to inmates
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<u>MATERIAL REVIEW</u> To assess compliance with PREA Standard §115.73—governing the requirement to notify incarcerated individuals of the outcomes of sexual abuse and harassment investigations—the Auditor conducted an in-depth review of documents provided

prior to and during the onsite audit. These materials served as critical indicators of the facility's commitment to ensuring transparency and accountability in its investigative practices.

Key documents examined included:

1. The completed Pre-Audit Questionnaire (PAQ) submitted by the facility;
2. 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;
3. Attachment 3 of SOP 208.06, titled PREA Disposition Offender Notification Form, which outlines the process by which individuals in custody are formally notified of investigation outcomes;
4. The Hall County Correctional Institution PREA Policy 115.73, last updated July 1, 2024, which adapts statewide policies to local procedures and ensures clarity in execution;
5. A facility-generated PREA tracking chart summarizing all allegations of sexual abuse and harassment received within the past 12 months, the status of each investigation, and the notifications issued.

Together, these documents demonstrate a structured, policy-driven approach to fulfilling the facility's responsibility to inform individuals in custody of the findings in cases involving their reports of sexual misconduct.

INTERVIEWS

Investigative Staff

The Auditor interviewed the facility's investigative staff to gain a clearer understanding of the processes in place for issuing notifications to individuals following the conclusion of an investigation. Investigators explained that once the investigation is complete—including interviews with the reporting party, witnesses, and the accused—a final report is compiled. This report documents the findings as substantiated, unsubstantiated, or unfounded, and includes the reasoning behind the conclusion.

Once the report is finalized and approved by facility leadership, responsibility shifts to facility administration to ensure that the individual who reported the incident is appropriately informed of the outcome. In instances where the investigation is referred to the Office of Professional Standards (OPS) for further review or criminal inquiry, facility staff maintain communication with OPS to coordinate and complete the notification process.

Facility Head or Designee

The Facility Head affirmed that in accordance with GDC policy, when an allegation involving a staff member is substantiated, the facility must notify the reporting individual of any major resulting actions, such as:

- Reassignment of the staff member away from the individual's housing area;
- Termination, resignation, or reassignment of the staff member;
- Arrest of the staff member for conduct related to the allegation;
- Criminal conviction stemming from the incident.

The Facility Head also verified that during the 12-month review period, no staff-on-incarcerated-person sexual abuse allegations were substantiated. All such cases during that timeframe were determined to be unfounded, and the appropriate notifications were made.

Inmates Who Reported Sexual Abuse

At the time of the onsite visit, no individuals currently housed at the facility had previously reported a sexual abuse allegation. Therefore, no inmate interviews were conducted for this standard.

PROVISIONS

Provision (a): Notification of Investigation Outcomes

The Auditor confirmed through documentation and interviews that GDC policy requires incarcerated individuals who report sexual abuse to be informed of the outcome of the investigation. This includes written or verbal notice stating whether the claim was substantiated, unsubstantiated, or unfounded.

Although there were no completed investigations of sexual abuse during the audit review period, two sexual harassment cases were fully investigated and closed. Facility records showed that both individuals who filed these reports received written notifications using the standard Disposition Notification Form (Attachment 3).

Relevant Policy:

SOP 208.06 (p. 33, Section G.17) assigns responsibility to the Warden or Superintendent to ensure the reporting party is notified of one of the following outcomes:

- Substantiated
- Unsubstantiated
- Unfounded
- Forwarded to OPS
- Not PREA

A designated member of the Sexual Assault Response Team (SART) or a facility-appointed staff member is required to deliver the notification. In cases where OPS is involved, a follow-up notification is issued after a final determination is received. All notifications, whether successful or attempted, must be documented in the case record. If the individual who made the report is released from custody before the investigation concludes, the facility is not obligated to provide notification.

Provision (b): Investigative Authority

The PAQ and staff interviews confirmed that no sexual abuse investigations were referred to outside law enforcement or investigative bodies during the reporting period. As such, this provision did not apply.

Provision (c): Notification Regarding Staff Misconduct

Although there were no substantiated cases of staff-on-incarcerated-person sexual abuse during the audit period, facility staff demonstrated clear understanding of their obligations to notify the individual who reported the incident in the event of the following:

- Removal or reassignment of the staff member from their housing unit;
- Termination or resignation of the staff member;
- Arrest or criminal charges;
- Conviction for conduct related to the incident.
- Interviews confirmed these notification procedures are well understood and fully integrated into staff practices.

Provision (d): Inmate-on-Inmate Allegations

In cases where another incarcerated individual is found to have committed sexual abuse, and the result includes formal criminal charges or conviction, the reporting individual is entitled to be informed. Although no such incidents occurred during the audit period, the Facility Head's designee confirmed that this type of notification would be completed following the guidelines in SOP 208.06 and documented using Attachment 3.

Provision (e): Written Notification Requirements

While the facility did not complete any sexual abuse cases in the prior 12 months, two sexual harassment cases were closed with written notifications issued to the reporting parties. These written communications were consistent with the established GDC process and completed using the required notification form.

Relevant Policy:

SOP 208.06 states that if the individual who reported the incident is no longer in GDC custody at the time the investigation concludes, the facility is not required to provide notification. This condition was confirmed by staff during the interview process.

The Hall County Correctional Institution PREA Policy 115.73, last updated July 1, 2024,

Provision (f): Auditor Exclusion

This provision is designated as non-auditable under PREA standards and was therefore excluded from the compliance assessment.

CONCLUSION

	<p>Following an extensive review of applicable policies, tracking logs, official forms, and interviews with facility leadership and investigative personnel, the Auditor concludes that Hall County Correctional Institution is in full compliance with PREA Standard §115.73 regarding notifications to incarcerated individuals following allegations of sexual abuse or harassment.</p> <p>The Georgia Department of Corrections has implemented structured policies that guide timely, transparent, and respectful communication of investigation results. The facility has adopted and enforced these procedures at the local level, ensuring consistency with federal expectations and demonstrating a clear commitment to protecting the rights and dignity of individuals who report sexual misconduct.</p>
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115.76	Disciplinary sanctions for staff
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p><u>MATERIAL REVIEW</u></p> <p>To determine compliance with PREA Standard §115.76, which governs disciplinary sanctions for staff who violate sexual abuse or sexual harassment policies, the Auditor conducted an in-depth review of relevant documentation submitted by the Hall County Correctional Institution. This included the facility’s completed Pre-Audit Questionnaire (PAQ) and supporting materials that detail agency responses to staff misconduct involving sexual abuse, harassment, or related inappropriate behavior.</p> <p>Central to this review was 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. This SOP sets forth agency-wide expectations for staff conduct, clearly establishes disciplinary responses, and reflects GDC’s unwavering zero-tolerance stance regarding sexual misconduct in correctional settings.</p> <p>In addition, the Hall County Correctional Institution PREA Policy 115.76, last revised on July 1, 2024, was reviewed. This facility-specific policy outlines local procedures and responsibilities aligned with statewide directives, ensuring consistency in enforcement and accountability at the institutional level.</p> <p>Together, these policies form the framework through which allegations of staff sexual misconduct are addressed, disciplinary measures are applied, and the broader safety and integrity of the facility are preserved.</p> <p><u>INTERVIEWS</u></p>

Facility Head or Designee

During the onsite audit, the Auditor interviewed the Facility Head's designee to verify how the facility responds to staff misconduct related to sexual abuse or harassment. The designee affirmed that any staff member found to have violated agency policy in this regard is subject to disciplinary action up to and including termination. This standard is clearly outlined in both GDC policy and the facility's internal procedures.

The designee confirmed that during the 12-month period preceding the audit, no staff members were found to have violated sexual abuse or sexual harassment policies, and there were no resignations or terminations related to such conduct. However, should such misconduct occur, the designee emphasized that termination is the presumptive disciplinary action when a finding of sexual abuse is substantiated. This reflects the agency's position that staff who engage in sexual abuse cannot continue working in correctional environments.

PROVISIONS

Provision (a): Presumptive Sanction of Termination

According to the documentation reviewed and confirmed through interviews, the GDC mandates that any staff member found to have engaged in sexual abuse is subject to disciplinary sanctions, with termination as the expected outcome. This policy is codified in SOP 208.06, page 33, Section H.1.a, which states that such individuals shall be banned from future employment in correctional institutions and may also be referred for criminal prosecution, when applicable.

This policy underscores the agency's zero-tolerance posture and reinforces the expectation of high ethical and professional standards across all correctional staff roles.

Provision (b): Recent Disciplinary Activity

The PAQ and interviews confirmed that no staff violations of the agency's sexual abuse or harassment policies occurred within the 12 months leading up to the audit. There were no related disciplinary sanctions, terminations, or resignations during this period.

Despite the absence of disciplinary activity, both policy and staff interviews reaffirmed that if such an incident were to occur, termination would be pursued as the default response for substantiated sexual abuse. This approach supports the agency's commitment to maintaining a safe, secure environment.

Provision (c): Proportional Sanctions for Lesser Violations

In cases where staff violate sexual abuse or harassment policies but the conduct does not rise to the level of sexual abuse, the GDC evaluates disciplinary actions based on several factors: the seriousness of the behavior, the individual's disciplinary history, and the need for consistency with similar cases.

According to SOP 208.06, page 33, Section H.1.b, disciplinary responses in these instances must be fair, proportionate, and reflective of both the specific circumstances and established precedent. Interviews confirmed that no such cases occurred during the past year, but facility leadership demonstrated clear understanding of the proportional sanctioning process.

Provision (d): Reporting to Law Enforcement and Licensing Authorities

Agency policy also requires that all staff terminations or resignations resulting from violations of sexual abuse or harassment policies be reported to law enforcement, unless it is determined that the conduct was clearly non-criminal. Additionally, reports must be made to relevant licensing or certification bodies, such as the Georgia Peace Officers Standards and Training Council (POST).

This requirement is detailed in SOP 208.06, page 34, Section H.1.c, and helps ensure that accountability extends beyond the facility and into broader regulatory or legal arenas. While no qualifying terminations or resignations occurred within the past 12 months, the facility is prepared to carry out these reporting obligations when necessary.

CONCLUSION

Based on a careful analysis of the PAQ, policy documentation, and interviews with facility leadership, the Auditor concludes that Hall County Correctional Institution is fully compliant with PREA Standard §115.76, which addresses disciplinary sanctions for staff found to have violated agency policies on sexual abuse or sexual harassment.

The GDC has implemented strong, clearly articulated policies that promote transparency, ensure accountability, and reinforce a zero-tolerance culture. Termination is firmly established as the presumptive sanction for substantiated sexual abuse, while other violations are addressed using a framework that values fairness, context, and precedent.

Although no incidents necessitating disciplinary action occurred during the audit review period, the infrastructure for a prompt and proportionate response is firmly in place. The facility’s alignment with agency policy reflects a proactive, ethical approach to preventing staff misconduct and protecting the dignity and safety of all individuals in custody.

115.77	Corrective action for contractors and volunteers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

MATERIAL REVIEW

As part of the comprehensive evaluation of Hall County Correctional Institution's compliance with the Prison Rape Elimination Act (PREA) Standard §115.77—Corrective Action for Contractors and Volunteers—the Auditor conducted an in-depth examination of all relevant documentation submitted prior to and during the on-site visit.

Among the primary documents reviewed were the facility's completed Pre-Audit Questionnaire (PAQ) and 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. This foundational policy establishes uniform agency-wide expectations for addressing allegations of sexual abuse or sexual harassment involving contractors and volunteers. It clearly outlines the steps required to immediately restrict access, initiate internal and external reporting, and apply remedial or disciplinary action when appropriate.

In addition, the Auditor reviewed the Hall County Correctional Institution's PREA Policy 115.77, most recently revised on July 1, 2024, which reflects the state-level SOP while tailoring implementation procedures to the facility's unique operational environment. This local policy reinforces the agency's zero-tolerance approach and defines site-specific processes for addressing contractor and volunteer misconduct.

Together, these policies demonstrate a structured and coordinated system for ensuring accountability and protecting the safety of individuals in custody. They affirm the facility's readiness to respond swiftly and appropriately should a violation by non-agency personnel occur.

INTERVIEWS

Facility Head or Designee

To further evaluate the facility's implementation of PREA Standard §115.77, the Auditor conducted a face-to-face interview with the Facility Head's designee. The designee confirmed that all contractors and volunteers who have access to the facility are expected to adhere to the same behavioral standards as staff, particularly in matters related to sexual abuse and harassment prevention.

The designee explained that any substantiated incident involving a contractor or volunteer would result in immediate removal from contact with incarcerated individuals, followed by mandatory notifications to law enforcement and applicable licensing or certification boards—unless the behavior is clearly non-criminal. It was further noted that the facility would also explore other corrective actions depending on the severity and context of the violation.

Importantly, the designee reported that no such incidents occurred during the 12-month period preceding the audit. There were no substantiated allegations, no formal complaints, no disciplinary actions, and no referrals involving contractors or

volunteers related to sexual misconduct. This information was consistent with facility documentation and audit findings.

PROVISIONS

Provision (a): Mandatory Reporting and Restriction of Access

The Auditor confirmed through both the PAQ and interviews that the Georgia Department of Corrections requires immediate and non-negotiable corrective action if a contractor or volunteer is determined to have engaged in sexual abuse. The policy outlines three required steps:

The individual must be prohibited from further contact with individuals in custody;
The incident must be reported promptly to appropriate law enforcement agencies, unless clearly determined to be non-criminal;

When applicable, notification must be made to licensing, credentialing, or certifying bodies responsible for the contractor's or volunteer's professional oversight.

Although no incidents of this nature occurred during the audit review period, facility leadership demonstrated a strong understanding of these expectations and expressed confidence in the process should such a situation arise.

Relevant Policy Reference:

As specified in GDC SOP 208.06, page 34, Section 2, contractors or volunteers found to have engaged in sexual abuse must be immediately restricted from facility access. The policy also mandates appropriate reporting to law enforcement and licensing authorities, and allows for additional remedial action for violations that fall short of criminal behavior. The Hall County Correctional Institution PREA Policy 115.77, last updated July 1, 2024, aligns with and operationalizes these agency-wide directives at the facility level.

Provision (b): Corrective Action for Other Violations

Beyond the obligation to respond to substantiated sexual abuse, the facility must also take appropriate remedial measures when contractors or volunteers engage in behavior that violates policy but does not rise to the level of criminal conduct. This includes actions that may compromise safety, violate boundaries, or reflect poor judgment or unprofessional behavior.

Interviews and the PAQ confirmed that corrective options include:

- Termination of access to the facility;
- Increased supervision during future visits;
- Targeted retraining or reorientation to PREA standards and expectations;
- Permanent removal from volunteer or contractual roles.

Although no violations requiring these corrective responses were reported during the past year, the Auditor found that clear procedures are in place and that facility

leadership is prepared to enforce them as necessary.

This layered approach ensures that all forms of policy violations—regardless of severity—are met with a consistent, timely, and appropriate response. It reinforces the principle that all individuals working or volunteering within the facility are held to the highest standards of professional and ethical conduct.

CONCLUSION

Based on the review of facility documentation, applicable policies, and interviews with key leadership staff, the Auditor concludes that Hall County Correctional Institution is in full compliance with PREA Standard §115.77: Corrective Action for Contractors and Volunteers.

While there were no incidents requiring corrective or disciplinary action during the audit review period, the facility has implemented a comprehensive system that ensures readiness to address any form of misconduct involving non-agency personnel. Policies are clearly written, understood by staff, and supported by facility-specific procedures. Immediate access restrictions, external notifications, and corrective interventions are embedded within this framework to uphold the agency’s zero-tolerance standard.

This proactive and policy-driven approach reflects the facility’s commitment to maintaining a safe, respectful, and accountable environment for all individuals in custody, and underscores the Georgia Department of Corrections’ dedication to fully meeting federal PREA standards.

115.78	Disciplinary sanctions for inmates
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p><u>MATERIAL REVIEW</u></p> <p>As part of the assessment of Hall County Correctional Institution’s adherence to PREA Standard §115.78—Disciplinary Sanctions for Individuals in Custody—the Auditor undertook a comprehensive review of relevant documentation and agency policies. The review focused primarily on the facility’s completed Pre-Audit Questionnaire (PAQ), 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, and the facility-specific PREA Policy 115.78, most recently updated on July 1, 2024.</p> <p>These policies collectively provide a well-defined framework for administering disciplinary responses to individuals in custody who engage in prohibited sexual</p>

conduct. The policies outline a balanced approach that prioritizes both accountability and rehabilitation. They also mandate that sanctions be proportionate, consider mental health or cognitive impairments, and distinguish between substantiated abuse and consensual activity that violates institutional rules.

Through the review of these documents, the Auditor confirmed that GDC's procedures are grounded in federal PREA requirements and are designed to ensure both due process and trauma-informed care.

INTERVIEWS

Facility Head or Designee

During the on-site portion of the audit, the Auditor interviewed the Facility Head to confirm institutional practices related to disciplinary sanctions for incarcerated individuals found responsible for sexual misconduct. The Facility Head provided clear, consistent responses and confirmed that:

All sexual activity between incarcerated individuals is prohibited and treated as a disciplinary infraction under GDC policy;

In the twelve months preceding the audit, there were no administrative findings or criminal convictions for incidents of inmate-on-inmate sexual abuse;

Disciplinary sanctions are not imposed against individuals who engage in sexual conduct with staff unless it is determined that the staff member did not consent to the contact;

Individuals who report sexual abuse in good faith, even if the claim is later determined to be unsubstantiated, are not subjected to disciplinary action.

These statements aligned fully with both agency policy and the written documentation reviewed during the audit.

Medical and Mental Health Staff

Although Hall County Correctional Institution does not employ on-site mental health clinicians, the Auditor interviewed medical staff to understand how mental health services are accessed and considered within the disciplinary process. Medical personnel confirmed that incarcerated individuals have access to mental health services through community-based providers. These services include counseling, behavioral interventions, and therapy. In cases where a person is found responsible for sexually abusive behavior, participation in such therapeutic interventions may be required as a condition for maintaining privileges or engaging in programming. Staff also confirmed that the facility considers an individual's mental health or developmental status before determining any disciplinary outcome.

PROVISIONS

Provision (a): Disciplinary Process for Inmate-on-Inmate Sexual Abuse

GDC policy and facility practices stipulate that disciplinary sanctions are only imposed when an individual is formally found guilty of inmate-on-inmate sexual abuse through either a disciplinary hearing or a criminal conviction. During the audit review period,

the facility had no such findings.

Relevant Policy:

As outlined in GDC SOP 208.06, page 34, Sections H.3.a and H.3.b, all consensual sexual contact between individuals in custody is strictly prohibited and is treated as a rule violation. However, to qualify as sexual abuse, there must be evidence of coercion, force, or non-consent. The policy emphasizes that all sexual contact is presumed non-consensual until proven otherwise. Any applicable sanctions must follow the procedures detailed in SOP 209.01, Offender Discipline. This approach ensures fairness and prevents misclassification of consensual but prohibited acts as abuse.

Provision (b): Sanction Proportionality

The Auditor confirmed that disciplinary sanctions are administered in a manner that is proportionate to the severity of the conduct. Factors considered during the disciplinary process include:

- The seriousness of the behavior;
- The individual's prior disciplinary record;
- Consistency with outcomes imposed in similar cases.

Relevant Policy:

SOP 208.06, page 35, Section H.3.c, requires that sanctions be both fair and consistent, ensuring that responses are tailored to the specific incident while maintaining equity across cases.

Provision (c): Consideration of Mental Disabilities or Illness

The facility evaluates whether a mental illness or developmental disability contributed to the behavior in question. These factors are used to inform both the nature and degree of any resulting disciplinary action.

Relevant Policy:

According to SOP 208.06, page 35, Section H.3.d, mental health and cognitive status must be reviewed as part of the disciplinary determination. These considerations are reinforced by SOP 508.18, Mental Health Discipline Procedures, which provides a detailed process for integrating psychological assessments into disciplinary decisions.

Provision (d): Therapeutic and Corrective Interventions

The facility offers therapeutic and behavioral interventions for individuals who have been found responsible for sexually abusive conduct. These services aim to support rehabilitation while mitigating the risk of future violations. Participation in such programming may be linked to eligibility for privileges or participation in rehabilitative opportunities.

Relevant Policy:

SOP 208.06, page 35, Section H.3.e, emphasizes the importance of offering treatment-based interventions and encourages their use as part of a holistic response to inappropriate sexual behavior. Hall County Correctional Institution's policy affirms

that such programming may be mandatory under certain circumstances.

Provision (e): Consent in Inmate-Staff Sexual Contact

The facility adheres strictly to PREA requirements regarding sexual contact between individuals in custody and staff. An incarcerated individual will only face disciplinary action in such cases if the investigation establishes that the staff member did not consent.

Relevant Policy:

SOP 208.06, page 35, Section H.3.f, explicitly states that disciplinary sanctions will not be imposed unless there is conclusive evidence that the staff member was not a willing participant in the contact. This ensures due process and protects against unjustified disciplinary actions.

Provision (f): Good Faith Reporting Protections

Facility leadership confirmed that individuals who report sexual abuse in good faith are protected from discipline—even if the resulting investigation does not substantiate the claim. This encourages reporting and helps foster a safer, more transparent environment.

Relevant Policy:

SOP 208.06, page 35, Section H.3.g, safeguards individuals in custody from being punished for making good faith reports. These are not classified as “false statements” or “lying” and are not grounds for disciplinary action.

Provision (g): Prohibition of Inmate Sexual Activity

All sexual activity between individuals in custody is prohibited and subject to discipline, regardless of perceived consent. The facility presumes sexual contact between incarcerated persons to be non-consensual unless demonstrated otherwise through a thorough investigation.

Relevant Policy:

Per SOP 208.06, page 34, Section H.3.a, consensual sexual conduct among individuals in custody, while not classified as sexual abuse unless coercion or force is involved, remains a rule violation under GDC policy and is handled accordingly through institutional disciplinary processes.

CONCLUSION

After a comprehensive review of GDC policies, facility documentation, and interviews with both facility leadership and staff, the Auditor concludes that Hall County Correctional Institution is in full compliance with PREA Standard §115.78—Disciplinary Sanctions for Inmates.

The facility has adopted and operationalized a structured disciplinary process that aligns with PREA guidelines and promotes accountability while respecting due process, mental health considerations, and good faith protections. Policies are clear, staff are knowledgeable, and procedures are trauma-informed and rehabilitative in nature.

	<p>Although there were no incidents requiring disciplinary action related to sexual abuse during the audit review period, the infrastructure and institutional readiness to handle such cases appropriately are firmly in place. This reinforces the facility’s commitment to maintaining safety, dignity, and fairness for all individuals in custody.</p>
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115.81	Medical and mental health screenings; history of sexual abuse
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p><u>MATERIAL REVIEW</u></p> <p>As part of the comprehensive evaluation of Hall County Correctional Institution’s compliance with PREA Standard §115.81 – Medical and Mental Health Screenings; History of Sexual Abuse, the Auditor conducted an in-depth review of policies, procedures, and supporting documentation relevant to intake screening, confidentiality, follow-up care, and informed consent practices. The Auditor carefully examined several key documents, including:</p> <ol style="list-style-type: none"> 1. The facility’s Pre-Audit Questionnaire (PAQ), which provided detailed information about procedures surrounding disclosures of prior sexual victimization and abusive conduct; 2. 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; 3. The GDC SOP VH82-0001 – Informed Consent, effective April 1, 2002, which outlines informed consent expectations within correctional health care settings; 4. The facility-specific Hall County Correctional Institution PREA Policy 115.81, last revised on July 1, 2024, which adopts the state’s overarching PREA directives and operationalizes them to meet the facility’s needs. <p>These documents collectively articulate the facility’s responsibilities for identifying individuals with a history of sexual victimization or abuse—either as survivors or as individuals who may have engaged in such behavior—and ensuring that follow-up mental health and medical services are timely, confidential, and trauma-informed. They also specify the protocols for protecting sensitive information, particularly when that information pertains to victimization occurring in non-institutional (i.e., community) settings, where informed consent is required prior to disclosure.</p> <p><u>INTERVIEWS</u></p> <p>Risk Screening Staff</p>

Intake and classification personnel reported that medical and mental health screening results are securely stored within an electronic health records system that is restricted to qualified health care staff. Information related to sexual victimization, abuse history, or behavioral concerns is not accessible to general staff, and any communication regarding such matters is governed by strict “need-to-know” standards in line with both federal privacy regulations and GDC policy. Classification decisions are informed only by relevant summaries as determined appropriate by healthcare providers.

Medical Staff

Medical professionals confirmed that when a person discloses prior sexual victimization that occurred outside of a correctional environment, staff must obtain explicit informed consent before that information is shared with anyone outside the healthcare team. Exceptions apply only to individuals under the age of 18, for whom mandated reporting requirements supersede consent. Additionally, disclosures of victimization or indications of vulnerability or aggressiveness result in automatic referral to mental health services, with a required follow-up scheduled within 14 days of the screening. All such referrals and services are documented in the medical record.

Mental Health Services

Hall County Correctional Institution does not employ on-site mental health staff but partners with contracted community-based behavioral health providers. Referrals for services are generated from intake screenings, staff observations, or reported disclosures, and are communicated promptly to the appropriate external provider. The facility ensures timely initiation of services and monitors follow-up compliance closely.

Incarcerated Individuals

At the time of the audit, there were no incarcerated individuals at the facility who had disclosed prior sexual victimization. As such, interviews with individuals in this category were not conducted.

PROVISIONS

Provision (a): Follow-Up for Individuals Who Disclose Prior Victimization

The Auditor confirmed through documentation and staff interviews that individuals who report having been sexually victimized—whether in an institutional or community setting—are referred for medical or mental health follow-up within 14 days of the intake screening. This ensures the timely provision of care and supports early intervention efforts that prioritize the individual's emotional and psychological well-being.

Relevant Policy:

GDC SOP 208.06, Section D(7), page 25, directs that all individuals disclosing a history of sexual victimization or abusive behavior be referred for mental health

counseling using Attachment 14: PREA Counseling Referral Form. The policy mandates a follow-up session with qualified personnel to occur within 14 calendar days of the screening. Hall County Correctional Institution's PREA Policy 115.81 mirrors this requirement in its most recent update dated July 1, 2024.

Provision (b): Follow-Up for Individuals with a History of Abusive Behavior

For individuals identified as having previously engaged in sexually abusive behavior—regardless of the setting or time period—the facility is required to initiate a mental health referral within 14 days of discovery. While no such individuals were identified during the current audit period, staff demonstrated a clear understanding of the requirement and maintain thorough logs to ensure the timeliness and documentation of such referrals when they do occur.

Relevant Policy:

GDC SOP 208.06, Section D(7), page 25, applies the same 14-day timeframe and referral procedures for individuals with a history of sexual aggression. These referrals are initiated using the same PREA Counseling Referral Form to ensure consistency and proper documentation. The facility's PREA Policy 115.81 reinforces this standard and outlines the process in detail.

Provision (c): Not Applicable to Facility Type

This provision, which pertains specifically to local jails, is not applicable to Hall County Correctional Institution, which functions as a state correctional facility under the jurisdiction of the Georgia Department of Corrections.

Provision (d): Confidential Use of Institutional Abuse History

When an individual discloses a history of sexual abuse that occurred in an institutional setting, that information is shared only as needed to inform housing, program eligibility, supervision, or medical/mental health treatment decisions. Staff reported that all such disclosures are handled with strict confidentiality, and shared only in alignment with applicable laws and internal policies aimed at protecting the safety and privacy of those in custody.

Provision (e): Informed Consent for Disclosure of Non-Institutional Victimization

The Auditor confirmed that informed consent is required before any disclosure is made regarding sexual victimization that occurred outside of a correctional setting. This is a critical safeguard that respects the privacy and autonomy of the individual. In cases involving individuals under 18, reporting is handled according to state laws regarding mandatory reporting of child abuse.

Relevant Policy:

GDC SOP VH82-0001 – Informed Consent, effective April 1, 2002, provides comprehensive guidance on the requirement for obtaining consent. Specifically:

- Section VI, A(1–4) requires all individuals entering GDC custody to complete a general informed consent form allowing routine care such as labs, assessments, and physical exams.
- Accommodations are made to ensure comprehension for individuals with language, vision, or hearing barriers.
- Signed consent forms are maintained in the individual’s medical file.
- Any disclosures beyond routine care—such as sharing details of prior victimization—require additional informed consent, except where mandated by law.

Hall County Correctional Institution follows this same policy through its local implementation, as detailed in PREA Policy 115.81, revised July 1, 2024.

CONCLUSION

Based on the review of policy documents, facility procedures, and staff interviews, the Auditor concludes that Hall County Correctional Institution is fully compliant with PREA Standard §115.81 – Medical and Mental Health Screenings; History of Sexual Abuse.

The facility has established a structured, trauma-informed process to identify individuals with a history of sexual abuse or abusive behavior, ensure timely and confidential follow-up care, and protect personal information through informed consent practices. Although no individuals currently housed at the facility had disclosed such histories during the audit period, staff demonstrated strong knowledge of policy requirements and readiness to respond appropriately. The commitment to professional care, confidentiality, and regulatory compliance was evident throughout the assessment.

Hall County Correctional Institution maintains procedures that reflect not only technical compliance but also a sincere commitment to safeguarding the dignity and well-being of every individual in its custody.

115.82	Access to emergency medical and mental health services
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<u>MATERIAL REVIEW</u>

As part of the audit process to assess Hall County Correctional Institution's compliance with PREA Standard §115.82 – Emergency Medical and Mental Health Services, the Auditor conducted a detailed and structured review of all relevant facility documentation and governing policies related to the institution's response to allegations of sexual abuse. The objective was to evaluate how the facility ensures timely, trauma-informed care and access to critical medical and mental health services for individuals in custody who report victimization.

The documentation reviewed included the following:

1. The facility's Pre-Audit Questionnaire (PAQ) and related supporting materials;
2. 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;
3. The facility's localized PREA Policy 115.82, revised July 1, 2024, which adopts and implements the overarching GDC directives within the operational structure of Hall County Correctional Institution.

Together, these policies articulate the agency's clear commitment to ensuring that individuals who report sexual abuse receive immediate access to emergency medical treatment and mental health services. They further ensure compliance with PREA standards by mandating timely response, informed consent, confidentiality protections, and the removal of any financial barriers to care.

INTERVIEWS

Medical Staff

Interviews with facility medical personnel affirmed that emergency health services are delivered without delay when an individual reports sexual abuse. Staff emphasized the following procedures:

- Immediate medical attention is provided upon disclosure, prioritizing stabilization of injuries, pain management, and evaluation of the need for emergency interventions.
- Clinical responses are guided by professional medical judgment, ensuring that treatment decisions are aligned with best practices and evidence-based care.
- When appropriate, individuals are offered emergency contraception and prophylactic treatment for sexually transmitted infections (STIs), following current standards of care.

The response protocol includes an initial examination conducted by on-site medical staff. If additional care is necessary, the individual is transported to an external hospital equipped to conduct a forensic examination. When the incident triggers activation of the Sexual Assault Response Team (SART), medical staff coordinate with the attending physician to initiate treatment orders. Individuals are also provided

with educational materials outlining STI prevention, post-exposure follow-up, and the

availability of continued medical or mental health care.

Mental Health Staff

The facility contracts with external mental health providers and does not employ on-site mental health clinicians. As such, no interviews were conducted under this standard with behavioral health staff during the on-site portion of the audit. However, medical staff confirmed that referrals to outside mental health professionals are made promptly when warranted.

First Responders: Security and Non-Security Staff

Security personnel designated as first responders were interviewed to assess their understanding of emergency responsibilities following a sexual abuse allegation. Staff consistently described their obligations to:

- Ensure the immediate protection and safety of the person disclosing abuse;
- Notify medical personnel as quickly as possible;
- Secure and preserve evidence, including advising the individual not to wash, change clothes, or use the restroom;
- Separate the alleged perpetrator, if identifiable.

Non-security staff—such as education, administrative, and support personnel—also confirmed their role as potential first responders. These team members are trained to remain with the individual, notify security immediately, and support the alleged victim until medical or trained security staff assume responsibility.

Incarcerated Individuals

At the time of the on-site audit, no individuals in custody had reported sexual abuse incidents. Therefore, interviews with individuals under this standard were not conducted.

PROVISIONS

Provision (a): Access to Emergency Medical and Crisis Intervention Services

Medical staff and documentation confirmed that individuals reporting sexual abuse are granted immediate access to medical care and crisis intervention services. Staff are trained to initiate care without delay and to continue treatment as medically necessary, based on clinical evaluation.

Although no cases were reported during the audit review period, the process for documentation was clearly outlined by staff and included:

- Timestamped medical responses;
- Actions taken by security personnel in the absence of immediate medical staff;

- Details of treatment provided, including prophylactic interventions and emergency contraception.

Relevant Policy:

GDC SOP 208.06, Section I (page 36) mandates that emergency medical and mental health services be provided without delay. The policy is reinforced by SOP 507.04.85 (Informed Consent) and SOP 507.04.91 (Medical Management of Suspected Sexual Assault). The facility-specific PREA Policy 115.82, revised July 1, 2024, implements these provisions locally.

Provision (b): First Responder Responsibilities in the Absence of Medical Staff

Both security and non-security first responders are trained to follow a clearly defined protocol when a medical professional is not immediately available. These responsibilities include:

- Ensuring the safety and emotional support of the reporting individual;
- Preserving evidence through verbal instruction (e.g., not to shower or change clothing);
- Isolating the alleged assailant, if known;
- Promptly contacting on-call or on-site medical professionals.

Relevant Policy:

SOP 208.06, Section I, specifies that trained staff must act without hesitation to preserve safety and evidence and to alert medical personnel. This section is aligned with SOPs 507.04.85 and 507.04.91. The facility's PREA Policy 115.82 echoes these requirements.

Provision (c): Access to Emergency Contraception and STI Prophylaxis

Medical staff confirmed that individuals in custody who report sexual abuse are assessed for the clinical appropriateness of receiving emergency contraception and STI prophylaxis. These services are administered in a timely fashion, with informed explanations provided regarding benefits, risks, and follow-up.

Relevant Policy:

SOP 208.06 (page 36) ensures access to treatment that includes preventive care for STIs and emergency contraception, consistent with accepted medical practices. The facility's PREA Policy 115.82 includes the same requirements.

Provision (d): No Cost for Emergency Services

Facility policy guarantees that emergency medical and mental health services provided in response to sexual abuse are delivered at no cost to the individual. This

	<p>includes treatment provided onsite or offsite, and is not contingent on the person’s cooperation in a criminal investigation or ability to identify the perpetrator.</p> <p>Staff interviews and internal documents affirm that this policy is well-understood and consistently applied. Informational resources throughout the facility also emphasize the right to free access to emergency services.</p> <p>Relevant Policy: SOP 208.06, Section B(c), page 16, stipulates that all emergency medical and mental health care provided following a sexual abuse incident must be free of charge and cannot be linked to investigative cooperation. This principle is fully incorporated into the facility’s PREA Policy 115.82, updated July 1, 2024.</p> <p><u>CONCLUSION</u></p> <p>Based on a comprehensive review of documentation, staff interviews, and policy analysis, the Auditor finds that Hall County Correctional Institution is in full compliance with PREA Standard §115.82 – Emergency Medical and Mental Health Services.</p> <p>The facility has implemented a well-structured, trauma-informed, and prompt response system that ensures individuals who report sexual abuse receive appropriate medical care, crisis support, and follow-up services—at no cost and without preconditions. Staff are thoroughly trained, first responders understand their roles, and the facility’s policies reflect a genuine and proactive commitment to protecting the health, dignity, and safety of all individuals in its custody.</p> <p>This approach not only fulfills federal requirements under PREA but also upholds the highest standards of ethical and humane correctional care.</p>
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115.83	Ongoing medical and mental health care for sexual abuse victims and abusers
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p><u>MATERIAL REVIEW</u></p> <p>As part of the PREA compliance audit for Hall County Correctional Institution, the Auditor conducted a comprehensive review of the facility’s practices related to PREA Standard §115.83 – Ongoing Medical and Mental Health Care for Sexual Abuse Victims and Abusers. The focus of this review was to determine the adequacy and responsiveness of both immediate and sustained medical and psychological care provided to individuals in custody who have experienced sexual abuse or who have</p>

engaged in abusive behavior while incarcerated.

The following documents were carefully examined to assess how the facility operationalizes its responsibilities under this standard:

1. The facility's Pre-Audit Questionnaire (PAQ) and related supporting documents, which detailed institutional protocols for responding to individuals disclosing victimization or identified as aggressors;
2. The Georgia Department of Corrections (GDC) SOP 208.06, titled PREA: Sexually Abusive Behavior Prevention and Intervention Program, effective June 23, 2022, which outlines system-wide standards for the prevention, detection, response, and monitoring of sexual abuse within correctional facilities;
3. GDC SOP 508.22, titled Mental Health Management of Suspected Sexual Abuse or Sexual Harassment, effective May 3, 2018, which sets expectations for timely, appropriate, and neutral mental health assessments and services;
4. Hall County Correctional Institution's internal PREA Policy 115.83, most recently revised on July 1, 2024, which adapts the state's overarching directives to the unique needs, staffing configuration, and operational practices of the facility.

Taken together, these policies establish a strong institutional foundation for delivering survivor-centered, trauma-informed care, while also addressing the mental health needs of individuals identified as perpetrators. Key policy elements include confidentiality safeguards, parity with community standards, timeliness of services, and the elimination of financial or procedural barriers to care.

INTERVIEWS

Medical Staff

Facility healthcare personnel were interviewed to evaluate the implementation of ongoing medical and mental health services for individuals affected by sexual abuse. These interviews affirmed the institution's commitment to delivering high-quality, compassionate care. Key highlights from these discussions include:

- **Immediate Clinical Response:** Individuals disclosing sexual abuse are assessed without delay by medical personnel, who provide both physical care and facilitate access to psychological support. This initial response is guided by trauma-informed principles and consistent with best practices.
- **Licensed Clinical Decision-Making:** All treatment decisions, including referrals, follow-up planning, and therapeutic interventions, are made solely based on the professional judgment of qualified health care providers.
- **No-Cost Treatment:** All services related to incidents of sexual abuse are provided at no cost to the individual. This includes medical care, crisis counseling, diagnostics, and long-term treatment, regardless of whether the

individual cooperates with an investigation or identifies the alleged assailant.

- **Equity with Community Standards:** The facility strives to ensure that the quality of care delivered behind the walls is consistent with that available in the broader community. Mental health care is delivered by licensed community-based providers, reinforcing clinical integrity and parity.
- **Strict Confidentiality:** Staff emphasized that all medical and mental health records, including documentation of sexual abuse disclosures, are handled with the highest degree of confidentiality. Any necessary information sharing occurs strictly within the bounds of HIPAA, applicable law, and clinical need.
- **Preventive and Emergency Interventions:** When clinically indicated, individuals are offered emergency contraception and prophylactic treatment for sexually transmitted infections (STIs). Diagnostic testing for STIs is routinely offered in appropriate cases.
- **Ongoing Therapeutic Engagement:** Survivors are scheduled for follow-up care, including therapy, psychiatric evaluation, and access to long-term treatment planning, as needed.
- **Mental Health Response for Abusers:** Individuals found to have engaged in sexually abusive behavior are referred for a mental health evaluation within 60 days of identification. Based on clinical findings, treatment is initiated to support behavioral accountability and prevent recurrence.

These interviews affirmed that the facility's health services team operates with sensitivity, professionalism, and a firm grounding in trauma-informed care.

Random Inmates

At the time of the onsite visit, there were no individuals currently housed at the facility who had reported sexual abuse. As a result, no interviews under this standard were conducted with individuals in custody.

PROVISIONS

Provision (a): Access to Medical and Mental Health Care

The facility provides comprehensive, timely medical and psychological care to individuals who disclose having experienced sexual abuse. Services include STI prophylaxis, emergency contraception (when applicable), mental health evaluations, crisis counseling, and long-term therapeutic support. These services are unconditionally provided, regardless of investigative participation.

Relevant Policy:

GDC SOP 508.22 requires that a mental health assessment be completed within one business day of a report of sexual abuse. The policy also ensures that evaluators maintain clinical neutrality and do not participate in investigative or disciplinary processes.

Hall County Correctional Institution's PREA Policy 115.83 aligns fully with this requirement.

Provision (b): Continuity of Care During Transfer or Release

The facility has formal procedures to ensure continuity of care for individuals who are being transferred to another correctional facility or released into the community. Discharge and transfer planning includes the completion of medical documentation, coordination with the receiving institution, and referrals for post-release care to ensure uninterrupted access to support services.

Relevant Policy:

GDC SOP 208.06 requires that transitional care be coordinated and documented. Medical records reviewed confirmed that treatment summaries and referrals are consistently prepared in advance of transfer or release.

Hall County Correctional Institution's PREA Policy 115.83 adopts and enforces this requirement at the local level.

Provision (c): Community-Equivalent Standards of Care

Medical and mental health care offered to individuals in custody who report sexual abuse is consistent with the standard of care in the general community. The use of external mental health providers reinforces this alignment and ensures access to a full continuum of services consistent with public healthcare norms.

Relevant Policy:

GDC SOP 208.06 affirms the principle of community equivalence in health service delivery.

Hall County Correctional Institution's PREA Policy 115.83 supports and operationalizes this standard locally.

Provisions (d) & (e): Gender-Specific Reproductive Health Provisions – Not Applicable

These provisions relate to pregnancy testing and reproductive health services for individuals who may become pregnant. Because Hall County Correctional Institution houses only male individuals, these provisions do not apply in this setting.

Provision (f): STI Testing

Individuals who report sexual abuse are routinely offered diagnostic testing for sexually transmitted infections, based on clinical presentation and medical necessity. Testing is voluntary, confidential, and accompanied by education on available treatment options.

Relevant Policy:

GDC SOP 208.06 mandates that STI testing be offered as part of a medically appropriate, victim-centered response.

Hall County Correctional Institution's PREA Policy 115.83 affirms this provision and

has integrated it into the facility's response protocols.

Provision (g): Services Provided at No Cost

All PREA-related medical and mental health services are provided free of charge to the individual, regardless of investigative cooperation or the ability to identify the perpetrator. Staff interviews and facility documents confirmed that this principle is well-understood and implemented consistently.

Relevant Policy:

GDC SOP 208.06 (page 16) explicitly states that PREA-related care must be provided at no cost to the individual.

Hall County Correctional Institution's PREA Policy 115.83 fully incorporates this requirement.

Provision (h): Mental Health Evaluations for Known Abusers

In accordance with policy, individuals identified as having engaged in inmate-on-inmate sexual abuse are referred for a mental health evaluation within 60 days of discovery. If deemed clinically appropriate, these individuals receive treatment designed to address the underlying causes of the behavior and reduce the risk of reoffending.

Relevant Policy:

GDC SOP 208.06 (page 25) requires timely evaluation for individuals found to have committed abuse. Referrals are made using Attachment 14: PREA Counseling Referral Form.

Hall County Correctional Institution's PREA Policy 115.83 mirrors and enforces this protocol.

CONCLUSION

Based on a thorough review of institutional policies, healthcare procedures, and staff interviews, the Auditor concludes that Hall County Correctional Institution is in full compliance with PREA Standard §115.83.

The facility demonstrates a clear, consistent, and well-documented commitment to delivering comprehensive medical and mental health services to individuals who report sexual abuse and to those identified as perpetrators. Its protocols are grounded in trauma-informed care, clinical neutrality, and respect for individual dignity. By ensuring access to services that meet or exceed community standards, the institution not only complies with federal PREA requirements but also affirms its role as a humane and ethically responsible correctional environment.

115.86	Sexual abuse incident reviews
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

MATERIAL REVIEW

To evaluate Hall County Correctional Institution's compliance with PREA Standard §115.86 – Sexual Abuse Incident Reviews, the Auditor conducted a meticulous review of the facility's governing policies, institutional procedures, and supporting documentation. The goal of this assessment was to determine how effectively the facility is prepared to conduct comprehensive, timely, and multidisciplinary reviews of sexual abuse incidents in accordance with the Prison Rape Elimination Act (PREA).

Key documents reviewed during this portion of the audit included:

1. The facility's Pre-Audit Questionnaire (PAQ) and associated materials, which provided detailed information on current practices and protocols;
2. The Georgia Department of Corrections (GDC) Standard Operating Procedure (SOP) 208.06, titled Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective June 23, 2022, which outlines state-level directives for responding to incidents of sexual abuse;
3. Attachment 9 of SOP 208.06, the Sexual Abuse Incident Review (SAIR) Checklist, which sets forth the criteria, questions, and required elements that must be evaluated during an incident review;
4. Hall County Correctional Institution's internal PREA Policy 115.86, revised July 1, 2024, which implements the state's policy framework in a manner tailored to the facility's operational structure.

Together, these documents demonstrate a clear and structured approach to post-incident review. They establish the expectation that for every substantiated or unsubstantiated incident of sexual abuse, the facility conducts a formal review within a defined timeframe. These reviews are designed not only to assess the facts and circumstances of each case, but also to identify contributing factors, determine whether corrective actions are necessary, and improve institutional practices aimed at preventing future incidents.

INTERVIEWS

Facility Head or Designee

During the onsite interview, the Facility Head confirmed that a Sexual Abuse Incident Review Team (SAIRT) has been formally established and is composed of representatives from various departments, including upper-level management, investigative staff, healthcare personnel, and security supervisors. The Facility Head emphasized that this multidisciplinary composition enhances the depth and quality of each review. The team is authorized to make recommendations and is empowered to address policy gaps, procedural weaknesses, and environmental concerns. The

Facility Head affirmed a strong institutional commitment to acting on SAIR recommendations and integrating lessons learned into broader facility operations.

PREA Compliance Manager (PCM)

The PREA Compliance Manager described the SAIR process in detail, noting that all reviews are conducted within 30 days following the conclusion of any substantiated or unsubstantiated sexual abuse investigation. The PCM confirmed that SAIR reports are completed using the designated SAIR Checklist (Attachment 9) and are submitted to both the PCM and the Facility Head for review and follow-up. The PCM's statements reflected a proactive posture and reinforced the facility's readiness to comply with all PREA standards.

Incident Review Team Members

Team members interviewed during the audit described a structured, criteria-driven process for conducting sexual abuse incident reviews. In each review, the team examines whether the incident may have been motivated by factors such as race, gender identity, sexual orientation, gang affiliation, or institutional dynamics. The role of staff actions or inactions is also critically assessed. Once the review is complete, the team's findings and any recommended actions are formally documented and shared with facility leadership. The team draws on the expertise of line supervisors, mental health professionals, and investigators to ensure a holistic evaluation of each case.

PROVISIONS

Provision (a): Timely Incident Reviews

As confirmed in the PAQ and interviews, the facility is required to conduct a Sexual Abuse Incident Review for every completed investigation that results in a substantiated or unsubstantiated finding. Unfounded allegations and sexual harassment investigations are excluded from this requirement.

During the current audit review period, the facility reported zero incidents of sexual abuse that met the threshold for review. Two cases involving allegations of sexual harassment were investigated and determined to be unfounded, and thus did not trigger the SAIR process.

Relevant Policy:

GDC SOP 208.06, Section J.1 (p. 36), mandates the completion of a SAIR within 30 days of the conclusion of any qualifying investigation.

Attachment 9 outlines the standard questions and documentation requirements.

Hall County Correctional Institution's PREA Policy 115.86, revised July 1, 2024, mirrors this provision and ensures compliance at the facility level.

Provision (b): Review Within 30 Days

Both the PAQ and staff interviews confirmed that when a qualifying sexual abuse investigation is completed, the SAIRT convenes and completes the review process within 30 calendar days. Although no such incidents occurred during the review period, facility leadership demonstrated awareness of the requirement and confirmed that systems are in place to ensure timely action if needed.

Relevant Policy:

Attachment 9 of SOP 208.06 is used to guide and document reviews within the required timeframe.

Hall County Correctional Institution's PREA Policy 115.86, revised July 1, 2024, enforces this practice.

Provision (c): Multidisciplinary Participation

The SAIR process at Hall County Correctional Institution is multidisciplinary in nature, as confirmed in both documentation and interviews. The review team includes executive and upper-level staff, line supervisors, investigators, and representatives from medical or mental health services, ensuring diverse perspectives are incorporated into each review.

Relevant Policy:

GDC SOP 208.06 and Attachment 9 require that all incident reviews include input from relevant departments, including security, healthcare, and investigative units. The facility's internal PREA Policy 115.86 reflects and upholds this standard.

Provision (d): Documentation and Submission of Findings

The review team compiles a formal report for each SAIR, which includes a summary of findings, any identified contributing factors, and specific recommendations for improvement. These reports are reviewed by both the Facility Head and the PREA Compliance Manager. The process was described in detail during interviews and is clearly defined in facility protocols.

Relevant Policy:

SOP 208.06, Section J, and Attachment 9 require that each review be thoroughly documented and submitted to facility leadership.

Hall County Correctional Institution's PREA Policy 115.86 mandates the same process and documentation standards.

Provision (e): Implementation of Recommendations

The Facility Head confirmed that recommendations generated from the SAIR process are given serious consideration. If a recommendation is deemed appropriate, the facility submits a request for approval to GDC and proceeds with implementation upon authorization. If a recommendation is not adopted, the facility is required to document the rationale behind that decision.

Relevant Policy:

SOP 208.06 requires that any recommendations resulting from a SAIR be either implemented or documented with justification for non-adoption.

Hall County Correctional Institution’s PREA Policy 115.86 aligns with this protocol and confirms that the facility actively supports continuous improvement based on SAIR findings.

CONCLUSION

Following an extensive review of facility policies, documentation, and staff interviews, the Auditor concludes that Hall County Correctional Institution is in full compliance with PREA Standard §115.86 – Sexual Abuse Incident Reviews.

Although no substantiated or unsubstantiated sexual abuse investigations occurred during the audit review period that required an incident review, the facility has a well-defined and operational process in place to meet this standard. The structure of the Sexual Abuse Incident Review Team, combined with the use of GDC’s standardized SAIR Checklist, ensures that the institution is prepared to conduct prompt, comprehensive, and multidisciplinary reviews should a qualifying incident occur. The facility’s leadership has demonstrated a genuine commitment to identifying lessons learned and enhancing institutional safety through thoughtful analysis and evidence-based recommendations.

This proactive approach affirms the facility’s readiness to respond effectively to incidents and continuously improve its practices in alignment with PREA’s core principles of prevention, detection, response, and accountability.

115.87	Data collection
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p><u>MATERIAL REVIEW</u></p> <p>In assessing Hall County Correctional Institution’s compliance with PREA Standard §115.87 – Data Collection, the Auditor conducted a comprehensive review of facility-level and agency-wide documentation that outlines the processes used to collect, compile, analyze, and report data related to sexual abuse allegations within the institution and across the broader correctional system.</p> <p>The review began with a detailed examination of the Pre-Audit Questionnaire (PAQ) and its supporting materials, which described the agency’s data collection infrastructure and reporting procedures. Particular attention was given to the Georgia Department of Corrections (GDC) Standard Operating Procedure (SOP) 208.06, titled Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and</p>

Intervention Program, effective June 23, 2022, which establishes statewide expectations for capturing and managing sexual abuse data in accordance with PREA standards.

The Auditor also reviewed the 2023 Survey of Sexual Victimization (SSV2), submitted by the agency to the U.S. Department of Justice (DOJ). This annual submission fulfills the agency's obligation to provide federally requested data regarding incidents of sexual abuse within its facilities. Finally, the Auditor evaluated Hall County Correctional Institution's internal PREA Policy 115.87, most recently updated on July 1, 2024, which localizes and operationalizes GDC policy within the context of the facility's unique structure, staffing, and data systems.

Together, these materials demonstrate a structured and well-organized approach to data collection that meets both federal requirements and internal operational goals, while also reinforcing transparency and system accountability.

INTERVIEWS

PREA Coordinator (PC)

During the on-site interview, the agency's PREA Coordinator provided an in-depth overview of the department's data collection process. The Coordinator explained that data is pulled from multiple sources, including investigation records, final case determinations, incident reports, and documentation from the Sexual Abuse Incident Review Team (SAIRT). These records are compiled into standardized reports, ensuring consistency across facilities.

The Coordinator affirmed that the agency meets all U.S. Department of Justice data submission requirements, including timely completion of the annual Survey of Sexual Victimization, with data submitted no later than June 30 of each year. Additionally, the Coordinator confirmed that the agency collects individual and aggregate data not only from state-operated institutions, but also from contracted private facilities, thereby ensuring system-wide inclusion.

PREA Compliance Manager (PCM)

The PREA Compliance Manager echoed the agency's commitment to accurate and timely reporting. The PCM emphasized the use of multiple data points—from initial allegations and investigative files to SAIR findings—as the foundation for meaningful analysis. The PCM also described how this information supports not only external compliance, but also internal performance review and continuous improvement in sexual abuse prevention and response.

PROVISIONS

Provision (a): Standardized Data Collection

The Auditor confirmed through the PAQ and interviews that the agency utilizes a

uniform data collection system across all facilities. This system incorporates standardized definitions and reporting forms to ensure consistency and accuracy when documenting and analyzing sexual abuse allegations and case outcomes.

Relevant Policy:

GDC SOP 208.06 (p. 36, Section 2.a) requires each facility to complete and submit a monthly spreadsheet issued by the PREA Coordinator's Office. This document must include all reported incidents and their case resolutions and be submitted by the third calendar day of the following month. The SOP also mandates the submission of Attachment 9 – Sexual Abuse Incident Review Checklists.

Hall County Correctional Institution's PREA Policy 115.87, revised July 1, 2024, reflects and upholds these requirements.

Provision (b): Annual Aggregated Data Compilation

The agency compiles sexual abuse data on an annual basis, as confirmed through policy review and interview responses. This data is analyzed for trends and systemic patterns and used to inform decision-making related to staffing, training, supervision, and facility design. The Annual PREA Report, which was reviewed by the Auditor, provides a comprehensive, year-over-year comparison.

Relevant Policy:

GDC SOP 208.06 (p. 37, Section 2.c) mandates the annual review and compilation of collected data to support improved safety outcomes and staff development. This report is made publicly available on the Department's website.

Hall County Correctional Institution's PREA Policy 115.87, revised July 1, 2024, mirrors this practice and ensures implementation at the local level.

Provision (c): DOJ Reporting Compatibility

The Auditor verified that the agency's data collection system is fully compatible with the U.S. Department of Justice's Survey of Sexual Violence (SSV) requirements. The PREA Coordinator confirmed that all necessary data elements—incident counts, outcomes, victim and perpetrator demographics, and facility context—are collected and organized to align with federal reporting guidelines.

Relevant Policy:

SOP 208.06 (pp. 36–37) requires that annual data reporting meet the Bureau of Justice Statistics criteria. Agencies must be prepared to submit the previous calendar year's data to DOJ upon request.

Hall County Correctional Institution's PREA Policy 115.87, revised July 1, 2024, is in full alignment with this requirement.

Provision (d): Use of Incident-Based Documentation

According to the PREA Coordinator and documentation reviewed by the Auditor,

incident-based records—including initial complaints, investigative files, and SAIR reports—serve as the foundation for data collection. This process ensures that information submitted is both current and accurate.

Relevant Policy:

GDC SOP 208.06 (p. 36, Section 2.a) requires that monthly reports include incident-level detail and that all supporting documentation be retained for review.

The facility’s PREA Policy 115.87 supports this practice and guarantees data traceability and transparency.

Provision (e): Inclusion of Contracted Facilities

The agency ensures that data collection extends to privately operated facilities contracted to house individuals in its custody. The PREA Coordinator confirmed this during the interview, and the PAQ provided evidence that both individual and aggregate data are collected from these facilities in accordance with PREA requirements.

Relevant Policy:

SOP 208.06 (pp. 36–37) states that the agency’s annual report must reflect data from contracted and state-operated facilities. Final reports must be approved by the Commissioner and posted publicly, with any necessary redactions to protect security. Hall County Correctional Institution’s PREA Policy 115.87, revised July 1, 2024, affirms this inclusive approach.

Provision (f): Submission to DOJ

The agency fulfills its obligation to submit the required Survey of Sexual Victimization (SSV2) data to the DOJ annually. The PREA Coordinator confirmed that this submission is completed without delay and upon request, consistent with federal expectations. The Auditor verified the most recent SSV2 submission as part of this audit.

CONCLUSION

After reviewing institutional policies, procedural documentation, and conducting interviews with key personnel, the Auditor concludes that Hall County Correctional Institution and the broader agency are in full compliance with PREA Standard §115.87 – Data Collection.

The facility demonstrates a strong, organized, and reliable system for collecting and reporting PREA-related data. Its use of standardized tools and definitions ensures clarity and accuracy, while its inclusion of both state-operated and contracted facilities supports comprehensive system oversight. The agency’s annual reporting practices, timely submission to the DOJ, and emphasis on data-informed improvements reflect a clear and consistent commitment to accountability,

transparency, and the continuous enhancement of safety for all individuals in custody.

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115.88	Data review for corrective action
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p><u>MATERIAL REVIEW</u></p> <p>To evaluate Hall County Correctional Institution’s compliance with PREA Standard §115.88 – Data Review for Corrective Action, the Auditor conducted an in-depth examination of agency and facility-level documentation. This review focused on understanding how the institution and its parent agency—the Georgia Department of Corrections (GDC)—use PREA-related data to inform improvements in policy, training, supervision, and institutional culture.</p> <p>Central to this review was the Pre-Audit Questionnaire (PAQ) and its supporting documents, which detailed how sexual abuse allegation data is collected, analyzed, and acted upon across multiple levels of the organization. A key reference document was GDC Standard Operating Procedure (SOP) 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective June 23, 2022. This SOP provides the statewide policy framework for the prevention, detection, and response to sexual abuse in custody, and includes directives for the annual data review process.</p> <p>Also reviewed were the 2023 Survey of Sexual Victimization (SSV-2) submitted to the U.S. Department of Justice and the 2024 GDC Annual PREA Data Report, which provided detailed, comparative data trends and analysis over multiple years. Public access to this report, along with other PREA-related resources, was confirmed through the GDC’s official website: http://www.gdc.ga.gov/Divisions/ExecutiveOperations/PRE-A.</p> <p>In addition to statewide protocols, the Auditor reviewed Hall County Correctional Institution’s internal PREA Policy 115.88, most recently revised on July 1, 2024. This local policy contextualizes the statewide requirements to meet the specific operational realities of the facility, while maintaining fidelity to GDC directives.</p> <p><u>INTERVIEWS</u></p> <p>Agency Head or Designee</p> <p>The Auditor met with the Agency Head Designee, who confirmed that GDC’s Annual PREA Report is a comprehensive tool that goes far beyond compliance. The report includes year-over-year comparisons of incident data, identifies systemic challenges, highlights corrective actions taken, and tracks agency-wide improvements. The</p>

Designee emphasized that this annual review is seen as an opportunity for organizational self-assessment, driving real change and fostering a culture of safety and accountability. The report is published each year and made publicly accessible, ensuring transparency and external visibility of the agency's efforts.

Facility Head or Designee

The Facility Head affirmed that Hall County Correctional Institution actively participates in the broader data review process through a local PREA Committee. This group is tasked with reviewing the circumstances and outcomes of each reported allegation, regardless of substantiation. These findings are compiled and shared with the GDC PREA Coordinator, contributing to the agency's annual evaluation and allowing for local input to be included in system-wide decision-making.

PREA Coordinator (PC)

The PREA Coordinator described the structured process the agency uses to assess and act on PREA-related data. The Coordinator confirmed that data collected under PREA Standard §115.87 is evaluated for patterns, deficiencies, and opportunities for improvement. The outcome of this review forms the basis of the agency's annual PREA report, which includes facility-specific trends, policy evaluations, and recommendations for enhancements. The report is submitted to the Commissioner and made available to the public. The Coordinator also emphasized that redactions are rare and only used to protect sensitive personal or institutional information—ensuring that transparency remains central to the reporting process.

PREA Compliance Manager (PCM)

The PREA Compliance Manager reinforced the agency's commitment to public accountability. The PCM noted that the GDC's website serves as a central repository for PREA resources, including annual reports, training materials, and applicable policies. This open-access approach allows stakeholders—from oversight agencies to advocacy groups—to monitor progress and hold the agency accountable.

PROVISIONS

Provision (a): Annual Data Review and Evaluation

The agency engages in a comprehensive annual review of all data collected under PREA Standard §115.87, as verified in the PAQ and interviews. This process involves assessing institutional practices, evaluating policy effectiveness, and identifying areas for improvement. The PREA Coordinator is responsible for compiling a detailed analysis of trends, incident types, staff conduct, and systemic issues, which are presented in an annual report that supports continuous quality improvement.

Relevant Policy:

GDC SOP 208.06 requires that the PREA Coordinator develop and submit a facility-specific annual report to the Commissioner. This report must include analysis of problem areas, year-over-year comparisons, and actionable recommendations.

Hall County Correctional Institution's PREA Policy 115.88, revised July 1, 2024, mirrors this requirement and supports full implementation at the facility level.

Provision (b): Trend Analysis and Corrective Action Reporting

The agency's Annual PREA Report includes a thorough trend analysis that compares data across years to measure progress and uncover any recurring issues. During the audit, the Auditor reviewed the most recent report and verified that it includes clear documentation of both short-term corrective actions and long-range planning efforts aimed at reducing incidents of sexual abuse.

This data-driven approach provides leadership with a reliable foundation for policy revisions, resource allocation, and training enhancements. The report is available to the public through the agency's website: <http://www.gdc.ga.gov/Divisions/ExecutiveOperations/PREA>.

Provision (c): Public Accessibility

As confirmed through both interviews and documentation, the GDC's annual PREA report is published at least once per calendar year and is made easily accessible on the agency's website. This approach provides transparency and allows the public to track the agency's response to sexual abuse prevention and intervention efforts.

Provision (d): Transparency and Limited Redactions

The agency maintains a strong commitment to data transparency. As explained by the PREA Coordinator, any redactions made to the annual PREA report are minimal and purposeful—used only to protect individual privacy or preserve institutional safety. Reports retain their informational integrity and remain broadly accessible to promote accountability and public trust.

CONCLUSION

Based on the Auditor's detailed review of policy documents, annual reports, and interviews with agency and facility leadership, it is evident that the Georgia Department of Corrections and Hall County Correctional Institution are in full compliance with PREA Standard §115.88 – Data Review for Corrective Action.

The agency has developed a transparent, data-informed process for evaluating its efforts to prevent, detect, and respond to sexual abuse in custody. Through systematic trend analysis, public reporting, and the implementation of corrective actions, GDC demonstrates a deep commitment to safety, accountability, and institutional improvement. Hall County Correctional Institution plays a meaningful role in this process by contributing locally gathered insights to the statewide review, participating in continuous improvement efforts, and adhering closely to both state and local policy directives.

	Together, these efforts reflect a strong culture of accountability and an unwavering dedication to protecting the safety, dignity, and rights of all individuals in custody.
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115.89	Data storage, publication, and destruction
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p><u>MATERIAL REVIEW</u></p> <p>To evaluate compliance with PREA Standard §115.89 – Data Storage, Publication, and Destruction, the Auditor conducted a thorough and structured review of documentation submitted in advance of the on-site audit. This process included an assessment of the Pre-Audit Questionnaire (PAQ) and a comprehensive set of supporting materials that outline the facility’s and agency’s data management practices related to sexual abuse allegations.</p> <p>A primary policy document guiding this review was the Georgia Department of Corrections (GDC) Standard Operating Procedure (SOP) 208.06, titled Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective June 23, 2022. This SOP governs the collection, publication, and retention of sexual abuse data across all GDC-operated and contracted facilities. The Auditor also examined the most recent GDC Annual PREA Report, which presents a consolidated overview of sexual abuse data, trend analysis, and agency responses to incidents. This public-facing report reflects the agency’s transparency and commitment to accountability.</p> <p>At the facility level, the Auditor reviewed Hall County Correctional Institution’s internal PREA Policy 115.89, revised July 1, 2024. This policy adopts the mandates of SOP 208.06 while incorporating facility-specific procedures to ensure compliance within the local operational environment. The policy outlines data handling responsibilities, publication protocols, and retention schedules in alignment with state and federal PREA requirements.</p> <p><u>INTERVIEWS</u></p> <p>PREA Coordinator (PC)</p> <p>In a detailed interview, the PREA Coordinator confirmed that all PREA-related data is securely housed within the agency’s Risk Management System, a restricted-access digital platform that allows only authorized personnel with legitimate professional duties to view and manage the information. This security-first approach ensures that sensitive data is handled responsibly and used exclusively for operational, legal, or compliance-related purposes.</p>

The Coordinator further explained that GDC maintains both incident-level and aggregate data as required under PREA Standard §115.87 and for annual submission to the Bureau of Justice Statistics (BJS) through the Survey of Sexual Victimization (SSV-2). Aggregated data is compiled across both state-run and contracted facilities and is published annually on the GDC PREA website, reinforcing the agency's public transparency efforts.

Additionally, the Coordinator noted that the data is regularly analyzed at the agency level to identify emerging trends, assess policy effectiveness, evaluate staff training outcomes, and support prevention strategies. Before any data is made publicly accessible, all personally identifiable information is redacted in compliance with privacy and safety regulations. Most inmate data is permanently stored in SCRIBE, GDC's centralized offender case management system, creating a reliable historical record to support long-term analysis, audits, and corrective actions.

PROVISIONS

Provision (a): Secure Data Collection and Storage

The PAQ and interviews confirmed that GDC maintains robust safeguards around the collection and storage of PREA-related data. All data—whether at the incident-specific or aggregate level—is stored in secure, access-controlled systems, including the Risk Management System and SCRIBE. Access is limited to individuals whose job responsibilities require it, thus preserving confidentiality and data integrity.

GDC mandates the annual publication of aggregated PREA data, which includes information from both publicly operated and private contract facilities. This data is available to the public via the GDC's official PREA webpage:

GDC PREA Website: <http://www.gdc.ga.gov/Divisions/ExecutiveOperations/PREA>

Hall County Corrections PREA Page: <https://www.hallcounty.org/530/Correctional-Institute>

Relevant Policy:

GDC SOP 208.06 and Hall County Correctional Institution's PREA Policy 115.89, revised July 1, 2024, both affirm these requirements.

Provision (b): Annual Publication of Aggregated Data

As reflected in the PAQ and verified through interviews and documentation review, the agency fully complies with the requirement to publish aggregated sexual abuse data at least once annually. These reports consolidate incidents from both GDC-operated and contract facilities and are designed to highlight agency performance, emerging issues, and steps taken to improve PREA-related outcomes.

The Auditor confirmed the availability of current and past annual reports through the agency's public website, fulfilling the PREA requirement for accessibility and

transparency:

<http://www.gdc.ga.gov/Divisions/ExecutiveOperations/PREA>

Provision (c): Redaction of Personal Identifiers

Both agency and facility staff confirmed that any data made publicly available is thoroughly reviewed to ensure the removal of personal identifiers, including names and other details that could compromise the privacy or safety of incarcerated individuals or staff. Redactions are narrowly applied and limited solely to information deemed confidential under state law or federal privacy regulations. All other data is published in its original form to maintain the informational value and transparency of the report.

Provision (d): Data Retention Requirements

The agency adheres strictly to the ten-year minimum retention period for PREA-related data, as required by federal standards. The PREA Coordinator verified that all records pertaining to allegations of sexual abuse—whether administrative or criminal in nature—are retained for at least ten (10) years from the date of collection. In cases involving staff or individuals in custody, records may be retained longer, particularly when linked to an employee’s tenure or an individual’s incarceration.

The SCRIBE database, which serves as GDC’s electronic case management platform, retains most offender-related data permanently, ensuring long-term availability for future review, trend analysis, and audit purposes.

Relevant Policy:

GDC SOP 208.06, Section B (p. 39), outlines the following requirements:

- Criminal investigation data must be retained for the length of the individual’s incarceration or employment, plus five additional years—or for ten years from the report date, whichever is longer.
- Administrative records are subject to the same retention timeframe.
- These standards are fully adopted within Hall County Correctional Institution’s PREA Policy 115.89, revised July 1, 2024.

The Auditor confirmed that historical PREA reports from multiple years remain available online and meet the expectations of both data retention and public dissemination.

CONCLUSION

Based on a comprehensive review of documentation, policy analysis, and interviews with key personnel at both the agency and facility levels, the Auditor concludes that Hall County Correctional Institution and the Georgia Department of

Corrections are

	<p>fully compliant with PREA Standard §115.89 – Data Storage, Publication, and Destruction.</p> <p>The agency demonstrates a well-defined, secure, and transparent system for managing data related to sexual abuse allegations. Through the use of centralized databases such as Risk Management and SCRIBE, and adherence to clear redaction and retention protocols, GDC effectively balances the need for public accountability with the requirement to protect privacy and ensure institutional safety. The annual publication of comprehensive data reports further affirms the agency’s commitment to continuous improvement and its alignment with the overarching goals of the Prison Rape Elimination Act.</p> <p>This proactive and transparent approach serves not only to ensure regulatory compliance but also reflects the agency’s broader mission to foster a culture of safety, dignity, and accountability for all individuals in its custody and care.</p>
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115.401	Frequency and scope of audits
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p><u>MATERIAL REVIEWED</u></p> <p>Georgia Department of Corrections publicly accessible website: https://gdc.georgia.gov/organization/about-gdc/research-and-reports-0/prison-rape-elimination-act-prea</p> <p><u>INTERVIEWS</u></p> <p>PREA Coordinator (PC)</p> <p>During the interview process the PC indicated this audit was in the second year of the new current three-year audit cycle. GDC webpage https://gdc.georgia.gov/organization/about-gdc/research-and-reports-0/prison-rape-elimination-act-prea provides multiple reports relative to sexual abuse data from the various facilities in accordance with PREA standards.</p> <p>The PC reported each facility within the GDC had been audited within the previous three-year audit cycle (2019 - 2022).</p> <p>Random Inmate</p> <p>Through the interview process all inmates reported they were provided the opportunity to send out confidential mail or correspondence to the Auditor in the same manner as if they were communicating with legal counsel.</p> <p><u>PROVISIONS</u></p> <p>Provision (a)</p>

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

	<p>N/A</p> <p>Provision (m)</p> <p>The Auditor was provided with a secure, private space to conduct all interviews during the on-site portion of the audit.</p> <p>Provision (n)</p> <p>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.</p> <p>Provision (o) N/A</p> <p><u>CONCLUSION</u></p> <p>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.</p>
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115.403	Audit contents and findings
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p><u>MATERIAL REVIEW</u></p> <p>The Auditor reviewed the Georgia Department of Corrections (GDC) publicly accessible website, which contains a range of documents and data related to PREA compliance: https://gdc.georgia.gov/organization/about-gdc/research-and-reports-0/prison-rape-elimination-act-prea</p> <p><u>PROVISION</u></p> <p>Provision (f)</p> <p>The GDC’s online PREA page offers a collection of reports detailing sexual abuse statistics from facilities across the state. These reports are published in alignment with PREA standards and are available to the public for review at: https://gdc.georgia.gov/organization/about-gdc/research-and-reports-0/prison-rape-elimination-act-prea</p>

CONCLUSION

After reviewing and assessing the documentation and information provided, the Auditor finds that the agency and facility are fully compliant with all aspects of the standard related to the content and availability of audit findings.

Appendix: Provision Findings		
115.11 (a)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment?	yes
	Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment?	yes
115.11 (b)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	Has the agency employed or designated an agency-wide PREA Coordinator?	yes
	Is the PREA Coordinator position in the upper-level of the agency hierarchy?	yes
	Does the PREA Coordinator have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities?	yes
115.11 (c)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	If this agency operates more than one facility, has each facility designated a PREA compliance manager? (N/A if agency operates only one facility.)	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.)	yes
115.12 (a)	Contracting with other entities for the confinement of inmates	
	If this agency is public and it contracts for the confinement of its inmates with private agencies or other entities including other government agencies, has the agency included the entity's obligation to comply with the PREA standards in any new contract or contract renewal signed on or after August 20, 2012? (N/A if the agency does not contract with private agencies or other entities for the confinement of inmates.)	na
115.12 (b)	Contracting with other entities for the confinement of inmates	
	Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure	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.)	
115.13 (a)	Supervision and monitoring	
	Does the facility have a documented staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Generally accepted detention and correctional practices?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any judicial findings of inadequacy?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from Federal investigative agencies?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from internal or external oversight bodies?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: All components of the facility's physical plant (including "blind-spots" or areas where staff or inmates may be isolated)?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The composition of the inmate population?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The number and placement of supervisory staff?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The institution programs occurring on a particular shift?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into	yes

	consideration: Any applicable State or local laws, regulations, or standards?	
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The prevalence of substantiated and unsubstantiated incidents of sexual abuse?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any other relevant factors?	yes
115.13 (b)	Supervision and monitoring	
	In circumstances where the staffing plan is not complied with, does the facility document and justify all deviations from the plan? (N/A if no deviations from staffing plan.)	yes
115.13 (c)	Supervision and monitoring	
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The staffing plan established pursuant to paragraph (a) of this section?	yes
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The facility's deployment of video monitoring systems and other monitoring technologies?	yes
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The resources the facility has available to commit to ensure adherence to the staffing plan?	yes
115.13 (d)	Supervision and monitoring	
	Has the facility/agency implemented a policy and practice of having intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment?	yes
	Is this policy and practice implemented for night shifts as well as day shifts?	yes
	Does the facility/agency have a policy prohibiting staff from alerting other staff members that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational functions of the facility?	yes

115.14 (a)	Youthful inmates	
	Does the facility place all youthful inmates in housing units that separate them from sight, sound, and physical contact with any adult inmates through use of a shared dayroom or other common space, shower area, or sleeping quarters? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
115.14 (b)	Youthful inmates	
	In areas outside of housing units does the agency maintain sight and sound separation between youthful inmates and adult inmates? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
	In areas outside of housing units does the agency provide direct staff supervision when youthful inmates and adult inmates have sight, sound, or physical contact? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
115.14 (c)	Youthful inmates	
	Does the agency make its best efforts to avoid placing youthful inmates in isolation to comply with this provision? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
	Does the agency, while complying with this provision, allow youthful inmates daily large-muscle exercise and legally required special education services, except in exigent circumstances? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
	Do youthful inmates have access to other programs and work opportunities to the extent possible? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
115.15 (a)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from conducting any cross-gender strip or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners?	yes
115.15 (b)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from conducting cross-gender pat-down searches of female inmates, except in exigent circumstances? (N/A if the facility does not have female inmates.)	na
	Does the facility always refrain from restricting female inmates' access to regularly available programming or other out-of-cell opportunities in order to comply with this provision? (N/A if the	na

	facility does not have female inmates.)	
115.15 (c)	Limits to cross-gender viewing and searches	
	Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches?	yes
	Does the facility document all cross-gender pat-down searches of female inmates (N/A if the facility does not have female inmates)?	na
115.15 (d)	Limits to cross-gender viewing and searches	
	Does the facility have policies that enables inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	yes
	Does the facility have procedures that enables inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	yes
	Does the facility require staff of the opposite gender to announce their presence when entering an inmate housing unit?	yes
115.15 (e)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from searching or physically examining transgender or intersex inmates for the sole purpose of determining the inmate's genital status?	yes
	If an inmate's genital status is unknown, does the facility determine genital status during conversations with the inmate, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner?	yes
115.15 (f)	Limits to cross-gender viewing and searches	
	Does the facility/agency train security staff in how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes
	Does the facility/agency train security staff in how to conduct searches of transgender and intersex inmates in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes

115.16 (a)	Inmates with disabilities and inmates who are limited English proficient	
	Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who are deaf or hard of hearing?	yes
	Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who are blind or have low vision?	yes
	Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have intellectual disabilities?	yes
	Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have psychiatric disabilities?	yes
	Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have speech disabilities?	yes
	Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Other (if "other," please explain in overall determination notes.)	yes
	Do such steps include, when necessary, ensuring effective communication with inmates who are deaf or hard of hearing?	yes
	Do such steps include, when necessary, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?	yes
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication	yes

	with inmates with disabilities including inmates who: Have intellectual disabilities?	
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Have limited reading skills?	yes
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: are blind or have low vision?	yes
115.16 (b)	Inmates with disabilities and inmates who are limited English proficient	
	Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to inmates who are limited English proficient?	yes
	Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?	yes
115.16 (c)	Inmates with disabilities and inmates who are limited English proficient	
	Does the agency always refrain from relying on inmate interpreters, inmate readers, or other types of inmate assistance except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the inmate's safety, the performance of first-response duties under §115.64, or the investigation of the inmate's allegations?	yes
115.17 (a)	Hiring and promotion decisions	
	Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the hiring or promotion of anyone who	yes

	may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the two bullets immediately above?	
	Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the two bullets immediately above?	yes
115.17 (b)	Hiring and promotion decisions	
	Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone who may have contact with inmates?	yes
	Does the agency consider any incidents of sexual harassment in determining whether to enlist the services of any contractor who may have contact with inmates?	yes
115.17 (c)	Hiring and promotion decisions	
	Before hiring new employees who may have contact with inmates, does the agency perform a criminal background records check?	yes
	Before hiring new employees who may have contact with inmates, does the agency, consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse?	yes
115.17 (d)	Hiring and promotion decisions	
	Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with inmates?	yes

115.17 (e)	Hiring and promotion decisions	
	Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with inmates or have in place a system for otherwise capturing such information for current employees?	yes
115.17 (f)	Hiring and promotion decisions	
	Does the agency ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions?	yes
	Does the agency ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees?	yes
	Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct?	yes
115.17 (g)	Hiring and promotion decisions	
	Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination?	yes
115.17 (h)	Hiring and promotion decisions	
	Does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.)	yes
115.18 (a)	Upgrades to facilities and technologies	
	If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect inmates from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later.)	na
115.18 (b)	Upgrades to facilities and technologies	

	If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect inmates from sexual abuse? (N/A if agency/facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.)	na
115.21 (a)	Evidence protocol and forensic medical examinations	
	If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes
115.21 (b)	Evidence protocol and forensic medical examinations	
	Is this protocol developmentally appropriate for youth where applicable? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes
	Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes
115.21 (c)	Evidence protocol and forensic medical examinations	
	Does the agency offer all victims of sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate?	yes
	Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible?	yes
	If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)?	yes

	Has the agency documented its efforts to provide SAFEs or SANEs?	yes
115.21 (d)	Evidence protocol and forensic medical examinations	
	Does the agency attempt to make available to the victim a victim advocate from a rape crisis center?	yes
	If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member? (N/A if the agency always makes a victim advocate from a rape crisis center available to victims.)	yes
	Has the agency documented its efforts to secure services from rape crisis centers?	yes
115.21 (e)	Evidence protocol and forensic medical examinations	
	As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews?	yes
	As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals?	yes
115.21 (f)	Evidence protocol and forensic medical examinations	
	If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating agency follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency/facility is responsible for conducting criminal AND administrative sexual abuse investigations.)	na
115.21 (h)	Evidence protocol and forensic medical examinations	
	If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? (N/A if agency always makes a victim advocate from a rape crisis center available to victims.)	na
115.22 (a)	Policies to ensure referrals of allegations for investigations	

	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse?	yes
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment?	yes
115.22 (b)	Policies to ensure referrals of allegations for investigations	
	Does the agency have a policy and practice in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior?	yes
	Has the agency published such policy on its website or, if it does not have one, made the policy available through other means?	yes
	Does the agency document all such referrals?	yes
115.22 (c)	Policies to ensure referrals of allegations for investigations	
	If a separate entity is responsible for conducting criminal investigations, does the policy describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for criminal investigations. See 115.21(a).)	yes
115.31 (a)	Employee training	
	Does the agency train all employees who may have contact with inmates on its zero-tolerance policy for sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with inmates on how to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures?	yes
	Does the agency train all employees who may have contact with inmates on inmates' right to be free from sexual abuse and sexual harassment	yes
	Does the agency train all employees who may have contact with inmates on the right of inmates and employees to be free from retaliation for reporting sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with inmates on the dynamics of sexual abuse and sexual harassment in confinement?	yes

	Does the agency train all employees who may have contact with inmates on the common reactions of sexual abuse and sexual harassment victims?	yes
	Does the agency train all employees who may have contact with inmates on how to detect and respond to signs of threatened and actual sexual abuse?	yes
	Does the agency train all employees who may have contact with inmates on how to avoid inappropriate relationships with inmates?	yes
	Does the agency train all employees who may have contact with inmates on how to communicate effectively and professionally with inmates, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming inmates?	yes
	Does the agency train all employees who may have contact with inmates on how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities?	yes
115.31 (b)	Employee training	
	Is such training tailored to the gender of the inmates at the employee's facility?	yes
	Have employees received additional training if reassigned from a facility that houses only male inmates to a facility that houses only female inmates, or vice versa?	yes
115.31 (c)	Employee training	
	Have all current employees who may have contact with inmates received such training?	yes
	Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures?	yes
	In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies?	yes
115.31 (d)	Employee training	
	Does the agency document, through employee signature or electronic verification, that employees understand the training they have received?	yes
115.32 (a)	Volunteer and contractor training	

	Has the agency ensured that all volunteers and contractors who have contact with inmates have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures?	yes
115.32 (b)	Volunteer and contractor training	
	Have all volunteers and contractors who have contact with inmates been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with inmates)?	yes
115.32 (c)	Volunteer and contractor training	
	Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received?	yes
115.33 (a)	Inmate education	
	During intake, do inmates receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment?	yes
	During intake, do inmates receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment?	yes
115.33 (b)	Inmate education	
	Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from sexual abuse and sexual harassment?	yes
	Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from retaliation for reporting such incidents?	yes
	Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Agency policies and procedures for responding to such incidents?	yes
115.33 (c)	Inmate education	
	Have all inmates received the comprehensive education referenced in 115.33(b)?	yes

	Do inmates receive education upon transfer to a different facility to the extent that the policies and procedures of the inmate's new facility differ from those of the previous facility?	yes
115.33 (d)	Inmate education	
	Does the agency provide inmate education in formats accessible to all inmates including those who are limited English proficient?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who are deaf?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who are visually impaired?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who are otherwise disabled?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who have limited reading skills?	yes
115.33 (e)	Inmate education	
	Does the agency maintain documentation of inmate participation in these education sessions?	yes
115.33 (f)	Inmate education	
	In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to inmates through posters, inmate handbooks, or other written formats?	yes
115.34 (a)	Specialized training: Investigations	
	In addition to the general training provided to all employees pursuant to §115.31, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators receive training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
115.34 (b)	Specialized training: Investigations	
	Does this specialized training include techniques for interviewing sexual abuse victims? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
	Does this specialized training include proper use of Miranda and	yes

	Garrity warnings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	
	Does this specialized training include sexual abuse evidence collection in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
	Does this specialized training include the criteria and evidence required to substantiate a case for administrative action or prosecution referral? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
115.34 (c)	Specialized training: Investigations	
	Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
115.35 (a)	Specialized training: Medical and mental health care	
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to detect and assess signs of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to preserve physical evidence of sexual abuse? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to respond effectively and professionally to victims of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how and to whom to report allegations or	yes

	suspicious of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	
115.35 (b)	Specialized training: Medical and mental health care	
	If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency medical staff at the facility do not conduct forensic exams or the agency does not employ medical staff.)	yes
115.35 (c)	Specialized training: Medical and mental health care	
	Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
115.35 (d)	Specialized training: Medical and mental health care	
	Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.31? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners employed by the agency.)	yes
	Do medical and mental health care practitioners contracted by or volunteering for the agency also receive training mandated for contractors and volunteers by §115.32? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners contracted by or volunteering for the agency.)	yes
115.41 (a)	Screening for risk of victimization and abusiveness	
	Are all inmates assessed during an intake screening for their risk of being sexually abused by other inmates or sexually abusive toward other inmates?	yes
	Are all inmates assessed upon transfer to another facility for their risk of being sexually abused by other inmates or sexually abusive toward other inmates?	yes
115.41 (b)	Screening for risk of victimization and abusiveness	
	Do intake screenings ordinarily take place within 72 hours of arrival at the facility?	yes

115.41 (c)	Screening for risk of victimization and abusiveness	
	Are all PREA screening assessments conducted using an objective screening instrument?	yes
115.41 (d)	Screening for risk of victimization and abusiveness	
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (1) Whether the inmate has a mental, physical, or developmental disability?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (2) The age of the inmate?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (3) The physical build of the inmate?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (4) Whether the inmate has previously been incarcerated?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (5) Whether the inmate's criminal history is exclusively nonviolent?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (6) Whether the inmate has prior convictions for sex offenses against an adult or child?	yes
	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?	
115.41 (e)	Screening for risk of victimization and abusiveness	
	In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency: prior acts of sexual abuse?	yes
	In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency: prior convictions for violent offenses?	yes
	In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency: history of prior institutional violence or sexual abuse?	yes
115.41 (f)	Screening for risk of victimization and abusiveness	
	Within a set time period not more than 30 days from the inmate's arrival at the facility, does the facility reassess the inmate's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening?	yes
115.41 (g)	Screening for risk of victimization and abusiveness	
	Does the facility reassess an inmate's risk level when warranted due to a referral?	yes
	Does the facility reassess an inmate's risk level when warranted due to a request?	yes
	Does the facility reassess an inmate's risk level when warranted due to an incident of sexual abuse?	yes
	Does the facility reassess an inmate's risk level when warranted due to receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness?	yes
115.41 (h)	Screening for risk of victimization and abusiveness	
	Is it the case that inmates are not ever disciplined for refusing to answer, or for not disclosing complete information in response to, questions asked pursuant to paragraphs (d)(1), (d)(7), (d)(8), or (d)(9) of this section?	yes

115.41 (i)	Screening for risk of victimization and abusiveness	
	Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive	yes
	information is not exploited to the inmate's detriment by staff or other inmates?	
115.42 (a)	Use of screening information	
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Housing Assignments?	yes
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Bed assignments?	yes
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Work Assignments?	yes
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Education Assignments?	yes
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Program Assignments?	yes
115.42 (b)	Use of screening information	
	Does the agency make individualized determinations about how to ensure the safety of each inmate?	yes
115.42 (c)	Use of screening information	
	When deciding whether to assign a transgender or intersex inmate to a facility for male or female inmates, does the agency consider, on a case-by-case basis, whether a placement would ensure the inmate's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns inmates to a male or female facility on the basis of anatomy alone, that agency is not in compliance with this standard)?	yes

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

	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: intersex inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing	yes
	solely for the placement of LGBT or I inmates pursuant to a consent decree, legal settlement, or legal judgement.)	
115.43 (a)	Protective Custody	
	Does the facility always refrain from placing inmates at high risk for sexual victimization in involuntary segregated housing unless an assessment of all available alternatives has been made, and a determination has been made that there is no available alternative means of separation from likely abusers?	yes
	If a facility cannot conduct such an assessment immediately, does the facility hold the inmate in involuntary segregated housing for less than 24 hours while completing the assessment?	yes
115.43 (b)	Protective Custody	
	Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Programs to the extent possible?	yes
	Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Privileges to the extent possible?	yes
	Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Education to the extent possible?	yes
	Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Work opportunities to the extent possible?	yes
	If the facility restricts any access to programs, privileges, education, or work opportunities, does the facility document the opportunities that have been limited? (N/A if the facility never restricts access to programs, privileges, education, or work opportunities.)	yes

	If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document the duration of the limitation? (N/A if the facility never restricts access to programs, privileges, education, or work opportunities.)	yes
	If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document the reasons for such limitations? (N/A if the facility never restricts access to programs, privileges, education, or work opportunities.)	yes
115.43 (c)	Protective Custody	
	Does the facility assign inmates at high risk of sexual victimization to involuntary segregated housing only until an alternative means of separation from likely abusers can be arranged?	yes
	Does such an assignment not ordinarily exceed a period of 30 days?	yes
115.43 (d)	Protective Custody	
	If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document: The basis for the facility's concern for the inmate's safety?	yes
	If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document: The reason why no alternative means of separation can be arranged?	yes
115.43 (e)	Protective Custody	
	In the case of each inmate who is placed in involuntary segregation because he/she is at high risk of sexual victimization, does the facility afford a review to determine whether there is a continuing need for separation from the general population EVERY 30 DAYS?	yes
115.51 (a)	Inmate reporting	
	Does the agency provide multiple internal ways for inmates to privately report: Sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for inmates to privately report: Retaliation by other inmates or staff for reporting sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for inmates to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents?	yes

115.51 (b)	Inmate reporting	
	Does the agency also provide at least one way for inmates to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency?	yes
	Is that private entity or office able to receive and immediately forward inmate reports of sexual abuse and sexual harassment to agency officials?	yes
	Does that private entity or office allow the inmate to remain	yes
	anonymous upon request?	
	Are inmates detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security? (N/A if the facility never houses inmates detained solely for civil immigration purposes.)	na
115.51 (c)	Inmate reporting	
	Does staff accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties?	yes
	Does staff promptly document any verbal reports of sexual abuse and sexual harassment?	yes
115.51 (d)	Inmate reporting	
	Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of inmates?	yes
115.52 (a)	Exhaustion of administrative remedies	
	Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address inmate grievances regarding sexual abuse. This does not mean the agency is exempt simply because an inmate does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse.	yes
115.52 (b)	Exhaustion of administrative remedies	
	Does the agency permit inmates to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.)	na

	Does the agency always refrain from requiring an inmate to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.)	na
115.52 (c)	Exhaustion of administrative remedies	
	Does the agency ensure that: An inmate who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	na
	Does the agency ensure that: Such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	na
115.52 (d)	Exhaustion of administrative remedies	
	Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by inmates in preparing any administrative appeal.) (N/A if agency is exempt from this standard.)	na
	If the agency claims the maximum allowable extension of time to respond of up to 70 days per 115.52(d)(3) when the normal time period for response is insufficient to make an appropriate decision, does the agency notify the inmate in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.)	na
	At any level of the administrative process, including the final level, if the inmate does not receive a response within the time allotted for reply, including any properly noticed extension, may an inmate consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.)	na
115.52 (e)	Exhaustion of administrative remedies	
	Are third parties, including fellow inmates, staff members, family members, attorneys, and outside advocates, permitted to assist inmates in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.)	na

	Are those third parties also permitted to file such requests on behalf of inmates? (If a third party files such a request on behalf of an inmate, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.)	na
	If the inmate declines to have the request processed on his or her behalf, does the agency document the inmate's decision? (N/A if agency is exempt from this standard.)	na
115.52 (f)	Exhaustion of administrative remedies	
	Has the agency established procedures for the filing of an emergency grievance alleging that an inmate is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	na
	After receiving an emergency grievance alleging an inmate is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.)	na
	After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.)	na
	After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.)	na
	Does the initial response and final agency decision document the agency's determination whether the inmate is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	na
	Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	na
	Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	na
115.52 (g)	Exhaustion of administrative remedies	

	If the agency disciplines an inmate for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the inmate filed the grievance in bad faith? (N/A if agency is exempt from this standard.)	na
115.53 (a)	Inmate access to outside confidential support services	
	Does the facility provide inmates with access to outside victim advocates for emotional support services related to sexual abuse by giving inmates mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations?	yes
	Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers,	yes
	including toll-free hotline numbers where available of local, State, or national immigrant services agencies? (N/A if the facility never has persons detained solely for civil immigration purposes.)	
	Does the facility enable reasonable communication between inmates and these organizations and agencies, in as confidential a manner as possible?	yes
115.53 (b)	Inmate access to outside confidential support services	
	Does the facility inform inmates, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws?	yes
115.53 (c)	Inmate access to outside confidential support services	
	Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide inmates with confidential emotional support services related to sexual abuse?	yes
	Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements?	yes
115.54 (a)	Third-party reporting	
	Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment?	yes
	Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of an inmate?	yes
115.61 (a)	Staff and agency reporting duties	

	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding retaliation against inmates or staff who reported an incident of sexual abuse or sexual harassment?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual	yes
	abuse or sexual harassment or retaliation?	
115.61 (b)	Staff and agency reporting duties	
	Apart from reporting to designated supervisors or officials, does staff always refrain from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions?	yes
115.61 (c)	Staff and agency reporting duties	
	Unless otherwise precluded by Federal, State, or local law, are medical and mental health practitioners required to report sexual abuse pursuant to paragraph (a) of this section?	yes
	Are medical and mental health practitioners required to inform inmates of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services?	yes
115.61 (d)	Staff and agency reporting duties	
	If the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable persons statute, does the agency report the allegation to the designated State or local services agency under applicable mandatory reporting laws?	yes
115.61 (e)	Staff and agency reporting duties	
	Does the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators?	yes
115.62 (a)	Agency protection duties	

	When the agency learns that an inmate is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the inmate?	yes
115.63 (a)	Reporting to other confinement facilities	
	Upon receiving an allegation that an inmate was sexually abused while confined at another facility, does the head of the facility that received the allegation notify the head of the facility or appropriate office of the agency where the alleged abuse occurred?	yes
115.63 (b)	Reporting to other confinement facilities	
	Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation?	yes
115.63 (c)	Reporting to other confinement facilities	
	Does the agency document that it has provided such notification?	yes
115.63 (d)	Reporting to other confinement facilities	
	Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards?	yes
115.64 (a)	Staff first responder duties	
	Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser?	yes
	Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence?	yes
	Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes

	Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes
115.64 (b)	Staff first responder duties	
	If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff?	yes
115.65 (a)	Coordinated response	
	Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in	yes
	response to an incident of sexual abuse?	
115.66 (a)	Preservation of ability to protect inmates from contact with abusers	
	Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limit the agency's ability to remove alleged staff sexual abusers from contact with any inmates pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted?	yes
115.67 (a)	Agency protection against retaliation	
	Has the agency established a policy to protect all inmates and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other inmates or staff?	yes
	Has the agency designated which staff members or departments are charged with monitoring retaliation?	yes
115.67 (b)	Agency protection against retaliation	

	Does the agency employ multiple protection measures, such as housing changes or transfers for inmate victims or abusers, removal of alleged staff or inmate abusers from contact with victims, and emotional support services for inmates or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations?	yes
115.67 (c)	Agency protection against retaliation	
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of inmates or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of inmates who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff?	yes
	Except in instances where the agency determines that a report of	yes
	sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation?	
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor any inmate disciplinary reports?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate housing changes?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate program changes?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor negative performance reviews of staff?	yes

	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor reassignments of staff?	yes
	Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need?	yes
115.67 (d)	Agency protection against retaliation	
	In the case of inmates, does such monitoring also include periodic status checks?	yes
115.67 (e)	Agency protection against retaliation	
	If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation?	yes
115.68 (a)	Post-allegation protective custody	
	Is any and all use of segregated housing to protect an inmate who is alleged to have suffered sexual abuse subject to the requirements of § 115.43?	yes
115.71 (a)	Criminal and administrative agency investigations	
	When the agency conducts its own investigations into allegations	yes
	of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).)	
	Does the agency conduct such investigations for all allegations, including third party and anonymous reports? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).)	yes
115.71 (b)	Criminal and administrative agency investigations	
	Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations as required by 115.34?	yes
115.71 (c)	Criminal and administrative agency investigations	
	Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data?	yes
	Do investigators interview alleged victims, suspected perpetrators, and witnesses?	yes

	Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator?	yes
115.71 (d)	Criminal and administrative agency investigations	
	When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution?	yes
115.71 (e)	Criminal and administrative agency investigations	
	Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as inmate or staff?	yes
	Does the agency investigate allegations of sexual abuse without requiring an inmate who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding?	yes
115.71 (f)	Criminal and administrative agency investigations	
	Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse?	yes
	Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings?	yes
115.71 (g)	Criminal and administrative agency investigations	
	Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible?	yes
115.71 (h)	Criminal and administrative agency investigations	
	Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?	yes
115.71 (i)	Criminal and administrative agency investigations	
	Does the agency retain all written reports referenced in 115.71(f) and (g) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years?	yes
115.71 (j)	Criminal and administrative agency investigations	

	Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the agency does not provide a basis for terminating an investigation?	yes
115.71 (l)	Criminal and administrative agency investigations	
	When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct administrative or criminal sexual abuse investigations. See 115.21(a).)	na
115.72 (a)	Evidentiary standard for administrative investigations	
	Is it true that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated?	yes
115.73 (a)	Reporting to inmates	
	Following an investigation into an inmate's allegation that he or she suffered sexual abuse in an agency facility, does the agency inform the inmate as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded?	yes
115.73 (b)	Reporting to inmates	
	If the agency did not conduct the investigation into an inmate's allegation of sexual abuse in an agency facility, does the agency request the relevant information from the investigative agency in order to inform the inmate? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.)	yes
115.73 (c)	Reporting to inmates	
	Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the inmate has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer posted within the inmate's unit?	yes
	Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer employed at the facility?	yes

	Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility?	yes
	Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility?	yes
115.73 (d)	Reporting to inmates	
	Following an inmate's allegation that he or she has been sexually abused by another inmate, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility?	yes
	Following an inmate's allegation that he or she has been sexually	yes
	abused by another inmate, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility?	
115.73 (e)	Reporting to inmates	
	Does the agency document all such notifications or attempted notifications?	yes
115.76 (a)	Disciplinary sanctions for staff	
	Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies?	yes
115.76 (b)	Disciplinary sanctions for staff	
	Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse?	yes
115.76 (c)	Disciplinary sanctions for staff	

	Are disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories?	yes
115.76 (d)	Disciplinary sanctions for staff	
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Law enforcement agencies(unless the activity was clearly not criminal)?	yes
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies?	yes
115.77 (a)	Corrective action for contractors and volunteers	
	Is any contractor or volunteer who engages in sexual abuse prohibited from contact with inmates?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies?	yes
115.77 (b)	Corrective action for contractors and volunteers	
	In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with inmates?	yes
115.78 (a)	Disciplinary sanctions for inmates	
	Following an administrative finding that an inmate engaged in inmate-on-inmate sexual abuse, or following a criminal finding of guilt for inmate-on-inmate sexual abuse, are inmates subject to disciplinary sanctions pursuant to a formal disciplinary process?	yes
115.78 (b)	Disciplinary sanctions for inmates	

	Are sanctions commensurate with the nature and circumstances of the abuse committed, the inmate's disciplinary history, and the sanctions imposed for comparable offenses by other inmates with similar histories?	yes
115.78 (c)	Disciplinary sanctions for inmates	
	When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether an inmate's mental disabilities or mental illness contributed to his or her behavior?	yes
115.78 (d)	Disciplinary sanctions for inmates	
	If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to require the offending inmate to participate in such interventions as a condition of access to programming and other benefits?	yes
115.78 (e)	Disciplinary sanctions for inmates	
	Does the agency discipline an inmate for sexual contact with staff only upon a finding that the staff member did not consent to such contact?	yes
115.78 (f)	Disciplinary sanctions for inmates	
	For the purpose of disciplinary action does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish	yes
	evidence sufficient to substantiate the allegation?	
115.78 (g)	Disciplinary sanctions for inmates	
	If the agency prohibits all sexual activity between inmates, does the agency always refrain from considering non-coercive sexual activity between inmates to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between inmates.)	yes
115.81 (a)	Medical and mental health screenings; history of sexual abuse	
	If the screening pursuant to § 115.41 indicates that a prison inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison).	yes

115.81 (b)	Medical and mental health screenings; history of sexual abuse	
	If the screening pursuant to § 115.41 indicates that a prison inmate has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison.)	yes
115.81 (c)	Medical and mental health screenings; history of sexual abuse	
	If the screening pursuant to § 115.41 indicates that a jail inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a jail).	na
115.81 (d)	Medical and mental health screenings; history of sexual abuse	
	Is any information related to sexual victimization or abusiveness that occurred in an institutional setting strictly limited to medical and mental health practitioners and other staff as necessary to inform treatment plans and security management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law?	yes
115.81 (e)	Medical and mental health screenings; history of sexual abuse	
	Do medical and mental health practitioners obtain informed consent from inmates before reporting information about prior	yes
	sexual victimization that did not occur in an institutional setting, unless the inmate is under the age of 18?	
115.82 (a)	Access to emergency medical and mental health services	
	Do inmate victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment?	yes
115.82 (b)	Access to emergency medical and mental health services	
	If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do security staff first responders take preliminary steps to protect the victim pursuant to § 115.62?	yes

	Do security staff first responders immediately notify the appropriate medical and mental health practitioners?	yes
115.82 (c)	Access to emergency medical and mental health services	
	Are inmate victims of sexual abuse offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate?	yes
115.82 (d)	Access to emergency medical and mental health services	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes
115.83 (a)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all inmates who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility?	yes
115.83 (b)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody?	yes
115.83 (c)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility provide such victims with medical and mental health services consistent with the community level of care?	yes
115.83 (d)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are inmate victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if "all male" facility. Note: in "all male" facilities there may be inmates who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.)	na

115.83 (e)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	If pregnancy results from the conduct described in paragraph § 115.83(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if "all male" facility. Note: in "all male" facilities there may be inmates who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.)	na
115.83 (f)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are inmate victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?	yes
115.83 (g)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes
115.83 (h)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	If the facility is a prison, does it attempt to conduct a mental health evaluation of all known inmate-on-inmate abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners? (NA if the facility is a jail.)	yes
115.86 (a)	Sexual abuse incident reviews	
	Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded?	yes
115.86 (b)	Sexual abuse incident reviews	
	Does such review ordinarily occur within 30 days of the conclusion of the investigation?	yes
115.86 (c)	Sexual abuse incident reviews	

	Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?	yes
115.86 (d)	Sexual abuse incident reviews	
	Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse?	yes
	Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility?	yes
	Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse?	yes
	Does the review team: Assess the adequacy of staffing levels in that area during different shifts?	yes
	Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff?	yes
	Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.86(d)(1)-(d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager?	yes
115.86 (e)	Sexual abuse incident reviews	
	Does the facility implement the recommendations for improvement, or document its reasons for not doing so?	yes
115.87 (a)	Data collection	
	Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions?	yes
115.87 (b)	Data collection	
	Does the agency aggregate the incident-based sexual abuse data at least annually?	yes
115.87 (c)	Data collection	

	Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice?	yes
115.87 (d)	Data collection	
	Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews?	yes
115.87 (e)	Data collection	
	Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its inmates? (N/A if agency does not contract for the confinement of its inmates.)	na
115.87 (f)	Data collection	
	Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.)	yes
115.88 (a)	Data review for corrective action	
	Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas?	yes
	Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis?	yes
	Does the agency review data collected and aggregated pursuant	yes
	to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole?	
115.88 (b)	Data review for corrective action	
	Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse?	yes

115.88 (c)	Data review for corrective action	
	Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means?	yes
115.88 (d)	Data review for corrective action	
	Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility?	yes
115.89 (a)	Data storage, publication, and destruction	
	Does the agency ensure that data collected pursuant to § 115.87 are securely retained?	yes
115.89 (b)	Data storage, publication, and destruction	
	Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means?	yes
115.89 (c)	Data storage, publication, and destruction	
	Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?	yes
115.89 (d)	Data storage, publication, and destruction	
	Does the agency maintain sexual abuse data collected pursuant to § 115.87 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise?	yes
115.401 (a)	Frequency and scope of audits	
	During the prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.)	yes
115.401 (b)	Frequency and scope of audits	
	Is this the first year of the current audit cycle? (Note: a "no" response does not impact overall compliance with this standard.)	no

	If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is not the second year of the current audit cycle.)	na
	If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is not the third year of the current audit cycle.)	yes
115.401 (h)	Frequency and scope of audits	
	Did the auditor have access to, and the ability to observe, all areas of the audited facility?	yes
115.401 (i)	Frequency and scope of audits	
	Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)?	yes
115.401 (m)	Frequency and scope of audits	
	Was the auditor permitted to conduct private interviews with inmates, residents, and detainees?	yes
115.401 (n)	Frequency and scope of audits	
	Were inmates permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel?	yes
115.403 (f)	Audit contents and findings	
	The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports. The review period is for prior audits completed during the past three years PRECEDING THIS AUDIT. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse 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.)	yes

