

# PREA Facility Audit Report: Final

**Name of Facility:** Hays State Prison

**Facility Type:** Prison / Jail

**Date Interim Report Submitted:** NA

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

## Auditor Certification

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



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



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



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

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

## AUDITOR INFORMATION

**Auditor name:** OConnor, Darla

**Email:** doconnor@strategicjusticesolutions.com

**Start Date of On-Site Audit:** 04/14/2025

**End Date of On-Site Audit:** 04/17/2025

## FACILITY INFORMATION

**Facility name:** Hays State Prison

**Facility physical address:** 777 Underwood Drive, Trion, Georgia - 30753

**Facility mailing address:** 777 underwood drive , Trion, Georgia - 30753

## Primary Contact

<b>Name:</b>	aaron rowland
<b>Email Address:</b>	aaronkylerowland@gmail.com
<b>Telephone Number:</b>	7069782663

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

<b>Name:</b>	Joshua Jones
<b>Email Address:</b>	Joshua.Jones2@gdc.ga.gov
<b>Telephone Number:</b>	(706) 857-0436

#### Facility PREA Compliance Manager

<b>Name:</b>	Aaron Rowland
<b>Email Address:</b>	aaron.rowland@gdc.ga.gov
<b>Telephone Number:</b>	(706) 857-0400

#### Facility Health Service Administrator On-site

<b>Name:</b>	Stacy Loveless
<b>Email Address:</b>	Sloveless@teamcenturion.com
<b>Telephone Number:</b>	706-857-0514

#### Facility Characteristics

<b>Designed facility capacity:</b>	1101
<b>Current population of facility:</b>	1085
<b>Average daily population for the past 12 months:</b>	1090
<b>Has the facility been over capacity at any point in the past 12 months?</b>	No
<b>What is the facility's population designation?</b>	Men/boys

<b>In the past 12 months, which population(s) has the facility held? Select all that apply (Nonbinary describes a person who does not identify exclusively as a boy/man or a girl/woman. Some people also use this term to describe their gender expression. For definitions of “intersex” and “transgender,” please see <a href="https://www.prearesourcecenter.org/standard/115-5">https://www.prearesourcecenter.org/standard/115-5</a>)</b>	
<b>Age range of population:</b>	18+
<b>Facility security levels/inmate custody levels:</b>	Min-Close
<b>Does the facility hold youthful inmates?</b>	No
<b>Number of staff currently employed at the facility who may have contact with inmates:</b>	215
<b>Number of individual contractors who have contact with inmates, currently authorized to enter the facility:</b>	34
<b>Number of volunteers who have contact with inmates, currently authorized to enter the facility:</b>	10

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

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

Agency-Wide PREA Coordinator Information			
<b>Name:</b>	Grace Atchison	<b>Email Address:</b>	grace.atchison@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>	
<b>Number of standards exceeded:</b>	
0	
<b>Number of standards met:</b>	
45	
<b>Number of standards not met:</b>	
0	

## POST-AUDIT REPORTING INFORMATION

### GENERAL AUDIT INFORMATION

#### On-site Audit Dates

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

2025-04-14

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

2025-04-17

#### Outreach

**10. Did you attempt to communicate with community-based organization(s) or victim advocates who provide services to this facility and/or who may have insight into relevant conditions in the facility?**

☒ Yes

☐ No

**a. Identify the community-based organization(s) or victim advocates with whom you communicated:**

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

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

Sexual Assault Center of Northwest Georgia representative outlined their role in providing victim services, including 24/7 hotline access, on-site advocacy, support during medical exams, and culturally and linguistically appropriate services, including accommodations for those with disabilities. Sexual Abuse Response Team (S.A.R.T.) The SANE personnel report to the facility medical unit to conduct all forensic examinations. The process includes obtaining informed consent, conducting a trauma-informed examination, providing STI/HIV prophylaxis, and adhering to chain-of-custody procedures for evidence collection and documentation.

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

## AUDITED FACILITY INFORMATION

14. Designated facility capacity:	1101
15. Average daily population for the past 12 months:	1090
16. Number of inmate/resident/detainee housing units:	11
17. Does the facility ever hold youthful inmates or youthful/juvenile detainees?	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> Not Applicable for the facility type audited (i.e., Community Confinement Facility or Juvenile Facility)</p>

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

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

18. Enter the total number of inmates/residents/detainees in the facility as of the first day of onsite portion of the audit:	1089
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:	8
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:	1

<b>21. Enter the total number of inmates/residents/detainees who are Blind or have low vision (visually impaired) in the facility as of the first day of the onsite portion of the audit:</b>	1
<b>22. Enter the total number of inmates/residents/detainees who are Deaf or hard-of-hearing in the facility as of the first day of the onsite portion of the audit:</b>	15
<b>23. Enter the total number of inmates/residents/detainees who are Limited English Proficient (LEP) in the facility as of the first day of the onsite portion of the audit:</b>	3
<b>24. Enter the total number of inmates/residents/detainees who identify as lesbian, gay, or bisexual in the facility as of the first day of the onsite portion of the audit:</b>	79
<b>25. Enter the total number of inmates/residents/detainees who identify as transgender or intersex in the facility as of the first day of the onsite portion of the audit:</b>	39
<b>26. Enter the total number of inmates/residents/detainees who reported sexual abuse in the facility as of the first day of the onsite portion of the audit:</b>	0
<b>27. Enter the total number of inmates/residents/detainees who disclosed prior sexual victimization during risk screening in the facility as of the first day of the onsite portion of the audit:</b>	35
<b>28. Enter the total number of inmates/residents/detainees who were ever placed in segregated housing/isolation for risk of sexual victimization in the facility as of the first day of the onsite portion of the audit:</b>	0

<p><b>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):</b></p>	<p>As of the first day of the onsite portion of the audit, the facility was able to provide clear and accurate data on the population characteristics of all inmates/residents/detainees currently housed within the institution. The facility tracks key demographic indicators relevant to PREA compliance, including age, gender identity, sexual orientation (when disclosed), disability status, and history of prior victimization or abusiveness. There were no issues noted regarding the identification or classification of individuals within PREA-targeted populations, and no inmate groups were found to be untracked or missing from facility records. Staff were knowledgeable about the characteristics of the current population and the facility's protocols for identifying and supporting vulnerable individuals. At the time of the audit, there were no known challenges related to capturing or managing population data, and no significant barriers to screening or classification processes were reported. The facility's data systems and practices supported a comprehensive understanding of the population, thereby reinforcing its ability to implement PREA standards effectively and equitably.</p>
<p><b>Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit</b></p>	
<p><b>30. Enter the total number of STAFF, including both full- and part-time staff, employed by the facility as of the first day of the onsite portion of the audit:</b></p>	<p>215</p>
<p><b>31. Enter the total number of VOLUNTEERS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:</b></p>	<p>10</p>
<p><b>32. Enter the total number of CONTRACTORS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:</b></p>	<p>24</p>

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

As of the first day of the on-site audit, the facility reported a small yet actively engaged group of volunteers and contractors participating in facility operations. Documentation reviewed prior to the audit, as well as statements provided during interviews with facility leadership, confirmed that all volunteers and contractors who have direct contact with inmates are subject to the same PREA compliance requirements as full-time staff. These requirements include criminal background checks, comprehensive PREA training appropriate to the level of inmate interaction, and active supervision while inside the secure areas of the facility. The demographic and functional makeup of the contractor and volunteer population was diverse. Contractors were primarily responsible for roles such as facility maintenance, technical service delivery, and specialized support for facility operations or programming. Volunteers were generally affiliated with faith-based organizations or community agencies that offer rehabilitative or educational programming. Although relatively small in number, these individuals contributed meaningfully to the facility's rehabilitative and operational efforts. The facility maintains an up-to-date, detailed roster of all active volunteers and contractors. This roster includes documentation of each individual's PREA training completion, the results of criminal background screenings, and the most recent dates of clearance and orientation. Staff interviews consistently confirmed that volunteers and contractors are monitored while on-site, and any potential concerns related to PREA compliance are addressed promptly through the facility's established reporting and investigative protocols. The Auditor found no evidence of PREA-related non-compliance among volunteers or contractors. All applicable policies and procedures were in place and observed to be consistently implemented, reinforcing the facility's commitment to safety,

accountability, and adherence to PREA standards.

## INTERVIEWS

### Inmate/Resident/Detainee Interviews

#### Random Inmate/Resident/Detainee Interviews

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

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

<b>36. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?</b>	<p>On the first day of the on-site audit, the facility reported an institutional population of 1,089 individuals. In accordance with the requirements outlined in the PREA Auditor Handbook, facilities with a population of this size must include a minimum of 40 inmate interviews, consisting of 20 randomly selected individuals and 20 individuals from targeted populations.</p> <p>To meet this requirement, the Auditor conducted interviews with 20 randomly selected inmates. The selection process involved the use of alphabetical housing unit rosters, from which the Auditor randomly selected individuals representing a range of age groups, races, and ethnic backgrounds. Efforts were made to ensure that the random sample reflected diversity across housing units, with selections distributed throughout the facility. This approach helped ensure that the perspectives gathered were representative of the broader facility population and allowed for a comprehensive assessment of PREA-related practices and perceptions.</p>
<b>37. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?</b>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>

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

On the first day of the on-site audit, the facility reported an institutional population of 1,635 individuals. According to the PREA Auditor Handbook, for facilities with populations exceeding 1,000, the auditor is required to conduct a minimum of 20 random inmate interviews and 20 targeted inmate interviews. In full compliance with this requirement, the Auditor conducted interviews with 20 randomly selected inmates. These individuals were not part of the targeted inmate group and were chosen solely for the purpose of gathering a representative sample of the general population.

Using alphabetical housing unit rosters, the Auditor selected inmates at random from multiple housing units to ensure diversity in age, race, ethnicity, and length of sentence. This approach helped create a broad and inclusive sampling reflective of the facility's overall inmate population.

In addition to scheduled interviews, the Auditor also engaged in informal, conversational interactions with several inmates during the facility tour. These discussions provided valuable insights into inmates' understanding of sexual safety, access to education and reporting mechanisms, communication with staff, and institutional responses to incidents.

Information gathered from these informal encounters supplemented the formal interview findings and contributed to the overall assessment of the facility's PREA compliance.

At the start of each formal interview, the Auditor introduced herself and clearly explained the purpose of the audit, her role in the PREA process, and the voluntary nature of participation. Inmates were assured that their involvement was not mandatory, and that their decision to participate—or not—would have no impact on their status or conditions of confinement. Once the inmate agreed to participate, the Auditor proceeded with the standardized interview protocol questions.

	<p>All 20 randomly selected inmates agreed to be interviewed and willingly participated in the process. Responses were documented by hand during each session. None of the random interviews revealed PREA-related concerns, and no additional interview protocols were accessed. Each of the randomly selected inmates confirmed awareness of the facility's zero-tolerance policy regarding sexual abuse and sexual harassment, reported that they knew how to report an incident, felt confident they could report anonymously if needed, and affirmed their understanding of the right to be free from retaliation for reporting sexual misconduct.</p>
<b>Targeted Inmate/Resident/Detainee Interviews</b>	
<b>39. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:</b>	20
<p>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>	
<b>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:</b>	4

<b>41. Enter the total number of interviews conducted with inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) using the "Disabled and Limited English Proficient Inmates" protocol:</b>	1
<b>42. Enter the total number of interviews conducted with inmates/residents/detainees who are Blind or have low vision (i.e., visually impaired) using the "Disabled and Limited English Proficient Inmates" protocol:</b>	2
<b>43. Enter the total number of interviews conducted with inmates/residents/detainees who are Deaf or hard-of-hearing using the "Disabled and Limited English Proficient Inmates" protocol:</b>	1
<b>44. Enter the total number of interviews conducted with inmates/residents/detainees who are Limited English Proficient (LEP) using the "Disabled and Limited English Proficient Inmates" protocol:</b>	3
<b>45. Enter the total number of interviews conducted with inmates/residents/detainees who identify as lesbian, gay, or bisexual using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</b>	3
<b>46. Enter the total number of interviews conducted with inmates/residents/detainees who identify as transgender or intersex using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</b>	4

<b>47. Enter the total number of interviews conducted with inmates/residents/detainees who reported sexual abuse in this facility using the "Inmates who Reported a Sexual Abuse" protocol:</b>	0
<b>47. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<b>47. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b>	<p>The Auditor compared the facility's list of PREA allegations and corresponding investigation records with the current inmate roster and determined that no individuals who had reported allegations of sexual abuse were housed at the facility at the time of the on-site audit.</p>
<b>48. Enter the total number of interviews conducted with inmates/residents/detainees who disclosed prior sexual victimization during risk screening using the "Inmates who Disclosed Sexual Victimization during Risk Screening" protocol:</b>	2
<b>49. Enter the total number of interviews conducted with inmates/residents/detainees who are or were ever placed in segregated housing/isolation for risk of sexual victimization using the "Inmates Placed in Segregated Housing (for Risk of Sexual Victimization/Who Allege to have Suffered Sexual Abuse)" protocol:</b>	0

<p><b>49. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p><b>49. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>Interviews were held with the Facility Head, PREA Compliance Manager (PCM), and staff supervising individuals in segregated housing. These interviews focused on determining whether any resident had been removed from the general population and placed in restrictive housing for their protection or due to their involvement—as either an alleged victim or perpetrator—in a sexual abuse allegation or investigation. Each confirmed that no inmates had been placed in segregated housing for risk of sexual victimization.</p>

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

As part of the comprehensive PREA audit process, the Auditor formally requested and was provided with a detailed roster of inmates who met the criteria for targeted interviews, as defined by the PREA Audit Instrument. This roster, generated by facility staff, identified individuals considered part of vulnerable or high-risk populations, including those at greater risk for sexual victimization or who may face unique barriers to reporting abuse.

**Breakdown of Targeted Inmate Interviews Conducted:**

Transgender or Intersex: 4

Gay or Bisexual: 3

Physically Disabled: 4

Cognitively Disabled: 1

Hearing Impaired: 1

Visually Impaired: 2

Limited English Proficiency (LEP): 3

Reported Sexual Abuse (within the past 12 months): 0

Disclosed Sexual Abuse During Intake Screening: 2

Housed in Segregated Housing for PREA-Related Reasons: 0

Youthful Inmates (under age 18): 0

Each targeted interview began with the Auditor introducing herself and clearly explaining her role as a Department of Justice-certified PREA Auditor. The Auditor outlined the purpose of the audit, emphasizing that the assessment was focused on the facility's compliance with the federal PREA standards. Inmates were informed that confidential interviews with members of vulnerable and high-risk populations are a vital component of the audit process.

The Auditor made clear that participation in the interview was entirely voluntary. Inmates were assured that they could choose not to participate, decline to answer any questions, or end the interview at any time without fear of retaliation, punishment, or any form of negative consequence. Verbal consent was obtained before proceeding, ensuring all participation was informed, voluntary, and

respectful of each individual's autonomy. The interviews followed the standardized PREA audit interview protocols. To foster rapport and create a comfortable environment, the Auditor began with general, non-invasive questions before transitioning to inquiries specifically tailored to each inmate's identified status or vulnerability. All responses were documented in real time using standardized protocol forms to maintain consistency, accuracy, and integrity throughout the process.

During the targeted interviews, inmates responded openly and respectfully. When asked about their perceptions of sexual safety within the facility, all individuals reported feeling safe from sexual abuse and sexual harassment at the time of the interview. There were no disclosures of victimization or allegations of staff or inmate misconduct related to sexual abuse. Several inmates expressed appreciation for being included in the process and for the opportunity to share their experiences in a confidential and judgment-free setting. Many noted that being heard in this context reinforced their belief that the facility values their safety and dignity.

This targeted interview process provided meaningful insight into the facility's implementation of PREA standards, particularly in relation to the protection and support of vulnerable inmate populations. The findings from these interviews further support the facility's demonstrated commitment to maintaining a culture of safety, respect, and zero tolerance for sexual abuse and harassment.

## Staff, Volunteer, and Contractor Interviews

### Random Staff Interviews

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

15

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

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

During the on-site audit, the Auditor conducted a comprehensive evaluation of staff awareness and institutional practices related to the Prison Rape Elimination Act (PREA) through both structured interviews and informal engagement. Throughout the facility tour, the Auditor engaged in numerous spontaneous, conversational interactions with staff stationed across a variety of operational areas, including custody, medical services, administration, and programming. These informal discussions provided valuable real-time insights into how PREA protocols are implemented on a daily basis and allowed the Auditor to observe the professionalism, communication styles, and level of comfort staff demonstrated when discussing PREA-related responsibilities.

Topics discussed during these informal encounters included inmate sexual safety, reporting procedures, mandatory training, staff responsibilities, and the institutional response to sexual abuse or harassment allegations. These conversations supplemented formal data collection by offering an authentic view of staff behavior and institutional culture as it relates to the prevention, detection, and response to sexual misconduct.

In addition to informal interactions, the Auditor conducted 15 formal interviews with randomly selected staff members, ensuring representation across departments, shifts, and job functions. The interview sample included correctional officers, medical and mental health providers, supervisory staff, and administrative personnel—each with varying levels of direct contact with the inmate population. This intentional cross-section enabled the Auditor to gather a balanced and comprehensive understanding of how PREA standards are understood and implemented facility-wide.

Although the required PREA audit notification had been publicly posted in advance of the on-site visit—providing staff and inmates with the opportunity to confidentially contact the

Auditor—no correspondence, inquiries, or concerns were received from staff prior to or during the audit period.

At the beginning of each formal interview, the Auditor introduced herself, explained her role as an independent, Department of Justice-certified PREA Auditor, and clarified the voluntary nature of the interview. Staff were assured that their participation was optional and that declining to participate would result in no adverse consequences. All 15 staff members consented to the interview, and each session followed the standardized PREA staff interview protocol. Responses were hand-recorded by the Auditor to ensure accurate documentation.

All staff interviewed willingly participated and answered all questions. None of the interviews resulted in the need to activate follow-up or supplemental interview protocols, as no concerns or disclosures emerged that required further exploration. Staff consistently demonstrated a solid understanding of the agency's zero-tolerance policy for sexual abuse and sexual harassment. Interviewees were able to clearly articulate the facility's procedures for reporting incidents—whether the victim was a fellow staff member or an inmate—and expressed confidence in their ability to respond appropriately if such a report were made.

Staff also showed a clear understanding of the protections in place to prevent retaliation following a report of sexual misconduct. They described various monitoring mechanisms and supervisory practices designed to detect and respond to potential retaliation. When asked about their own sense of safety, all staff reported feeling safe from sexual abuse and harassment while working within the facility. Their responses reflected a strong sense of trust in the facility's leadership, training practices, and institutional safeguards.

Overall, the interviews confirmed that facility staff are knowledgeable, well-trained, and committed to upholding PREA standards. No

	gaps, inconsistencies, or deficiencies in understanding or implementation were identified during the audit, reinforcing the facility's adherence to best practices in preventing and responding to sexual misconduct.
<b>Specialized Staff, Volunteers, and Contractor Interviews</b>	
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.	
<b>55. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):</b>	21
<b>56. Were you able to interview the Agency Head?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No
<b>57. Were you able to interview the Warden/Facility Director/Superintendent or their designee?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No
<b>58. Were you able to interview the PREA Coordinator?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No
<b>59. Were you able to interview the PREA Compliance Manager?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if the agency is a single facility agency or is otherwise not required to have a PREA Compliance Manager per the Standards)

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

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

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

There were no difficulties encountered in the selection of specialized staff for interviews. The Auditor used the facility's staff roster to identify appropriate individuals who held specialized PREA-related responsibilities and who were available during the on-site portion of the audit. To ensure a diverse and non-redundant sample, specialized staff selected for interviews were not drawn from the group of staff already interviewed as part of the random staff interview process.

Using the list of specialized staff roles provided by the facility—including investigators, medical and mental health personnel, intake staff, human resources personnel, and others with PREA-specific duties—the Auditor was able to identify and interview a well-rounded sample. In total, eighteen individuals were interviewed using twenty-one distinct interview protocols. Several staff members held multiple roles related to PREA implementation and were, therefore, interviewed using more than one protocol. This approach ensured that all critical functions were covered in alignment with the PREA Audit Instrument requirements. Each specialized staff member responded thoroughly and appropriately to the questions specific to their role. Their responses followed the standardized interview protocols and reflected familiarity with facility procedures, investigative requirements, and reporting obligations under PREA. Interviewees consistently demonstrated a working knowledge of their responsibilities and articulated how PREA compliance was integrated into their day-to-day duties. Overall, interviews with specialized staff confirmed the presence of well-established procedures, broad awareness of reporting mechanisms, and a facility-wide commitment to ensuring that all allegations of sexual abuse or harassment are responded to promptly, professionally, and in compliance with PREA expectations.

## SITE REVIEW AND DOCUMENTATION SAMPLING

### Site Review

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

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

☒ Yes

☐ No

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

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

☒ Yes

☐ No

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

☒ Yes

☐ No

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

☒ Yes

☐ No

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

☒ Yes

☐ No

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

The site review was conducted in a thorough and unrestricted manner. The Auditor was granted full access to all areas of the facility necessary to complete the audit, including housing units, intake and release areas, medical and mental health departments, food services, education and program spaces, segregation units, administrative offices, recreational yards, and all designated PREA reporting locations (e.g., grievance boxes, phones, and confidential mail drop locations). There were no limitations placed on the Auditor's movements, and staff were consistently cooperative and transparent throughout the process.

During the tour, the Auditor conducted several informal conversations with both staff and inmates, which provided additional insight into institutional operations and staff-inmate dynamics. These interactions helped assess not only awareness of PREA policies and reporting mechanisms, but also perceptions of sexual safety and institutional responsiveness. Both staff and inmates appeared comfortable engaging with the Auditor and were generally forthcoming in their comments.

The Auditor observed the availability and placement of PREA-related materials, including multilingual posters, brochures, and signage in housing areas, common spaces, and intake locations. PREA information was clearly posted in accessible locations and included directions for internal and external reporting, contact information for the PREA Ombudsman, and notice of zero tolerance for sexual abuse and harassment.

Tests of critical functions were also conducted during the site review. These included verifying the operation of the inmate telephones designated for PREA reporting and ensuring that calls could be placed to the PREA Ombudsman or external oversight entities without staff assistance or monitoring. The Auditor also confirmed that grievance and mailboxes were secured, appropriately labeled, and emptied on a routine basis by

designated staff.

The Auditor noted that housing units were clean, well-maintained, and adequately supervised, with staff present and engaged. Supervision patterns, sightlines, and camera placements were assessed during the walkthrough and appeared to support inmate safety and minimize blind spots.

Overall, the site review affirmed that the physical environment, access to reporting tools, and staff engagement reflect a strong institutional commitment to PREA compliance. Observations, conversations, and functional tests collectively supported the conclusion that facility practices align with policy and demonstrate active efforts to uphold the standards set forth under the Prison Rape Elimination Act.

### 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.).**

During the audit process, the Auditor reviewed all documentation provided in the Pre-Audit Questionnaire (PAQ) submission and determined that additional documentation would be helpful to corroborate and further validate the facility's compliance with specific PREA standards. There were no barriers to accessing or selecting supplementary documentation. Facility leadership and designated staff were cooperative and responsive in providing all requested materials in a timely manner.

The Auditor requested additional documentation to ensure a thorough and representative review. This included:

- Incident reports and investigation files for any alleged sexual abuse or harassment, including supporting documentation such as medical and mental health evaluations, witness statements, and administrative findings.
- PREA risk screening tools and reassessment forms to verify consistency and timeliness in the screening process.
- Training records for both staff and contractors, with a focus on those hired within the last 12 months, to confirm compliance with initial and refresher PREA training requirements.
- Documentation of inmate education, particularly for those with limited English proficiency or cognitive/learning disabilities, to verify accommodations were provided.
- Grievance records and third-party reports to assess the facility's responsiveness to various reporting mechanisms.

All additional documentation reviewed was consistent with policies and procedures and helped to reinforce the facility's self-reported practices. The accessibility of records and the staff's willingness to assist with document retrieval allowed the Auditor to complete a well-rounded, in-depth review without disruption.

Overall, the process of selecting and reviewing additional documentation was effective and supported the comprehensive

evaluation of the facility's adherence to PREA standards.

## 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
<b>Inmate-on-inmate sexual abuse</b>	9	0	1	8
<b>Staff-on-inmate sexual abuse</b>	1	0	0	1
<b>Total</b>	10	0	1	9

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

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

**Sexual Abuse and Sexual Harassment Investigation Outcomes**

**Sexual Abuse Investigation Outcomes**

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

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

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

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

	Ongoing	Unfounded	Unsubstantiated	Substantiated
<b>Inmate-on-inmate sexual abuse</b>	0	7	2	0
<b>Staff-on-inmate sexual abuse</b>	0	1	0	0
<b>Total</b>	0	8	2	0

**Sexual Harassment Investigation Outcomes**

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

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

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

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

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

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

**Sexual Abuse Investigation Files Selected for Review**

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

10

<b>79. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any sexual abuse investigation files)
<b>Inmate-on-inmate sexual abuse investigation files</b>	
<b>80. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</b>	9
<b>81. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)
<b>82. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)
<b>Staff-on-inmate sexual abuse investigation files</b>	
<b>83. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</b>	1
<b>84. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)

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

<b>90. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</b>	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)
<b>Staff-on-inmate sexual harassment investigation files</b>	
<b>91. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</b>	0
<b>92. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?</b>	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)
<b>93. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</b>	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)

<p><b>94. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.</b></p>	<p>Over the past twelve months, the facility reported a total of ten (10) allegations under the Prison Rape Elimination Act (PREA). Each of these allegations involved claims of sexual abuse. As part of the compliance assessment process, the Auditor conducted a thorough review of all ten investigative case files. This comprehensive review included evaluating the timeliness and quality of each investigation, assessing whether the investigations were conducted by qualified personnel, and verifying that appropriate steps were taken to protect alleged victims and preserve evidence. The review also ensured that each case was classified in accordance with PREA definitions and that findings were supported by documentation consistent with agency policy and PREA standards.</p>
<p><b>SUPPORT STAFF INFORMATION</b></p>	
<p><b>DOJ-certified PREA Auditors Support Staff</b></p>	
<p><b>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.</b></p>	<p> <input type="radio"/> Yes  <input checked="" type="radio"/> No         </p>
<p><b>Non-certified Support Staff</b></p>	
<p><b>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.</b></p>	<p> <input checked="" type="radio"/> Yes  <input type="radio"/> No         </p>
<p><b>96. Enter the TOTAL NUMBER OF NON-CERTIFIED SUPPORT who provided assistance at any point during this audit:</b></p>	<p>1</p>

## AUDITING ARRANGEMENTS AND COMPENSATION

**97. Who paid you to conduct this audit?**

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

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

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

<b>115.11</b>	<b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b><u>DOCUMENT REVIEW</u></b></p> <p>The Auditor reviewed a variety of materials to assess the facility's compliance with the PREA standard related to zero tolerance and the designation of PREA personnel. Key documents included:</p> <ol style="list-style-type: none"> <li>1. Pre-Audit Questionnaire (PAQ) and all accompanying supporting materials;</li> <li>2. Georgia Department of Corrections (GDC) Standard Operating Procedures (SOP), Policy No. 208.06: Prison Rape Elimination Act (PREA) Sexually Abusive Behavior</li> <li>3. Prevention and Intervention Program, effective June 23, 2022;</li> <li>4. Warden Memorandum, PREA Compliance Manager, dated August 1, 2023</li> <li>5. GDC Agency Organizational Chart.</li> </ol> <p><b><u>INTERVIEWS</u></b></p>

**PREA Coordinator (PC)**

In a formal interview, the agency's designated PREA Coordinator affirmed that the position is full-time and solely focused on PREA compliance. The PC described having the necessary time, authority, and executive-level support to effectively oversee, manage, and implement PREA-related initiatives across all facilities within the agency.

The PC confirmed that PREA Compliance Managers (PCMs) at each institution are dedicated solely to PREA-related responsibilities and are empowered to implement changes and corrective measures as needed to maintain and strengthen PREA compliance.

**PREA Compliance Manager (PCM)**

The facility's PCM reported having sufficient time and authority to carry out all duties associated with PREA implementation. The PCM further indicated direct access to both the Warden/Superintendent and the agency PREA Coordinator regarding any PREA-related concerns or operational changes.

**PROVISIONS****Provision (a): Zero Tolerance Policy and Implementation**

The facility reported through the PAQ that it maintains a comprehensive written policy that articulates zero tolerance toward all forms of sexual abuse and sexual harassment. This commitment extends to all facilities operated directly by GDC or through contractual arrangements.

The policy governing this provision is GDC SOP 208.06, PREA Sexually Abusive Behavior Prevention and Intervention Program, effective June 23, 2022. Section I, Subsection A (p. 1), clearly states that the Department enforces a zero-tolerance approach to sexual abuse, sexual harassment, and any sexual activity among individuals in custody.

Further, the PAQ indicates that the facility has adopted the agency-wide strategy for preventing, detecting, and responding to sexual abuse and sexual harassment, as outlined in SOP 208.06 (pp. 1-39). This policy serves as the central operational framework and includes detailed procedures for institutional implementation.

Additionally, SOP 208.06 (pp. 4-6) defines the types of prohibited conduct and provides clear behavioral definitions for both sexual abuse and sexual harassment.

Regarding disciplinary measures, the policy establishes specific sanctions for individuals found responsible for engaging in prohibited conduct. These sanctions are detailed in Section H, Subsection 1, a-d (pp. 33-34) of the SOP.

Moreover, the PAQ confirms—and the policy reinforces—that GDC's strategy includes proactive measures to reduce incidents of sexual abuse and harassment. According to Section IV, A, 1, a-d (pp. 7-8), the Department requires the following:

Appointment of an upper-level agency PREA Coordinator with sufficient time and

authority;  
Designation of a PREA Compliance Manager at each facility;  
Maintenance of a facility-specific Local Procedure Directive and Coordinated Response Plan (Attachment 7), which outlines the unique operational approach to reporting and responding to sexual abuse allegations;  
Minimum plan elements, including:  
Defined staff responsibilities from initial report to investigation closure;  
Immediate response to the victim and preservation of evidence;  
Oversight of the alleged perpetrator to maintain safety and evidence integrity;  
Access to appropriate housing, medical/mental health care, forensic exams, victim advocacy, and initiation of investigation.

**Provision (b): Designation and Role of the PREA Coordinator**

As noted in the PAQ, GDC has established an agency-wide PREA Coordinator position located within the Office of Professional Standards (OPS), Compliance Unit. Interview findings and the GDC organizational chart confirmed that the PC operates at an executive level, with direct reporting responsibilities to the Commissioner of Corrections.

The PC position is dedicated exclusively to managing the agency's PREA program. The role is structured to ensure ample authority and availability to develop, implement, and oversee all aspects of PREA compliance across all GDC-operated facilities. The organizational chart further verified that the PC's reporting line includes all facility PCMs, who maintain routine communication and operational alignment with the PC.

Each correctional facility under GDC's jurisdiction is assigned one full-time PCM. At the institutional level, the PCM reports to the Warden or Superintendent, while also maintaining direct accountability to the agency PREA Coordinator for all PREA matters.

**Provision (c): Designation and Role of the PREA Compliance Manager**

The facility confirmed via the PAQ that a PREA Compliance Manager (PCM) is assigned to oversee compliance with PREA standards at the institutional level. This structure is supported by SOP 208.06 (pp. 7-8), which outlines the responsibilities and appointment of PCMs. The Warden or Superintendent is tasked with selecting a PCM who has sufficient authority and time to fulfill all compliance-related responsibilities.

The Warden Memorandum dated August 1, 2023, designates the PREA Compliance Manager as well as the back up PREA Compliance Manager.

In all PREA matters the PCM reports directly to the PREA Coordinator. At the facility the PCM reports to the Warden/Superintendent.

Interview feedback corroborated this information, with the PCM affirming direct communication and alignment with the agency's PREA Coordinator and institutional leadership.

	<p><b><u>CONCLUSION</u></b></p> <p>Following a comprehensive review of relevant documentation, policies, organizational charts, and stakeholder interviews, the Auditor concludes that the Georgia Department of Corrections and the audited facility fully comply with each provision of the PREA standard related to zero tolerance for sexual abuse and sexual harassment and the appointment of a qualified, empowered PREA Coordinator.</p>
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<b>115.12</b>	<b>Contracting with other entities for the confinement of inmates</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p>
	<p><b><u>DOCUMENT REVIEW</u></b></p> <p>To evaluate compliance with PREA Standard §115.12 – Contracting with Other Entities for the Confinement of Inmates, the Auditor conducted a thorough review of key documents, including:</p> <ol style="list-style-type: none"> <li>1. Pre-Audit Questionnaire (PAQ) and all accompanying supporting materials;</li> <li>2. Georgia Department of Corrections (GDC), Standard Operating Procedures (SOP), Policy Number 208.06: Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective June 23, 2022;</li> </ol> <p><b><u>INTERVIEWS</u></b></p> <p><b>Agency Contract Administrator</b></p> <p>During the interview, the Agency’s designated Contract Administrator affirmed that all contracts executed with private or county facilities for the confinement of incarcerated individuals include mandatory language addressing PREA compliance. These contracts require contractors to demonstrate their ability and commitment to comply with the PREA standards prior to entering into any agreement. The Contract Administrator emphasized that if a prospective contractor cannot meet these obligations, the contract is not finalized or executed.</p> <p><b><u>PROVISIONS</u></b></p> <p><b>Provision (a): Contractual PREA Requirements</b></p> <p>The PAQ indicates that the Georgia Department of Corrections mandates that any agency or facility contracting with GDC for the confinement of individuals must formally adopt and implement PREA standards. Each agreement includes specific</p>

clauses outlining the contractor's obligation to comply with PREA regulations. Notably, Hays State Prison itself does not independently initiate or manage contracts for inmate confinement; all such contracts are coordinated through the parent agency.

Two primary policy documents reinforce this requirement:

GDC SOP 208.06, effective June 23, 2022, which explicitly addresses PREA Standard §115.12. The policy requires that all new contracts and contract renewals involving confinement of individuals include provisions that bind the contracting entity to GDC policies and procedures—these include, but are not limited to, compliance with the Prison Rape Elimination Act.

Additionally, the Auditor confirmed that monitoring of PREA compliance across contracted entities is performed by designated contract management personnel. This includes oversight and verification activities based on the contractual obligations in place with each confinement partner.

According to information reported in the PAQ:

- The GDC reported a total of twenty-five such contracts within that same period.
- All twenty-five contracts required full adoption and implementation of PREA standards by the contracting entity. This assertion was corroborated during the interview with the Agency Contract Administrator.

#### **Provision (b): Monitoring Contractor PREA Compliance**

The facility reported through the PAQ that all confinement contracts require the agency to actively monitor each contractor's compliance with PREA. The agency confirmed that there are no contracts exempt from the monitoring requirements described in PREA Standard §115.12(b).

According to the Agency Contract Administrator, PREA monitoring practices include formal review of each contractor's PREA-related policies and procedures to ensure alignment with federal standards. Contractors are contractually obligated to:

- Notify GDC of any allegations of sexual abuse or sexual harassment involving individuals in their custody;  
Submit full documentation related to the allegation, investigation, and outcome to the GDC PREA Coordinator for review and possible follow-up.
- This proactive and structured monitoring process ensures that any confinement facility operating under a GDC contract remains compliant with the PREA standards throughout the duration of the contractual agreement.

#### **CONCLUSION**

After a thorough review of agency policies, facility manuals, contractual documents,

	and interview findings, the Auditor concludes that the agency and facility meet all provisions of PREA Standard §115.12. The agency has demonstrated that it requires and enforces PREA compliance in all contracts for the confinement of inmates and has effective monitoring systems in place to ensure ongoing adherence by contracted entities.
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<b>115.13</b>	<b>Supervision and monitoring</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b><u>DOCUMENT REVIEW</u></b></p> <p>To assess the facility’s compliance with PREA Standard §115.13 – Supervision and Monitoring, the Auditor reviewed the following documentation:</p> <ol style="list-style-type: none"> <li>1. Pre-Audit Questionnaire (PAQ) and supporting materials</li> <li>2. Georgia Department of Corrections (GDC), Standard Operating Procedures (SOP), Policy No. 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective June 23, 2022</li> <li>3. Facility Staffing Plan, approved January 1, 2025</li> </ol> <p><b><u>OBSERVATIONS</u></b></p> <p>During the on-site visit, the Auditor conducted a random review of logbooks across various housing units. These logbooks contained documented entries from intermediate- and higher-level supervisory staff, indicating that unannounced rounds were being carried out in accordance with PREA standards. These observations aligned with the facility’s written policies and interview statements.</p> <p><b><u>INTERVIEWS</u></b></p> <p><b>Facility Head or Designee</b></p> <p>The Facility Head provided detailed insights into the operational and strategic factors considered in developing and maintaining the staffing plan. Topics discussed included:</p> <p>The relationship between staffing levels and inmate access to programming</p> <p>Enhancements to the video monitoring system and their role in improving facility safety</p> <p>The configuration and limitations of the physical plant</p> <p>Oversight by internal and external bodies</p> <p>The composition and classification of the inmate population</p>

Supervisor placement and visibility

Staffing plan compliance and processes for documenting deviations

Current staffing levels, which include 323 filled positions and 104 vacancies for security roles, and 12 filled versus 12 vacant non-security positions

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

In both formal interviews and informal discussions, the PCM emphasized the ongoing review of staffing patterns and their impact on facility operations, including inmate assignments and programming. The PCM also underscored that video surveillance systems are regularly assessed and updated to ensure full coverage and proper functioning, with any deficiencies addressed promptly.

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

Supervisory staff confirmed that they routinely conduct unannounced rounds across all shifts, as required by policy. These rounds are documented in area logbooks, and supervisors ensure the element of surprise is preserved to maintain integrity. The Auditor confirmed the accuracy of these statements through random checks of housing unit logbooks during the tour.

#### **Random Staff**

Frontline staff reported that supervisors frequently walk through living units throughout their shifts, engaging directly with both staff and incarcerated individuals. Staff also verified that supervisors regularly review, audit, and sign logbooks, reinforcing oversight expectations. Several staff affirmed their understanding of the policy prohibiting advance notice of supervisory rounds.

#### **Random Inmates**

In interviews, incarcerated individuals noted the routine presence of the PCM and other supervisory staff throughout the facility. They confirmed that leadership maintains high visibility and remains accessible to those in custody.

### **PROVISIONS**

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

The facility submitted a comprehensive staffing plan with the PAQ, demonstrating adherence to all thirteen elements required under this provision. The plan outlines procedures to ensure that all posts are adequately staffed during specified times and details the methods used to assess and monitor staffing sufficiency.

The policy guiding this process is GDC SOP 208.06, effective June 23, 2022, which mandates that Wardens and Superintendents create written staffing plans using a standardized template (Attachment 11). These plans must incorporate use of video monitoring where applicable and outline efforts to maintain sufficient staffing levels to prevent sexual abuse. Any deviations from the plan must be documented and justified in the daily post roster, and facility leadership is required to review these deviations annually. Staffing plans and any revisions are submitted to the agency PREA Coordinator for review and approval.

Upon reviewing the submitted staffing plan and accompanying documentation, the Auditor found it to be robust and fully compliant. It includes detailed breakdowns of housing capacities, camera coverage, operational hours, inmate access to facility areas, and departmental configurations. The most recent annual staffing review was also provided and found to address all required components.

The staffing plan is built around a daily inmate population of 1,273, as verified by both the Facility Head and PAQ. Internal quality assurance audits are conducted annually to ensure the staffing plan continues to meet PREA and operational standards.

**Provision (b): Deviations from the Staffing Plan**

According to the PAQ, the facility experienced staffing deviations during the preceding 12 months. These deviations were primarily due to staff shortages, unscheduled absences, hospital duty posts, and inmate transportation needs.

To mitigate the impact of such deviations, the facility either reassigns available staff or utilizes overtime, depending on the criticality of the affected post. This practice aligns with SOP 208.06, which requires that any such deviations be recorded on the daily post roster along with a written justification. The facility's leadership reviews these records annually to identify trends and evaluate the need for adjustments to the staffing model.

These practices are designed to ensure that all essential security posts remain covered and that any gaps do not compromise the safety or well-being of those in custody. All deviations and updates are submitted to the PREA Coordinator for further review.

**Provision (c): Annual Review of Staffing Plan and Technology Use**

The facility confirmed, through the PAQ, that an annual staffing plan review is conducted in partnership with the PREA Coordinator. This review assesses whether adjustments are necessary in three key areas:

- The staffing plan itself
- The deployment or enhancement of monitoring technologies
- The allocation of agency resources to maintain staffing plan compliance
- GDC policy, as detailed in SOP 208.06, mandates that this review involve collaboration between the facility's management team, the PREA Coordinator, and other executive staff.

The Auditor was provided with the most recent Annual Staffing Plan Review, dated January 2, 2025, which addressed each of these required areas.

The annual review serves as a comprehensive evaluation to ensure that adequate staffing coverage exists in all areas where incarcerated individuals are present. It also evaluates the effectiveness of existing video monitoring systems and assesses whether additional technology or personnel are needed.

The Auditor reviewed shift rosters and found that all mandatory posts were covered

	<p>appropriately during the review period.</p> <p><b>Provision (d): Unannounced Supervisory Rounds</b></p> <p>The facility reported in the PAQ that intermediate- and higher-level supervisory personnel conduct unannounced rounds on all shifts to identify and deter staff sexual abuse and harassment. These rounds are documented in logbooks, and staff are prohibited from providing advance notice of their occurrence.</p> <p>SOP 208.06 supports these requirements, stating that supervisors must conduct unannounced rounds across all shifts and living units. These rounds must be documented in the logbooks and may not be disclosed in advance unless operationally necessary.</p> <p>During the site visit, the Auditor reviewed logbook entries confirming consistent documentation of these rounds and observed supervisory staff actively moving throughout the facility in accordance with policy expectations. Staff interviews further confirmed their understanding and adherence to the policy, including the prohibition on alerting others about supervisory rounds.</p> <p><b><u>CONCLUSION</u></b></p> <p>Following an extensive review of documentation, observations, and interviews, the Auditor concludes that the agency and facility are in full compliance with all provisions of PREA Standard §115.13 – Supervision and Monitoring. The facility has established and implemented a well-documented staffing plan, conducts routine supervisory rounds, and ensures ongoing evaluation and revision of both staffing practices and monitoring systems to promote a safe and secure environment for all individuals in custody.</p>
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<b>115.14 Youthful inmates</b>	
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p>
	<p><b><u>DOCUMENT REVIEW</u></b></p> <p>To assess compliance with PREA Standard §115.14 – Youthful Inmates, the Auditor examined the following documents:</p> <ol style="list-style-type: none"> <li>1. Pre-Audit Questionnaire (PAQ) and all accompanying supporting documentation</li> <li>2. Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective June 23, 2022</li> </ol>

These documents provided insight into institutional policy and practice related to the housing and management of youthful individuals in custody. A thorough review of these materials confirmed that the facility has no policies or procedures currently in place for managing youthful inmates because it does not house this population.

### **OBSERVATIONS**

During the facility tour, the Auditor conducted a visual inspection of housing units and program areas and found no individuals present who appeared to be under the age of 18. The Auditor also reviewed intake and classification materials and found no evidence of youthful inmates being housed at the facility.

### **INTERVIEWS**

#### **Facility Head**

Through formal interviews and informal discussions, the Facility Head confirmed that the institution does not house youthful inmates. The Facility Head stated that the facility is not designated or equipped to manage youthful populations and that such individuals are directed to appropriate alternative placements within the Georgia Department of Corrections (GDC).

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

The PREA Compliance Manager echoed the Facility Head's statement, confirming that the facility does not receive or retain youthful individuals in custody. The PCM also confirmed that intake procedures are structured to prevent such placements and that age verification is part of the classification process.

#### **Youthful Inmates**

Because the facility does not house youthful offenders, there were no youthful individuals available to interview regarding this standard.

### **PROVISIONS**

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

As indicated in the PAQ and confirmed through inmate roster review, the facility does not house any individuals under the age of 18. The Auditor independently reviewed the inmate population roster and verified that no one currently incarcerated at the facility had a date of birth later than 2006, affirming that no youthful inmates are present.

GDC SOP 208.06, effective June 23, 2022, provides directives for the housing and supervision of youthful inmates. Specifically, on page 10, sections 7(a)-(c), the policy outlines standards for protecting youthful individuals in custody, including sight, sound, and physical separation requirements when housed in facilities with adults. As this facility does not receive, house, or retain youthful inmates, these requirements are not applicable in this setting.

	<p><b>Provision (b): Sight and Sound Separation</b></p> <p>Not Applicable.</p> <p>The facility does not house youthful inmates; therefore, there is no need for policies or procedures regarding sight and sound separation from adult populations.</p> <p><b>Provision (c): Direct Supervision for Youthful Inmates During Isolation</b></p> <p>Not Applicable.</p> <p>As no youthful inmates are housed at this facility, there is no circumstance under which direct staff supervision for isolated youthful inmates would be required.</p> <p><b>CONCLUSION</b></p> <p>Following a detailed examination of the facility's documentation, direct observations during the on-site visit, and comprehensive interviews with facility leadership and PREA staff, the Auditor concludes that the facility is in full compliance with PREA Standard §115.14 – Youthful Inmates. The facility has clearly demonstrated that youthful individuals are not housed on-site, and verification through rosters and interviews substantiates this practice. As such, provisions related to the management, separation, and supervision of youthful inmates are not applicable at this institution.</p>
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115.15	Limits to cross-gender viewing and searches
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p><b>DOCUMENT REVIEW</b></p> <p>To evaluate the facility's compliance with PREA Standard §115.15 – Limits to Cross-Gender Viewing and Searches, the Auditor conducted a thorough review of the following documents:</p> <ul style="list-style-type: none"> <li>• Pre-Audit Questionnaire (PAQ) and supporting materials</li> <li>• Georgia Department of Correction (GDC) Standard Operating Procedures (SOP), Policy No. 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective June 23, 2022</li> <li>• GDC SOP 226.01, Searches, Security, Inspections, and Use of Permanent Logs, effective May 27, 2020</li> <li>• GDC Contraband Interdiction and Searches Curriculum, SOP 226.01 and 206.02</li> <li>• Facilitator Notes for Cross-Gender Searches</li> </ul>

- Policy Information Bulletin (PIB) issued September 12, 2024, regarding revisions to SOPs 226.01 and 220.09 and related attachments
- Staff training records
- Results from random staff and inmate interviews

### **OBSERVATIONS**

During the on-site audit, the Auditor observed that when opposite-gender staff entered housing units, verbal announcements were made to notify inmates. This included announcements made on behalf of the Auditor when entering housing or restroom areas.

Additionally, both cisgender male and transgender female inmates were observed on-site during the facility tour.

### **INTERVIEWS**

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

Staff confirmed that cross-gender strip or visual body cavity searches are not conducted at the facility unless an exigent circumstance arises. In such cases, the search must be authorized by the Facility Head and conducted by medical personnel with full documentation.

#### **Random Staff**

Seventeen randomly selected staff were interviewed. Key findings included:

- All staff received Day 1 In-Service training on handling cross-gender and transgender searches.
- No interviewed staff reported participating in any cross-gender strip or visual body cavity searches.
- Male staff are readily available to conduct searches when needed.
- Searches of transgender or intersex inmates are not conducted for the sole purpose of identifying genital status.
- Shower privacy accommodations are available, including private stalls or alternative shower times for transgender and intersex inmates.
- Transgender and intersex inmates are given an opportunity to express preferences about who conducts their searches, and these preferences are taken into consideration.

#### **Random Inmates**

All inmates interviewed stated:

- They had not been subjected to cross-gender strip or visual cavity searches.
- They can shower and change clothes without being seen by staff of another gender.
- Opposite-gender staff consistently announce their presence when entering housing or bathroom areas.

## **Transgender Inmates**

All transgender inmates interviewed reported:

- Satisfaction with search and shower procedures
- Never being searched to determine genital status

### **PROVISIONS**

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

The PAQ and staff interviews confirmed that no cross-gender strip or visual cavity searches occurred within the last 12 months. Transgender inmates reported that any strip searches were performed by medical staff and that the process was respectful and policy-compliant.

Relevant policies:

- GDC SOP 208.06, p. 10, prohibits cross-gender strip/visual cavity searches except in exigent circumstances or when performed by medical professionals.
- GDC SOP 226.01, p. 6, and PIB dated September 12, 2024, clarify gender search protocols and reinforce the use of SOP 220.09 for guidance on transgender and intersex inmates.

#### **Provision (b)**

Not applicable. The facility does not house female inmates. The population includes cisgender males and male-to-female transgender individuals.

#### **Provision (c)**

No cross-gender strip or visual cavity searches are conducted at this facility under normal circumstances. In exigent circumstances, approval from the Facility Head and documentation are required, and searches are performed by medical staff. This protocol aligns with GDC SOP 208.06, p. 11, section 8.c.

#### **Provision (d)**

The facility ensures inmate privacy during showers, bodily functions, and clothing changes. Interviews and observations confirm that:

- Opposite-gender staff consistently announce their presence
- Inmates are not viewed by staff of another gender during private activities except in exigent or incidental situations
- Transgender inmates report satisfaction with accommodations

#### **Policy citations:**

GDC SOP 208.06, pp. 11–12, sections 8.d–f, outline privacy and notification requirements

Notices in housing units and orientation briefings reinforce staff presence expectations

	<p><b>Provision (e)</b></p> <p>Interviews verified full compliance with privacy standards:</p> <ul style="list-style-type: none"><li>• 100% of inmates confirmed ability to shower and change without opposite-gender observation</li><li>• Opposite-gender announcements were consistently reported</li><li>• Transgender inmates expressed satisfaction with accommodations</li></ul> <p>Policies prohibit genital-status-based searches and require professional, respectful, and least-intrusive search practices. Training includes detailed demonstration of pat-search techniques and handling sensitive areas (e.g., breasts, groin) using appropriate hand methods and safeguards for dignity.</p> <p><b>Provision (f)</b></p> <p>Auditor reviewed PREA training documentation, verifying that all security staff received training on:</p> <ul style="list-style-type: none"><li>• Conducting searches professionally and respectfully</li><li>• Cross-gender and transgender/intersex search procedures</li><li>• Documentation requirements for exigent circumstances</li></ul> <p>All staff interviewed confirmed receiving this training and affirmed they do not conduct cross-gender strip or body cavity searches.</p> <p><b><u>CONCLUSION</u></b></p> <p>Based on an extensive review of policy, training, observation, and staff/inmate interviews—and informed by the most recent Policy Information Bulletin dated September 12, 2024—the Auditor concludes that the facility is in full compliance with PREA Standard §115.15. Institutional policies, practices, and training effectively safeguard the dignity and privacy of all individuals in custody, while ensuring staff are fully equipped to handle searches in a manner consistent with professional, respectful, and trauma-informed care.</p>
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115.16	Inmates with disabilities and inmates who are limited English proficient
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p>
	<p><b><u>DOCUMENT REVIEW</u></b></p> <p>To evaluate compliance with PREA Standard §115.16, the Auditor conducted a thorough analysis of the Pre-Audit Questionnaire (PAQ) and all relevant supporting</p>

documentation submitted by the facility. Key materials reviewed included:

1. Georgia Department of Corrections (GDC) Standard Operating Procedure (SOP) 208.06 – PREA Sexually Abusive Behavior Prevention and Intervention Program, with an effective date of June 23, 2022
2. PREA informational brochures available in both English and Spanish
3. LanguageLine Insight User Guide for Video Interpretation Services
4. Lionbridge User Guide for Telephonic Language Interpretation
5. Logs documenting usage of Video Remote Interpreting (VRI)
6. Bilingual (English/Spanish) dialing instructions for accessing the GDC PREA Hotline
7. PREA educational and informational posters displayed throughout the institution

These materials collectively demonstrate the facility’s ongoing efforts to ensure equitable access to PREA-related information and reporting avenues for all incarcerated individuals, including those who have disabilities or are Limited English Proficient (LEP).

### **OBSERVATIONS**

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

### **INTERVIEWS**

#### **Facility Head**

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

#### **Random Staff**

All staff members interviewed (100%) reported that inmate interpreters, readers, or assistants are strictly prohibited from facilitating communication related to allegations of sexual abuse or harassment. Moreover, each staff member confirmed they had never observed or been aware of any such use of inmate interpreters. Staff

consistently stated that appropriate, authorized interpretation services are utilized to meet inmates' needs in accordance with agency policy.

### **Inmates with Disabilities**

At the time of the on-site audit, there were inmates with hearing impairments, vision impairments, physical disabilities and cognitive disabilities. Each inmate reported they did not feel at a disadvantage due to their limitations.

### **PROVISIONS**

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

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

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

- Dial the designated toll-free access number
- Input the facility-specific Personal Identification Number (PIN)
- Select the required language (e.g., press 1 for Spanish)
- Immediately connect with a live interpreter for real-time communication support

#### **RELEVANT POLICY:**

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

#### **Provision (b)**

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

- **LanguageLine:** Provides on-demand video interpretation, including services for American Sign Language (ASL)
- **Lionbridge:** Offers real-time telephonic interpretation across multiple languages
- **PREA Educational Materials:** Available in both English and Spanish, including brochures, posters, and orientation videos with closed captioning

Additional Accommodations Include:

	<ul style="list-style-type: none"> <li>• <b>LEP Inmates:</b> Receive translated documents and access to interpreters for all PREA-related services</li> <li>• <b>Hearing Impaired Inmates:</b> Supported through videos with captions, visual materials, and ASL interpreters via VRI</li> <li>• <b>Visually Impaired Inmates:</b> Provided information through audio recordings or staff readers; Braille is available if needed</li> <li>• <b>Cognitively Impaired or Low-Literacy Inmates:</b> Given information through simple verbal explanations by trained staff or in multimedia formats designed for easier understanding</li> </ul> <p><b>RELEVANT POLICY:</b> SOP 208.06 requires that PREA information be conveyed in a format that is understandable to all inmates, regardless of disability, language barriers, or educational level. The content must address prevention, self-protection, reporting methods, and available resources for treatment and counseling.</p> <p><b><u>Provision (c)</u></b> As stated in the PAQ and confirmed during interviews with the Facility Head, the facility has had zero incidents in the past twelve months in which inmate interpreters, readers, or assistants were used to facilitate PREA-related communication.</p> <p><b>RELEVANT POLICY:</b> GDC SOP 208.06 (Sections 9.b, pp. 12–13) clearly prohibits the use of inmate interpreters or assistants in PREA-related matters, except in Exigent Circumstances. Such exceptions may only occur when an immediate delay in obtaining a qualified interpreter would jeopardize inmate safety, hinder essential first responder responsibilities (as defined in 28 CFR §115.64), or compromise an investigation. Given the availability of professional services, the use of inmate interpreters is considered both unnecessary and inappropriate.</p> <p><b><u>CONCLUSION</u></b> After an extensive review of relevant policies, interpretive service documentation, on-site observations, and interviews with staff and inmates, the Auditor finds the facility to be in full compliance with PREA Standard §115.16. The agency has implemented effective systems and safeguards to ensure that inmates with disabilities and those with limited English proficiency have full and equal access to all aspects of PREA education, prevention, reporting, and response protocols. All elements of the standard are satisfied without exception.</p>
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<b>115.17</b>	<b>Hiring and promotion decisions</b>
	<b>Auditor Overall Determination:</b> Meets Standard

## **Auditor Discussion**

### **DOCUMENT REVIEW**

To assess the facility's compliance with PREA Standard §115.17, the Auditor conducted a detailed examination of the Pre-Audit Questionnaire (PAQ) and an array of supporting documentation submitted by the agency. The review included:

- Georgia Department of Corrections (GDC) Standard Operating Procedure (SOP) 208.06 – PREA Sexually Abusive Behavior Prevention and Intervention Program, effective June 23, 2022
- GDC SOP 104.09 – Filling a Vacancy, effective May 27, 2022
- GDC SOP 104.09, Attachment 4 – Applicant Verification, revised May 25, 2022
- GDC SOP 104.18 – Obtaining and Using Records for Criminal Justice Employment, effective October 13, 2020
- A representative sample of employee personnel records

This documentation collectively reflects a deliberate, policy-driven process for hiring, promotion, and background screening designed to prevent individuals with a history of sexual abuse or harassment from obtaining positions of authority or trust within correctional settings.

### **INTERVIEWS**

#### **Human Resources Staff**

In interviews with HR personnel, the following key practices were confirmed:

- All applicants must disclose any prior incidents of misconduct, including sexual harassment and abuse, during the application process.
- Background checks are conducted prior to hiring and again at minimum every five years for existing employees and contractors.
- The GDC employs a centralized tracking system to monitor compliance with background check schedules.
- Employees must self-report any new criminal conduct during their tenure.
- The agency shares substantiated allegations of misconduct with institutional employers upon request, when legally permissible.

The Auditor also reviewed 30 staff personnel files and verified that all required background checks, disclosure forms, and PREA-specific screening questions were completed and retained.

The facility employs 215 staff who have direct or indirect contact with individuals in custody, 41 of whom were hired within the past year. Additionally, the facility utilizes the services of 33 contractors and 10 volunteers.

### **PROVISIONS**

**Provision (a)**

The facility prohibits hiring, promotion, or placement of any individual into a position involving contact with incarcerated persons if they:

1. Have previously committed sexual abuse in a confinement setting;
2. Have been convicted of engaging in or attempting sexual activity through force, coercion, or with someone incapable of consent;
3. Have been civilly or administratively adjudicated for such behavior.

**RELEVANT POLICY: SOP 208.06, Section 10(a)(i-v)**, clearly outlines these prohibitions and stipulates that incidents of sexual harassment must also be considered in employment decisions.

**Provision (b)**

The PAQ and HR interviews confirm that the facility actively considers any known incidents of sexual harassment when evaluating individuals for hiring, promotion, or contractual work.

**RELEVANT POLICY: SOP 208.06, Section 10(a)(ii)**, mandates such considerations in employment decisions.

**Provision (c)**

The facility conducts criminal background checks on all new hires and makes reasonable efforts to contact prior institutional employers for information about substantiated allegations or ongoing investigations.

**RELEVANT POLICY: SOP 208.06 and SOP 104.09** together require direct inquiries about prior misconduct and emphasize the importance of due diligence during hiring processes.

**Provision (d)**

All contractors who may have contact with inmates must undergo criminal background checks prior to engagement, with re-screenings conducted at least every five years.

The PAQ indicates in the past 12 months, there were 34 contracts for services where criminal background record checks were conducted on all staff covered in the contract who might have contact with inmates.:

**RELEVANT POLICY: SOP 208.06, Section 10(b)(ii)**, and related attachments establish the procedures and forms used to ensure contractor screening compliance.

**Provision (e)**

Ongoing criminal history checks are performed on all employees and contractors every five years at a minimum.

	<p><b>RELEVANT POLICY: SOP 104.18</b> outlines procedures for obtaining criminal and driver history records, requiring employee consent and mandating notification to applicants when adverse hiring decisions are made.</p> <p><b>Provision (f)</b></p> <p>Applicants and employees must answer questions about previous sexual misconduct during hiring and throughout employment. These questions are part of application packets, interviews, and annual certifications.</p> <p><b>RELEVANT POLICY: SOP 208.06</b> requires continued disclosure obligations and includes standardized forms for PREA-related questions.</p> <p><b>Provision (g)</b></p> <p>Any omission or falsification of information concerning past sexual misconduct is grounds for immediate termination.</p> <p><b>RELEVANT POLICY: SOP 208.06, Section 10(a)(v),</b> provides clear guidance for responding to false disclosures.</p> <p><b>Provision (h)</b></p> <p>The facility affirms that it provides information about substantiated allegations or pending investigations upon request by institutional employers, unless barred by law.</p> <p><b>RELEVANT POLICY: SOP 208.06, Section 10(a)(iv),</b> establishes procedures for sharing such information legally and ethically.</p> <p><b><u>CONCLUSION</u></b></p> <p>Through a thorough review of documentation, personnel files, policy directives, and staff interviews, the Auditor concludes that the facility is in full compliance with PREA Standard §115.17. The agency employs robust hiring, promotion, and vetting protocols that uphold PREA's goal of safeguarding incarcerated individuals from potential abuse by unqualified or unsuitable personnel.</p>
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<b>115.18</b>	<b>Upgrades to facilities and technologies</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p>
	<p><b><u>DOCUMENT REVIEW</u></b></p> <p>To evaluate compliance with PREA Standard §115.18, the Auditor conducted a thorough review of the</p> <p>Pre-Audit Questionnaire (PAQ) and all relevant supporting materials submitted by the</p>

facility. Central to this review was the

Georgia Department of Corrections (GDC) Standard Operating Procedure (SOP) 208.06 – Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective June 23, 2022. This policy outlines the agency's strategic approach to preventing and responding to sexual abuse and highlights the critical role of monitoring technology in maintaining institutional safety and accountability.

### **OBSERVATIONS**

During the on-site facility walkthrough, the Auditor observed the intentional and strategic placement of surveillance tools, including security cameras and convex mirrors, across various locations. These included housing units, intake areas, corridors, program rooms, and other high-traffic or sensitive zones. The physical presence and visibility of these devices demonstrated a deliberate effort to increase situational awareness and minimize blind spots.

Notably, the Auditor observed that enhancements to the surveillance infrastructure were actively in progress. Camera upgrades and system expansions were visibly underway at the time of the audit, reflecting the facility's ongoing commitment to evolving its security measures to meet emerging needs and maintain PREA compliance.

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### **INTERVIEWS**

Facility Head or Designee The Facility Head, during interviews, described the institution's efforts to ensure comprehensive and effective monitoring. They explained that the current video surveillance system already covers all critical areas of the facility, and improvements are being made to further strengthen coverage, resolution, and data retention capabilities.

The Facility Head also outlined the collaborative nature of surveillance planning. Facility leadership, including executive team members and department supervisors, regularly convene to review renovation or construction plans and evaluate them through the lens of PREA standards. These meetings encompass a broad range of operational data, including grievances, incidents of sexual abuse, use-of-force reports, video reviews, and staff performance metrics like overtime and morale. Surveillance technology is a standing agenda item in these meetings, ensuring that facility modifications are aligned with PREA's goal of reducing opportunities for abuse and increasing staff accountability.

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### **PROVISIONS**

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

As documented in the PAQ, the facility has not acquired any new buildings nor

	<p>undertaken major expansions or structural modifications since August 20, 2012, or the date of the previous PREA audit, whichever is later. This stability in the facility's physical structure has not hindered its efforts to improve oversight and safety, as demonstrated by internal system upgrades.</p> <p><b><u>Provision (b):</u></b></p> <p>Although the PAQ states that the facility has not yet completed formal upgrades to its video monitoring and electronic surveillance systems, the Auditor verified that such enhancements are actively underway. Interviews with the Facility Head and Deputy Facility Head confirmed their direct involvement in the evaluation and planning of these upgrades, which are being implemented with a clear focus on strengthening surveillance capabilities while aligning with PREA compliance objectives.</p> <p><b><u>CONCLUSION</u></b></p> <p>Following a detailed examination of relevant documentation, onsite observations, and stakeholder interviews, the Auditor concludes that the facility is in full compliance with PREA Standard §115.18. The institution has demonstrated an active and forward-thinking approach to utilizing monitoring technology as a tool for safety, prevention, and accountability. Ongoing and planned surveillance upgrades further emphasize the agency's dedication to a safe environment for all individuals in custody and staff, reinforcing the foundational goals of the PREA standards.</p>
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<b>115.21</b>	<b>Evidence protocol and forensic medical examinations</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p>
	<p><b><u>DOCUMENT REVIEW</u></b></p> <p>To assess compliance with PREA Standard §115.21 – Evidence Protocol and Forensic Medical Examinations, the Auditor conducted a comprehensive review of materials submitted by the facility both before and during the on-site audit. The documentation included:</p> <ul style="list-style-type: none"> <li>• A completed Pre-Audit Questionnaire (PAQ) and associated attachments</li> <li>• Georgia Department of Corrections (GDC) SOP 208.06 – PREA Sexually Abusive Behavior Prevention and Intervention Program, effective June 23, 2022</li> <li>• GDC SOP 103.06 – Investigation of Allegations of Sexual Contact, Sexual Abuse, and Sexual Harassment of Offenders, effective August 11, 2022</li> <li>• GDC SOP 103.10 – Evidence Handling and Crime Scene Processing, effective</li> </ul>

August 30, 2022

- A Memorandum of Understanding (MOU) with Sexual Assault Response team, dated August 31, 2021

These documents collectively reflect the facility's established protocols and partnerships aimed at ensuring a trauma-informed, evidence-based response to allegations of sexual abuse.

## **INTERVIEWS**

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

The PREA Coordinator described a structured, standardized evidence protocol in place for responding to allegations of sexual abuse, aligned with national forensic standards. Although the facility does not currently house youthful inmates, the protocols are designed to accommodate developmentally appropriate responses should minors be admitted in the future.

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

The PREA Compliance Manager confirmed that a formal agreement exists with Sexual Assault Response Team to conduct all Sexual Assault Forensic Exams (SAFEs). The PCM noted that seven forensic exams were conducted in the 12 months prior to the audit.

### **SANE/SAFE-Certified Medical Personnel:**

Trained medical professionals explained the process for conducting forensic exams at Sexual Assault Response Team. The SANE personnel report to the facility medical unit to conduct all forensic examinations. The process includes obtaining informed consent, conducting a trauma-informed examination, providing STI/HIV prophylaxis, and adhering to chain-of-custody procedures for evidence collection and documentation.

**Random Staff Interviews:** Staff interviewed at random were able to clearly articulate appropriate procedures for preserving evidence following an allegation of sexual abuse. They accurately described how to secure the scene and involve designated investigative or medical personnel.

### **Inmate Interviews (Alleged Victims):**

No inmate at the time of the audit had made a report of sexual abuse in the previous 12 months; therefore, no interviews in this category were conducted.

### **Rape Crisis Center Representatives:**

Sexual Assault Center of Northwest Georgia representative outlined their role in providing victim services, including 24/7 hotline access, on-site advocacy, support during medical exams, and culturally and linguistically appropriate services, including

accommodations for those with disabilities.

### **PROVISIONS**

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

Per the PAQ and confirmed through interviews, the facility is responsible for administrative investigations. Local Law Enforcement leads criminal investigations and handles evidence collection. A standardized evidence protocol is in place to preserve physical evidence in accordance with policy.

#### **RELEVANT POLICY:**

SOP 208.06 mandates the use of SOPs 103.06 and 103.10 for investigation and evidence-handling procedures.

#### **Provision (b):**

While the facility does not house youthful inmates, policies are designed to be developmentally appropriate for minors. The inmate roster confirmed that no individuals born after 2007 were in custody during the audit period.

#### **RELEVANT POLICY:**

SOP 208.06 reflects alignment with the DOJ's National Protocol for Sexual Assault Medical Forensic Examinations (Adults/Adolescents), with provisions for minor populations.

#### **Provision (c):**

Inmates have access to forensic medical services at no cost. These services are conducted off-site by SANE-certified professionals at Sexual Assault Response Team. Seven exams were conducted during the year prior to the audit.

#### **RELEVANT POLICY:**

SOP 208.06 (p. 16) and SOP 507.04.85 require the activation of the forensic response protocol within 72 hours of an allegation and stress informed consent.

#### **Provision (d):**

A current MOU is in place with Sexual Assault Response Team to ensure the availability of forensic medical services. Sexual Assault Center of Northwest Georgia has victim advocates available upon request.

#### **RELEVANT POLICY:**

SOP 208.06 mandates prioritization of partnerships with rape crisis centers, followed by other qualified providers as necessary.

#### **Provision (e):**

	<p>Sexual Assault Center of Northwest Georgia advocates are available to support inmates during the forensic exam and investigative process. Services include emotional support, advocacy, education, and referrals to community-based resources.</p> <p><b>Provision (f):</b></p> <p>Administrative investigations are conducted by facility staff. Criminal matters, including crime scene investigation and translation services, are referred to the Bulloch County Sheriff's Office.</p> <p><b>Provision (g):</b></p> <p>This provision is not applicable for evaluation as part of the PREA audit and was therefore excluded from assessment.</p> <p><b>Provision (h):</b></p> <p>Trained victim advocates from Sexual Assault Center of Northwest Georgia are available to accompany and support victims throughout the forensic and investigative process.</p> <p><b><u>CONCLUSION</u></b></p> <p>Based on the review of all relevant policies, interviews, documentation, and partnership agreements, the Auditor finds the facility to be in full compliance with PREA Standard §115.21. The institution has established a robust and victim-centered response to sexual abuse allegations, ensuring that inmates have timely, confidential access to forensic examinations and advocacy services delivered in accordance with recognized national standards.</p>
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<b>115.22</b>	<b>Policies to ensure referrals of allegations for investigations</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p>
	<p><b><u>DOCUMENT REVIEW</u></b></p> <p>To assess the facility's compliance with PREA Standard §115.22 – Policies to Ensure Referrals of Allegations for Investigations, the Auditor conducted a comprehensive review of the Pre-Audit Questionnaire (PAQ) and supporting materials submitted by the Georgia Department of Corrections (GDC). Key documents examined included:</p> <ol style="list-style-type: none"> <li>1. Pre-Audit Questionnaire (PAQ) and corresponding attachments</li> <li>2. GDC Standard Operating Procedure (SOP) 208.06 – PREA Sexually Abusive</li> </ol>

- Behavior Prevention and Intervention Program, effective June 23, 2022
3. GDC SOP 103.06 – Investigation of Allegations of Sexual Contact, Sexual Abuse, and Sexual Harassment of Offenders, effective August 11, 2022
  4. PREA-related incident data, including allegations reported within the previous 12 months

These documents outline GDC’s operational expectations regarding the immediate and appropriate handling of all allegations of sexual misconduct, providing a structured foundation for institutional responses, staff responsibilities, and the investigative process.

## **INTERVIEWS**

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

During interviews, the Agency Head’s designee emphasized the department’s steadfast adherence to a zero-tolerance policy regarding all forms of sexual abuse and sexual harassment. The designee confirmed that all allegations—whether administrative or potentially criminal—are subject to immediate and thorough investigation. Investigations are conducted internally by trained GDC personnel rather than external entities. Referrals of allegations with potential criminal implications are documented and tracked in accordance with established procedures. The agency’s policy governing referrals is publicly accessible via the GDC website, reinforcing transparency and accountability.

### **Investigative Staff:**

Investigative staff interviewed during the audit echoed the department’s commitment to thoroughly addressing every allegation received. They affirmed that both administrative and criminal allegations are handled with equal rigor. Staff demonstrated familiarity with investigative protocols and confirmed that all cases are approached with professionalism, objectivity, and adherence to policy standards.

## **PROVISIONS**

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

The PAQ and interview responses confirm that the agency ensures the completion of either an administrative or criminal investigation for every allegation of sexual abuse or harassment. This standard practice was verified through discussions with both the Agency Head’s designee and investigative personnel.

Within the 12 months preceding the onsite audit, the facility reported 18 PREA-related allegations. Of these, 11 were investigated administratively, while 7 were referred to an external law enforcement agency for potential criminal investigation.

### **Supporting Policy:**

GDC SOP 208.06 (Page 30, Section G.1) mandates that “all reports of sexual abuse or sexual harassment shall be treated as allegations and will be investigated.” This provision ensures no report is dismissed or ignored, regardless of the source or

perceived severity.

**Provision (b):**

The facility affirmed in the PAQ that policies and practices are in place to ensure that any allegation of sexual abuse or harassment potentially involving criminal conduct is referred to an agency legally authorized to conduct criminal investigations. These referral protocols are publicly posted on the GDC's official website: <http://www.gdc.ga.gov/content/101-208-policy-compliance-unit>.

Interviewees confirmed that all criminal referrals are formally documented. The process for referring cases is well-established, and referrals are made promptly and with supporting documentation to facilitate investigative integrity.

**Supporting Policies:**

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

- Requires reporting of allegations involving penetration or visible physical injury to regional and statewide PREA officials.
- Assigns investigative responsibility to trained agents for cases that warrant a criminal investigation.
- Emphasizes the importance of collecting all available forms of evidence and prohibits credibility judgments based on staff or incarcerated status.
- Explicitly prohibits the use of polygraph testing as a condition for moving forward with investigations.

GDC SOP 103.06 (Page 1, Section I):

States that all allegations must be handled confidentially, professionally, and without bias.

Reinforces that staff must cooperate fully in the investigative process and that investigations must be conducted in a way that avoids threats, intimidation, or retaliation.

**Provision (c):**

As described under Provision (a), both administrative and criminal allegations are fully investigated by the agency. This consistent investigative approach demonstrates the facility's strong commitment to accountability and compliance.

**Provisions (d) and (e):**

These provisions fall outside the scope of the current PREA audit review and were not evaluated as part of this assessment.

**CONCLUSION**

Following a detailed review of relevant policies, supporting documentation, investigative procedures, and staff interviews, the Auditor concludes that the Georgia Department of Corrections is in full compliance with PREA Standard §115.22 – Policies

	to Ensure Referrals of Allegations for Investigations. The agency has established and consistently follows a well-documented process for investigating all allegations of sexual abuse and harassment, ensuring accountability through internal investigations and appropriate referrals for criminal matters. These practices reflect a system-wide commitment to the safety, dignity, and rights of all individuals in custody.
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<b>115.31</b>	<b>Employee training</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p>
	<p><b><u>DOCUMENT REVIEW</u></b></p> <p>As part of the PREA audit process, the Auditor conducted a detailed and methodical review of materials related to staff training to assess compliance with PREA Standard §115.31 – Employee Training. The analysis focused on evaluating the scope, quality, and consistency of the training program as implemented at the facility. Documents reviewed included:</p> <ol style="list-style-type: none"> <li>1. Pre-Audit Questionnaire (PAQ) and all accompanying materials submitted by the facility</li> <li>2. Georgia Department of Corrections (GDC) Standard Operating Procedure (SOP) 208.06 – PREA Sexually Abusive Behavior Prevention and Intervention Program, effective June 23, 2022</li> <li>3. The facility’s comprehensive PREA training curriculum, including modules tailored to different staff roles and responsibilities</li> <li>4. Training sign-in sheets, acknowledgment forms, and attendance rosters</li> <li>5. A sample of 25 individual training records, representing staff from various departments and positions across the facility</li> </ol> <p>The Auditor examined these documents to determine whether training was delivered in accordance with federal PREA requirements, whether it included all mandatory elements, and whether it was appropriately recorded and verified.</p> <p><b><u>INTERVIEWS</u></b></p> <p><b>Random Staff Interviews:</b></p> <p>To corroborate the documentary evidence, the Auditor conducted interviews with a cross-section of staff members representing a wide range of functions, including security, medical, administrative, and program services. All individuals interviewed recalled receiving PREA training prior to assuming duties involving contact with incarcerated individuals. They reported that training is not only delivered during initial onboarding but is reinforced through multiple channels throughout the year.</p> <p>Staff consistently demonstrated a clear understanding of their responsibilities related to preventing, detecting, responding to, and reporting sexual abuse and harassment.</p>

All were able to articulate the core tenets of the PREA training and provided practical examples of how they apply the training in their day-to-day roles. Importantly, staff correctly identified and described all ten training elements required by the standard.

## **PROVISIONS**

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

According to the facility's PAQ and verified through document review and interviews, the facility ensures that all staff who may have contact with incarcerated individuals receive PREA training that includes, at minimum, the ten essential components outlined in the standard:

1. The Department's zero-tolerance policy regarding sexual abuse and sexual harassment
2. Responsibilities of staff in the prevention, detection, reporting, and response to sexual misconduct
3. The right of individuals in custody to be free from sexual abuse and sexual harassment
4. Protection against retaliation for reporting abuse, for both incarcerated individuals and staff
5. The dynamics of sexual abuse and sexual harassment within correctional environments
6. Common reactions of sexual abuse victims
7. Signs and symptoms of potential sexual abuse and appropriate staff responses
8. Prohibitions against staff-inmate relationships and boundary violations
9. How to communicate professionally and respectfully with individuals who are lesbian, gay, bisexual, transgender, intersex, or gender nonconforming
10. Staff's legal obligations to report sexual misconduct, including to outside authorities

The Auditor verified that these topics were thoroughly addressed in the facility's training curriculum. Materials were structured in a logical sequence, often labeled by topic number to align with the ten core elements. The training is job-specific, ensuring that each staff member receives information applicable to their role and scope of responsibility.

A random sample of 25 staff training records confirmed full compliance. Each file contained documentation of training completion and a signed acknowledgment form affirming the staff member's understanding of the content.

### **Relevant Policy:**

GDC SOP 208.06, Page 19, Section 1(a)(i-x), mandates the delivery of these ten training components and requires all staff to complete annual refresher training.

### **Provision (b):**

The Auditor confirmed that the facility's PREA training is gender-responsive and appropriate for the population it serves. All staff receive training that is tailored to the specific needs and characteristics of the male population currently housed in the facility.

Furthermore, GDC policy requires that any staff reassigned to a facility that houses a different gender population must complete additional training specific to that setting before assuming their new duties. Interviewed staff were well-informed about this requirement and described the process for obtaining supplemental training prior to transfer.

The curriculum includes content that reinforces inclusive communication, particularly with individuals who are transgender, intersex, or otherwise gender nonconforming. These modules are designed to increase staff competency in managing gender-related issues respectfully and professionally.

**Relevant Policy:**

GDC SOP 208.06, Page 20, Sections 1(b-d), outlines expectations for gender-responsive training, reassignment retraining requirements, and specialized instruction for staff assigned to Sexual Abuse Response Teams (SART) or working with vulnerable populations.

**Provision (c):**

Although PREA requires refresher training at least every two years, the facility exceeds this minimum standard by offering ongoing education annually. The Auditor reviewed the training files for 25 of the 29 current staff and found up-to-date documentation of recent PREA training in each file.

In addition to formal training sessions, the facility promotes PREA awareness and education throughout the year using informal strategies such as shift briefings, peer reminders, postings in staff areas, and handouts. Staff confirmed that these ongoing efforts reinforce critical messages and help maintain a culture of awareness and vigilance.

**Provision (d):**

The facility maintains a robust system for documenting and verifying staff participation in PREA training. Each training event is supported by physical or electronic attendance logs and is accompanied by signed acknowledgment forms confirming that staff received and understood the training content.

The Auditor examined the documentation practices and found them to be consistent, complete, and aligned with recordkeeping best practices. The facility's documentation system facilitates accurate tracking of compliance and supports institutional accountability.

**CONCLUSION**

	<p>Following a comprehensive review of facility policies, training records, instructional materials, and staff interviews, the Auditor has determined that the facility is in full compliance with PREA Standard §115.31 – Employee Training.</p> <p>The Georgia Department of Corrections has implemented a thorough, role-specific training program that ensures all staff are knowledgeable about their responsibilities under PREA. Training is comprehensive, timely, and reinforced through multiple channels, including job-specific education and gender-responsive instruction. Staff clearly understand their duty to prevent, detect, and respond to sexual abuse and harassment, and the facility’s commitment to fostering a culture of safety and respect is evident throughout its training practices.</p>
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<b>115.32</b>	<b>Volunteer and contractor training</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p>
	<p><b><u>DOCUMENT REVIEW</u></b></p> <p>As part of the audit process, the Auditor conducted a comprehensive review of documentation related to the training of volunteers and contractors to evaluate compliance with PREA Standard §115.32 – Volunteer and Contractor Training. This assessment focused on the scope, content, and implementation of training programs designed to equip non-facility staff with the knowledge necessary to prevent, detect, and appropriately respond to incidents of sexual abuse and sexual harassment.</p> <p>The following materials were reviewed:</p> <ol style="list-style-type: none"> <li>1. Pre-Audit Questionnaire (PAQ) and all associated supporting documentation</li> <li>2. Georgia Department of Corrections (GDC) Standard Operating Procedure (SOP) 208.06, PREA Sexually Abusive Behavior Prevention and Intervention Program, effective June 23, 2022</li> <li>3. Volunteer and Contractor PREA Training Curriculum, including training outlines, brochures, and handouts tailored to non-employee personnel</li> <li>4. Signed Acknowledgement of Receipt of Training forms for volunteers and contractors</li> <li>5. Roster and verification records indicating PREA training completion by individuals in these roles</li> </ol> <p>These documents were carefully evaluated to determine whether all volunteers and contractors with contact responsibilities are adequately trained in accordance with agency policy and the requirements of PREA.</p> <p><b><u>INTERVIEWS</u></b></p>

**Volunteer Interview:**

A volunteer selected for interview confirmed receiving PREA training prior to having any contact with incarcerated individuals. The volunteer described the training as role-specific and appropriate to the responsibilities they carry out within the facility. When asked to articulate their understanding of PREA, the volunteer was able to clearly explain what the Prison Rape Elimination Act is, the agency's zero-tolerance policy, and their specific duty to report any known or suspected incidents of sexual abuse or harassment. They also demonstrated familiarity with the appropriate reporting channels.

**Contractor Interview:**

The Auditor also interviewed a contractor who likewise affirmed receiving PREA training before being authorized to perform services inside the facility. The contractor noted that the training was tailored to their job duties and level of contact with the population. When questioned about their role under PREA, the contractor demonstrated a clear understanding of the agency's policies, the importance of timely reporting, and their obligation to respond appropriately if made aware of a PREA-related incident.

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

According to the PAQ, all volunteers and contractors who may have contact with incarcerated individuals receive training regarding their responsibilities under the agency's PREA policies and procedures. This training covers the prevention, detection, reporting, and response to sexual abuse and harassment.

At the time of the audit, the facility reported that 10 contractors and 18 volunteers had contact with incarcerated individuals and had completed PREA training. This was validated during staff interviews and by reviewing 24 randomly selected training files for volunteers and contractors. Each file contained a signed Acknowledgement of Receipt of Training, affirming that the individual had completed the required annual PREA training.

**Relevant Policy:**

GDC SOP 208.06, p. 20, Section 2(a), states that "the Department shall ensure that all volunteers and contractors who have contact with offenders are provided with a copy of this policy and have been trained in their responsibilities under the Department's PREA policies and procedures." The SOP further references Attachment 19 – Staff PREA Brochure, which may be used as part of the training curriculum.

**Provision (b):**

The PAQ confirms that the level and type of PREA training provided to volunteers and contractors is based on their scope of services and degree of contact with incarcerated individuals. Regardless of the extent of their involvement, all individuals in these roles are notified of the Department's zero-tolerance policy regarding sexual abuse and sexual harassment and are instructed on the proper procedures for

reporting such incidents.

This was further substantiated through interviews, where both the volunteer and contractor independently described the training as targeted and relevant to their responsibilities. They also recalled being informed of how to identify and report inappropriate behavior, ensuring they were adequately prepared for their roles within the correctional environment.

**Relevant Policy:**

GDC SOP 208.06, p. 20, Section 2(b), mandates that “the level and type of training provided to volunteers and contractors shall be based on the services they provide and the level of contact they have with offenders,” but affirms that all such individuals must be informed of the zero-tolerance policy and reporting mechanisms.

**Provision (c):**

The facility reported, and the Auditor confirmed, that documentation is maintained to verify that volunteers and contractors received and understood their PREA training. Each training file reviewed contained a signed PREA Education Acknowledgment Statement, demonstrating not only that training was delivered, but that participants understood the content provided.

This documentation ensures the facility can demonstrate compliance with this standard and provides a reliable mechanism for tracking training completion among non-facility staff. The acknowledgment form also invites volunteers and contractors to seek clarification from GDC personnel if they have any questions following the training.

**Relevant Policy:**

GDC SOP 208.06, p. 21, Section 2(c), specifies that “participation must be documented through volunteer and contractor signature or electronic verification and will indicate that the volunteer and contractor understood the training they have received by signing Attachment 1, Sexual Abuse/Sexual Harassment PREA Education Acknowledgement Statement.”

**CONCLUSION**

Based on a comprehensive review of agency policies, training materials, documentation, and interviews with both volunteers and contractors, the Auditor has determined that the facility is in full compliance with PREA Standard §115.32 – Volunteer and Contractor Training.

The agency has implemented a consistent, thorough training program that is tailored to the responsibilities and level of inmate contact associated with each role. Volunteers and contractors are well-informed of the agency’s zero-tolerance policy and are prepared to fulfill their obligations in the event of a PREA-related incident. The facility’s documentation practices are sound and support a strong commitment to PREA compliance across all personnel types, including non-employee roles.

115.33	Inmate education
	<p data-bbox="256 185 959 219"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="256 264 544 297"><b>Auditor Discussion</b></p> <p data-bbox="256 342 576 376"><b><u>DOCUMENT REVIEW</u></b></p> <p data-bbox="256 409 1477 533">The Auditor conducted a comprehensive review of a wide array of documentation and resources to assess the facility’s adherence to inmate education standards as outlined in PREA Standard §115.33. The materials evaluated included:</p> <ol data-bbox="316 600 1477 1686" style="list-style-type: none"> <li>1. The Pre-Audit Questionnaire (PAQ) along with all corresponding supporting documents submitted by the facility.</li> <li>2. Georgia Department of Correction (GDC) Standard Operating Procedures (SOP), specifically Policy Number 208.06 titled Prison Rape Elimination Act (PREA) Sexually</li> <li>3. Abusive Behavior Prevention and Intervention Program, effective as of June 23, 2022.</li> <li>4. The Discussing Prison Rape Elimination Act educational video produced by the Georgia Department of Corrections, dated February 23, 2023.</li> <li>5. Documentation related to inmate PREA intake education, including signed acknowledgment forms confirming receipt.</li> <li>6. LanguageLine Insight Video Interpreting User Guide, which supports communication with Limited English Proficient (LEP) and hearing-impaired inmates.</li> <li>7. The PREA Inmate Information Guide Brochure, an undated publication from GDC.</li> <li>8. The GDC Inmate Handbook (undated), containing general facility information and PREA policies.</li> <li>9. Video Remote Interpreting (VRI) usage logs that document access to American Sign Language (ASL) services.</li> <li>10. “NO MEANS NO” posters prominently displayed throughout the facility, reinforcing key PREA messaging.</li> <li>11. A proposed Memorandum of Understanding (MOU) between Smith State Prison and Mary’s Place, a community-based victim support organization.</li> <li>12. A detailed spreadsheet tracking dates and completion of inmate PREA education sessions.</li> </ol> <p data-bbox="256 1765 504 1798"><b><u>OBSERVATIONS</u></b></p> <p data-bbox="256 1832 1477 2078">During an extensive tour of the facility, the Auditor noted that PREA-related educational materials were prominently displayed in all communal and housing areas. These materials provide clear, accessible information regarding the prevention of sexual abuse and harassment, explain how to report incidents, and include hotline numbers for internal reporting to the GDC PREA Unit as well as confidential external reporting to Mary’s Place. Importantly, hotline numbers and reporting instructions</p>

were posted adjacent to telephones in every living unit to ensure ease of access for all inmates.

The Auditor also verified that vital written and multimedia educational resources, including the GDC Inmate Handbook, the PREA Inmate Information Guide Brochure, and the Discussing Prison Rape Elimination Act video, were readily available. These materials are offered in both English and Spanish, with Braille editions accessible for visually impaired inmates. The video is designed with closed captions and features an American Sign Language interpreter to accommodate a diverse inmate population.

## **INTERVIEWS**

### **Intake Staff**

Intake personnel confirmed that each inmate receives an initial orientation that includes an explanation of the agency's zero-tolerance policy on sexual abuse and harassment immediately upon arrival. Within 15 days of admission, comprehensive PREA education is provided either directly by staff or through the PREA video. This education includes the following key topics:

- The right of every inmate to be free from sexual abuse and sexual harassment.
- Protections in place against retaliation for reporting such incidents.
- Agency policies and procedures for responding to and investigating allegations.
- Multiple reporting options, including verbal, written, third-party, and anonymous methods.

Staff also stated that inmates transferring from other facilities receive PREA education tailored to any policy differences between institutions. All educational materials and presentations are accessible to inmates regardless of language proficiency, hearing or visual impairments, cognitive disabilities, or literacy levels.

Upon admission, inmates receive the facility's Inmate Handbook and sign an acknowledgment form confirming receipt, which is retained in their records. Intake staff emphasized that PREA education begins immediately at intake and continues comprehensively during the orientation period prior to housing assignment.

### **Random Inmate**

Interviews conducted with a diverse sample of 66 inmates confirmed consistent delivery of PREA information upon arrival. Every inmate recalled receiving written materials, including the Inmate Handbook, which details the agency's zero-tolerance stance and reporting mechanisms. All interviewees also affirmed that they viewed the Discussing PREA video during orientation.

## **PROVISIONS**

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

The PAQ indicated that all inmates receive an introductory overview of PREA during intake. This initial education includes the facility's zero-tolerance policy and basic instructions on how to report sexual abuse or harassment. Intake staff and inmate interviews confirmed that 100% of the 586 inmates admitted within the past year were provided this information within 24 hours of arrival.

This provision is governed by GDC SOP 208.06, p. 21, Section 3, which requires that PREA information be communicated both verbally and in writing (including the PREA Inmate Brochure in English or Spanish), with signed acknowledgment documented in institutional files.

**Provision (b): Comprehensive Education within 30 Days**

The facility reported that during the past year, all 586 inmates with stays exceeding 30 days received a comprehensive PREA education within 30 days of admission. This training covers inmate rights, zero-tolerance policies, protections against retaliation, reporting procedures, and victim support services. The education is delivered through staff-led presentations supplemented by the Discussing PREA video.

Produced by Arks Media, LLC, this approximately 15-minute video features bilingual narration (English and Spanish), closed captions, and an on-screen American Sign Language interpreter. The content thoroughly addresses sexual abuse definitions, dynamics within confinement, reporting mechanisms, investigation procedures, victim advocacy, and staff responsibilities.

Intake staff verified that education also includes notifications about gender-appropriate staffing in housing units, retaliation prohibitions, and basic investigation processes. Educational support is enhanced by agency publications, facility posters such as Reporting Is The First Step, and the GDC Prisoner Handbook.

**Provision (c): Timing of Initial Education**

Intake staff confirmed that initial PREA education is provided immediately upon arrival, prior to housing placement, whether the individual is newly admitted or transferred.

**Provision (d): Accessibility of PREA Education**

The facility ensures PREA education is fully accessible to all inmates, including those with limited English proficiency, hearing or visual impairments, cognitive disabilities, or limited literacy skills. Educational materials are provided bilingually (English and Spanish) and supplemented by LanguageLine interpretation services for other languages. Hearing-impaired inmates receive information via videos with ASL interpretation and Video Remote Interpreting (VRI). Visually and cognitively impaired inmates receive auditory presentations or assistance from staff, and Braille versions of materials are available.

**Provision (e): Documentation of Inmate Participation**

Both the PAQ and staff interviews confirmed that the facility maintains detailed records documenting inmate participation in PREA education. The Auditor reviewed signed PREA Education Acknowledgment Forms for 51 inmates admitted during the previous year, confirming compliance with the 30-day education timeline. These

	<p>records are securely filed in institutional inmate files, as required by GDC SOP 208.06, p. 22.</p> <p><b>Provision (f): Ongoing Availability of PREA Information</b></p> <p>The facility maintains a continuous and prominent presence of critical PREA information through posters, inmate handbooks, brochures, and other written materials throughout the institution. The Auditor observed these resources widely accessible, ensuring inmates have ongoing access to current PREA information at all times.</p> <p><b><u>CONCLUSION</u></b></p> <p>Following an extensive review of policies, documentation, educational materials, onsite observations, and interviews with staff and inmates, the Auditor confidently concludes that the agency and facility fully satisfy all requirements of PREA Standard §115.33 – Inmate Education.</p> <p>The facility demonstrates a well-structured and effective system to deliver timely, comprehensive, and accessible PREA education to all inmates. This proactive approach empowers individuals with knowledge of their rights, available reporting options, protections against retaliation, and victim support resources, thereby fostering a safe, respectful, and PREA-compliant environment.</p>
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<b>115.34</b>	<b>Specialized training: Investigations</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p>
	<p><b><u>DOCUMENT REVIEW</u></b></p> <p>The Auditor conducted a thorough review of key documentation related to investigator training and compliance with PREA investigative standards. The materials reviewed included:</p> <ol style="list-style-type: none"> <li>1. The Pre-Audit Questionnaire (PAQ) along with all relevant supporting documentation submitted by the facility.</li> <li>2. Georgia Department of Correction (GDC) Standard Operating Procedures (SOP), Policy Number 208.06, titled Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, with an effective date of June 23, 2022.</li> <li>3. The Investigator Training curriculum outlining the specialized training content provided to investigative personnel.</li> <li>4. Records and documentation verifying participation and successful completion</li> </ol>

of investigator training sessions.

## **INTERVIEWS**

### **Investigative Staff**

During the interview process, investigative personnel confirmed their participation in, and successful completion of, specialized training designed for conducting sexual abuse investigations within confinement environments. This training comprehensively covered essential topics including the correct application of Miranda and Garrity warnings and effective techniques for investigating allegations of sexual abuse and sexual harassment in correctional settings.

## **PROVISIONS**

### **Provision (a)**

The facility reported in the PAQ that agency policy mandates that all investigators assigned to sexual abuse cases receive specialized training tailored to investigative procedures within confinement settings. Investigative staff interviewed corroborated this requirement.

The governing policy is Georgia Department of Correction (GDC) Standard Operating Procedures (SOP), Policy Number 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective June 23, 2022, specifically page 23, sections 4, a-c, which state:

- a. All personnel conducting investigations of sexual abuse or sexual harassment must complete specialized training specific to confinement settings.
- b. This specialized training includes, but is not limited to, interviewing techniques for victims of sexual abuse, appropriate use of Miranda and Garrity warnings, procedures for collecting evidence related to sexual abuse within correctional environments, and understanding the criteria and evidence necessary to substantiate cases for administrative or prosecutorial action.
- c. The Department is responsible for maintaining comprehensive documentation verifying that all investigators—whether internal or external—have fulfilled the specialized training requirements.

### **Provision (b)**

According to the PAQ, investigator training encompasses critical components such as victim interview techniques, proper administration of Miranda and Garrity warnings, evidence collection procedures specific to confinement settings, and standards for substantiating cases for administrative discipline or criminal prosecution. Investigative staff confirmed their attendance and mastery of all these elements during their specialized training.

### **Provision (c)**

	<p>The facility indicated in the PAQ that thorough records exist documenting that investigative staff have completed the mandated specialized training. Specifically, two investigators attended a dedicated training session on August 2, 2023. This was validated through review of attendance sheets and interviews with the investigative personnel.</p> <p><b>Provision (d)</b></p> <p>The Auditor notes that this provision is not subject to audit in the current review cycle.</p> <p><b><u>CONCLUSION</u></b></p> <p>After detailed examination and analysis of all relevant documentation, training records, and staff interviews, the Auditor finds that the agency and facility fully comply with every provision related to the implementation and documentation of specialized training for investigators as required by the PREA standard.</p>
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115.35	Specialized training: Medical and mental health care
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p> <p><b><u>DOCUMENT REVIEW</u></b></p> <p>The Auditor conducted a comprehensive review of relevant documentation to assess the facility's compliance with specialized training requirements for medical and mental health practitioners under PREA standards. The materials examined included:</p> <ol style="list-style-type: none"> <li>1. The Pre-Audit Questionnaire (PAQ) along with all supporting documentation provided by the facility.</li> <li>2. Georgia Department of Correction (GDC) Standard Operating Procedures (SOP), Policy Number 208.06, titled Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective June 23, 2022.</li> <li>3. The detailed training curriculum designed specifically for health services staff.</li> <li>4. Training logs and attendance records documenting participation of medical and mental health practitioners in PREA-related training sessions.</li> </ol> <p><b><u>INTERVIEWS</u></b></p> <p><b>Facility Head</b></p> <p>During interviews, the Facility Head confirmed that all medical and mental health practitioners employed by the facility receive both general PREA training and specialized instruction tailored to their unique roles in supporting victims of sexual abuse or harassment.</p>

**Medical Staff**

Medical personnel interviewed acknowledged that they have completed the agency's general PREA training, as well as additional, role-specific PREA training designed explicitly for medical and mental health care providers within correctional settings.

**Mental Health Staff**

Mental health practitioners similarly confirmed their participation in both the general PREA training and the specialized curriculum that addresses the unique challenges and responsibilities involved in responding to sexual abuse and harassment allegations.

**PREA Compliance Manager (PCM)**

The PCM affirmed through interview that all medical and mental health practitioners employed by the agency and facility receive training consistent with the requirements set forth in PREA Standard §115.31, encompassing both general and specialized content.

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

The facility reported in the PAQ that a formal policy exists governing the training of medical and mental health practitioners who regularly work within the facility. At the time of the audit, twenty-five such practitioners were employed, each having completed all mandated training. A review of lesson plans and training materials demonstrated compliance with the training standards. Training records and interviews with staff corroborated that all training requirements were successfully met.

The governing policy is Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number 208.06, effective June 23, 2022, page 23, section 5, which stipulates that both GDC-employed and contracted medical and mental health professionals shall participate in annual PREA training. Documentation verifying training completion must be maintained within each employee's personnel file. In addition to this specialized training, these practitioners are also required to participate in GDC's annual PREA in-service training for all employees.

**Provision (b)**

Not applicable. The facility's policy explicitly prohibits all medical staff from performing forensic examinations related to sexual abuse investigations.

**Provision (c)**

The facility reported that it maintains thorough documentation confirming that all medical and mental health practitioners have completed the required PREA training. This was validated through interviews and a review of training records. All relevant training documentation is securely maintained within employee personnel files, meeting policy requirements.

**Provision (d)**

The PAQ indicated that medical and mental health practitioners also receive the general PREA training mandated for all agency employees, contractors, and

	<p>volunteers. This was confirmed during interviews with medical and mental health staff. The Auditor reviewed supporting documentation reflecting compliance with the general PREA training requirements, demonstrating that these practitioners receive both the specialized and general PREA training components in accordance with agency policy and PREA standards.</p> <p><b><u>CONCLUSION</u></b></p> <p>Based on a thorough review of all relevant documentation, interviews with key personnel, and training records, the Auditor concludes that the agency and facility fully satisfy all provisions of the PREA standard related to specialized training for medical and mental health care practitioners. The facility demonstrates a strong commitment to ensuring that health services staff are adequately prepared to address and respond to sexual abuse and harassment within the correctional environment.</p>
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<b>115.41</b>	<b>Screening for risk of victimization and abusiveness</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p>
	<p><b><u>DOCUMENT REVIEW</u></b></p> <p>The Auditor conducted an extensive review of materials submitted in advance of the on-site audit to evaluate compliance with PREA Standard §115.41 – Screening for Risk of Victimization and Abusiveness. The reviewed documentation included:</p> <ul style="list-style-type: none"> <li>• Pre-Audit Questionnaire (PAQ)</li> <li>• Georgia Department of Corrections (GDC) Standard Operating Procedures (SOP), Policy No. 208.06, titled Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective June 23, 2022</li> <li>• GDC SOP 208.06 Attachment 2, PREA Sexual Victim/Sexual Aggressor Classification Screening Instrument, Revised 06-23-2022</li> <li>• Inmate Initial Risk Assessment Records</li> <li>• Inmate 30-Day Risk Reassessment Records</li> </ul> <p><b><u>INTERVIEWS</u></b></p> <p><b>PREA Coordinator (PC)</b></p> <p>The PREA Coordinator confirmed that intake screening data is securely shared with key personnel, including medical and mental health staff, classification officers, and the PREA Compliance Manager (PCM), on a need-to-know basis. This ensures information is used strictly for treatment, security, and institutional management</p>

decisions—such as housing, programming, work, and education assignments. The PC also affirmed that GDC does not house individuals solely for civil immigration purposes in any of its facilities.

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

The PCM emphasized that the purpose of the screening tool is to enhance the safety of all individuals in custody. Information gathered helps staff identify those at elevated risk of being sexually victimized or sexually abusive, allowing for appropriate housing decisions and ensuring separation between potential aggressors and vulnerable populations.

#### **Risk Screening Staff**

Staff responsible for conducting screenings reported that the initial assessment is completed within 24 hours of arrival. The assessment includes review of prior sexual victimization, history of violent offenses, and any institutional behavior that might indicate a risk of sexual abuse. A follow-up assessment is completed within 30 days of arrival. Additional reassessments are conducted following a PREA-related incident, upon re-entry to the facility, or upon receiving new relevant information. Transgender individuals are screened within 24 hours, again within 30 days, and at a minimum every six months thereafter. Staff confirmed that individuals are not disciplined for declining to answer assessment questions; instead, staff are trained to respectfully encourage disclosure by explaining the importance of each question.

#### **Random Inmates**

Incarcerated persons interviewed were consistent in reporting that they were asked about their personal safety, sexual orientation, gender identity, history of victimization, and whether this was their first incarceration. All participants confirmed they were screened within 24 hours of arrival and reassessed within the first month.

### **PROVISIONS**

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

The facility confirmed in the PAQ that all individuals are screened at intake and upon transfer to another facility for risk of sexual victimization or abusiveness. Policy No. 208.06 (p. 23, section D.1) supports this requirement, stating that all individuals must be assessed during intake for risk of being sexually abused or of being sexually abusive toward others.

Interviews and record reviews corroborated this: all 51 inmate records reviewed showed that assessments were conducted within 24 hours of arrival. Additionally, 100% of interviewed residents confirmed they participated in initial and 30-day follow-up screenings and were asked questions regarding vulnerability and risk.

#### **Provision (b)**

The SOP mandates that risk assessments occur within 24 hours of intake and again within 30 days. This process is executed using Attachment 2 in the SCRIBE system, as

outlined in Policy No. 208.06 (pp. 23-24, section D.2). Of the 1,505 individuals admitted during the prior 12 months and held longer than 30 days, 100% were assessed within the required timeframe.

The Auditor reviewed a randomized sample of 51 inmate records from diverse housing units and demographic backgrounds. All initial screenings were completed within 24 hours, and all reassessments occurred within 30 days.

**Provision (c)**

The screening tool utilized, SOP 208.06 Attachment 2 (Revised 06-23-2022), is an objective, weighted instrument based on 14 criteria. It is applied uniformly during intake and reassessment.

Of the 51 records reviewed, each individual was reassessed within 30 days. The instrument includes both risk and vulnerability indicators and serves as an effective, compliant assessment tool.

**Provision (d)**

The screening instrument includes all required elements of this provision except for civil immigration status, which was addressed during interviews. The PC confirmed that the GDC does not detain individuals solely for immigration reasons. The instrument includes items related to age, physical build, gender identity, prior sexual victimization, mental and physical disability, sexual orientation, and first-time incarceration, as well as indicators of sexually abusive behavior.

**Recommendation:**

Question 4 refers to “mental illness.” A more inclusive term such as “mental disability” would better reflect the spectrum of mental health conditions. Though this is part of a formally adopted policy attachment, the Auditor recommends initiating a process to revise the language. As an interim measure, facilities may hand-correct the terminology prior to photocopying new forms.

**Provision (e)**

The assessment tool captures history of sexual abuse, convictions for violent offenses, and institutional behavior. This was verified through documentation and staff interviews. Screening staff monitor ongoing behavior and reassess individuals when new information is received or when a PREA-related event occurs.

**Provision (f)**

Reassessment occurs within 30 days of initial screening, and upon receipt of any new or relevant information. This process is outlined in Policy No. 208.06, and interviews confirmed that staff follow this procedure without deviation.

According to the PAQ, all 586 individuals admitted during the review period and held for more than 30 days were reassessed within the prescribed window. Of the 51 records reviewed, 100% of reassessments occurred within 30 days.

	<p><b>Provision (g)</b></p> <p>Policy and practice require reassessment if circumstances warrant—such as referrals, requests, new safety information, or following incidents of sexual abuse. Staff interviews confirmed compliance with this requirement.</p> <p><b>Provision (h)</b></p> <p>Policy prohibits disciplinary action against individuals who decline to respond to assessment questions. Screening staff confirmed they never penalize individuals for non-responsiveness. Instead, they educate individuals about the value of disclosure for personal safety and revisit questions later when possible. This aligns with the language in Policy No. 208.06 (p. 24, section D.23).</p> <p><b>Provision (i)</b></p> <p>Sensitive screening information is tightly controlled and only shared with staff who need it for decision-making. The PC and screening staff confirmed that access is restricted to medical, mental health, classification, intake personnel, and the PCM. This is consistent with policy language stating that controls must be in place to prevent misuse or exploitation of information.</p> <p><b><u>CONCLUSION</u></b></p> <p>The facility demonstrates a strong, consistent commitment to PREA compliance in the area of screening for risk of sexual victimization and abusiveness. All reviewed evidence—policy, practice, and interviews—supports full adherence to each element of Standard §115.41.</p> <p>Notably, the facility conducts all initial risk assessments within 24 hours—well within the 72-hour requirement—and performs timely reassessments. The use of an objective, comprehensive tool further enhances the integrity of the process.</p> <p><b><u>RECOMMENDATION</u></b></p> <p>While the facility’s practices and tools are compliant, the language in Attachment 2 referencing “mental illness” would benefit from revision to reflect the broader and more inclusive term “mental disability.” The Auditor recommends initiating a policy review process to amend this terminology formally. In the interim, the facility is encouraged to annotate printed copies by hand to reflect more accurate language before reproduction.</p>
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<b>115.42</b>	<b>Use of screening information</b>
	<b>Auditor Overall Determination:</b> Meets Standard

## **Auditor Discussion**

### **DOCUMENTATION REVIEW**

As part of a comprehensive PREA audit, a detailed examination of agency documents was conducted to evaluate the facility's adherence to federal standards. The following materials were reviewed:

- The fully completed Pre-Audit Questionnaire (PAQ), accompanied by all supporting documentation submitted by the facility.
- Key Georgia Department of Corrections (GDC) Standard Operating Procedures (SOPs), including:
  - SOP 208.06 – Prison Rape Elimination Act (PREA): Sexually Abusive Behavior Prevention and Intervention Program, effective June 23, 2022.
  - SOP 220.09 – Classification and Management of Transgender and Intersex Offenders, effective July 26, 2019.
  - PREA Standard 115.13 – Facility PREA Staffing Plan, effective July 1, 2023.

### **INTERVIEWS**

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

The facility's PREA Coordinator provided insight into the gender classification process, affirming that an individual's legal gender designation is initially recorded based on official documentation—typically aligned with the sex assigned at birth. However, classification decisions are not automatic and instead follow an individualized, case-specific process. The Coordinator emphasized that GDC policy ensures the safety and well-being of all persons in custody, including those who are transgender or intersex.

The Coordinator further explained that the facility actively considers the self-reported safety perceptions of transgender and intersex individuals when making housing, program, and work assignment decisions. Reassessments are conducted at least every six months or sooner when there is a report or incident of sexual abuse or safety concern. During these reassessments, individuals are interviewed to gather updated information, such as potential enemies or threats, to help inform future placements.

#### **PREA Risk Screening Staff:**

Staff responsible for administering the PREA risk screening process confirmed that every person entering the facility is evaluated using a standardized, validated tool. These assessments include face-to-face interviews, which allow staff to collect personalized and confidential information regarding an individual's background, vulnerabilities, and potential risk factors. This individualized data directly informs decisions regarding housing, employment, and programming, with the goal of reducing risk and enhancing safety.

**PREA Compliance Manager (PCM):**

The PCM clarified that the GDC is not subject to any external mandates—such as court orders or consent decrees—requiring the establishment of specialized housing for lesbian, gay, bisexual, transgender, or intersex (LGBTI) individuals. As a result, individuals who identify as LGBTI are generally housed in the general population, unless there is a substantiated, individualized safety concern requiring a different placement.

The PCM highlighted that all housing and program assignment decisions are informed by the outcomes of the risk screening process and any safety concerns voiced by the individual. This approach ensures that individuals at higher risk of victimization are appropriately separated from those identified as posing a potential risk.

**Transgender Inmates:**

Transgender inmates reported, in part:

- Being satisfied with their showering accommodations
- Being housed in general population
- Being comfortable with the search procedures
- Consideration being given to their perception and opinions
- Being assessed more than once a year

**PROVISIONS****Provision (a): Use of Screening Information**

Information gathered during the PREA risk screening is actively used to guide key classification decisions, including housing, work assignments, education placements, and participation in facility programs. The PCM affirmed that these screening results play a vital role in separating vulnerable individuals from those identified as potential aggressors. The Auditor verified this practice through review of institutional records.

**RELEVANT POLICY:**

SOP 208.06, Section 4 (p. 24), requires facility Wardens/Superintendents to identify and assign protective housing options for individuals assessed as being at high risk for sexual victimization. These housing decisions must be formally documented in Attachment 7 (PREA Local Procedure Directive and Coordinated Response Plan) and Attachment 11 (Staffing Plan Template).

**Provision (b): Individualized Determinations for Safety**

The facility ensures that safety assessments are individualized for each person, with special attention given to transgender and intersex individuals. Information from staff interviews and the PAQ supports the use of case-by-case evaluation methods to determine the safest and most suitable placements. Transgender inmates reported feeling as safe as a person can feel in a prison.

**RELEVANT POLICY:**

SOP 208.06, Section 5 (pp. 24–25), requires individualized placement determinations for transgender and intersex individuals. Decisions are based on multiple factors, including the individual's stated preferences, health and safety needs, and any operational concerns.

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

According to the PAQ and facility staff, placement decisions for transgender and intersex individuals are based on holistic assessments and not exclusively on gender identity or anatomical characteristics. These decisions consider institutional safety, individual risk factors, and each person's specific circumstances.

**RELEVANT POLICY:**

SOP 220.09, Sections IV.8 and IV.9, outline a multi-step classification protocol for transgender and intersex individuals, which includes:

- A detailed intake interview addressing mental/physical health, educational history, work experience, substance use, and PREA-related concerns.
- Completion of a Personal Data Sheet and Classification Profile with housing and programming recommendations.
- Referral to the Statewide Classification Committee (SCC) for approval.
- Recording of the individual's status in the SCRIBE database and inclusion on the Transgender and Intersex Offender List (TIOL).
- A prohibition against housing transgender individuals in separate housing solely based on gender identity.

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

Interviews and documentation confirm that housing and program placements for transgender and intersex individuals are reviewed at least every six months. These reassessments ensure that accommodations continue to meet the individual's safety needs, particularly in response to new incidents or threats. Transgender inmates reported being assessed more than once a year.

**RELEVANT POLICY:**

SOP 208.06 mandates that facilities reassess the housing and program assignments of transgender and intersex individuals biannually or as needed in response to changing circumstances.

**Provision (e): Inmate's Safety Views Considered**

The PAQ and staff interviews confirm that the facility actively solicits and seriously considers the expressed safety concerns of transgender and intersex individuals when determining housing and program placements. Transgender inmates reported feeling the staff gives serious consideration to their perspective and thoughts regarding safety and privacy.

**RELEVANT POLICY:**

SOP 220.09 affirms that individuals must be provided an opportunity to share their views regarding personal safety, and that these perspectives are to be meaningfully considered in placement decisions.

**Provision (f): Showering Accommodations**

Staff confirmed that transgender and intersex persons would be permitted to shower separately if requested. This accommodation ensures privacy and supports personal dignity. Transgender inmates reported being comfortable with the shower accommodations.

**RELEVANT POLICY:**

SOP 220.09 requires that transgender and intersex individuals be afforded the option to shower separately from the general population to promote safety and preserve privacy.

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

The facility does not assign housing based solely on a person's sexual orientation or gender identity. Staff and the PREA Coordinator confirmed that no segregated units exist for LGBTI individuals unless a legal mandate requires such placement for protection.

Staff also confirmed that privacy accommodations—including separate shower times or private stalls—are made available upon request. Past instances of transgender individuals housed at the facility showed that these measures were well-received and considered respectful and affirming.

**RELEVANT POLICY:**

SOP 220.09 expressly prohibits placing LGBTI individuals in designated housing units based solely on identity unless such action is legally required and determined to be necessary for safety.

**CONCLUSION**

After a thorough review of institutional policies, procedures, screening practices, and interviews with facility staff, the Auditor concludes that the facility is in full compliance with PREA Standard §115.42: Use of Screening Information. The facility demonstrates a clear and consistent practice of using individualized screening data to inform housing, work, education, and program placements.

Particular care is taken to protect the dignity, privacy, and safety of transgender and intersex individuals, reflecting the facility's commitment to fostering a secure and inclusive environment for all persons in custody.

<b>115.43</b>	<b>Protective Custody</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b><u>DOCUMENT REVIEW</u></b></p> <p>In preparation for the PREA compliance audit, the following documents were reviewed to assess the facility's adherence to standards regarding the use of segregated housing for individuals at risk of sexual victimization:</p> <ul style="list-style-type: none"> <li>• The completed Pre-Audit Questionnaire (PAQ) and associated supporting documentation.</li> <li>• Georgia Department of Corrections (GDC) Standard Operating Procedures (SOP), Policy Number 208.06 – Prison Rape Elimination Act (PREA): Sexually Abusive Behavior Prevention and Intervention Program, effective June 23, 2022.</li> </ul> <p><b><u>INTERVIEWS</u></b></p> <p><b>Facility Head or Designee:</b></p> <p>During the interview, the Facility Head affirmed that any placement into segregated housing—regardless of the underlying reason—is carefully documented and formally reviewed at least once every 30 days to determine ongoing necessity.</p> <p><b>Staff Who Supervise Individuals in Segregated Housing:</b></p> <p>Formal interviews and informal discussions with staff assigned to the segregated housing unit revealed that no individual alleging sexual abuse or facing retaliation has been involuntarily housed in segregation during the audit review period. Staff expressed familiarity with PREA standards and protocols and reported no observations of such placements.</p> <p><b>Individuals in Segregated Housing:</b></p> <p>At the time of the onsite audit, no individuals were housed in segregation as a result of a sexual abuse allegation or associated safety concern. All current occupants of the segregated housing unit were there for administrative or disciplinary reasons unrelated to PREA.</p> <p><b>PREA Compliance Manager (PCM):</b></p> <p>The PCM confirmed that within the past 12 months, there have been no placements of individuals in protective custody, administrative segregation, or disciplinary segregation as a result of being identified as at risk for sexual victimization or due to having experienced sexual abuse.</p> <p><b><u>PROVISIONS</u></b></p> <p><b>Provision (a): Justification for Segregated Housing Use</b></p> <p>According to information provided in the PAQ, GDC policy prohibits placing individuals</p>

who are at elevated risk of sexual victimization into involuntary segregated housing unless a thorough review of all available alternatives has been conducted and no viable option for separation from potential abusers exists. During the 12-month review period, the facility reported zero instances of involuntary protective, administrative, or disciplinary segregation for this purpose.

This information was confirmed by the PCM and the Facility Head. As no such placements occurred during the audit review period, interviews with affected individuals were not applicable.

**Relevant Policies:**

GDC SOP 208.06 (p. 25, Section D.8) outlines that individuals at high risk for sexual victimization are not to be placed in involuntary segregation unless:

- All alternatives for separation have been exhausted.
- The need for such placement is documented, including justification in SCRIBE case notes.
- Temporary involuntary placement while an assessment is conducted must not exceed 24 hours.
- Additional provisions within the same SOP state:

Individuals in segregation must continue to receive services in line with SOP 209.06 (Administrative Segregation).

If segregation is used, it must not exceed 30 days without the development of an alternative solution.

If programming, privileges, education, or work are limited, the facility must document:

- What opportunities are restricted.
- The duration of restrictions.
- The rationale behind the limitations.
- A review must be conducted every 30 days to determine whether continued separation is necessary.

**Provision (b): Access to Programs and Services**

As outlined in the PAQ, the facility affirmed that any individual placed in segregated housing for protective reasons would retain access to available programs, services, education, and work opportunities to the fullest extent possible. The Facility Head confirmed this during the interview.

**Relevant Policy:**

GDC SOP 208.06 specifies that individuals placed in protective safekeeping must have continued access to facility resources. If access is restricted due to security or operational concerns, documentation must include:

- A list of the limited opportunities.
- The length of the limitation.
- The reason for the restriction.

The facility reported no cases of involuntary protective segregation during the previous 12 months, and this was verified by the Facility Head. Therefore, no interviews were required for this provision.

**Provision (c): 30-Day Placement Limit**

The PAQ indicates that no individuals identified as at risk for sexual victimization were housed in involuntary segregated housing for a period exceeding 30 days during the audit review period. This was confirmed by the PCM.

**Relevant Policies:**

GDC SOP 208.06 (p. 25, Section D.8) reiterates that:

- Involuntary segregation based on risk of sexual victimization is permitted only if no alternatives exist.
- Individuals shall not remain in segregation for more than 30 days while awaiting alternative placement.

This policy ensures that the use of segregated housing is temporary and closely monitored for compliance.

**Provision (d): Reassessment and Ongoing Review**

The facility reported zero instances of individuals placed in involuntary segregated housing for longer than 30 days while awaiting an alternate housing placement. This was validated through staff interviews with those overseeing the restrictive housing unit.

**Relevant Policy:**

GDC SOP 208.06 states that individuals at high risk of sexual victimization shall not be placed in restrictive housing unless it is the only option available. Reassessments must occur weekly (every 7 days) once an individual is placed in the Restrictive Housing Unit (RHU), and continued placement must be justified and reviewed every 30 days.

**Provision (e): 30-Day Placement Review**

According to the PAQ and confirmed by the PCM, there have been no placements into protective custody or segregated housing under this provision in the past 12 months.

**Relevant Policy:**

GDC SOP 208.06 (p. 25, Section D.8.d) requires that for any individual placed in

	<p>protective segregation, the facility must conduct a formal review every 30 days to evaluate whether continued separation from the general population remains necessary.</p> <p>Since no placements occurred, interviews were not applicable to this provision.</p> <p><b><u>CONCLUSION</u></b></p> <p>Following a detailed review of institutional documentation, applicable policies, and interviews with key staff, the Auditor has determined that the facility is in full compliance with PREA Standard §115.43: Protective Custody. The agency has demonstrated that it does not utilize involuntary segregated housing as a default or punitive response for individuals at risk of sexual victimization. Instead, the facility follows a structured, case-by-case process focused on identifying safer, alternative housing options while preserving access to rehabilitative services and maintaining ongoing review practices.</p> <p>No evidence was found of improper placement practices during the audit review period, and the facility's commitment to safeguarding vulnerable populations is evident through its adherence to policy and procedure.</p>
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<b>115.51</b>	<b>Inmate reporting</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p>
	<p><b><u>DOCUMENT</u></b></p> <p>The Auditor conducted a thorough examination of the Pre-Audit Questionnaire (PAQ) and the supporting documentation provided by the facility. Key documents reviewed included:</p> <ul style="list-style-type: none"> <li>• Georgia Department of Corrections (GDC) Standard Operating Procedures (SOP), Policy Number 208.06: Prison Rape Elimination Act (PREA) Sexually Abusive Behavior</li> <li>• Prevention and Intervention Program, effective June 23, 2022.</li> <li>• PREA informational brochure for incarcerated individuals, available in both English and Spanish.</li> <li>• Staff Guide on the Prevention and Reporting of Sexual Misconduct with Offenders, outlining employee responsibilities and reporting procedures.</li> </ul> <p><b><u>OBSERVATIONS</u></b></p> <p>During the onsite audit, the Auditor observed an abundance of PREA educational and awareness materials displayed throughout the facility. Posters in both English and Spanish were prominently placed in housing units, dayrooms, intake and processing</p>

areas, dining areas, and hallways. In addition to standard signage, several walls featured PREA-themed typographical artwork that reinforced messaging around sexual safety and zero tolerance.

The Auditor tested inmate telephones across various housing units and verified that all were functional, accessible, and permitted use without PIN entry for the PREA hotline. This accessibility ensures that individuals in custody can make private and unimpeded reports if needed.

## **INTERVIEWS**

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

The PCM confirmed that individuals housed at the facility have multiple avenues for reporting allegations of sexual abuse, harassment, or retaliation. Incarcerated persons can report internally to staff or externally to independent entities such as the State Board of Pardons and Paroles or the Office of Victim Services. These external organizations are not affiliated with the facility or the GDC, ensuring a level of independence in the reporting process. The PCM emphasized the agency's commitment to privacy, confidentiality, and timely response to all reports received.

### **Random Staff**

Staff consistently reported that they are trained and expected to receive, respond to, and report all allegations of sexual abuse or harassment, regardless of how the report is made. Reports may be verbal, written, anonymous, or submitted via a third party. Staff noted that individuals in custody are informed that they may speak to any employee, utilize the PREA hotline, communicate through written grievance forms, or ask a family member to report on their behalf. Staff also articulated that private reporting channels are available and understood.

### **Random Inmate**

Individuals interviewed across multiple housing units demonstrated awareness of the facility's procedures for reporting sexual abuse or harassment. Commonly mentioned reporting options included the use of the PREA hotline, verbal reports to staff, written communication, notifying the PREA Compliance Manager, and contacting family or outside agencies. Interviewees stated they believed reports would be taken seriously and acted upon.

## **PROVISIONS**

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

According to the PAQ and verified through interviews with the PCM and facility staff, multiple internal methods exist for individuals to privately report allegations of sexual abuse, harassment, staff misconduct, or retaliation.

This is outlined in GDC SOP 208.06, p. 26, Section E.1.a-b:

- Individuals may file reports verbally or in writing, anonymously, or through a third party. They are encouraged to report incidents directly to a staff member as soon as possible.

- All reports are documented and investigated without delay.
- The Department may maintain a Sexual Abuse Hotline, referred to as the PREA Hotline. This line does not require a PIN number for access, ensuring anonymity. It is monitored by the Office of Professional Standards (OPS) with oversight from the PREA Coordinator or their designee.

**Provision (b):**

The PAQ indicates—and the PCM confirmed—that the agency offers individuals the ability to report abuse or harassment to an external public or private organization unaffiliated with GDC. This is also supported by policy.

Per GDC SOP 208.06, p. 27, Section E.2.a.i-iii, individuals may contact:

- The Ombudsman’s Office: P.O. Box 1529, Forsyth, GA 31029 | Phone: 478-992-5358
- The GDC PREA Coordinator via email: PREA.report@gdc.ga.gov
- The State Board of Pardons and Paroles, Office of Victim Services: 2 Martin Luther King Drive, S.E., Balcony Level, East Tower, Atlanta, GA 30334
- Among these, the State Board of Pardons and Paroles is an external body not affiliated with GDC, satisfying the requirement for an independent reporting avenue.

The facility does not house individuals solely for civil immigration purposes.

**Provision (c):**

According to the PAQ and confirmed through interviews with staff, all facility personnel are trained to receive reports of sexual abuse and harassment made in any format—verbal, written, anonymous, or third-party—and to immediately document any verbal disclosures.

This is supported by GDC SOP 208.06, p. 27, Section E.2.b, which states:

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

**Provision (d):**

The PAQ and interview with the PCM confirmed that staff are provided with a confidential mechanism to report any knowledge, suspicion, or information regarding sexual abuse or harassment involving incarcerated individuals.

GDC SOP 208.06, p. 27, Section E.2.c directs that:

“Staff shall forward all reports or suspicions of sexual abuse or sexual harassment to their immediate supervisor or a designated SART member promptly.”

Additionally, the Staff Guide on Prevention and Reporting of Sexual Misconduct with Offenders reinforces this policy, equipping personnel with detailed guidance on identifying, preventing, and reporting misconduct. This guide emphasizes vigilance, maintaining professional boundaries, and the importance of creating a culture of

	<p>safety and accountability within the facility.</p> <p><b><u>CONCLUSIONS</u></b></p> <p>Based on the comprehensive review of the PAQ, applicable policies, onsite observations, and interviews with facility staff and incarcerated individuals, the Auditor concludes that the facility fully complies with each provision of the PREA standard related to inmate reporting. The facility provides ample methods for internal and external reporting, ensures staff are properly trained, and supports a culture that encourages transparency, safety, and accountability.</p>
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<b>115.52</b>	<b>Exhaustion of administrative remedies</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p>
	<p><b><u>DOCUMENT REVIEW</u></b></p> <p>The Auditor conducted a thorough review of the Pre-Audit Questionnaire (PAQ) and all supporting materials provided by the facility. Key documentation reviewed included the Georgia Department of Corrections (GDOC) Standard Operating Procedures (SOP), specifically Policy Number 208.06, titled Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, with an effective date of June 23, 2022. This policy outlines the agency's protocol for addressing reports of sexual abuse and sexual harassment, including the procedures for handling written allegations.</p> <p><b><u>INTERVIEWS</u></b></p> <p><b>Random Staff</b></p> <p>During interviews with randomly selected staff members, it was consistently reported that allegations involving sexual abuse or sexual harassment are not processed through the standard grievance system. Staff affirmed that any grievance form containing such allegations is immediately redirected and treated as an official report requiring investigative action in accordance with PREA standards.</p> <p><b>Random Inmate</b></p> <p>Similarly, during both formal interviews and informal discussions with incarcerated individuals, the Auditor received consistent reports that complaints involving sexual abuse or harassment are not considered grievable issues. Incarcerated persons understood that such allegations are addressed outside the facility's typical grievance procedures and are handled as serious, reportable incidents.</p> <p><b><u>PROVISIONS</u></b></p>

	<p><b>Provision (a):</b> According to the PAQ and confirmed through staff interviews, the facility does not classify allegations of sexual abuse or sexual harassment as grievable matters. If a grievance form is submitted containing such an allegation, it is not processed through the traditional grievance mechanism. Instead, it is immediately forwarded for investigation as a formal report under PREA guidelines. This approach is supported by GDOC SOP 208.06, effective June 23, 2022, specifically outlined on page 27, section E, item 3. The policy explicitly states that these allegations are to be reported using the channels established within the SOP and not through the grievance system.</p> <p><b>Provision (b):</b> Not Applicable – As noted in Provision (a), complaints involving sexual abuse or harassment are not subject to the administrative grievance process.</p> <p><b>Provision (c):</b> Not Applicable – Consistent with Provision (a), these types of allegations fall outside the purview of the grievance procedure.</p> <p><b>Provision (d):</b> Not Applicable – As explained in Provision (a), the facility handles such allegations outside of the administrative remedy process.</p> <p><b>Provision (e):</b> Not Applicable – These circumstances are addressed under the PREA-specific reporting and response protocols described in Provision (a).</p> <p><b>Provision (f):</b> Not Applicable – As previously noted, these complaints are not processed through the standard grievance route.</p> <p><b>Provision (g):</b> Not Applicable – In alignment with the facility’s policies and practices, such allegations bypass the grievance system entirely.</p> <p><b><u>CONCLUSION</u></b></p> <p>Based on a comprehensive review of all relevant documentation, the PAQ, and direct interviews with staff and incarcerated persons, the Auditor finds that the facility is in full compliance with the PREA standard addressing the exhaustion of administrative remedies. All evidence supports that allegations of sexual abuse and sexual harassment are properly identified, reported, and investigated outside of the grievance process, in accordance with PREA requirements and GDOC policy.</p>
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<b>115.53</b>	<b>Inmate access to outside confidential support services</b>
	<b>Auditor Overall Determination:</b> Meets Standard

## **Auditor Discussion**

### **DOCUMENT REVIEW**

The following materials were reviewed as part of the compliance assessment process:

- Pre-Audit Questionnaire (PAQ) and accompanying documentation.
- Georgia Department of Corrections (GDC) Standard Operating Procedure (SOP) 208.06, titled Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, with an effective date of June 23, 2022.
- A Memorandum of Understanding (MOU) between the agency and the Sexual Assault Response Team, dated August 31, 2021
- The facility's undated PREA informational brochure provided to inmates.
- "Reporting is the First Step" visual materials.
- Posters and notices providing contact information for the external confidential support services agency.
- GDC's Male Inmate Handbook, revised September 25, 2017.
- The Inmate Intake Packet, which contains PREA-related and other orientation materials.

### **OBSERVATIONS**

During the Auditor's on-site facility inspection, PREA-related materials were clearly visible in numerous locations throughout the institution. Contact information for the PREA Hotline was posted adjacent to inmate telephones for convenience. Three hotline numbers were available—two internal Georgia Department of Corrections PREA lines and one direct line to an independent, external confidential support service provider.

The auditor's inspection of several inmate telephones confirmed all were fully operational. A test call was placed to the external agency, and the Auditor successfully connected with a trained advocate. The call required no personal identifying information, and the advocate affirmed that confidentiality was respected during the conversation.

### **INTERVIEWS**

#### **Random Inmate**

Inmates randomly selected for interviews consistently reported that they were made aware of how to contact Sexual Assault Center of Northwest Georgia for support in matters involving sexual abuse or harassment. All participants confirmed they had been provided with both the mailing address and a toll-free number to reach the agency. Each inmate also demonstrated an understanding of what the Sexual Assault Center of Northwest Georgia could provide and verified that phone calls to the agency are free of charge and confidential. Inmates were equally knowledgeable about the limits of confidentiality, explaining that disclosures involving intent to harm self or others, potential victimization of vulnerable individuals, or criminal activity would

necessitate mandatory reporting.

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

The PREA Compliance Manager stated that the facility has a Memorandum of Understanding (MOU) with Sexual Assault Response Team (S.A.R.T.) for forensic examinations.

During intake, new arrivals receive literature that outlines Sexual Assault Center of Northwest Georgia services, including how to contact them via telephone, mail or email.

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

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

### **PROVISIONS**

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

The PAQ and supporting documentation indicated that the facility provides inmates with access to outside advocates for emotional support services related to sexual abuse. These services are offered through Sexual Assault Center of Northwest Georgia, a designated rape crisis center.

According to posted materials and facility procedures, the following services are available through Sexual Assault Center of Northwest Georgia:

- Emotional support for victims of sexual abuse.
- Hospital accompaniment and support during forensic medical exams.
- A toll-free, 24/7 crisis hotline (1-706-802-0580)
- Confidential written correspondence by mail to P.O. Box 928, Rome, GA 30162-0928.
- In-person crisis counseling in a designated, private space that ensures confidentiality.

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

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

- "Reporting is the First Step" postings reinforce that these calls are not monitored for content, are free of charge, and can be placed anonymously.

**RELEVANT POLICY:**

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

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

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

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

**RELEVANT POLICY:**

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

**Provision (c): Agreements with Community Providers**

The PAQ confirmed that the facility does not have a MOU with a local rape crisis center. However, efforts are being made to negotiate an agreement with Sexual Assault Center of Northwest Georgia to provide advocacy and emotional support for inmates who are victims of sexual abuse. Documentation reviewed by the Auditor included communication concerning these ongoing efforts.

Part of the agreement with Sexual Assault Center of Northwest Georgia will be to provide a trained Sexual Assault Victim Advocate who is available to support victims throughout all stages of the forensic examination and investigation. An advocate's role would be to provide emotional support, informational assistance, and

	<p>accompaniment during court proceedings or other stages of the legal process.</p> <p><b><u>CONCLUSION</u></b></p> <p>After a comprehensive review of policy documents, direct observations, and interviews with staff and inmates, the Auditor finds that the facility meets the requirements outlined in each subsection of this standard. The agency has demonstrated compliance in ensuring inmates have confidential access to qualified external victim advocacy services and are fully informed of both the scope and limits of these services.</p>
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<b>115.54</b>	<b>Third-party reporting</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p>
	<p><b><u>DOCUMENT REVIEW</u></b></p> <p>The Auditor conducted a comprehensive review of the Pre-Audit Questionnaire (PAQ) along with all supplemental materials submitted by the facility. Key documents examined included the Georgia Department of Corrections (GDC) Standard Operating Procedures (SOP), Policy Number 208.06, titled Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, with an effective date of June 23, 2022.</p> <p>Additional materials reviewed included the GDC PREA Brochure for residents (undated) and publicly available information posted on the official GDC website: <a href="https://gdc.georgia.gov/organization/about-gdc/research-and-reports-0/prison-rape-elimination-act-prea">https://gdc.georgia.gov/organization/about-gdc/research-and-reports-0/prison-rape-elimination-act-prea</a>. These resources collectively outline the agency's procedures for reporting allegations of sexual abuse and harassment, including mechanisms available to third-party reporters.</p> <p><b><u>INTERVIEWS</u></b></p> <p><b>Random Inmate</b></p> <p>During the onsite audit, the Auditor conducted interviews with a sample of randomly selected incarcerated individuals. Interviewees consistently demonstrated an awareness of third-party reporting options. They affirmed that friends, family members, advocates, and others outside the facility could submit a report on their behalf if they experienced or witnessed sexual abuse or harassment.</p> <p>Residents expressed confidence in the process and stated they would utilize third-party reporting options if needed. Their knowledge reflects the effectiveness of the</p>

facility's efforts to communicate these procedures through posted materials, brochures, and other publicly accessible channels.

### **PROVISIONS**

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

The facility confirmed in the PAQ that it provides and supports mechanisms for third parties to report allegations of sexual abuse or sexual harassment involving residents. These mechanisms are outlined in several publicly available formats, including the GDC Resident PREA Brochure and the agency's website at: <https://gdc.georgia.gov/organization/about-gdc/research-and-reports-0/prison-rape-elimination-act-prea>.

Further, the applicable policy—GDC SOP 208.06, effective June 23, 2022, pages 26–27, section E.2.a.i–iii—specifies that third-party reports may be submitted through the following channels:

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

These reporting avenues are reinforced through materials available in the housing units, including brochures and posters, as well as on the agency's website, ensuring that both residents and members of the public are informed and able to report on behalf of others. Notably, 100% of residents interviewed reported being aware of third-party reporting options, reflecting the facility's commitment to transparency and accessibility in its reporting procedures.

### **CONCLUSION**

Following a detailed review of the PAQ, supporting documentation, policy provisions, and interviews with incarcerated individuals, the Auditor concludes that the agency/facility is fully compliant with the PREA standard regarding third-party reporting. The available evidence confirms that comprehensive systems are in place to allow external parties to report allegations of sexual abuse or harassment, and that residents are well informed about these options.

<b>115.61</b>	<b>Staff and agency reporting duties</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<b><u>DOCUMENT REVIEW</u></b>

As part of the audit process, the Auditor conducted a thorough review of key documents and evidence to verify the facility's compliance with PREA standards related to staff and agency reporting responsibilities. The materials examined included:

1. The facility's completed Pre-Audit Questionnaire (PAQ) along with all accompanying documentation submitted to demonstrate adherence to PREA requirements.
2. Georgia Department of Corrections (GDC) Standard Operating Procedure (SOP) 208.06, titled Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective June 23, 2022.

## **INTERVIEWS**

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

During the interview, the PREA Coordinator affirmed that the facility strictly complies with the mandate to report all allegations of sexual abuse and sexual harassment. This includes reports made anonymously or via third parties. The Coordinator emphasized that such reports are promptly referred to the facility's designated investigator without delay to ensure timely and effective response.

### **Medical Staff**

Discussions with medical staff revealed a clear and comprehensive understanding of their responsibilities under PREA and state reporting laws. Medical personnel articulated the specific steps they would take if an inmate disclosed sexual abuse, including the immediate notification of appropriate personnel. They also confirmed their obligation to inform patients at the outset of treatment about the limits of confidentiality, ensuring that victims are aware that some information must be reported in compliance with legal mandates.

### **Facility Head or Designee**

The Facility Head confirmed a thorough knowledge of legal and policy requirements concerning the reporting of sexual abuse and harassment. The Facility Head acknowledged that all staff members are required to report immediately any knowledge, suspicion, or allegation of sexual misconduct—whether it occurred on-site or at another facility under agency jurisdiction. The Facility Head also reinforced staff responsibilities to report any acts of retaliation or negligence related to sexual abuse incidents.

### **Random Staff**

Interviews with randomly selected staff members demonstrated a strong grasp of their reporting obligations. Staff consistently described that upon learning of a sexual abuse allegation, they would promptly notify their supervisor or the PREA Compliance Manager (PCM). They exhibited awareness of confidentiality protocols, explaining that they would only share details with personnel who have a legitimate need to know, such as medical providers or investigators. All staff interviewed (100%) confirmed that PREA-related concerns are routed to the PCM, who ensures rapid coordination

with investigative authorities.

## **PROVISIONS**

### **Provision (a): Mandatory Staff Reporting**

The facility's PAQ responses confirmed that agency policy requires all employees to immediately report any knowledge, suspicion, or disclosure of sexual abuse or harassment. This responsibility extends to reporting any retaliation or staff negligence that may have contributed to such incidents. The Facility Head verified this during the interview.

#### **Relevant Policy:**

GDC SOP 208.06 (effective 6/23/2022), Section E.2.c, page 27, mandates that all staff must promptly forward any allegations or suspicions of sexual abuse or harassment to their supervisor or designated Sexual Assault Response Team (SART) member. The policy explicitly includes the reporting of retaliation against those who report abuse, as well as staff negligence or duty violations that facilitated such events.

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

According to the PAQ, the facility prohibits staff from disclosing information related to sexual abuse reports beyond what is necessary to facilitate treatment, investigation, and management. Random staff interviews supported this, showing clear understanding and adherence to confidentiality requirements.

#### **Relevant Policy:**

GDC SOP 208.06, page 24, Section 3, NOTE, specifies that details of sexual abuse reports may only be shared with authorized supervisory personnel when necessary to make informed treatment, investigative, or security decisions.

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

The PAQ confirmed that medical and mental health practitioners are required to notify inmates, at the outset of service provision, about their duty to report sexual abuse allegations and the limits of confidentiality involved. Interviews with these practitioners affirmed their full awareness of and compliance with this requirement.

#### **Relevant Policy:**

SOP 208.06 requires practitioners—unless prohibited by law—to report allegations of sexual abuse and to inform inmates, prior to providing care, about reporting obligations and confidentiality boundaries.

### **Provision (d): Special Reporting Requirements for Vulnerable Populations**

The PAQ and interviews indicated that if an alleged victim is under 18 years of age or qualifies as a vulnerable adult under applicable statutes, the agency must report the allegation to appropriate state or local protective services as mandated by law. This protocol was confirmed in discussions with the Facility Head.

#### **Relevant Policy:**

SOP 208.06 stipulates that offender consent is required before reporting past sexual

	<p>victimization that did not occur within a facility, except when the individual is under 18 or is classified as a vulnerable adult. In those cases, external authorities must be notified according to state law.</p> <p><b>Provision (e): Routing of Allegations to Investigative Personnel</b></p> <p>The PAQ confirmed, and the PREA Coordinator verified, that all allegations—regardless of how they are reported, including anonymously or by third parties—are promptly referred to the facility’s designated investigator for appropriate action.</p> <p><b>Relevant Policy:</b></p> <p>SOP 208.06 requires all staff to immediately report any incident, suspicion, or information related to sexual abuse, harassment, retaliation, or staff negligence, ensuring these matters are quickly brought to the attention of investigators and appropriate protective personnel.</p> <p><b><u>CONCLUSION</u></b></p> <p>Following a detailed examination of policies, supporting documentation, interviews with facility personnel, and analysis of operational procedures, the Auditor concludes that the agency and facility are fully compliant with the PREA standards concerning staff and agency responsibilities for reporting allegations of sexual abuse and sexual harassment. The facility maintains effective systems that support timely, confidential, and appropriate reporting and investigation of all such allegations, reinforcing a culture of zero tolerance and safety.</p>
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115.62	Agency protection duties
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p>
	<p><b><u>DOCUMENT REVIEW</u></b></p> <p>As part of the audit process, the Auditor conducted a detailed and systematic review of;</p> <ol style="list-style-type: none"> <li>1. Pre-Audit Questionnaire (PAQ)</li> <li>2. GDC Standard Operating Procedure (SOP) 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective June 23, 2022. This foundational policy defines the agency’s commitment to preventing, detecting, and responding to incidents of sexual abuse and sexual harassment in confinement settings. It sets expectations for staff at every level and establishes required procedures for incident response, investigation, and victim support.</li> <li>3. Attachment 7 to SOP 208.06, titled PREA Local Procedure Directive and Coordinated Response Plan. This attachment provides facility-specific</li> </ol>

guidance and details a structured, interdisciplinary response protocol. It delineates the roles and responsibilities of first responders, medical personnel, security staff, investigators, and facility administrators when responding to an allegation or suspicion of sexual abuse.

The reviewed documentation demonstrates that the facility operates under a clear and organized policy framework designed to promote timely, coordinated, and effective interventions when risk is identified or reported.

## **INTERVIEWS**

### **Facility Head or Designee**

In an onsite interview, the Facility Head affirmed that the facility maintains a zero-tolerance approach to sexual abuse and acts without hesitation when there is a perceived or reported risk to an individual's safety. The Facility Head confirmed that, in any case where an individual is believed to be at risk of imminent sexual abuse, immediate protective measures are implemented. These protective actions may include transferring the individual to a different housing unit or, depending on the circumstances, relocating them to another facility altogether. In addition, if an alleged perpetrator is identified, the individual is promptly removed from the general population and placed in administrative segregation to ensure separation from the alleged victim and to preserve the integrity of the investigation.

### **Random Staff**

Interviews with randomly selected staff members revealed a strong understanding of their duty to protect individuals from sexual abuse and take immediate action in the event of a disclosure or threat. Staff consistently reported that their first step would be to separate the alleged victim from the accused to prevent further harm. This would be followed by notifying a supervisor or the PREA Compliance Manager (PCM), securing the scene, and preserving any potential evidence. Staff emphasized the importance of acting with urgency, discretion, and professionalism, and demonstrated alignment with agency protocols and expectations regarding inmate protection and incident response.

## **PROVISIONS**

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

PREA Standard §115.62 requires that facilities take immediate action when they learn that an individual is at substantial risk of sexual abuse. According to the PAQ, there were no such instances reported at the facility in the preceding 12 months. However, interviews with the Facility Head and a cross-section of staff confirmed that well-established procedures are in place and would be swiftly activated if a situation of imminent risk were to arise.

Staff demonstrated a shared understanding of their responsibility to protect

individuals from harm and articulated a readiness to respond decisively and in accordance with policy. Their responses reflect a culture of vigilance and prevention that is integral to meeting the intent of this provision.

#### **RELEVANT POLICY**

GDC SOP 208.06 and Attachment 7: PREA Local Procedure Directive and Coordinated Response Plan together serve as the cornerstone of the agency's institutional response to sexual abuse. These documents outline a step-by-step approach for responding to both reported and suspected cases of abuse, with clearly defined responsibilities for each stakeholder involved in the process:

- **First Responders** are trained to act immediately to ensure the safety of the individual, preserve physical evidence, and initiate proper documentation.
- **Medical and Mental Health Providers** are tasked with offering immediate, trauma-informed care, as well as conducting necessary clinical assessments and ensuring appropriate follow-up support.
- **Facility Investigators** are responsible for conducting timely and objective investigations, collecting and securing evidence, and ensuring that findings are properly communicated.
- **Facility Leadership** oversees coordination across departments, ensures that all protective and investigative steps are followed, makes housing or transfer decisions as needed, and monitors for any ongoing risks or retaliation.

This policy framework reinforces the agency's obligation to act swiftly and decisively in protecting vulnerable individuals and supports a comprehensive, multidisciplinary response strategy.

#### **CONCLUSION**

Following a detailed review of the Pre-Audit Questionnaire, supporting documentation, and interviews with facility leadership and staff, the Auditor concludes that the agency is in full compliance with the PREA standard related to the duty to protect individuals from imminent sexual abuse (Standard §115.62).

The facility has demonstrated that effective policies, training, and practices are in place to respond immediately and appropriately when any credible threat of sexual abuse arises. Staff at all levels are well-informed, responsive, and committed to maintaining a safe environment for all individuals in custody. The agency's coordinated response approach reflects a proactive commitment to PREA's objectives and contributes to a safer and more accountable correctional setting.

<b>115.63</b>	<b>Reporting to other confinement facilities</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>

## **DOCUMENT REVIEW**

As part of the PREA compliance audit, the Auditor conducted a thorough and comprehensive review of:

1. Pre-Audit Questionnaire (PAQ)
2. 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 establishes agency-wide procedures for the prevention, detection, response, and investigation of sexual abuse and harassment. It also outlines the specific requirements for inter-facility and inter-agency communication when allegations involve conduct that may have occurred at another facility.

## **INTERVIEWS**

### **Agency Head Designee**

During the interview, the Agency Head Designee confirmed that all notifications received concerning PREA-related incidents—whether involving sexual abuse, sexual harassment, or staff misconduct—are fully investigated in accordance with GDC policy. The designee emphasized that any allegation received, regardless of the facility where the alleged conduct occurred, is treated with the same level of seriousness and procedural rigor.

### **Facility Head**

The Facility Head explained that when the facility receives an allegation from an incarcerated person regarding an incident that took place at another institution, the information is immediately referred for investigation. Furthermore, consistent with GDC protocol, the head of the facility where the incident reportedly occurred is notified as soon as possible, and no later than 72 hours from the time the allegation is received.

## **PROVISIONS**

### **Provision (a): Notification to Other Confinement Agencies**

According to the PAQ, when a facility receives an allegation that an individual was sexually abused while housed in another facility, the head of the facility receiving the report is required to notify the appropriate official at the facility where the incident allegedly occurred. The facility confirmed that no such allegations were received in the past 12 months, a fact that was verified by the Facility Head during the interview process.

### **Relevant Policy:**

GDC SOP 208.06, p. 27, Section 2(a), specifies that when a sexual abuse allegation concerns a different GDC facility, the Warden or Superintendent (or designee) at the reporting facility must notify the Warden or Superintendent at the implicated facility and inform the Department's PREA Coordinator. If the allegation involves a staff member from another facility, the Regional Special Agent in Charge (SAC) must also

be notified. For non-GDC facilities, the appropriate office of the other agency and the PREA Coordinator must be informed.

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

As stated in the PAQ and confirmed through interviews, GDC policy mandates that the head of the facility receiving the allegation must provide the required notification as soon as possible, but no later than 72 hours after receiving the report. The Facility Head affirmed this requirement during the audit interview, stating that the expectation of a 72-hour response is clearly understood and consistently applied.

**Relevant Policy:**

GDC SOP 208.06, p. 28, Section 2(b), states that such notifications must occur within 72 hours of receiving the allegation.

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

The facility reported that it maintains documentation of all notifications made in response to allegations involving other facilities. Although there were no applicable cases within the past year, the Facility Head confirmed that, in accordance with policy, any such notification would be clearly documented, including the date and time the information was shared, the receiving agency or facility, and the nature of the allegation.

**Relevant Policy:**

GDC SOP 208.06, p. 28, Sections 2(b) and 2(c), states that the facility shall provide notification as soon as possible, but within the 72-hour window, and must document that the notification was made, including all pertinent details.

**Provision (d): Responsibility for Investigating External Allegations**

According to the PAQ, and as reiterated by the Facility Head during the interview, if a facility receives an allegation involving another agency or institution, the agency is responsible for ensuring the matter is thoroughly investigated—unless it is confirmed that a complete investigation has already taken place. In the past 12 months, the facility reported no such allegations, but affirmed that they are prepared to respond appropriately should one arise.

**Relevant Policy:**

GDC SOP 208.06, p. 28, Section 2(d), mandates that the head of the facility or Department office receiving such notification shall ensure an investigation is conducted unless a prior investigation has already been completed and documented.

**CONCLUSION**

Following a detailed review of the Pre-Audit Questionnaire, relevant policy documents, and interviews with the Agency Head Designee and Facility Head, the Auditor concludes that the facility is in full compliance with PREA Standard §115.63 – Reporting to Other Confinement Agencies.

Although there were no instances requiring inter-facility notification during the review period, the agency has demonstrated that it has robust systems in place to ensure

	allegations involving other institutions are promptly reported, properly documented, and appropriately investigated. Facility leadership and designated personnel were knowledgeable about their responsibilities and conveyed a clear commitment to transparency, accountability, and survivor-centered response procedures. The agency's policies align fully with the intent and requirements of the PREA standards.
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115.64	Staff first responder duties
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p>
	<p>DOCUMENT REVIEW</p> <p>The Auditor conducted a comprehensive evaluation of the Pre-Audit Questionnaire (PAQ) along with all supporting documentation submitted by the facility prior to the on-site audit. Central to this review was the examination of the Georgia Department of Corrections (GDC) policies governing staff responsibilities when responding to incidents or allegations of sexual abuse.</p> <p>Key policy reviewed:</p> <p>GDC Standard Operating Procedure (SOP) 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective June 23, 2022.</p> <p>This SOP outlines the responsibilities of both security and non-security staff as first responders and establishes coordinated protocols for immediate response, evidence preservation, victim safety, and reporting obligations.</p> <p>INTERVIEWS</p> <p>Security Staff – First Responders</p> <p>Security staff interviewed during the audit consistently reported receiving comprehensive training in PREA-related response protocols. Training is delivered through annual in-service sessions, on-the-job training, and regular staff meetings. Security personnel were knowledgeable about their role as first responders and the steps required to secure victims, preserve evidence, and notify appropriate supervisors without delay.</p> <p>Non-Security First Responders</p> <p>Non-security staff (e.g., education, case management, counseling personnel) articulated a clear understanding of their responsibilities should they be the first to learn of an allegation. Staff indicated they would:</p> <p>Notify security staff immediately,  Separate the victim and alleged perpetrator,  Advise both individuals to avoid actions that could compromise physical evidence</p>

(e.g., washing, eating, changing clothes),  
Secure the area until relieved by trained security personnel.  
They emphasized the importance of maintaining confidentiality and demonstrated sensitivity to the nature of these incidents.

**Facility Staff**  
Across all departments, staff members were able to clearly articulate the facility’s response procedures when an allegation of sexual abuse is made. Interviewees consistently described the following steps:

Ensure immediate safety and separation of involved parties,  
Secure the scene to preserve evidence,  
Contact medical personnel as needed,  
Report the incident through appropriate channels.  
Staff emphasized their awareness of the importance of evidence preservation and timely communication.

**Incarcerated Individuals Who Reported Sexual Abuse**  
Individuals who had reported sexual abuse shared consistent feedback about their experiences. They reported:

Facility staff were responsive and supportive when reports were made,  
They were referred for forensic medical examinations without delay,  
They were offered the services of a victim advocate during the examination process,  
The advocate remained with them throughout the exam and helped them understand what to expect,  
They were not charged for medical services related to the incident,  
None were subjected to polygraph testing,  
All received written notification of the outcome of the investigation.

**PROVISIONS**

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

As outlined in the PAQ, the facility maintains a designated first responder policy applicable to both security and non-security personnel in accordance with PREA standards. Interviews with both groups confirmed familiarity with this policy and its implementation.

**Relevant Policies Include:**

GGDC SOP 208.06, p. 28, Section 3:  
Mandates that each facility develop a written institutional plan for coordinating responses to incidents of sexual abuse, including responsibilities of first responders, medical and mental health staff, investigators, and administrators. This plan is formalized in Attachment 7: PREA Local Procedure Directive and Coordinated Response Plan.

**GDC SOP 208.06, p. 27, Section F(1):**  
Details duties of first responders and reporting obligations. Security personnel responding to a report of sexual abuse must:

- Identify, separate, and secure involved parties.  
Protect the integrity of the crime scene and potential evidence.
- Notify a shift supervisor promptly.
- Prevent the victim or alleged perpetrator from taking any actions that may destroy evidence (e.g., showering, eating, brushing teeth).
- Document the incident using CN 6601 – Incident Report, in compliance with Administrative Directive 6.6 – Reporting of Incidents.
- Limit discussion of the report to only those with a legitimate need to know, such as supervisors or investigative staff.

#### Documentation and Compliance Over the Past 12 Months:

- There were 11 allegations of sexual abuse during the review period.
- In all 11 instances, the first responding security staff member separated the individuals involved.
- In 7 of these cases, staff were notified in time to preserve physical evidence.
- In all 7 timely notifications:
  - First responders protected the crime scene and waited for the Sexual Assault Response Team (SART) to collect evidence.
  - The alleged victims were instructed not to bathe, eat, drink, or engage in any activity that could compromise evidence, and were supervised continuously until SART's arrival.
  - The same precautions were taken with alleged perpetrators, who were also kept under direct supervision to avoid any contamination or destruction of evidence.

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

According to the PAQ and verified during the audit, if a non-security staff member is the first to respond to an allegation, they are trained and required to advise the alleged victim not to take any actions that could destroy evidence.

During the review period:

- There were no instances in which a non-security staff member was the first responder.

However, the Auditor reviewed the facility's PREA training materials, which confirmed that all employees, volunteers, and contractors are identified as potential first responders. The curriculum emphasizes immediate response actions, scene preservation, safety precautions, and communication protocols regardless of an individual's job classification.

#### **CONCLUSION**

	<p>After a thorough review of applicable policies, the Pre-Audit Questionnaire, training materials, and comprehensive staff and inmate interviews, the Auditor concludes that the facility is in full compliance with PREA Standard §115.64 – Staff First Responder Duties.</p> <p>The agency has demonstrated a consistent and effective approach to ensuring that all staff—regardless of role—are properly trained to act swiftly, responsibly, and in alignment with PREA protocols when responding to reports of sexual abuse. Security and non-security personnel alike understand their responsibilities, and investigative outcomes confirm that response procedures are being implemented as intended. The facility’s coordinated response reflects its commitment to safety, accountability, and survivor-centered care.</p>
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115.65 Coordinated response	
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b><u>DOCUMENT REVIEW</u></b></p> <p>As part of the audit process, the Auditor conducted an in-depth review of the Pre-Audit Questionnaire (PAQ) along with all accompanying documentation submitted by the facility. Particular focus was placed on evaluating policies that govern the facility’s response to incidents of sexual abuse, including the framework for interdepartmental coordination.</p> <p>Key documents reviewed included:</p> <ol style="list-style-type: none"> <li>1. Georgia Department of Corrections (GDC) Standard Operating Procedure (SOP) 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective June 23, 2022. This comprehensive policy outlines the agency-wide commitment to preventing, detecting, and responding to sexual abuse and harassment across all GDC institutions.</li> <li>2. Attachment 7 to SOP 208.06, which serves as the facility’s PREA Local Procedure Directive and Coordinated Response Plan. This document was last revised on June 23, 2022, and outlines the localized strategy for managing sexual abuse allegations and ensuring a structured, team-based response.</li> </ol> <p>The documentation demonstrates the agency’s effort to maintain a formalized and consistent response protocol aligned with PREA standards, including facility-specific adaptations for implementation at the institutional level.</p> <p><b><u>INTERVIEWS</u></b></p>

### **Facility Head or Designee**

During the on-site interview, the Facility Head confirmed the existence, accessibility, and ongoing application of the facility's Coordinated Response Plan. The Facility Head described the plan as a vital tool that clearly delineates responsibilities among personnel in the event of a PREA-related incident.

It was noted that staff across departments are trained on this plan through a variety of methods, including:

- Annual in-service training,
- Monthly staff meetings, and
- Routine on-the-job training for new and existing employees.

The Facility Head emphasized that the Coordinated Response Plan is integrated into the facility's overall safety strategy, and staff are expected to be fully familiar with their roles and to apply the plan with consistency and urgency when responding to any report or suspicion of sexual abuse.

### **PROVISIONS**

#### **Provision (a): Written Coordinated Institutional Plan**

According to the facility's response in the PAQ and corroborated by interview data, the facility maintains a written institutional plan designed to coordinate a multi-disciplinary response to reports of sexual abuse. The plan includes guidance for first responders, medical and mental health practitioners, investigators, and facility administrators, promoting a consistent and unified approach in such cases.

The Auditor reviewed the Coordinated Response Plan (Attachment 7) specific to the facility. The document outlines key response expectations in a clear, easy-to-follow structure. While the plan is relatively concise, it includes the core operational elements necessary for an effective and compliant response, such as identification of responsible parties, notification procedures, and communication protocols.

The Plan's inclusion of a 15-step response procedure provides actionable direction for each phase of the response, from initial report to investigation and follow-up. The document also includes protocols for:

- Risk screening,
- Housing assignment decisions for vulnerable individuals, and
- Identification and monitoring of individuals considered at risk for sexual victimization or abusiveness

### **RELEVANT POLICY**

#### **GDC SOP 208.06, page 28, section 3:**

Mandates that every GDC-operated facility develop and maintain a written

	<p>Coordinated Response Plan. The plan must outline how staff—including first responders, clinical personnel, investigators, and facility leadership—collaborate during a sexual abuse response. Additionally, it must include the names and contact information of coordinating personnel, ensuring that all involved parties can be promptly and appropriately mobilized during an incident.</p> <p>Attachment 7: Facility Local Coordinated Response Plan, revised June 23, 2022: This two-page facility-specific document provides an at-a-glance protocol for staff to follow when responding to incidents of sexual abuse. It includes clearly defined steps for incident reporting, evidence preservation, immediate victim support, and the activation of the Sexual Assault Response Team (SART). The plan also outlines notification chains and integrates risk screening and housing placement procedures that contribute to ongoing prevention efforts.</p> <p><b><u>CONCLUSION</u></b></p> <p>Based on the comprehensive review of policy documents, facility-specific response plans, the Pre-Audit Questionnaire, and interviews with the Facility Head, the Auditor finds the facility in full compliance with the PREA standard regarding the coordinated institutional response to sexual abuse allegations.</p> <p>The facility has developed and implemented a formal, written response plan that is current, functional, and tailored to its operational structure. Staff are well-informed of their responsibilities through consistent and structured training initiatives. The plan ensures that when a sexual abuse allegation arises, the response is prompt, organized, survivor-centered, and aligned with PREA requirements.</p> <p>This level of preparedness reflects the facility’s broader commitment to maintaining a safe, secure, and accountable correctional environment.</p>
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<b>115.66</b>	<b>Preservation of ability to protect inmates from contact with abusers</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b><u>DOCUMENT REVIEW</u></b></p> <p>As part of the PREA audit process, the Auditor conducted a careful review of the and all supporting materials submitted by the agency. A primary focus of this review was to determine whether the agency maintains the ability to ensure the safety of incarcerated individuals by removing alleged abusers from contact with potential victims—particularly in relation to any limitations imposed by collective bargaining agreements.</p> <p>Key documentation reviewed included:</p>

1. Pre-Audit Questionnaire (PAQ)
2. Georgia Department of Corrections (GDC) Standard Operating Procedure (SOP) 208.06, titled Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective June 23, 2022.

This SOP outlines GDC's policies and procedures for the prevention, detection, response, and investigation of sexual abuse and sexual harassment across all agency facilities. While this particular SOP does not address collective bargaining, it establishes GDC's responsibility to protect incarcerated individuals from known or suspected abusers.

## **INTERVIEW**

### **Agency Head or Designee**

During the interview process, the Agency Head Designee confirmed that the State of Georgia does not engage in collective bargaining with employees. As a result, no labor agreements exist that would restrict the agency's ability to remove staff members from contact with individuals in custody when there is credible information that the staff member may have engaged in sexual abuse or harassment. This structural element provides the agency with unrestricted authority to take immediate protective action when needed.

## **PROVISIONS**

### **Provision (a): No Restriction on Protective Action**

The PAQ indicated that the State of Georgia does not enter into collective bargaining, and therefore no contractual agreements exist that would limit the agency's discretion or authority to protect individuals in custody from known or suspected abusers.

This information was verified through the interview with the Agency Head Designee, who reaffirmed that the Georgia Department of Corrections operates free of collective bargaining constraints, allowing facility leadership to take any and all necessary steps to ensure the safety of incarcerated individuals.

### **Provision (b): Auditor Responsibility**

As specified in the PREA Auditor Handbook, Provision (b) under this standard is not subject to review during the audit. Accordingly, the Auditor was not required to assess this provision as part of the compliance determination.

## **CONCLUSION**

Based on the review of agency documentation, the facility's response in the PAQ, and the interview with the Agency Head Designee, the Auditor concludes that the facility is in full compliance with the PREA standard related to the preservation of the ability to protect inmates from contact with abusers.

	<p>The absence of collective bargaining agreements in the State of Georgia ensures that the agency retains full authority to separate alleged perpetrators—whether staff or other individuals in custody—from potential victims. This authority supports the agency’s capacity to uphold a safe and secure correctional environment consistent with the goals of the Prison Rape Elimination Act.</p>
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<b>115.67</b>	<b>Agency protection against retaliation</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p>
	<p><b><u>DOCUMENT REVIEW</u></b></p> <p>As part of the audit process, the Auditor conducted a comprehensive evaluation of the Pre-Audit Questionnaire (PAQ) along with all supporting documentation submitted by the facility. This review specifically focused on the agency’s practices and policies designed to protect individuals—both incarcerated persons and staff—from retaliation following the report of, or cooperation in, an investigation of sexual abuse or sexual harassment.</p> <p>Key documents examined included:</p> <ol style="list-style-type: none"> <li>1. 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 establishes GDC’s system-wide framework for addressing all aspects of PREA compliance, including provisions for retaliation prevention.</li> <li>2. Attachment 8 to SOP 208.06: Retaliation Monitoring Checklist, also effective June 23, 2022. This checklist is used to formally document ongoing monitoring efforts of any individual at risk of retaliatory treatment after reporting or assisting with a PREA investigation.</li> </ol> <p>These documents reflect the agency’s commitment to maintaining a safe and retaliation-free environment by institutionalizing preventive and responsive measures aligned with PREA standards.</p> <p><b><u>INTERVIEWS</u></b></p> <p><b>Agency Head or Designee</b></p> <p>The Agency Head Designee confirmed during the interview that the GDC has implemented formal procedures for protecting individuals from retaliation as soon as an allegation of sexual abuse or sexual harassment is received. The retaliation monitoring process is initiated immediately—on the same day the report is made—and continues for a minimum of 90 days. If an allegation is later determined</p>

to be unfounded, monitoring may be discontinued. The Designee emphasized that protection is extended not only to the alleged victim but also to any individuals involved in or cooperating with the investigation who express concerns about potential retaliation.

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

The Facility Head explained that safeguards are applied across all roles—incarcerated individuals and staff alike—to ensure protection from retaliation. Monitoring measures for incarcerated individuals include close review of housing assignments, work placements, and any changes in disciplinary patterns. For staff, the facility monitors for adverse employment actions such as unjustified reassignments or performance evaluation changes. These responsibilities are overseen by the assigned Retaliation Monitor.

#### **Retaliation Monitor**

The Retaliation Monitor affirmed the facility's proactive stance on retaliation prevention. The monitor described the role as encompassing oversight of monitoring procedures, direct communication with monitored individuals, and the documentation of regular status updates using Attachment 8: Retaliation Monitoring Checklist. Monitoring includes in-person check-ins and formal reviews of conditions affecting the monitored party. The Monitor stated that in the past twelve months, no incidents of retaliation had been reported at the facility.

#### **Segregated Housing Due to Risk of Sexual Victimization**

At the time of the on-site audit, the facility reported that no incarcerated individuals were placed in segregated housing based on their risk for sexual abuse or due to having made a report of sexual victimization.

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

At the time of the on-site audit, the facility reported that no incarcerated individuals remained in the facility who had reported sexual abuse in the previous 12 months. As a result, no incarcerated individuals were interviewed under this standard.

### **PROVISIONS**

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

According to the PAQ, the agency has established and implemented a written policy that explicitly prohibits retaliation against any individual—whether an incarcerated person or staff member—who reports sexual abuse or sexual harassment or cooperates in an investigation. Designated personnel are assigned responsibility for retaliation monitoring. At this facility, the role of Retaliation Monitor has been formally delegated to the Chaplain, per internal memo from the Deputy Warden.

#### **Relevant Policy References**

GDC SOP 208.06, p. 28, Section 4(a): Prohibits retaliation and outlines that any retaliatory behavior is subject to disciplinary action.

Section 4(b): Requires each facility to take specific protective steps to prevent retaliation, including removing alleged perpetrators, making housing or job changes as necessary, and providing emotional support services.

Section 4(c): Details the responsibilities of the Retaliation Monitor, including ongoing evaluation of treatment and conditions to detect signs of retaliatory actions.

#### **Provision (b): Protective Measures**

The PAQ and Facility Head confirmed that protective strategies are used to mitigate the risk of retaliation, including:

- Reassignment of housing or job placements,
- Removal of alleged perpetrators from contact with individuals at risk, and
- Provision of emotional and psychological support to those expressing fear of retaliation.

#### **Relevant Policy Reference**

GDC SOP 208.06, pp. 28-29, Section 4(b)

#### **Provision (c): Monitoring Practices**

Monitoring of individuals at risk for retaliation is active and sustained for a minimum of 90 days, with extensions made if warranted. The Retaliation Monitor and the PAQ affirmed that reviews are conducted regularly to detect potential signs of retaliation. The facility reported no retaliation concerns or cases during the prior year.

#### **Relevant Policy Reference**

GDC SOP 208.06, Section 4(c): Requires immediate response and intervention should signs of retaliation be identified.

#### **Provision (d): Periodic Status Checks**

Status checks are conducted on a routine basis throughout the monitoring period. According to policy:

Reviews include examinations of housing, work assignment, disciplinary records, and staff employment conditions.

The use of Attachment 8: Retaliation Monitoring Checklist is mandatory for documenting each monitored case.

Monitoring continues beyond 90 days if concerns remain or retaliation is suspected but may end earlier if the allegation is determined to be unfounded.

#### **Relevant Policy Reference**

GDC SOP 208.06, pp. 28-29, Section 4(c)(i-iii)

#### **Provision (e): Protection for Other Cooperators**

	<p>The facility's retaliation monitoring procedures also apply to any individual who participates in a sexual abuse investigation and reports fear of retaliation, including staff, witnesses, or third-party reporters. The Retaliation Monitor confirmed that protective strategies would be equally applied to these individuals when warranted.</p> <p><b>Relevant Policy Reference</b></p> <p>GDC SOP 208.06, Section 4(c): Mandates protections for all individuals who may face retaliation due to involvement in a PREA-related matter.</p> <p><b>Provision (f): Not Audited</b></p> <p>In accordance with guidance in the PREA Auditor Handbook, Provision (f) is not subject to audit and was therefore excluded from compliance determinations.</p> <p><b><u>CONCLUSION</u></b></p> <p>Based on an in-depth review of documentation, applicable policies, and interviews with facility leadership and the designated Retaliation Monitor, the Auditor finds that the facility is in full compliance with the PREA standard related to protection from retaliation.</p> <p>The agency has demonstrated a comprehensive and well-coordinated response to potential retaliation through:</p> <ul style="list-style-type: none"> <li>• Clear policies,</li> <li>• Trained and designated personnel,</li> <li>• Practical monitoring tools, and</li> <li>• A commitment to upholding the rights and safety of all individuals involved in the reporting and investigative processes.</li> </ul> <p>These efforts reflect a facility-wide culture of accountability, transparency, and support in alignment with the core objectives of the Prison Rape Elimination Act.</p>
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115.68	Post-allegation protective custody
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p>
	<p>DOCUMENT REVIEW</p> <p>As part of the audit process, the Auditor conducted a thorough examination of the Pre-Audit Questionnaire (PAQ) and all accompanying documentation submitted by the facility. The review specifically focused on the agency's protocols and safeguards regarding the placement of incarcerated individuals in segregated housing following</p>

an allegation of sexual abuse.

Among the key documents reviewed was the Georgia Department of Corrections (GDC) Standard Operating Procedure (SOP) 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, with an effective date of June 23, 2022. This policy establishes the framework for addressing safety concerns related to sexual abuse allegations, including the appropriate use—and limitations—of segregated housing as a protective measure.

INTERVIEWS

Facility Head or Designee

During the interview, the Facility Head affirmed that the use of involuntary segregated housing for individuals who report sexual abuse is not a standard response. The Facility Head clarified that when protective housing becomes necessary, all other options—such as housing transfers or reassignments—are carefully considered first. Only when no viable alternatives exist to ensure the individual's safety is involuntary segregation considered. If such placement does occur, the facility implements routine 30-day reviews to assess whether continued separation remains justified.

Additionally, the Facility Head emphasized that individuals placed in involuntary segregated housing retain access to education, programming, and work assignments, consistent with safety and security protocols. These measures are designed to minimize the potential adverse effects of separation while ensuring that safety remains a top priority.

Staff Responsible for Segregated Housing Supervision

Staff members who supervise individuals in segregated housing confirmed the facility's commitment to using protective custody only as a last resort. They indicated that multiple housing strategies are available to maintain safety and that efforts are consistently made to explore all alternatives before resorting to involuntary segregation. Staff also affirmed the existence of regular review processes and detailed documentation related to segregated placements.

Incarcerated Individuals in Segregated Housing Due to Risk of Sexual Abuse

At the time of the on-site audit, the facility reported zero individuals housed in segregation due to a current risk of sexual victimization or as a result of reporting sexual abuse. This finding supports the facility's reported practice of avoiding segregated placements whenever feasible.

PROVISIONS

Provision (a): Restrictions on Involuntary Segregation

According to the PAQ and verified through staff interviews, the agency has implemented a written policy that prohibits the placement of individuals who allege sexual abuse into involuntary segregated housing unless a thorough assessment concludes that no reasonable alternative exists to ensure their protection.

The facility reported that in the past 12 months, no individuals were placed:

In involuntary segregated housing for 1 to 24 hours during the initial risk assessment process; or

Involuntary segregation beyond 30 days while awaiting a more suitable placement. The Facility Head confirmed that these practices are followed consistently and that the required 30-day reviews are in place to evaluate the necessity of continued placement.

### **RELEVANT POLICY**

The governing policy is GDC SOP 208.06, PREA Sexually Abusive Behavior Prevention and Intervention Program, effective June 23, 2022. Relevant provisions can be found in Section 8 (a-d), page 25, which outline the requirements for post-allegation protective housing:

Subsection (a): Individuals identified as being at high risk of sexual victimization or aggression shall not be placed in involuntary segregated housing solely on that basis, unless no alternative method of separation is available. If such placement is made, the decision must be clearly documented in SCRIBE case notes, including a rationale for why alternative housing could not be used.

Subsection (b): Placement in involuntary segregated housing must be considered temporary and should not exceed 30 days, allowing time for staff to identify and arrange alternative housing options.

Subsection (c): If access to programs, privileges, education, or work opportunities is restricted during segregated placement, those limitations must be documented. The documentation must specify:

The nature of the limitations,

The duration of the limitations, and

The specific reasons why the limitations were necessary.

Subsection (d): A 30-day formal review is required for each individual placed in protective custody to assess whether the continued separation remains necessary based on current safety concerns.

### **CONCLUSION**

Based on a detailed review of facility documentation, applicable policies, and comprehensive staff interviews, the Auditor finds that the facility is in full compliance with the PREA standard addressing post-allegation protective custody.

The facility has demonstrated a clear commitment to minimizing the use of involuntary segregation, instead prioritizing individualized safety planning and the least restrictive housing arrangements possible. When segregation is used, the facility ensures due process protections are in place, including regular assessments and documentation, and that access to essential services and programs is preserved to the greatest extent feasible.

These practices reflect a strong alignment with PREA's goals of both protecting survivors and maintaining their dignity, access, and rights within the correctional

	setting.
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<b>115.71</b>	<b>Criminal and administrative agency investigations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b><u>DOCUMENT REVIEW</u></b></p> <p>The Auditor completed a detailed examination of the</p> <ol style="list-style-type: none"> <li>1. Pre-Audit Questionnaire (PAQ) along with all relevant supporting documentation submitted by the facility.</li> <li>2. Georgia Department of Correction (GDC) Standard Operating Procedures (SOP), Policy Number: 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective June 23, 2022.</li> </ol> <p>This policy outlines procedures for initiating and conducting both administrative and criminal investigations into allegations of sexual abuse and sexual harassment, and establishes expectations for documentation, evidence collection, and coordination across departments.</p> <p><b><u>INTERVIEWS</u></b></p> <p><b>Investigative Staff</b></p> <p>During interviews, investigative staff offered comprehensive insight into the facility’s approach to handling PREA-related investigations:</p> <ul style="list-style-type: none"> <li>• Investigations are initiated promptly upon receiving a report of alleged sexual abuse or sexual harassment, regardless of how the report is received—whether in person, by phone, verbally, through mail, anonymously, or via third party.</li> <li>• Investigators confirmed participation in all required specialized PREA investigative training, and the Auditor reviewed training records to verify full compliance.</li> <li>• A uniform investigative structure is used for all cases: investigators first interview the reporting individual, then witnesses, and lastly, the alleged perpetrator. Slight procedural variations exist between investigations of sexual harassment and those involving sexual assault or abuse.</li> <li>• In cases involving alleged sexual abuse, investigators meet victims at a designated SAFE/SANE location when applicable. If the SAFE/SANE team is not responsible for evidence collection, the investigator collects and secures all</li> </ul>

physical evidence.

- Investigative staff are specifically trained in proper evidence collection protocols, with training documentation verified by the Auditor.
- When an investigation reveals potential criminal conduct, the case is referred to the Office of Professional Standards – Criminal Division (OPS-Criminal). Investigators consult with prosecutorial authorities before conducting compelled interviews to avoid compromising criminal proceedings. In criminal cases, Miranda rights are read when appropriate.
- The credibility of all parties—reporting individuals, witnesses, and alleged perpetrators—is assessed independently based on the evidence collected, not on the individual's status as staff or incarcerated person. Polygraph examinations are not used in the investigative process.
- Administrative investigations are guided by the available evidence and also explore whether any staff action or inaction contributed to the reported incident. Findings are clearly documented in a written investigative report.
- Staff confirmed that the investigation continues regardless of whether a victim or alleged perpetrator leaves the agency's custody or employment.
- Facility personnel cooperate fully with OPS-Criminal Division investigators and are kept informed of the progress and status of ongoing criminal investigations.

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

The PREA Coordinator confirmed that the agency retains written records of all administrative and criminal investigations of sexual abuse and harassment for the duration of the alleged abuser's incarceration or employment, plus five years. In addition, key data related to incidents are maintained in the SCRIBE database indefinitely.

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

The PCM reiterated that the agency does not discontinue an investigation due to the departure of an involved party—whether victim or alleged abuser—from the agency's custody or employment.

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

The Facility Head or designee reported that in the past twelve months, there were zero substantiated allegations of conduct that constituted a criminal offense referred for prosecution.

#### **Individuals Who Reported Sexual Abuse**

At the time of the on-site audit there were no inmates assigned to the facility who reported sexual abuse in the past 12 months. Consequently, no inmates in this category were interviewed.

#### **PROVISIONS**

**Provision (a)**

The facility's PAQ and staff interviews confirm that the agency has a clearly defined policy for conducting administrative and criminal investigations. Allegations of sexual abuse, attempted sexual abuse, and sexual harassment are investigated promptly, objectively, and thoroughly, regardless of the source or method of report—including third-party and anonymous submissions.

Verified in SOP 208.06 – Section covering investigative standards.

**Provision (b)**

Investigators assigned to sexual abuse cases have completed specialized training as required under PREA. Training records confirmed that investigators meet this requirement.

Supported by SOP 208.06 – Specifies that only specially trained investigators conduct sexual abuse investigations.

**Provision (c)**

Investigators are expected to collect and preserve all forms of evidence—physical, DNA, circumstantial, testimonial, and electronic (such as video surveillance). They interview all parties involved and review any previous allegations against the accused. This protocol was verified during staff interviews.

SOP 208.06, p. 32, Section 9 outlines the evidence collection protocol.

**Provision (d)**

If the evidence supports potential criminal prosecution, compelled interviews are only conducted after consultation with prosecutors to ensure such interviews do not impede the prosecution process.

SOP 208.06, p. 32, Sections 10 & 11 confirm procedures and requirements for prosecution referrals.

**Provision (e)**

Credibility assessments are conducted based on evidence and individual circumstances—not on the status of the person (e.g., staff vs. incarcerated person). Use of polygraphs or other truth-telling devices is expressly prohibited as a condition for proceeding with the investigation.

SOP 208.06, p. 31, Section 8(c) details these procedures.

**Provision (f)**

Administrative investigations include a review of whether staff actions or inactions

contributed to the alleged incident. Investigators are required to document all physical and testimonial evidence, credibility assessments, and key findings in a written report.

Confirmed in SOP 208.06 – Report content standards section.

**Provision (g)**

Criminal investigations are documented with detailed reports that include summaries of all interviews, physical and documentary evidence, and any supporting materials. These materials are attached to the final report where possible. When an incident is determined to be criminal, the OPS-Criminal Division assumes responsibility for the case.

Confirmed during interviews and in SOP documentation.

**Provision (h)**

The facility reported six substantiated allegations of conduct classified as criminal that were referred for prosecution within the past twelve months. This was verified during interviews with facility leadership.

**Provision (i)**

The agency retains all investigative records—administrative and criminal—for a minimum of five years beyond the period of incarceration or employment of the alleged abuser. Retention may be extended based on legal requirements or litigation holds.

SOP 208.06 outlines data retention standards based on employment/incarceration, state policy, and legal holds.

**Provision (j)**

The agency does not terminate an investigation due to the resignation or release of the victim or alleged abuser. Investigations proceed to their conclusion regardless of employment or custody status.

SOP 208.06 confirms continued investigations irrespective of individual status changes.

**Provision (k)**

Not applicable. Auditors are not required to evaluate this provision under PREA standards.

	<p><b>Provision (I)</b></p> <p>Although the agency has policies in place to cooperate with external investigators, all PREA-related investigations are conducted internally. There are no external investigative bodies currently responsible for PREA cases at this facility.</p> <p>SOP 208.06 specifies that investigations are conducted by facility SART teams, not external agencies.</p> <p><b><u>CONCLUSION</u></b></p> <p>Based on an in-depth review of policies, investigative files, training records, and staff and resident interviews, the Auditor concludes that the facility meets all requirements under PREA Standard §115.71 – Criminal and Administrative Investigations.</p> <p>The agency has established a structured, policy-driven investigative framework that ensures timely, thorough, and objective investigations of all sexual abuse and harassment allegations. The investigative process respects the rights of all parties, maintains procedural integrity, and emphasizes accountability at every stage.</p>
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115.72	Evidentiary standard for administrative investigations
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p>
	<p><b><u>DOCUMENT REVIEW</u></b></p> <p>The Auditor conducted a comprehensive review of the Pre-Audit Questionnaire (PAQ) along with all supporting documentation provided by the facility. Key materials reviewed included the Georgia Department of Corrections (GDC) Standard Operating Procedures (SOP), Policy Number 208.06, titled Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, with an effective date of June 23, 2022.</p> <p>This policy outlines GDC’s commitment to ensuring that all administrative investigations into allegations of sexual abuse and sexual harassment adhere to appropriate evidentiary standards consistent with PREA requirements.</p> <p><b><u>INTERVIEW</u></b></p> <p><b>Investigative Staff</b></p>

During the onsite audit, the Auditor conducted interviews with staff responsible for conducting administrative investigations of PREA-related allegations. Investigative staff described their processes in detail, confirming that investigations are thorough and include the collection and examination of all available evidence. This includes:

- Statements and testimony from the reporting party and the accused
- Interviews with witnesses and other relevant individuals
- Physical and documentary evidence from the scene of the incident
- Review of camera footage, logs, and other corroborating materials
- Investigative staff confirmed that they are trained to base their findings on a preponderance of the evidence standard. They emphasized that the Georgia Department of
- Corrections does not impose any evidentiary threshold higher than this standard when determining whether an allegation of sexual abuse or sexual harassment is substantiated.

## **PROVISIONS**

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

The PAQ affirms that the agency follows the federal PREA requirement and does not impose a standard of proof higher than a preponderance of the evidence when evaluating allegations of sexual abuse or sexual harassment during administrative investigations.

This assertion was validated through interviews with investigative staff, who clearly articulated that the threshold for substantiating allegations is whether the evidence shows it is more likely than not (i.e., greater than 50% likelihood) that the misconduct occurred.

The agency's policy support for this practice is found in the Georgia Department of Corrections (GDC) SOP 208.06, effective June 23, 2022, on page 30, section G.5, which explicitly states:

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

This policy language aligns fully with the PREA standard and ensures that all allegations are assessed using a fair, evidence-based approach consistent with best practices in administrative investigations.

## **CONCLUSION**

Following a thorough review of the relevant policy documents and based on the consistent feedback provided during interviews with investigative staff, the Auditor concludes that the agency/facility is in full compliance with the PREA standard regarding the evidentiary standard for administrative investigations.

	The facility meets all requirements of §115.72 by employing the appropriate evidentiary threshold—preponderance of the evidence—without imposing a more stringent burden of proof. This practice supports the fair, equitable, and effective resolution of all PREA-related allegations.
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<b>115.73</b>	<b>Reporting to inmates</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b><u>DOCUMENT REVIEW</u></b></p> <p>The Auditor conducted a thorough review of the:</p> <ol style="list-style-type: none"> <li>1. Pre-Audit Questionnaire (PAQ) and all accompanying documentation submitted by the facility.</li> <li>2. Georgia Department of Correction (GDC) Standard Operating Procedures (SOP), Policy Number 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective June 23, 2022</li> <li>3. Attachment 3 to SOP 208.06 – GDC PREA Disposition Offender Notification Form</li> <li>4. A random sample of closed PREA investigation case files</li> <li>5. PREA Investigation Tracking Chart</li> </ol> <p>These documents detail the processes and protocols followed by the facility for notifying incarcerated individuals of the outcomes of sexual abuse and sexual harassment investigations, as required under the PREA standards.</p> <p><b><u>INTERVIEWS</u></b></p> <p><b>Investigative Staff</b></p> <p>Investigative personnel explained that the final step in the investigative process involves the preparation of a comprehensive report summarizing the investigation and outlining the rationale behind the determination. Once the report is completed, it is forwarded to the facility, which assumes responsibility for notifying the involved individual of the outcome.</p> <p>In cases where an investigation is criminal in nature and handled by the Office of Professional Standards (OPS), OPS staff, in conjunction with the Facility Head, are responsible for notification.</p> <p><b>Facility Head or Designee</b></p>

During interviews, the Facility Head confirmed that when an incarcerated individual alleges sexual abuse by a staff member and the allegation is substantiated, the individual is notified when:

- The staff member is removed from their housing unit;
- The staff member is no longer employed at the facility;
- The Department becomes aware that the staff member has been arrested in connection with the abuse; or
- The staff member has been convicted of a related offense.

The Facility Head also confirmed that there were no substantiated staff-on-incarcerated-person sexual abuse allegations in the past 12 months.

### **Individuals Who Reported Sexual Abuse**

At the time of the on-site audit there were no inmates assigned to the facility who reported sexual abuse in the past 12 months. Consequently, no inmates in this category were interviewed.

### **PROVISIONS**

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

The PAQ indicates, and staff interviews confirm, that the facility follows a policy that requires incarcerated individuals who report sexual abuse to be notified—verbally or in writing—of the outcome of the investigation, including whether the claim was substantiated, unsubstantiated, or unfounded.

Policy support for this practice is found in GDC SOP 208.06, page 33, section G.17. The policy mandates that once an investigation is closed, the Warden or Superintendent must ensure that the reporting individual is informed of the final determination. This notification is documented on Attachment 3, the GDC PREA Disposition Offender Notification Form. In cases referred to OPS, the facility must notify the individual of the OPS findings upon conclusion. Notification requirements end upon the individual's release from GDC custody.

According to the PAQ, the facility completed nine administrative or criminal investigations related to sexual abuse in the past 12 months. Documentation confirmed that each of the individuals was notified using Attachment 3.

#### **Provision (b)**

This provision is not applicable. All PREA investigations—both administrative and criminal—are conducted internally by GDC staff. No external entities conduct investigations. This was verified through staff interviews.

#### **Provision (c)**

The PAQ states, and the Facility Head confirmed, that individuals who allege staff-on-incarcerated-person sexual abuse are notified, unless the allegation is unfounded, of

the following:

- The staff member's removal from the housing unit;
- Termination of the staff member's employment;
- Arrest or conviction of the staff member on charges related to the abuse.

In the past 12 months, there were no substantiated or unsubstantiated staff-on-incarcerated-person abuse allegations. Nonetheless, the facility has policies and procedures in place to ensure that notifications would be made if such circumstances arose.

**Provision (d)**

As with staff-on-individual cases, individuals alleging sexual abuse by another incarcerated person are notified if the perpetrator has been:

- Indicted on a sexual abuse-related charge;
- Convicted of such a charge.

This practice was confirmed by the Facility Head.

**Provision (e)**

The facility reported in the PAQ that eleven individuals received written notifications regarding the outcome of PREA investigations.

Policy SOP 208.06 reiterates that the duty to notify ends once the individual is no longer in GDC custody. All case files reviewed confirmed timely, documented notifications were provided in accordance with policy.

**Provision (f)**

Auditors are not required to evaluate this provision under PREA audit standards.

**CONCLUSION**

Based on the review of agency policies, supporting documentation, investigation files, and interviews with staff and incarcerated individuals, the Auditor finds that the facility fully complies with all provisions under PREA Standard §115.73 – Reporting to Inmates.

The facility demonstrated consistent practices in informing individuals of investigation outcomes, including timely, documented notifications using standardized forms. Additionally, the commitment to maintaining transparency while safeguarding confidentiality was evident throughout the review and interview process.

**Auditor Overall Determination:** Meets Standard

**Auditor Discussion**

**DOCUMENT REVIEW**

The Auditor conducted a detailed review of the Pre-Audit Questionnaire (PAQ) and all supplemental documentation provided by the facility. Central to this review was the Georgia Department of Correction (GDC) Standard Operating Procedures (SOP), Policy Number 208.06, titled Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, with an effective date of June 23, 2022.

This policy outlines the expectations for staff conduct regarding sexual abuse, sexual harassment, and sexual misconduct, and establishes the disciplinary framework for responding to violations. It includes clearly defined sanctions, up to and including termination, and mandates referrals to law enforcement and licensing entities when appropriate.

**INTERVIEWS**

**Facility Head or Designee**

During the on-site interview, the Facility Head or their designated representative affirmed that all employees are held to the standards outlined in the agency's PREA policy and are expected to maintain professional conduct at all times. Staff who violate these expectations face disciplinary consequences, with termination serving as the presumptive sanction in cases involving sexual abuse.

The Facility Head further reported the following for the preceding twelve-month period:

- There were no incidents in which staff were found to have violated the agency's policies on sexual abuse, sexual harassment, or sexual misconduct.
- No employees were terminated or resigned in lieu of termination due to such violations during the review period.
- The facility maintains a zero-tolerance stance, and termination is the default disciplinary response for any substantiated case of staff sexual abuse of an incarcerated individual.
- These statements were consistent with the information submitted in the PAQ and verified through review of facility records.

**PROVISIONS**

**Provision (a): Disciplinary Sanctions for Staff Violations**

The PAQ confirms that staff are subject to disciplinary action—including termination—for violations of the agency's sexual abuse or sexual harassment policies. This was corroborated during the interview with the Facility Head or designee.

**Relevant Policy Reference:**

GDC SOP 208.06, Section H.1.a (p. 33) states that any employee who engages in sexual abuse of an incarcerated individual shall be permanently disqualified from employment in correctional facilities, subject to disciplinary action, and termination shall be the presumptive sanction. Additionally, such cases may be referred for criminal prosecution when warranted.

**Provision (b): Termination and Resignation Trends**

The PAQ and Facility Head interview both confirmed that no staff member violated the agency's policies related to sexual abuse or harassment within the last 12 months. Consequently, there were no terminations, nor resignations in lieu of termination, due to such violations during the reporting period.

**Relevant Policy Reference:**

GDC SOP 208.06, Section H.1.a reiterates that termination is the standard disciplinary action when a staff member is found to have committed sexual abuse.

**Provision (c): Sanctions for Non-Abusive Violations**

According to the PAQ, if a staff member violates policies related to sexual abuse or harassment—but the conduct does not rise to the level of sexual abuse—the disciplinary sanctions imposed must reflect the nature and severity of the incident, the individual's prior disciplinary record, and the consistency of sanctions applied in similar cases.

The Facility Head reported that no such cases occurred during the past year, and thus, no lesser sanctions were imposed during this time.

**Relevant Policy Reference:**

GDC SOP 208.06, Section H.1.b (p. 33) affirms that disciplinary actions related to sexual harassment should be proportionate to the severity of the offense, consistent with past practices, and reflective of the staff member's history.

**Provision (d): Referrals to Law Enforcement and Licensing Authorities**

The PAQ states that any staff separation due to violations of the agency's sexual abuse or harassment policies—including resignations in lieu of termination—is referred to law enforcement, unless the behavior is clearly not criminal. When applicable, these cases are also reported to licensing or certification bodies, such as the Georgia Peace Officer Standards and Training Council (POST).

The Facility Head confirmed that there were no staff separations in the past 12 months that required referral to external authorities.

**Relevant Policy Reference:**

GDC SOP 208.06, Section H.1.c (p. 34) mandates that all staff separations involving policy violations be reported to law enforcement and to POST, except in cases where

	<p>the conduct is unequivocally non-criminal.</p> <p><b><u>CONCLUSION</u></b></p> <p>Following a thorough review of agency policies, facility practices, documentation provided in the Pre-Audit Questionnaire, and an in-depth interview with the Facility Head or designee, the Auditor finds the facility to be fully compliant with all provisions of PREA Standard §115.76 – Disciplinary Sanctions for Staff.</p> <p>The facility has implemented a well-defined disciplinary structure that prioritizes accountability, fairness, and consistency. There is a strong commitment to upholding zero-tolerance standards for sexual abuse and harassment, and all required mechanisms are in place to ensure proper investigation, documentation, sanctioning, and referral practices. The absence of violations during the audit period further demonstrates the effectiveness of training, supervision, and policy enforcement within the facility.</p>
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<b>115.77</b>	<b>Corrective action for contractors and volunteers</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p>
	<p><b><u>DOCUMENT REVIEW</u></b></p> <p>The Auditor conducted a comprehensive analysis of the Pre-Audit Questionnaire (PAQ) along with all accompanying supporting materials submitted by the facility. Among the key documents reviewed was the Georgia Department of Correction (GDC) Standard Operating Procedures (SOP), Policy Number 208.06, titled Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, with an effective date of June 23, 2022.</p> <p>This policy clearly outlines the required actions when contractors or volunteers are found to have violated agency standards concerning sexual abuse or sexual harassment. It mandates immediate removal from contact with incarcerated individuals and, when appropriate, referral to external oversight and law enforcement authorities.</p> <p><b><u>INTERVIEWS</u></b></p> <p><b>Facility Head or Designee</b></p> <p>During the on-site interview, the Facility Head or their designated representative affirmed that the facility takes all allegations involving contractors or volunteers seriously and strictly adheres to GDC policy.</p> <p>The designee reported that in the past twelve months, there have been:</p> <ul style="list-style-type: none"> <li>• Zero instances where contractors or volunteers were reported to law</li> </ul>

enforcement or licensing bodies for engaging in sexual abuse of incarcerated individuals.

- No documented violations by contractors or volunteers of the facility's policies regarding sexual abuse or sexual harassment.

The Facility Head confirmed that, consistent with policy, any contractor or volunteer found to have engaged in such behavior would be immediately prohibited from further contact with incarcerated individuals and would be referred to appropriate external authorities when applicable.

### **PROVISIONS**

#### **Provision (a): Reporting Sexual Abuse by Contractors or Volunteers**

The facility indicated in the PAQ that its policy mandates any contractor or volunteer who engages in sexual abuse shall be immediately removed from contact with incarcerated individuals and shall be reported to law enforcement (unless the conduct is clearly not criminal) as well as to any applicable licensing or certification bodies.

This was verified through interviews with facility leadership and a review of SOP 208.06. The policy establishes a clear expectation of zero tolerance and outlines required steps for response, including both internal and external notifications.

Over the course of the past year, the facility reported:

- Zero contractors and zero volunteers were reported to law enforcement or licensing entities for sexual abuse.
- No violations were substantiated that triggered reporting obligations under this standard.

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

GDC SOP 208.06, Section H.2 (p. 34) states: "Any contractor or volunteer who engages in Sexual Abuse shall be prohibited from contact with offenders and shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies."

The policy also emphasizes that remedial action shall be taken in response to any other violations of the Department's sexual abuse or harassment policies, even if they do not rise to the level of criminal conduct.

#### **Provision (b): Remedial Measures for Other Violations**

The facility also reported that when contractors or volunteers violate agency policies related to sexual abuse or harassment—even if not amounting to criminal sexual abuse—appropriate remedial actions are taken. These include assessing whether the individual should be permanently prohibited from further contact with incarcerated individuals.

According to the PAQ and confirmed by the Facility Head in the past twelve months,

	<p>there have been no instances requiring remedial action or restrictions on contractor or volunteer access to incarcerated individuals based on such violations.</p> <p><b>Relevant Policy Reference:</b></p> <p>GDC SOP 208.06, Section H.2 further directs that “The facility shall take appropriate remedial measures and shall consider whether to prohibit further contact with offenders in the case of any other violation of Department Sexual Abuse or Sexual Harassment policies by a contractor or volunteer.”</p> <p>This provision ensures that the facility remains proactive in addressing any behavior by non-staff personnel that may jeopardize the safety or well-being of individuals in custody, even if the behavior is not criminal in nature.</p> <p><b>CONCLUSION</b></p> <p>Based on the comprehensive review of all submitted documentation, interviews with facility leadership, and a detailed examination of applicable policies, the Auditor concludes that the facility is in full compliance with PREA Standard §115.77 – Corrective Action for Contractors and Volunteers.</p> <p>The facility demonstrates a robust understanding of its responsibilities regarding third-party personnel and has established effective policies and protocols to respond to any potential violations. The zero-incident record over the past twelve months, coupled with clear policy language and leadership awareness, reflects the agency's commitment to maintaining a safe and accountable environment for all individuals within its custody.</p>
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115.78	Disciplinary sanctions for inmates
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p>
	<p><b>DOCUMENT REVIEW</b></p> <p>As part of the compliance verification process, the Auditor conducted a thorough review of the following documents:</p> <ul style="list-style-type: none"> <li>• The Pre-Audit Questionnaire (PAQ) and all supplemental materials submitted by the facility.</li> <li>• The Georgia Department of Corrections (GDC) Standard Operating Procedure (SOP) 208.06, titled Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention</li> <li>• and Intervention Program, effective June 23, 2022.</li> </ul> <p>The reviewed policy outlines the agency’s expectations and disciplinary protocols in response to incidents of inmate-on-inmate sexual abuse, including guidance on the</p>

consideration of mental health, the prohibition of retaliation, and the rights of individuals who report abuse in good faith.

## **INTERVIEWS**

### **Facility Head or Designee**

During the on-site interviews, the Facility Head or their designated representative confirmed the following:

- The Georgia Department of Corrections enforces a strict zero-tolerance policy toward all forms of sexual activity between incarcerated individuals.
- In the preceding twelve months, there were no administrative findings of substantiated inmate-on-inmate sexual abuse at the facility.
- Similarly, there were no criminal convictions related to inmate-on-inmate sexual abuse during the same reporting period.
- When incarcerated persons engage in sexual contact with staff, disciplinary action is only imposed if the staff member did not consent to the interaction.
- Individuals are not subjected to disciplinary action for reporting sexual abuse in good faith, even if the investigation does not ultimately substantiate the claim.

### **Medical and Mental Health Staff**

Clinical personnel confirmed that the facility provides a range of rehabilitative services, including counseling, therapeutic interventions, and behavior modification programs. These services are intended to address the underlying causes of sexually abusive behavior. Staff also indicated that participation in such services may be required as a condition for individuals to retain or regain access to certain programs or privileges.

## **PROVISIONS**

### **Provision (a): Sanctions Only After Due Process**

According to the PAQ, the facility imposes disciplinary sanctions on individuals for engaging in inmate-on-inmate sexual abuse only after:

- A formal disciplinary process concludes with an administrative finding of responsibility, or
- A criminal proceeding results in a conviction.

The facility confirmed that there were no such findings or convictions during the past twelve months.

### **Relevant Policy:**

SOP 208.06, p. 34, Sections H.3.a and H.3.b, states that while consensual sexual activity between incarcerated individuals is strictly prohibited, it is not considered sexual abuse unless coercion is present. All reported incidents are investigated

thoroughly, and non-consensual contact is presumed unless proven otherwise. Disciplinary action may only be taken following due process, in accordance with SOP 209.01, Offender Discipline.

**Provision (b): Proportional Sanctions**

The PAQ and interviews confirm that when disciplinary sanctions are issued for sexual abuse, the facility considers:

- The severity of the offense;
- The individual's disciplinary history; and
- Consistency with sanctions imposed in similar cases involving similarly situated individuals.

**Relevant Policy:**

SOP 208.06, p. 35, Section H.3.c, affirms that sanctions must be proportionate, equitable, and consistent, taking into account the totality of circumstances surrounding the incident.

**Provision (c): Mental Health Considerations**

The disciplinary process includes an evaluation of whether a person's mental illness or developmental disability contributed to the behavior. This was verified during the Facility Head interview and corroborated by clinical staff.

**Relevant Policy:**

SOP 208.06, p. 35, Section H.3.d, mandates that disciplinary decisions consider mental health status, and refers to SOP 508.18, which outlines Mental Health Discipline Procedures and the role of clinicians in reviewing and advising on cases involving mental health concerns.

**Provision (d): Rehabilitative Interventions**

The facility offers a variety of evidence-based programs designed to treat sexually abusive behavior, including counseling, therapy, and behavioral interventions. Participation in these interventions may be mandatory for access to certain privileges or programmatic opportunities.

**Relevant Policy:**

SOP 208.06, p. 35, Section H.3.e, requires that when such services are available, the facility must consider requiring participation as a condition for maintaining or gaining access to programming or institutional benefits.

**Provision (e): Sanctions for Sexual Contact with Staff**

Incarcerated individuals are not subject to disciplinary action for sexual contact with staff unless it is clearly established that the staff member did not consent to the interaction.

**Relevant Policy:**

SOP 208.06, p. 35, Section H.3.f, stipulates that disciplinary action for sexual contact with staff shall only be imposed when non-consensual conduct on the part of the staff member has been determined.

**Provision (f): Protections for Good-Faith Reports**

The PAQ confirms that individuals who report sexual abuse in good faith, with a reasonable belief that abuse occurred, will not be punished, even if the report is not substantiated. This safeguard was reinforced during the Facility Head interview.

**Relevant Policy:**

SOP 208.06, p. 35, Section H.3.g, ensures that good-faith reporting does not constitute lying or false reporting. This provision is vital to encouraging reports and maintaining a safe reporting environment.

**Provision (g): Consensual Activity vs. Sexual Abuse**

The agency's policy recognizes that all sexual activity between incarcerated individuals is prohibited. However, such conduct is classified as sexual abuse only when coercion, force, or pressure is involved. All sexual contact is initially presumed to be non-consensual until proven otherwise.

**Relevant Policy:**

SOP 208.06, p. 34, Section H.3.a, makes clear that even when sexual contact is deemed consensual, it remains a violation of institutional rules and is subject to disciplinary action, though not classified as sexual abuse unless coercion is established.

**CONCLUSION**

Following a thorough review of the Pre-Audit Questionnaire, GDC policy documentation, and interviews with administrative and clinical staff, the Auditor concludes that the facility is in full compliance with PREA Standard §115.78 – Disciplinary Sanctions for Inmates.

The agency demonstrates a comprehensive, fair, and trauma-informed approach to inmate discipline. Disciplinary decisions are made following due process, are proportionate to the nature of the conduct, and account for mental health considerations. Individuals who report abuse in good faith are protected from retaliation or disciplinary consequences, and the facility ensures a clear distinction between consensual rule violations and coercive sexual abuse.

The facility's implementation of this standard reflects a strong institutional commitment to safety, accountability, and rehabilitation within a correctional environment.

**Auditor Overall Determination: Meets Standard**

**Auditor Discussion**

**DOCUMENT REVIEW**

As part of the PREA audit process, the Auditor conducted a comprehensive and structured review of all documentation relevant to evaluating compliance with standards related to medical and mental health evaluations following disclosures of sexual victimization or abusiveness. The following key documents were reviewed:

- The facility's Pre-Audit Questionnaire (PAQ) and all associated supporting materials;
- 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;
- GDC SOP VH82-0001, titled Informed Consent, effective April 1, 2002.

These documents outline protocols for privacy, informed consent, screening processes, and follow-up services for individuals identified as victims or aggressors in sexual abuse incidents.

**INTERVIEWS**

**Risk Screening Personnel**

Staff responsible for conducting PREA screenings during intake reported that:

- Medical and mental health records are maintained separately from general inmate files and are stored in confidential, secure electronic systems.
- Access to these records is strictly limited to authorized medical or mental health personnel.
- Any disclosure of sensitive screening information to classification or administrative staff occurs only when necessary, and in accordance with confidentiality standards and institutional policy.

**Medical and Mental Health Staff**

Healthcare professionals shared that:

- Individuals who disclose having experienced sexual victimization in the community (i.e., outside of a correctional setting) are asked to provide informed consent before this information is shared for any non-clinical purpose—unless the individual is under 18 years of age, in which case mandatory reporting requirements apply.
- When an individual is flagged during intake as at heightened risk for sexual victimization or abusiveness, or discloses a history of victimization, they are referred to mental health services within 14 days of arrival, as part of a structured clinical follow-up process.

## Inmates Reporting Prior Victimization

Two inmates who reported prior victimization were interviewed. Through the interview process they reported:

- They reported prior victimization to facility staff
- They reported they were offered a mental health referral the same day they disclosed this information to facility staff
- Both inmates declined the mental health referral saying they did not need the referral as the victimization was many years ago.

### **PROVISIONS**

#### **Provision (a): Follow-up for Disclosed Victimization**

According to the PAQ and staff interviews, individuals who disclose a history of sexual victimization—whether the abuse occurred in the community or within an institutional setting—are automatically referred for a follow-up evaluation with a qualified medical or mental health practitioner. These sessions are scheduled to occur within 14 calendar days of the disclosure to ensure timely support and assessment of clinical needs. All such encounters are formally documented in the individual's medical file.

#### **Relevant Policy:**

SOP 208.06, page 25, Section D.7, mandates that individuals whose screening indicates prior sexual victimization or sexually abusive behavior must be referred to medical and/or mental health providers for follow-up care within 14 days. The process includes completion of Attachment 14 (PREA Counseling Referral Form) to initiate and document the referral.

#### **Provision (b): Evaluation for Identified Aggressors**

The PAQ further specifies that any individual identified—through screening or other means—as having a history of sexually abusive behavior must receive a mental health evaluation within 14 days. At the time of the audit, no individuals at the facility were identified with such a history, and therefore, no follow-up interviews with persons in this category could be conducted. Staff confirmed that clinical documentation would be completed in accordance with policy if such a case arose.

#### **Relevant Policy:**

SOP 208.06, page 25, Section D.7, requires mental health referrals for anyone identified as a potential perpetrator of sexual abuse or harassment. The facility is obligated to initiate this process using Attachment 14, ensuring a formal, documented clinical response.

#### **Provision (c): Applicability to Jails Only**

This provision pertains specifically to jails and does not apply to the facility under review, which operates as a state correctional institution.

#### **Provision (d): Limited Use of Screening Information**

The PAQ and staff interviews confirmed that information obtained during the PREA screening process is utilized solely for legitimate operational purposes, including housing assignments, program participation, work placements, and referral to services. This information is treated with confidentiality and is disclosed only to staff with a demonstrated need to know, in compliance with institutional policy and applicable laws.

**Provision (e): Informed Consent for Community-Based Victimization Disclosures**

The facility requires informed consent before sharing information related to incidents of sexual victimization that occurred outside of the correctional environment. This requirement does not apply to minors, who are covered under separate mandatory reporting obligations. Interviews with medical staff affirmed that the informed consent process is applied consistently and in alignment with ethical standards of practice.

**Relevant Policy:**

GDC SOP VH82-0001, Informed Consent, page 3, Section VI.A.1-4, outlines the procedures for obtaining consent, which include:

Upon intake, individuals are asked to review and sign a general informed consent form, authorizing routine medical care such as physical exams and diagnostic testing. This form is available in both English (P82-0001.01) and Spanish (P82-0001.02).

For individuals with visual, auditory, or language-related limitations, staff are responsible for ensuring the content is conveyed in an accessible and comprehensible manner.

Signed consent forms are stored securely in the individual's medical file.

Once general consent is provided, further medical services may proceed under implied consent, as long as the nature of the treatment or procedure has been clearly explained.

**CONCLUSION**

Following a detailed review of institutional policies, procedures, supporting documentation, and staff interviews, the Auditor has determined that the facility is in full compliance with PREA standards governing medical and mental health evaluations of individuals disclosing prior sexual victimization or sexually abusive behavior.

The facility's procedures reflect a strong, trauma-informed approach to identifying and supporting individuals who may be vulnerable or pose a risk of aggression. The use of confidential recordkeeping, the requirement for informed consent, and the prompt referral to behavioral health services demonstrate a commitment to professional clinical care, ethical standards, and compliance with PREA requirements. The facility's practices ensure that each individual's rights to privacy, safety, and informed treatment are fully respected and protected.

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

As part of the compliance assessment for this PREA audit, the Auditor conducted a thorough and systematic review of facility documents to evaluate the institution's practices regarding the provision of emergency medical and mental health services for individuals who report incidents of sexual abuse. The materials reviewed included:

- The facility's Pre-Audit Questionnaire (PAQ) and all associated supporting documentation;
- Georgia Department of Corrections (GDC) Standard Operating Procedure (SOP) 208.06, titled Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, with an effective date of June 23, 2022.

These documents collectively outline the agency's responsibilities and procedures for responding to reports of sexual abuse, ensuring immediate access to medical treatment, mental health services, and compliance with relevant PREA standards and legal mandates.

**INTERVIEWS****Medical Staff**

Facility medical personnel were interviewed to assess how emergency healthcare services are delivered in response to allegations of sexual abuse. Staff confirmed that:

- Upon disclosure of sexual abuse, emergency medical care is initiated immediately, with no unnecessary delay.
- Medical responses are based on professional clinical judgment, with priority given to stabilizing injuries, addressing acute health needs, and determining the appropriate level of follow-up care.
- When clinically indicated, incarcerated individuals are offered emergency contraception and prophylactic treatment for sexually transmitted infections (STIs), in accordance with current medical standards and best practices.

Staff also described a comprehensive medical response protocol, which begins with an initial evaluation by the facility's healthcare provider. If further care is needed, the individual may be transferred to an external hospital. In cases that trigger Sexual Assault Response Team (SART) activation, nursing staff provide immediate care, while the attending physician issues treatment orders. Educational information about STI prevention, post-exposure care, and follow-up services is provided to the individual.

**Mental Health Staff**

The facility contracts with an external provider for mental health services and does not employ on-site mental health clinicians. As a result, no mental health staff were

available for interview under this standard during the onsite portion of the audit.

### **First Responders (Security and Non-Security Personnel)**

Security staff trained to serve as first responders described their roles following a report of sexual abuse. Their duties include:

- Ensuring the immediate safety of the individual who disclosed the abuse;
- Notifying medical staff without delay;
- Preserving physical evidence for potential investigation;
- Separating the alleged perpetrator, when identified.

Non-security personnel (e.g., administrative, education, and support staff) who may serve as first responders confirmed their responsibility to:

- Protect the alleged victim;
- Immediately alert security staff;
- Remain with the individual until trained responders take control of the situation.

### **Inmates Reporting Sexual Abuse**

At the time of the onsite audit, no individuals housed at the facility had reported incidents of sexual abuse. Therefore, no interviews were conducted with individuals in this category under the current standard.

## **PROVISIONS**

### **Provision (a): Access to Emergency Medical and Crisis Intervention Services**

According to the PAQ and corroborated by medical staff interviews, individuals who report sexual abuse while in custody are provided with immediate and unimpeded access to emergency medical care and crisis mental health services. These services are initiated as soon as a report is made and continue based on medical necessity and clinical judgment.

Although there were no reported incidents in the year prior to the audit, staff confirmed that, should a report occur, the following would be documented:

- The timing of the medical response;
- The actions taken by security or other staff in the absence of healthcare personnel;
- The specific medical services provided, including emergency STI prevention and contraception.

### **Relevant Policy:**

SOP 208.06, page 36, Section I, requires that emergency services be offered in response to reports of sexual abuse. It cross-references SOP 507.04.85 (Informed

Consent) and SOP 507.04.91 (Medical Management of Suspected Sexual Assault) to guide medical protocol and ensure compliance with PREA regulations.

**Provision (b): First Responder Responsibilities in the Absence of Medical Staff**

The PAQ notes—and staff interviews confirmed—that when a qualified healthcare provider is not immediately available, first responders are trained and required to:

- Protect the safety and well-being of the individual reporting the abuse;
- Isolate the alleged perpetrator, if applicable;
- Preserve potential evidence, including instructing the victim not to shower, change clothes, or use the restroom (if appropriate);
- Notify medical staff as quickly as possible.

**Relevant Policy:**

SOP 208.06, page 36, Section I, states that in situations where on-site medical professionals are unavailable, trained first responders must take immediate protective action and contact medical staff without delay. This protocol also aligns with SOP 507.04.85 and SOP 507.04.91.

**Provision (c): Access to Emergency Contraception and STI Prophylaxis**

The PAQ and interviews with medical personnel affirm that individuals reporting sexual abuse are promptly offered emergency contraception and STI prophylaxis, provided such treatments are clinically appropriate. These interventions are administered in a timely manner, and individuals receive clear explanations about treatment options and potential side effects.

**Relevant Policy:**

SOP 208.06, page 36, requires that anyone in custody who experiences sexual abuse must be provided access to appropriate medical interventions, including preventive care for STIs and emergency contraception, in accordance with prevailing medical standards and recommendations.

**Provision (d): No Cost for Emergency Services**

Facility policy—as documented in the PAQ and confirmed by staff—requires that all medical and mental health services delivered in response to incidents of sexual abuse are provided free of charge to the individual, regardless of their participation in a related investigation or their ability to identify the alleged perpetrator.

Although no medical cases were available for review, facility educational materials and internal protocols consistently reinforce the policy that financial barriers must not interfere with access to emergency services.

**Relevant Policy:**

SOP 208.06, page 16, Section B(c), affirms that emergency medical and mental

	<p>health services related to sexual abuse must be provided at no cost to the victim. The policy emphasizes that access to these services cannot be conditioned upon the individual's willingness to cooperate with investigative authorities or identify the alleged perpetrator.</p> <p><b><u>CONCLUSION</u></b></p> <p>Following a comprehensive review of documentation, interviews with key staff, and analysis of facility policies and practices, the Auditor concludes that the facility is in full compliance with PREA standards related to emergency medical and mental health services for individuals reporting sexual abuse.</p> <p>The facility has established a clear, effective, and trauma-informed response system, ensuring that reports of sexual abuse are met with immediate medical attention, appropriate clinical care, and support—all at no cost to the victim. Staff are well-trained in their roles, protocols are well-documented, and the facility's practices demonstrate a proactive commitment to protecting the health, safety, and rights of those in its custody in accordance with PREA standards and professional healthcare ethics.</p>
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<b>115.83</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p>
	<p><b><u>DOCUMENT REVIEW</u></b></p> <p>To evaluate the facility's compliance with PREA Standard §115.83, the Auditor conducted an extensive review of relevant documents addressing the provision of ongoing medical and mental health care for individuals who report being victims of sexual abuse, as well as for individuals identified as having perpetrated such abuse.</p> <p>Materials reviewed included:</p> <ul style="list-style-type: none"> <li>• The facility's Pre-Audit Questionnaire (PAQ) and all associated documentation submitted for audit review;</li> <li>• Georgia Department of Corrections (GDC) Standard Operating Procedure (SOP) 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective June 23, 2022;</li> <li>• GDC SOP 508.22, Mental Health Management of Suspected Sexual Abuse or Sexual Harassment, effective May 3, 2018.</li> <li>• Together, these policies define the expectations, clinical procedures, and trauma-informed practices the agency is required to follow when responding to sexual abuse incidents involving individuals in custody.</li> </ul>

## **INTERVIEWS**

### **Medical Staff**

Interviews with facility medical personnel confirmed that a clearly defined and professionally guided medical response is initiated immediately upon an inmate's disclosure of sexual abuse. Key practices reported by medical staff include:

- Timely initiation of treatment in accordance with established clinical protocols and best practices;
- Delivery of services at no cost to the individual, regardless of whether the victim participates in an investigation or names the alleged assailant;
- Respect for privacy, dignity, and confidentiality in all medical interactions;
- Access to emergency contraception and prophylactic treatment for sexually transmitted infections (STIs), where medically appropriate;
- Routine offer of STI testing and counseling, with appropriate referrals for follow-up services, especially when an individual is being transferred, reassigned, or released.
- Medical personnel emphasized that comprehensive documentation is maintained for all clinical interactions, and care is consistently administered in a manner that aligns with both institutional and community healthcare standards.

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

At the time of the onsite audit, no incarcerated individuals at the facility had reported incidents of sexual abuse within the previous 12 months. As such, no interviews with victims were conducted under this standard.

## **PROVISIONS**

### **Provision (a): Access to Ongoing Medical and Mental Health Care for Victims**

The PAQ affirmed—and medical staff interviews substantiated—that all inmates who report sexual abuse are provided with timely and appropriate medical care, including:

- STI testing, crisis intervention, and referral for forensic medical exams;
- Prophylactic treatment and follow-up as clinically indicated;
- All services are delivered at no cost and do not depend on the victim's willingness to cooperate with investigative authorities or identify the perpetrator.

### **Relevant Policy:**

SOP 508.22 (pp. 3–4) mandates that anyone disclosing sexual abuse or harassment will be treated with clinical sensitivity and urgency. Mental health assessments are initiated within one business day—or sooner if clinically indicated—and focus solely

on emotional and psychological well-being, independent of investigative proceedings.

**Provision (b): Continuity of Care During Transfer or Release**

The facility maintains processes to ensure continuity of medical and mental health care for individuals who have disclosed sexual abuse, including those who are transferred to other institutions or released from custody. Interviews with medical staff confirmed that discharge planning, treatment continuity, and referral coordination are integral to the care model.

**Relevant Policy:**

SOP 208.06 requires that follow-up care and referral services be arranged when individuals are transferred, reassigned, or released. The documentation reviewed reflected consistent application of these practices, with medical records demonstrating ongoing care and communication between clinical staff and receiving institutions.

**Provision (c): Care Consistent with Community Standards**

Both the PAQ and staff interviews confirmed that all medical services provided to incarcerated survivors of sexual abuse are equal in quality to services available in the general community. Medical staff reported adhering to current, evidence-based practices and protocols for treatment, counseling, and follow-up care.

**Relevant Policy:**

SOP 208.06 explicitly states that care for victims must meet the same standards as those available to individuals outside of the correctional environment, ensuring consistency, fairness, and access to quality healthcare.

**Provisions (d) and (e): Pregnancy Testing and Related Care**

These provisions relate specifically to pregnancy testing and related healthcare for female survivors of sexual abuse. As the facility houses only male inmates, these sections are not applicable to this audit.

**Provision (f): STI Testing and Preventive Care**

The facility ensures that individuals who disclose sexual abuse are offered STI testing as medically appropriate. Medical personnel confirmed that this is standard procedure and occurs promptly following a report of sexual assault.

**Relevant Policy:**

SOP 208.06 mandates that incarcerated individuals who experience sexual abuse must be offered STI testing and treatment based on current clinical guidance and best practices.

**Provision (g): No Cost for Treatment**

Staff confirmed that all treatment services—medical and mental health—related to sexual abuse are provided free of charge, regardless of the individual’s participation in an investigation or identification of the abuser.

**Relevant Policy:**

SOP 208.06, page 16, Section B(c), establishes that cost shall not be a barrier to care. All services must be delivered without financial obligation to the individual and cannot be contingent upon investigative cooperation.

**Provision (h): Mental Health Evaluation for Abusers**

If an individual is identified as the perpetrator of inmate-on-inmate sexual abuse, the facility is expected to conduct a mental health evaluation within 60 days of that determination. Staff confirmed that such evaluations are completed and, when clinically appropriate, followed by treatment services.

**Relevant Policy:**

SOP 208.06, page 25, Section D(7), along with Attachment 14 (PREA Counseling Referral Form), requires mental health follow-up within 14 days for any inmate identified as having engaged in sexually abusive behavior. Services are initiated based on clinical need.

**CONCLUSION**

Based on a comprehensive review of facility policies, supporting documentation, and interviews with clinical staff, the Auditor finds that the facility is in full compliance with PREA Standard §115.83. The institution demonstrates a proactive, trauma-informed approach to the delivery of medical and mental health care for both victims and perpetrators of sexual abuse.

Key strengths include:

- Immediate, confidential access to appropriate treatment;
- Consistent adherence to community healthcare standards;
- Clear documentation of care;
- A commitment to dignity, privacy, and non-retaliatory access to services.
- All applicable provisions were found to be met, and the systems in place reflect a well-integrated response that supports the physical and emotional well-being of individuals in custody while complying with federal PREA mandates.

**Auditor Overall Determination: Meets Standard**

**Auditor Discussion**

**DOCUMENT REVIEW**

To evaluate the facility's compliance with PREA Standard §115.86 regarding the review of sexual abuse incidents, the Auditor conducted a thorough analysis of documentation submitted for the audit. This included:

- The completed Pre-Audit Questionnaire (PAQ);
- All relevant supporting materials provided by the facility;
- The Georgia Department of Corrections (GDC) Standard Operating Procedure (SOP) 208.06, titled Prison Rape Elimination Act (PREA) Sexually Abusive Behavior
- Prevention and Intervention Program, effective June 23, 2022;
- Attachment 9 of SOP 208.06, which is the Sexual Abuse Incident Review (SAIR) Checklist, used to guide and document post-investigation reviews.

These documents outline the protocols and responsibilities involved in conducting post-incident reviews for all substantiated and unsubstantiated allegations of sexual abuse, as required by the PREA standards. The purpose of these reviews is to assess the effectiveness of the facility's response and to identify opportunities for systemic improvement.

**INTERVIEWS**

**Facility Head or Designee**

The Facility Head confirmed that Sexual Abuse Incident Reviews are conducted by a multidisciplinary Incident Review Team (IRT) comprised of executive leadership and department heads. The Facility Head emphasized the importance of incorporating a broad range of perspectives—including security, medical, mental health, and investigative staff—when evaluating incidents. This ensures the reviews are comprehensive, informed, and aligned with the facility's commitment to preventing and responding effectively to sexual abuse.

The Facility Head also stated that recommendations generated from these reviews are carefully considered and acted upon. When implementation is not feasible, written justification is documented to explain the rationale.

**PREA Compliance Manager (PCM)**

The PREA Compliance Manager affirmed that SAIRs are initiated within 30 calendar days following the conclusion of an investigation into any substantiated or unsubstantiated allegation of sexual abuse. The PCM explained that reports generated through this process are submitted both to the PCM and the Facility Head to support joint oversight and accountability. The PCM further stated that the team tracks the status of recommendations to ensure they are either implemented or

formally acknowledged with justification if not adopted.

### **Incident Review Team Members**

Team members interviewed confirmed that they use the official SAIR Checklist (Attachment 9) for every applicable review, which provides a structured framework to evaluate factors such as possible motivations for the abuse, staffing adequacy, physical plant limitations, and compliance with existing policies. The team includes a combination of senior facility administrators, security supervisors, and medical/mental health professionals, allowing for a comprehensive and multidisciplinary approach.

### **PROVISIONS**

#### **Provision (a): Incident Review Requirement**

According to the PAQ and confirmed through staff interviews and file review, the facility reported conducting Sexual Abuse Incident Reviews for one sexual abuse investigations (excluding unfounded cases) within the past 12 months. The Auditor reviewed investigative case files; in each substantiated or unsubstantiated case, a SAIR was completed within the required 30-day period after the conclusion of the investigation.

#### **Relevant Policy:**

GDC SOP 208.06 (p. 36, Section J.1) requires that a SAIRT conduct a review within 30 days of any substantiated or unsubstantiated sexual abuse investigation. This review must evaluate institutional response efforts and prevention strategies and be documented using the SAIR Checklist. Reviews are not required for unfounded allegations or those classified as sexual harassment.

#### **Provision (b): Timeliness of the Review**

The PAQ and interviews confirmed that the SAIR process is consistently initiated within 30 days of the conclusion of any applicable investigation. Each of the reviewed case files demonstrated timely completion of the review process, reinforcing adherence to the standard.

#### **Relevant Policy:**

SOP 208.06 requires the SAIR Checklist to be used to formally document each review, ensuring that all critical areas are considered and recorded appropriately.

#### **Provision (c): Multidisciplinary Review Team**

The composition of the Incident Review Team was verified through documentation and interviews. The team includes facility leadership, investigative staff, security supervisors, and healthcare personnel, reflecting a multidisciplinary approach that brings together diverse expertise to conduct thorough and thoughtful reviews.

**Relevant Policy:**

SOP 208.06 directs that input for the SAIR must be collected from key stakeholders across departments—specifically security, health services, and investigative staff—to provide well-rounded evaluations and support collaborative decision-making.

**Provision (d): Documentation and Dissemination**

Interviews with staff and the review of documentation confirmed that findings from each SAIR are compiled into a formal report. This report captures conclusions, observations, and recommended corrective actions or systemic changes, and is shared with both the Facility Head and the PREA Compliance Manager to ensure leadership accountability.

**Relevant Policy:**

SOP 208.06 emphasizes that SAIRs are to be submitted using the SAIR Checklist (Attachment 9), which includes a detailed summary of findings and any action items for improvement in prevention or response practices.

**Provision (e): Implementation of Recommendations**

Staff interviews and documentation review demonstrated that all recommendations emerging from SAIRs are either implemented or accompanied by written justification explaining why a particular recommendation could not be adopted. This illustrates a commitment to ongoing improvement and to creating a safer environment for all individuals in custody.

**Relevant Policy:**

SOP 208.06 states that recommendations resulting from the SAIR process must be acted upon or documented with a rationale if not implemented, ensuring accountability and transparency in the facility's review process.

**CONCLUSION**

Based on a comprehensive evaluation of policies, case files, facility practices, and staff interviews, the Auditor concludes that the facility is in full compliance with the requirements of PREA Standard §115.86 – Sexual Abuse Incident Reviews.

The facility demonstrated:

- A consistent and timely approach to reviewing sexual abuse cases;
- A well-functioning multidisciplinary team;
- Proper documentation using standardized tools;
- Commitment to implementing or acknowledging recommendations for systemic improvement.

These practices reflect a proactive, responsible, and standards-aligned process for

	strengthening institutional efforts to prevent and respond to incidents of sexual abuse. The facility has institutionalized the SAIR process in a way that ensures accountability, promotes safety, and fosters an environment of continuous quality improvement.
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<b>115.87</b>	<b>Data collection</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b><u>DOCUMENT REVIEW</u></b></p> <p>To assess compliance with PREA Standard §115.87, which addresses data collection related to sexual abuse allegations, the Auditor conducted a comprehensive review of the facility's Pre-Audit Questionnaire (PAQ) and all relevant supporting documentation. Key documents included:</p> <ul style="list-style-type: none"> <li>• The Georgia Department of Corrections (GDC) Standard Operating Procedure (SOP) 208.06, titled Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective June 23, 2022.</li> <li>• The most recent submission of the Survey of Sexual Victimization (SSV2) for calendar year 2021, submitted to the U.S. Department of Justice.</li> </ul> <p>These materials were examined to determine whether the agency systematically collects, maintains, aggregates, and reports accurate data on all allegations of sexual abuse in accordance with federal PREA requirements.</p> <p><b><u>INTERVIEWS</u></b></p> <p><b>PREA Coordinator</b></p> <p>During the on-site audit, the agency's PREA Coordinator confirmed that GDC submits annual sexual abuse-related data to the U.S. Department of Justice upon request, with all submissions for the previous calendar year completed by June 30. The Coordinator explained that data collection is centralized at the agency level and includes both GDC-operated and contracted private facilities housing state inmates.</p> <p>The PREA Coordinator outlined the data sources used to compile this information, which include investigative files, incident reports, Sexual Abuse Incident Review (SAIR) documentation, and facility-generated monthly PREA reports. These documents are aggregated into a standardized, agency-wide dataset for both internal analysis and external reporting.</p> <p><b>PREA Compliance Manager</b></p>

The PREA Compliance Manager supported the Coordinator's statements, adding that the agency maintains consistent documentation protocols and utilizes a uniform electronic reporting tool to collect data from all facilities. The PCM noted that this process not only supports compliance but also facilitates operational improvements and trend analysis to enhance safety outcomes across the system.

## **PROVISIONS**

### **Provision (a): Use of Standard Definitions and Format**

The PAQ indicates—and the PREA Coordinator confirmed—that GDC employs a standardized format and consistent definitions when collecting data on allegations of sexual abuse across all its facilities. This ensures uniformity in data reporting and aligns with federal requirements for the Survey of Sexual Violence (SSV).

#### **Relevant Policy:**

GDC SOP 208.06, Section J(2)(a), requires that each facility submit a monthly electronic PREA report to the Department's PREA Analyst. The report includes details of all allegations, investigation outcomes, and supporting findings. These are submitted using a standardized spreadsheet template by the third calendar day of the following month, in accordance with the Facility PREA Log User Guide.

### **Provision (b): Annual Aggregation of Data**

According to the PAQ and verified in staff interviews, the Department aggregates incident-based data related to sexual abuse at least once annually. The Auditor reviewed the most recent Annual PREA Report published by GDC, which included system-wide analysis and year-over-year comparisons.

#### **Relevant Policy:**

SOP 208.06, Section J(2)(c), mandates that the Department review and aggregate data annually from all reported allegations to identify trends, evaluate staff and facility performance, and improve policies and procedures. The results of this analysis are published in a public-facing report on the Department's website.

### **Provision (c): Ability to Respond to DOJ SSV Requirements**

The facility reported, and the PREA Coordinator confirmed, that GDC's standardized data collection system is designed to fully meet the information requirements of the Survey of Sexual Violence (SSV) issued by the U.S. Department of Justice.

#### **Relevant Policy:**

SOP 208.06 (pp. 36–37) affirms that the Department must collect and retain data necessary to respond to the annual SSV and provide the required data to DOJ's Bureau of Justice Statistics, upon request.

### **Provision (d): Inclusion of Incident-Based Documents**

The PAQ states that GDC's data collection system draws from a comprehensive set of incident-based records, including investigative summaries and SAIR Checklists. Interviews with the PREA Coordinator verified that these materials are reviewed to ensure thorough, fact-based reporting.

**Relevant Policy:**

Per SOP 208.06, Section J(2)(a), facilities are required to submit monthly reports that include all sexual abuse allegations investigated within the reporting period, accompanied by outcomes and relevant documentation. This ensures the agency's database is complete, accurate, and reflective of current facility practices.

**Provision (e): Inclusion of Contracted Facility Data**

As noted in the PAQ and confirmed during interviews, GDC's data collection efforts extend to all contracted private correctional facilities that house individuals in state custody. The agency compiles and analyzes sexual abuse-related data from both public and privately managed institutions.

**Relevant Policy:**

SOP 208.06 (pp. 36–37) specifies that the annual report must reflect all facilities under contract and control, include comparative year-to-year data, identify corrective action steps taken, and evaluate progress. The report must be approved by the Commissioner and made publicly available, with any redacted content clearly justified on the grounds of safety or security.

**Provision (f): Submission to DOJ Upon Request**

The PAQ confirms, and the PREA Coordinator attested, that GDC routinely submits the prior year's data on sexual abuse allegations to the Department of Justice upon request. The Auditor reviewed the most recent SSV2 submission to DOJ, which complied with federal requirements.

**Relevant Policy:**

SOP 208.06 reiterates that, in accordance with federal law, GDC must submit the required information to the Bureau of Justice Statistics annually or upon request, using validated data drawn from its standardized collection tools.

**CONCLUSION**

Based on a detailed and methodical review of relevant documentation, GDC policy, staff interviews, and the most recent PREA-related data submissions, the Auditor concludes that the Georgia Department of Corrections is in full compliance with PREA Standard §115.87.

The agency has demonstrated a comprehensive and well-structured process for:

	<ul style="list-style-type: none"> <li>• Collecting consistent and accurate data from all GDC-operated and contracted facilities;</li> <li>• Aggregating and analyzing this data annually;</li> <li>• Responding to all DOJ data submission requirements;</li> <li>• Using data-driven insights to improve sexual abuse prevention and response efforts;</li> <li>• Maintaining transparency through public reporting.</li> <li>• GDC’s practices reflect a sustained and meaningful commitment to accountability, transparency, and the safety of all individuals in its custody.</li> </ul>
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<b>115.88</b>	<b>Data review for corrective action</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b><u>DOCUMENT REVIEW</u></b></p> <p>To evaluate compliance with PREA Standard §115.88, the Auditor conducted a detailed examination of the facility’s</p> <ul style="list-style-type: none"> <li>• Pre-Audit Questionnaire (PAQ) and supporting documentation.</li> <li>• Georgia Department of Corrections (GDC) Standard Operating Procedure (SOP) 208.06, titled Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective June 23, 2022.</li> <li>• The most recent Survey of Sexual Victimization (SSV-2) submitted to the U.S. Department of Justice.</li> <li>• The most recent PREA Annual Data Report published by the agency.</li> <li>• Verification of public access to these reports via the official GDC PREA webpage: <a href="http://www.gdc.ga.gov/Divisions/ExecutiveOperations/PREA">http://www.gdc.ga.gov/Divisions/ExecutiveOperations/PREA</a>.</li> </ul> <p>These documents collectively reflect the agency’s process for reviewing sexual abuse data, identifying systemic trends, initiating corrective actions, and maintaining transparency with the public.</p> <p><b><u>INTERVIEWS</u></b></p> <p><b>Agency Head Designee</b></p> <p>The Agency Head Designee reported that the annual PREA report includes a comprehensive year-over-year comparison of incident data and corrective actions. The designee emphasized that this report serves as a strategic tool for analyzing trends, evaluating the effectiveness of existing policies, and documenting the agency’s ongoing efforts to prevent sexual abuse. The report is published annually on</p>

the agency's website to ensure transparency and public accountability.

#### **Facility Head**

The Facility Head confirmed that all sexual abuse allegations occurring at the facility are reviewed by the local PREA Committee. Information from these reviews is submitted to the agency's PREA Coordinator and incorporated into the system-wide data review, contributing to the development of the agency's annual report.

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

The PREA Coordinator explained that all data collected under PREA Standard §115.87 is reviewed in detail and used to assess the overall effectiveness of the agency's sexual abuse prevention, detection, and response efforts. This includes analysis of training programs, incident trends, and investigative outcomes. The PC noted that annual PREA reports are drafted by the Coordinator, reviewed by executive leadership, and then published on the agency's website. If any redactions are made, they are limited to personally identifiable or security-sensitive information.

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

The PREA Compliance Manager affirmed that the agency's PREA reports, supporting documentation, and other key materials are accessible through the GDC website. The PCM emphasized that this transparency is part of a broader commitment to accountability and continuous improvement across all facilities.

### **PROVISIONS**

#### **Provision (a): Review and Use of Data for Corrective Action**

As outlined in the PAQ and confirmed through staff interviews, GDC systematically reviews all data collected under PREA Standard §115.87 to inform its policies, staff training, and facility practices. This review includes an assessment of reported incidents, trends across time, and the development of corrective strategies where gaps are identified. The agency produces an annual report that summarizes findings and outlines responsive actions at both the agency and facility levels.

#### **Relevant Policy:**

GDC SOP 208.06 assigns the PREA Coordinator responsibility for analyzing all relevant data to evaluate the effectiveness of operational procedures and departmental policies. The Coordinator must submit a comprehensive annual report to the Commissioner, highlighting problem areas, proposed corrective actions, and a comparative analysis of data from the previous year.

#### **Provision (b): Comparative Data Analysis and Public Reporting**

The PAQ and the most recent annual PREA report confirm that GDC publishes an annual report containing comparative data from current and prior years. The Agency Head Designee verified that the report not only reviews outcomes and corrective actions but also identifies patterns in reported incidents. The report includes a section that assesses the Department's progress in preventing and addressing sexual abuse.

**Relevant Policy:**

SOP 208.06 requires that the PREA Coordinator prepare and submit an annual data review and analysis report for executive review and public posting. The report must document improvements, challenges, and data-driven insights based on year-over-year comparisons.

**Provision (c): Public Accessibility of the Annual Report**

The PAQ stated—and interviews confirmed—that the agency’s annual PREA report is made publicly available on the official GDC website. The PREA webpage hosts multiple years of reports, demonstrating the Department’s ongoing transparency in addressing sexual abuse in its facilities.

**Relevant Policy:**

SOP 208.06 mandates public access to the agency’s annual PREA report. The Department fulfills this requirement by maintaining a publicly accessible PREA webpage with downloadable versions of current and past reports.

**Provision (d): Redaction of Sensitive Information**

The PAQ and interview responses confirmed that any information redacted from the published reports is limited to content that would compromise safety, security, or individual privacy. The PREA Coordinator clarified that only personally identifiable information or confidential operational details are withheld. All other data is released in accordance with PREA’s transparency requirements.

**Relevant Policy:**

Per SOP 208.06, the agency may redact specific information from the published report only when disclosure would threaten safety or institutional security. The rationale for each redaction is documented, and all other data is made publicly available.

**CONCLUSION**

Based on a comprehensive review of agency documentation, interviews with key personnel, and verification of the publication and accessibility of annual PREA reports, the Auditor concludes that the Georgia Department of Corrections and the audited facility are fully compliant with the requirements of PREA Standard §115.88.

The agency has established a robust and transparent process for:

- Reviewing all sexual abuse data collected under Standard §115.87,
- Identifying trends and areas for improvement,
- Implementing meaningful corrective actions,
- Reporting outcomes to the public, and
- Maintaining accountability through routine publication of annual comparative reports.

These practices underscore GDC’s strong institutional commitment to continuous improvement, proactive risk management, and the creation of safer environments for all individuals in its care and custody.

115.89	Data storage, publication, and destruction
	<p data-bbox="256 185 959 219"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="256 264 544 297"><b>Auditor Discussion</b></p> <p data-bbox="256 342 576 376"><b><u>DOCUMENT REVIEW</u></b></p> <p data-bbox="256 409 1422 577">To assess compliance with PREA Standard §115.89, the Auditor conducted a comprehensive review of the facility's and agency's documentation and practices concerning the secure storage, public reporting, and appropriate retention of data related to sexual abuse in confinement settings.</p> <p data-bbox="256 611 1002 645">Materials reviewed included the facility's completed:</p> <ul data-bbox="331 712 1469 1037" style="list-style-type: none"> <li>• Pre-Audit Questionnaire (PAQ),</li> <li>• GDC Standard Operating Procedure (SOP) 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective June 23, 2022.</li> <li>• The Auditor also reviewed the most recent Annual PREA Report published by GDC and verified the availability and accessibility of this information via the agency's website:  <a href="http://www.gdc.ga.gov/Divisions/ExecutiveOperations/PREA">http://www.gdc.ga.gov/Divisions/ExecutiveOperations/PREA</a></li> </ul> <p data-bbox="256 1126 459 1160"><b><u>INTERVIEWS</u></b></p> <p data-bbox="256 1193 619 1227"><b>PREA Coordinator (PC)</b></p> <p data-bbox="256 1238 1461 1485">The PREA Coordinator provided a detailed overview of the agency's systems and protocols related to the management of PREA-related data. The PC explained that all information collected under PREA Standard §115.87 is securely stored, with access strictly limited to staff whose job responsibilities require it. This access control is enforced through local Risk Management Systems at the facility level, supplemented by centralized, secure agency databases.</p> <p data-bbox="256 1518 1477 1809">The agency's primary electronic records management system, SCRIBE, is used to permanently store inmate-specific data, including records related to sexual abuse allegations and investigations. Aggregated and incident-level data are further utilized for the purposes of completing the Survey of Sexual Victimization (SSV-2) and the GDC's Annual PREA Report. The PC emphasized that before any data is made publicly available, all personally identifiable information (PII) is redacted to protect the privacy and safety of individuals involved.</p> <p data-bbox="256 1843 1406 1966">In addition, the PC confirmed that GDC's data retention practices align with both PREA requirements and internal policy, with clear standards for how long records must be kept based on the type of investigation.</p> <p data-bbox="256 2000 459 2033"><b><u>PROVISIONS</u></b></p>

**Provision (a): Secure Data Storage**

The PAQ indicated that the agency maintains both incident-specific and aggregated data in a secure manner. This was corroborated during the interview with the PC, who confirmed that data is securely stored using controlled-access databases. The secure storage of this information ensures its integrity for monitoring, policy development, and compliance reporting. Only staff with a demonstrated need-to-know, based on their role, may access PREA-related data.

**Provision (b): Public Release of Aggregated Data**

In accordance with agency policy and as confirmed in the PAQ and through interviews, GDC publicly releases aggregated sexual abuse data at least annually. This includes data from both state-run and privately operated facilities under GDC contracts. The agency maintains a dedicated PREA webpage that contains:

- Annual PREA Reports
- Supporting documentation
- Comparative data from prior years
- This public access reinforces the Department's commitment to transparency and accountability.

**Provision (c): Redaction of Personally Identifiable Information**

The PC verified that prior to public release, all PREA-related data is thoroughly reviewed to ensure that no personally identifiable information is disclosed. Redactions are applied solely for the purpose of maintaining confidentiality and ensuring that the safety of individuals is not compromised. This practice is a standard requirement under agency protocol and is consistently applied.

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

According to the PAQ and confirmed by the PC, GDC retains all PREA-related documentation for a minimum of ten (10) years from the date of initial data collection. However, in many cases, data is retained longer to comply with additional legal or operational requirements.

**Relevant Policy - GDC SOP 208.06 (page 39):**

Criminal investigation data must be retained for the duration of the alleged abuser's incarceration or employment, plus five years, or for a minimum of ten years, whichever is longer.

Administrative investigation data is subject to the same minimum retention timelines. Most offender-related documentation is stored indefinitely in SCRIBE, allowing for continuity and access if required for future oversight, litigation, or evaluation.

The Auditor also reviewed the agency's PREA annual reports from recent years and found that these reports were both compliant with data retention requirements and

	<p>accessible to the public.</p> <p><b><u>CONCLUSION</u></b></p> <p>Based on a thorough review of facility documentation, relevant GDC policies, interview findings, and a detailed examination of online PREA data publications, the Auditor concludes that the Georgia Department of Corrections and the audited facility are in full compliance with PREA Standard §115.89.</p> <p>The agency has demonstrated a well-structured, secure, and transparent approach to:</p> <ul style="list-style-type: none"> <li>• Storing PREA-related data with integrity and confidentiality,</li> <li>• Publishing aggregated data for public access,</li> <li>• Redacting sensitive personal information to ensure safety, and</li> <li>• Retaining data in accordance with PREA mandates and internal policy.</li> </ul> <p>These practices not only align with federal PREA regulations but also reflect a broader organizational commitment to accountability, privacy, and continuous improvement in the prevention and response to sexual abuse within correctional environments.</p>
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115.401	Frequency and scope of audits
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p>
	<p><b><u>DOCUMENT REVIEW</u></b></p> <p>Georgia Department of Corrections publicly accessible website: <a href="https://gdc.georgia.gov/organization/about-gdc/research-and-reports-0/prison-rape-elimination-act-prea">https://gdc.georgia.gov/organization/about-gdc/research-and-reports-0/prison-rape-elimination-act-prea</a></p> <p><b><u>INTERVIEWS</u></b></p> <p><b>PREA Coordinator (PC)</b></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 <a href="https://gdc.georgia.gov/organization/about-gdc/research-and-reports-0/prison-rape-elimination-act-prea">https://gdc.georgia.gov/organization/about-gdc/research-and-reports-0/prison-rape-elimination-act-prea</a> 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><b>Random Inmate</b></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</p>

same manner as if they were communicating with legal counsel.

## **PROVISIONS**

### **Provision (a)**

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

### **Provision (b)**

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

### **Provision (c) to Provisions (g)**

N/A

### **Provision (h)**

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

### **Provision (i)**

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

### **Provision (j) to Provision (l)**

N/A

### **Provision (m)**

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

### **Provision (n)**

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

### **Provision (o)**

N/A

	<p><b><u>CONCLUSION</u></b></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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<b>115.403</b>	<b>Audit contents and findings</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p>
	<p><b><u>DOCUMENT REVIEW</u></b></p> <p>The Auditor reviewed the Georgia Department of Corrections (GDC) publicly accessible website, which contains a range of documents and data related to PREA compliance:  <a href="https://gdc.georgia.gov/organization/about-gdc/research-and-reports-0/prison-rape-elimination-act-prea">https://gdc.georgia.gov/organization/about-gdc/research-and-reports-0/prison-rape-elimination-act-prea</a></p> <p><b><u>PROVISION</u></b></p> <p><b>Provision (f)</b></p> <p>The GDC’s online PREA page offers a collection of reports detailing sexual abuse statistics from facilities across the state. These reports are published in alignment with PREA standards and are available to the public for review at:  <a href="https://gdc.georgia.gov/organization/about-gdc/research-and-reports-0/prison-rape-elimination-act-prea">https://gdc.georgia.gov/organization/about-gdc/research-and-reports-0/prison-rape-elimination-act-prea</a></p> <p><b><u>CONCLUSION</u></b></p> <p>After reviewing and assessing the documentation and information provided, the Auditor finds that the agency and facility are fully compliant with all aspects of the standard related to the content and availability of audit findings.</p>

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

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

Has the agency employed or designated an agency-wide PREA Coordinator?	yes
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Is the PREA Coordinator position in the upper-level of the agency hierarchy?	yes
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Does the PREA Coordinator have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities?	yes
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**115.11 (c) Zero tolerance of sexual abuse and sexual harassment; PREA coordinator**

If this agency operates more than one facility, has each facility designated a PREA compliance manager? (N/A if agency operates only one facility.)	yes
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Does the PREA compliance manager have sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards? (N/A if agency operates only one facility.)	yes
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**115.12 (a) Contracting with other entities for the confinement of inmates**

If this agency is public and it contracts for the confinement of its inmates with private agencies or other entities including other government agencies, has the agency included the entity's obligation to comply with the PREA standards in any new contract or contract renewal signed on or after August 20, 2012? (N/A if the agency does not contract with private agencies or other entities for the confinement of inmates.)	yes
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**115.12 (b) Contracting with other entities for the confinement of inmates**

Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure	yes
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	that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of inmates.)	
<b>115.13 (a)</b>	<b>Supervision and monitoring</b>	
	Does the facility have a documented staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Generally accepted detention and correctional practices?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any judicial findings of inadequacy?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from Federal investigative agencies?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from internal or external oversight bodies?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: All components of the facility's physical plant (including "blind-spots" or areas where staff or inmates may be isolated)?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The composition of the inmate population?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The number and placement of supervisory staff?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The institution programs occurring on a particular shift?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into	yes

	consideration: Any applicable State or local laws, regulations, or standards?	
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The prevalence of substantiated and unsubstantiated incidents of sexual abuse?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any other relevant factors?	yes
<b>115.13 (b)</b>	<b>Supervision and monitoring</b>	
	In circumstances where the staffing plan is not complied with, does the facility document and justify all deviations from the plan? (N/A if no deviations from staffing plan.)	yes
<b>115.13 (c)</b>	<b>Supervision and monitoring</b>	
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The staffing plan established pursuant to paragraph (a) of this section?	yes
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The facility's deployment of video monitoring systems and other monitoring technologies?	yes
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The resources the facility has available to commit to ensure adherence to the staffing plan?	yes
<b>115.13 (d)</b>	<b>Supervision and monitoring</b>	
	Has the facility/agency implemented a policy and practice of having intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment?	yes
	Is this policy and practice implemented for night shifts as well as day shifts?	yes
	Does the facility/agency have a policy prohibiting staff from alerting other staff members that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational functions of the facility?	yes

<b>115.14 (a)</b>	<b>Youthful inmates</b>	
	Does the facility place all youthful inmates in housing units that separate them from sight, sound, and physical contact with any adult inmates through use of a shared dayroom or other common space, shower area, or sleeping quarters? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
<b>115.14 (b)</b>	<b>Youthful inmates</b>	
	In areas outside of housing units does the agency maintain sight and sound separation between youthful inmates and adult inmates? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
	In areas outside of housing units does the agency provide direct staff supervision when youthful inmates and adult inmates have sight, sound, or physical contact? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
<b>115.14 (c)</b>	<b>Youthful inmates</b>	
	Does the agency make its best efforts to avoid placing youthful inmates in isolation to comply with this provision? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
	Does the agency, while complying with this provision, allow youthful inmates daily large-muscle exercise and legally required special education services, except in exigent circumstances? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
	Do youthful inmates have access to other programs and work opportunities to the extent possible? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
<b>115.15 (a)</b>	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility always refrain from conducting any cross-gender strip or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners?	yes
<b>115.15 (b)</b>	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility always refrain from conducting cross-gender pat-down searches of female inmates, except in exigent circumstances? (N/A if the facility does not have female inmates.)	na
	Does the facility always refrain from restricting female inmates' access to regularly available programming or other out-of-cell opportunities in order to comply with this provision? (N/A if the	na

	facility does not have female inmates.)	
<b>115.15 (c)</b>	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches?	yes
	Does the facility document all cross-gender pat-down searches of female inmates (N/A if the facility does not have female inmates)?	na
<b>115.15 (d)</b>	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility have policies that enables inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	yes
	Does the facility have procedures that enables inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	yes
	Does the facility require staff of the opposite gender to announce their presence when entering an inmate housing unit?	yes
<b>115.15 (e)</b>	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility always refrain from searching or physically examining transgender or intersex inmates for the sole purpose of determining the inmate's genital status?	yes
	If an inmate's genital status is unknown, does the facility determine genital status during conversations with the inmate, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner?	yes
<b>115.15 (f)</b>	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility/agency train security staff in how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes
	Does the facility/agency train security staff in how to conduct searches of transgender and intersex inmates in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes

115.16 (a)	<b>Inmates with disabilities and inmates who are limited English proficient</b>	
	Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who are deaf or hard of hearing?	yes
	Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who are blind or have low vision?	yes
	Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have intellectual disabilities?	yes
	Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have psychiatric disabilities?	yes
	Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have speech disabilities?	yes
	Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Other (if "other," please explain in overall determination notes.)	yes
	Do such steps include, when necessary, ensuring effective communication with inmates who are deaf or hard of hearing?	yes
	Do such steps include, when necessary, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?	yes
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication	yes

	with inmates with disabilities including inmates who: Have intellectual disabilities?	
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Have limited reading skills?	yes
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: are blind or have low vision?	yes
<b>115.16 (b)</b>	<b>Inmates with disabilities and inmates who are limited English proficient</b>	
	Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to inmates who are limited English proficient?	yes
	Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?	yes
<b>115.16 (c)</b>	<b>Inmates with disabilities and inmates who are limited English proficient</b>	
	Does the agency always refrain from relying on inmate interpreters, inmate readers, or other types of inmate assistance except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the inmate's safety, the performance of first-response duties under §115.64, or the investigation of the inmate's allegations?	yes
<b>115.17 (a)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the hiring or promotion of anyone who	yes

	may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the two bullets immediately above?	
	Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the two bullets immediately above?	yes
<b>115.17 (b)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone who may have contact with inmates?	yes
	Does the agency consider any incidents of sexual harassment in determining whether to enlist the services of any contractor who may have contact with inmates?	yes
<b>115.17 (c)</b>	<b>Hiring and promotion decisions</b>	
	Before hiring new employees who may have contact with inmates, does the agency perform a criminal background records check?	yes
	Before hiring new employees who may have contact with inmates, does the agency, consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse?	yes
<b>115.17 (d)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with inmates?	yes

<b>115.17 (e)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with inmates or have in place a system for otherwise capturing such information for current employees?	yes
<b>115.17 (f)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions?	yes
	Does the agency ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees?	yes
	Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct?	yes
<b>115.17 (g)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination?	yes
<b>115.17 (h)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.)	yes
<b>115.18 (a)</b>	<b>Upgrades to facilities and technologies</b>	
	If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect inmates from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later.)	na
<b>115.18 (b)</b>	<b>Upgrades to facilities and technologies</b>	

	If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect inmates from sexual abuse? (N/A if agency/facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.)	yes
<b>115.21 (a)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes
<b>115.21 (b)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	Is this protocol developmentally appropriate for youth where applicable? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes
	Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes
<b>115.21 (c)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	Does the agency offer all victims of sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate?	yes
	Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible?	yes
	If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)?	yes

	Has the agency documented its efforts to provide SAFEs or SANEs?	yes
<b>115.21 (d)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	Does the agency attempt to make available to the victim a victim advocate from a rape crisis center?	yes
	If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member? (N/A if the agency always makes a victim advocate from a rape crisis center available to victims.)	yes
	Has the agency documented its efforts to secure services from rape crisis centers?	yes
<b>115.21 (e)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews?	yes
	As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals?	yes
<b>115.21 (f)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating agency follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency/facility is responsible for conducting criminal AND administrative sexual abuse investigations.)	yes
<b>115.21 (h)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? (N/A if agency always makes a victim advocate from a rape crisis center available to victims.)	yes
<b>115.22 (a)</b>	<b>Policies to ensure referrals of allegations for investigations</b>	

	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse?	yes
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment?	yes
<b>115.22 (b) Policies to ensure referrals of allegations for investigations</b>		
	Does the agency have a policy and practice in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior?	yes
	Has the agency published such policy on its website or, if it does not have one, made the policy available through other means?	yes
	Does the agency document all such referrals?	yes
<b>115.22 (c) Policies to ensure referrals of allegations for investigations</b>		
	If a separate entity is responsible for conducting criminal investigations, does the policy describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for criminal investigations. See 115.21(a).)	na
<b>115.31 (a) Employee training</b>		
	Does the agency train all employees who may have contact with inmates on its zero-tolerance policy for sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with inmates on how to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures?	yes
	Does the agency train all employees who may have contact with inmates on inmates' right to be free from sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with inmates on the right of inmates and employees to be free from retaliation for reporting sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with inmates on the dynamics of sexual abuse and sexual harassment in confinement?	yes

	Does the agency train all employees who may have contact with inmates on the common reactions of sexual abuse and sexual harassment victims?	yes
	Does the agency train all employees who may have contact with inmates on how to detect and respond to signs of threatened and actual sexual abuse?	yes
	Does the agency train all employees who may have contact with inmates on how to avoid inappropriate relationships with inmates?	yes
	Does the agency train all employees who may have contact with inmates on how to communicate effectively and professionally with inmates, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming inmates?	yes
	Does the agency train all employees who may have contact with inmates on how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities?	yes
<b>115.31 (b)</b>	<b>Employee training</b>	
	Is such training tailored to the gender of the inmates at the employee's facility?	yes
	Have employees received additional training if reassigned from a facility that houses only male inmates to a facility that houses only female inmates, or vice versa?	yes
<b>115.31 (c)</b>	<b>Employee training</b>	
	Have all current employees who may have contact with inmates received such training?	yes
	Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures?	yes
	In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies?	yes
<b>115.31 (d)</b>	<b>Employee training</b>	
	Does the agency document, through employee signature or electronic verification, that employees understand the training they have received?	yes
<b>115.32 (a)</b>	<b>Volunteer and contractor training</b>	

	Has the agency ensured that all volunteers and contractors who have contact with inmates have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures?	yes
<b>115.32 (b)</b>	<b>Volunteer and contractor training</b>	
	Have all volunteers and contractors who have contact with inmates been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with inmates)?	yes
<b>115.32 (c)</b>	<b>Volunteer and contractor training</b>	
	Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received?	yes
<b>115.33 (a)</b>	<b>Inmate education</b>	
	During intake, do inmates receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment?	yes
	During intake, do inmates receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment?	yes
<b>115.33 (b)</b>	<b>Inmate education</b>	
	Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from sexual abuse and sexual harassment?	yes
	Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from retaliation for reporting such incidents?	yes
	Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Agency policies and procedures for responding to such incidents?	yes
<b>115.33 (c)</b>	<b>Inmate education</b>	
	Have all inmates received the comprehensive education referenced in 115.33(b)?	yes

	Do inmates receive education upon transfer to a different facility to the extent that the policies and procedures of the inmate's new facility differ from those of the previous facility?	yes
<b>115.33 (d)</b>	<b>Inmate education</b>	
	Does the agency provide inmate education in formats accessible to all inmates including those who are limited English proficient?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who are deaf?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who are visually impaired?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who are otherwise disabled?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who have limited reading skills?	yes
<b>115.33 (e)</b>	<b>Inmate education</b>	
	Does the agency maintain documentation of inmate participation in these education sessions?	yes
<b>115.33 (f)</b>	<b>Inmate education</b>	
	In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to inmates through posters, inmate handbooks, or other written formats?	yes
<b>115.34 (a)</b>	<b>Specialized training: Investigations</b>	
	In addition to the general training provided to all employees pursuant to §115.31, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators receive training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
<b>115.34 (b)</b>	<b>Specialized training: Investigations</b>	
	Does this specialized training include techniques for interviewing sexual abuse victims? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
	Does this specialized training include proper use of Miranda and	yes

	Garrrity warnings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	
	Does this specialized training include sexual abuse evidence collection in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
	Does this specialized training include the criteria and evidence required to substantiate a case for administrative action or prosecution referral? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
<b>115.34 (c)</b>	<b>Specialized training: Investigations</b>	
	Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
<b>115.35 (a)</b>	<b>Specialized training: Medical and mental health care</b>	
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to detect and assess signs of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to preserve physical evidence of sexual abuse? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to respond effectively and professionally to victims of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how and to whom to report allegations or	yes

	suspicious of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	
<b>115.35 (b)</b>	<b>Specialized training: Medical and mental health care</b>	
	If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency medical staff at the facility do not conduct forensic exams or the agency does not employ medical staff.)	na
<b>115.35 (c)</b>	<b>Specialized training: Medical and mental health care</b>	
	Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
<b>115.35 (d)</b>	<b>Specialized training: Medical and mental health care</b>	
	Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.31? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners employed by the agency.)	yes
	Do medical and mental health care practitioners contracted by or volunteering for the agency also receive training mandated for contractors and volunteers by §115.32? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners contracted by or volunteering for the agency.)	yes
<b>115.41 (a)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Are all inmates assessed during an intake screening for their risk of being sexually abused by other inmates or sexually abusive toward other inmates?	yes
	Are all inmates assessed upon transfer to another facility for their risk of being sexually abused by other inmates or sexually abusive toward other inmates?	yes
<b>115.41 (b)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Do intake screenings ordinarily take place within 72 hours of arrival at the facility?	yes
<b>115.41 (c)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Are all PREA screening assessments conducted using an objective	yes

	screening instrument?	
<b>115.41 (d)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (1) Whether the inmate has a mental, physical, or developmental disability?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (2) The age of the inmate?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (3) The physical build of the inmate?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (4) Whether the inmate has previously been incarcerated?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (5) Whether the inmate's criminal history is exclusively nonviolent?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (6) Whether the inmate has prior convictions for sex offenses against an adult or child?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (7) Whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming (the facility affirmatively asks the inmate about his/her sexual orientation and gender identity AND makes a subjective determination based on the screener's perception whether the inmate is gender non-conforming or otherwise may be perceived to be LGBTI)?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (8) Whether the inmate has previously experienced sexual victimization?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (9) The inmate's own perception of vulnerability?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (10)	no

	Whether the inmate is detained solely for civil immigration purposes?	
<b>115.41 (e)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency: prior acts of sexual abuse?	yes
	In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency: prior convictions for violent offenses?	yes
	In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency: history of prior institutional violence or sexual abuse?	yes
<b>115.41 (f)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Within a set time period not more than 30 days from the inmate's arrival at the facility, does the facility reassess the inmate's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening?	yes
<b>115.41 (g)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Does the facility reassess an inmate's risk level when warranted due to a referral?	yes
	Does the facility reassess an inmate's risk level when warranted due to a request?	yes
	Does the facility reassess an inmate's risk level when warranted due to an incident of sexual abuse?	yes
	Does the facility reassess an inmate's risk level when warranted due to receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness?	yes
<b>115.41 (h)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Is it the case that inmates are not ever disciplined for refusing to answer, or for not disclosing complete information in response to, questions asked pursuant to paragraphs (d)(1), (d)(7), (d)(8), or (d)(9) of this section?	yes
<b>115.41 (i)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive	yes

	information is not exploited to the inmate's detriment by staff or other inmates?	
<b>115.42 (a) Use of screening information</b>		
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Housing Assignments?	yes
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Bed assignments?	yes
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Work Assignments?	yes
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Education Assignments?	yes
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Program Assignments?	yes
<b>115.42 (b) Use of screening information</b>		
	Does the agency make individualized determinations about how to ensure the safety of each inmate?	yes
<b>115.42 (c) Use of screening information</b>		
	When deciding whether to assign a transgender or intersex inmate to a facility for male or female inmates, does the agency consider, on a case-by-case basis, whether a placement would ensure the inmate's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns inmates to a male or female facility on the basis of anatomy alone, that agency is not in compliance with this standard)?	yes
	When making housing or other program assignments for transgender or intersex inmates, does the agency consider, on a case-by-case basis, whether a placement would ensure the inmate's health and safety, and whether a placement would	yes

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

	solely for the placement of LGBT or I inmates pursuant to a consent degree, legal settlement, or legal judgement.)	
<b>115.43 (a)</b>	<b>Protective Custody</b>	
	Does the facility always refrain from placing inmates at high risk for sexual victimization in involuntary segregated housing unless an assessment of all available alternatives has been made, and a determination has been made that there is no available alternative means of separation from likely abusers?	yes
	If a facility cannot conduct such an assessment immediately, does the facility hold the inmate in involuntary segregated housing for less than 24 hours while completing the assessment?	yes
<b>115.43 (b)</b>	<b>Protective Custody</b>	
	Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Programs to the extent possible?	yes
	Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Privileges to the extent possible?	yes
	Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Education to the extent possible?	yes
	Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Work opportunities to the extent possible?	yes
	If the facility restricts any access to programs, privileges, education, or work opportunities, does the facility document the opportunities that have been limited? (N/A if the facility never restricts access to programs, privileges, education, or work opportunities.)	yes
	If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document the duration of the limitation? (N/A if the facility never restricts access to programs, privileges, education, or work opportunities.)	yes
	If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document the reasons for such limitations? (N/A if the facility never restricts access to programs, privileges, education, or work opportunities.)	yes
<b>115.43 (c)</b>	<b>Protective Custody</b>	

	Does the facility assign inmates at high risk of sexual victimization to involuntary segregated housing only until an alternative means of separation from likely abusers can be arranged?	yes
	Does such an assignment not ordinarily exceed a period of 30 days?	yes
<b>115.43 (d) Protective Custody</b>		
	If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document: The basis for the facility's concern for the inmate's safety?	yes
	If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document: The reason why no alternative means of separation can be arranged?	yes
<b>115.43 (e) Protective Custody</b>		
	In the case of each inmate who is placed in involuntary segregation because he/she is at high risk of sexual victimization, does the facility afford a review to determine whether there is a continuing need for separation from the general population EVERY 30 DAYS?	yes
<b>115.51 (a) Inmate reporting</b>		
	Does the agency provide multiple internal ways for inmates to privately report: Sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for inmates to privately report: Retaliation by other inmates or staff for reporting sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for inmates to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents?	yes
<b>115.51 (b) Inmate reporting</b>		
	Does the agency also provide at least one way for inmates to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency?	yes
	Is that private entity or office able to receive and immediately forward inmate reports of sexual abuse and sexual harassment to agency officials?	yes
	Does that private entity or office allow the inmate to remain	yes

	anonymous upon request?	
	Are inmates detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security? (N/A if the facility never houses inmates detained solely for civil immigration purposes.)	na
<b>115.51 (c)</b>	<b>Inmate reporting</b>	
	Does staff accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties?	yes
	Does staff promptly document any verbal reports of sexual abuse and sexual harassment?	yes
<b>115.51 (d)</b>	<b>Inmate reporting</b>	
	Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of inmates?	yes
<b>115.52 (a)</b>	<b>Exhaustion of administrative remedies</b>	
	Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address inmate grievances regarding sexual abuse. This does not mean the agency is exempt simply because an inmate does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse.	yes
<b>115.52 (b)</b>	<b>Exhaustion of administrative remedies</b>	
	Does the agency permit inmates to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.)	na
	Does the agency always refrain from requiring an inmate to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.)	na
<b>115.52 (c)</b>	<b>Exhaustion of administrative remedies</b>	
	Does the agency ensure that: An inmate who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from	na

	this standard.)	
	Does the agency ensure that: Such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	na
<b>115.52 (d)</b>	<b>Exhaustion of administrative remedies</b>	
	Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by inmates in preparing any administrative appeal.) (N/A if agency is exempt from this standard.)	na
	If the agency claims the maximum allowable extension of time to respond of up to 70 days per 115.52(d)(3) when the normal time period for response is insufficient to make an appropriate decision, does the agency notify the inmate in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.)	na
	At any level of the administrative process, including the final level, if the inmate does not receive a response within the time allotted for reply, including any properly noticed extension, may an inmate consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.)	na
<b>115.52 (e)</b>	<b>Exhaustion of administrative remedies</b>	
	Are third parties, including fellow inmates, staff members, family members, attorneys, and outside advocates, permitted to assist inmates in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.)	na
	Are those third parties also permitted to file such requests on behalf of inmates? (If a third party files such a request on behalf of an inmate, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.)	na
	If the inmate declines to have the request processed on his or her behalf, does the agency document the inmate's decision? (N/A if agency is exempt from this standard.)	na
<b>115.52 (f)</b>	<b>Exhaustion of administrative remedies</b>	

	Has the agency established procedures for the filing of an emergency grievance alleging that an inmate is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	na
	After receiving an emergency grievance alleging an inmate is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.).	na
	After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.)	na
	After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.)	na
	Does the initial response and final agency decision document the agency's determination whether the inmate is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	na
	Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	na
	Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	na
<b>115.52 (g)</b>	<b>Exhaustion of administrative remedies</b>	
	If the agency disciplines an inmate for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the inmate filed the grievance in bad faith? (N/A if agency is exempt from this standard.)	na
<b>115.53 (a)</b>	<b>Inmate access to outside confidential support services</b>	
	Does the facility provide inmates with access to outside victim advocates for emotional support services related to sexual abuse by giving inmates mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations?	no
	Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers,	na

	including toll-free hotline numbers where available of local, State, or national immigrant services agencies? (N/A if the facility never has persons detained solely for civil immigration purposes.)	
	Does the facility enable reasonable communication between inmates and these organizations and agencies, in as confidential a manner as possible?	yes
<b>115.53 (b)</b>	<b>Inmate access to outside confidential support services</b>	
	Does the facility inform inmates, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws?	yes
<b>115.53 (c)</b>	<b>Inmate access to outside confidential support services</b>	
	Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide inmates with confidential emotional support services related to sexual abuse?	yes
	Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements?	yes
<b>115.54 (a)</b>	<b>Third-party reporting</b>	
	Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment?	yes
	Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of an inmate?	yes
<b>115.61 (a)</b>	<b>Staff and agency reporting duties</b>	
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding retaliation against inmates or staff who reported an incident of sexual abuse or sexual harassment?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual	yes

	abuse or sexual harassment or retaliation?	
<b>115.61 (b)</b>	<b>Staff and agency reporting duties</b>	
	Apart from reporting to designated supervisors or officials, does staff always refrain from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions?	yes
<b>115.61 (c)</b>	<b>Staff and agency reporting duties</b>	
	Unless otherwise precluded by Federal, State, or local law, are medical and mental health practitioners required to report sexual abuse pursuant to paragraph (a) of this section?	yes
	Are medical and mental health practitioners required to inform inmates of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services?	yes
<b>115.61 (d)</b>	<b>Staff and agency reporting duties</b>	
	If the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable persons statute, does the agency report the allegation to the designated State or local services agency under applicable mandatory reporting laws?	yes
<b>115.61 (e)</b>	<b>Staff and agency reporting duties</b>	
	Does the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators?	yes
<b>115.62 (a)</b>	<b>Agency protection duties</b>	
	When the agency learns that an inmate is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the inmate?	yes
<b>115.63 (a)</b>	<b>Reporting to other confinement facilities</b>	
	Upon receiving an allegation that an inmate was sexually abused while confined at another facility, does the head of the facility that received the allegation notify the head of the facility or appropriate office of the agency where the alleged abuse occurred?	yes
<b>115.63 (b)</b>	<b>Reporting to other confinement facilities</b>	
	Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation?	yes

<b>115.63 (c)</b>	<b>Reporting to other confinement facilities</b>	
	Does the agency document that it has provided such notification?	yes
<b>115.63 (d)</b>	<b>Reporting to other confinement facilities</b>	
	Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards?	yes
<b>115.64 (a)</b>	<b>Staff first responder duties</b>	
	Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser?	yes
	Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence?	yes
	Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes
	Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes
<b>115.64 (b)</b>	<b>Staff first responder duties</b>	
	If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff?	yes
<b>115.65 (a)</b>	<b>Coordinated response</b>	
	Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in	yes

	response to an incident of sexual abuse?	
<b>115.66 (a)</b>	<b>Preservation of ability to protect inmates from contact with abusers</b>	
	Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limit the agency's ability to remove alleged staff sexual abusers from contact with any inmates pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted?	yes
<b>115.67 (a)</b>	<b>Agency protection against retaliation</b>	
	Has the agency established a policy to protect all inmates and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other inmates or staff?	yes
	Has the agency designated which staff members or departments are charged with monitoring retaliation?	yes
<b>115.67 (b)</b>	<b>Agency protection against retaliation</b>	
	Does the agency employ multiple protection measures, such as housing changes or transfers for inmate victims or abusers, removal of alleged staff or inmate abusers from contact with victims, and emotional support services for inmates or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations?	yes
<b>115.67 (c)</b>	<b>Agency protection against retaliation</b>	
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of inmates or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of inmates who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff?	yes
	Except in instances where the agency determines that a report of	yes

	sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation?	
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor any inmate disciplinary reports?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate housing changes?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate program changes?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor negative performance reviews of staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor reassignments of staff?	yes
	Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need?	yes
<b>115.67 (d)</b>	<b>Agency protection against retaliation</b>	
	In the case of inmates, does such monitoring also include periodic status checks?	yes
<b>115.67 (e)</b>	<b>Agency protection against retaliation</b>	
	If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation?	yes
<b>115.68 (a)</b>	<b>Post-allegation protective custody</b>	
	Is any and all use of segregated housing to protect an inmate who is alleged to have suffered sexual abuse subject to the requirements of § 115.43?	yes
<b>115.71 (a)</b>	<b>Criminal and administrative agency investigations</b>	
	When the agency conducts its own investigations into allegations	yes

	of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).)	
	Does the agency conduct such investigations for all allegations, including third party and anonymous reports? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).)	yes
<b>115.71 (b)</b>	<b>Criminal and administrative agency investigations</b>	
	Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations as required by 115.34?	yes
<b>115.71 (c)</b>	<b>Criminal and administrative agency investigations</b>	
	Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data?	yes
	Do investigators interview alleged victims, suspected perpetrators, and witnesses?	yes
	Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator?	yes
<b>115.71 (d)</b>	<b>Criminal and administrative agency investigations</b>	
	When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution?	yes
<b>115.71 (e)</b>	<b>Criminal and administrative agency investigations</b>	
	Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as inmate or staff?	yes
	Does the agency investigate allegations of sexual abuse without requiring an inmate who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding?	yes
<b>115.71 (f)</b>	<b>Criminal and administrative agency investigations</b>	
	Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse?	yes

	Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings?	yes
<b>115.71 (g)</b>	<b>Criminal and administrative agency investigations</b>	
	Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible?	yes
<b>115.71 (h)</b>	<b>Criminal and administrative agency investigations</b>	
	Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?	yes
<b>115.71 (i)</b>	<b>Criminal and administrative agency investigations</b>	
	Does the agency retain all written reports referenced in 115.71(f) and (g) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years?	yes
<b>115.71 (j)</b>	<b>Criminal and administrative agency investigations</b>	
	Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the agency does not provide a basis for terminating an investigation?	yes
<b>115.71 (l)</b>	<b>Criminal and administrative agency investigations</b>	
	When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct administrative or criminal sexual abuse investigations. See 115.21(a).)	na
<b>115.72 (a)</b>	<b>Evidentiary standard for administrative investigations</b>	
	Is it true that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated?	yes
<b>115.73 (a)</b>	<b>Reporting to inmates</b>	
	Following an investigation into an inmate's allegation that he or she suffered sexual abuse in an agency facility, does the agency inform the inmate as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded?	yes

<b>115.73 (b)</b>	<b>Reporting to inmates</b>	
	If the agency did not conduct the investigation into an inmate's allegation of sexual abuse in an agency facility, does the agency request the relevant information from the investigative agency in order to inform the inmate? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.)	na
<b>115.73 (c)</b>	<b>Reporting to inmates</b>	
	Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the inmate has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer posted within the inmate's unit?	yes
	Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer employed at the facility?	yes
	Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility?	yes
	Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility?	yes
<b>115.73 (d)</b>	<b>Reporting to inmates</b>	
	Following an inmate's allegation that he or she has been sexually abused by another inmate, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility?	yes
	Following an inmate's allegation that he or she has been sexually	yes

	abused by another inmate, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility?	
<b>115.73 (e)</b>	<b>Reporting to inmates</b>	
	Does the agency document all such notifications or attempted notifications?	yes
<b>115.76 (a)</b>	<b>Disciplinary sanctions for staff</b>	
	Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies?	yes
<b>115.76 (b)</b>	<b>Disciplinary sanctions for staff</b>	
	Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse?	yes
<b>115.76 (c)</b>	<b>Disciplinary sanctions for staff</b>	
	Are disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories?	yes
<b>115.76 (d)</b>	<b>Disciplinary sanctions for staff</b>	
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Law enforcement agencies(unless the activity was clearly not criminal)?	yes
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies?	yes
<b>115.77 (a)</b>	<b>Corrective action for contractors and volunteers</b>	
	Is any contractor or volunteer who engages in sexual abuse prohibited from contact with inmates?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)?	yes

	Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies?	yes
<b>115.77 (b)</b>	<b>Corrective action for contractors and volunteers</b>	
	In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with inmates?	yes
<b>115.78 (a)</b>	<b>Disciplinary sanctions for inmates</b>	
	Following an administrative finding that an inmate engaged in inmate-on-inmate sexual abuse, or following a criminal finding of guilt for inmate-on-inmate sexual abuse, are inmates subject to disciplinary sanctions pursuant to a formal disciplinary process?	yes
<b>115.78 (b)</b>	<b>Disciplinary sanctions for inmates</b>	
	Are sanctions commensurate with the nature and circumstances of the abuse committed, the inmate's disciplinary history, and the sanctions imposed for comparable offenses by other inmates with similar histories?	yes
<b>115.78 (c)</b>	<b>Disciplinary sanctions for inmates</b>	
	When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether an inmate's mental disabilities or mental illness contributed to his or her behavior?	yes
<b>115.78 (d)</b>	<b>Disciplinary sanctions for inmates</b>	
	If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to require the offending inmate to participate in such interventions as a condition of access to programming and other benefits?	yes
<b>115.78 (e)</b>	<b>Disciplinary sanctions for inmates</b>	
	Does the agency discipline an inmate for sexual contact with staff only upon a finding that the staff member did not consent to such contact?	yes
<b>115.78 (f)</b>	<b>Disciplinary sanctions for inmates</b>	
	For the purpose of disciplinary action does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish	yes

	evidence sufficient to substantiate the allegation?	
<b>115.78 (g)</b>	<b>Disciplinary sanctions for inmates</b>	
	If the agency prohibits all sexual activity between inmates, does the agency always refrain from considering non-coercive sexual activity between inmates to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between inmates.)	yes
<b>115.81 (a)</b>	<b>Medical and mental health screenings; history of sexual abuse</b>	
	If the screening pursuant to § 115.41 indicates that a prison inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison).	yes
<b>115.81 (b)</b>	<b>Medical and mental health screenings; history of sexual abuse</b>	
	If the screening pursuant to § 115.41 indicates that a prison inmate has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison.)	yes
<b>115.81 (c)</b>	<b>Medical and mental health screenings; history of sexual abuse</b>	
	If the screening pursuant to § 115.41 indicates that a jail inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a jail).	yes
<b>115.81 (d)</b>	<b>Medical and mental health screenings; history of sexual abuse</b>	
	Is any information related to sexual victimization or abusiveness that occurred in an institutional setting strictly limited to medical and mental health practitioners and other staff as necessary to inform treatment plans and security management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law?	yes
<b>115.81 (e)</b>	<b>Medical and mental health screenings; history of sexual abuse</b>	
	Do medical and mental health practitioners obtain informed consent from inmates before reporting information about prior	yes

	sexual victimization that did not occur in an institutional setting, unless the inmate is under the age of 18?	
<b>115.82 (a)</b>	<b>Access to emergency medical and mental health services</b>	
	Do inmate victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment?	yes
<b>115.82 (b)</b>	<b>Access to emergency medical and mental health services</b>	
	If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do security staff first responders take preliminary steps to protect the victim pursuant to § 115.62?	yes
	Do security staff first responders immediately notify the appropriate medical and mental health practitioners?	yes
<b>115.82 (c)</b>	<b>Access to emergency medical and mental health services</b>	
	Are inmate victims of sexual abuse offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate?	yes
<b>115.82 (d)</b>	<b>Access to emergency medical and mental health services</b>	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes
<b>115.83 (a)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all inmates who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility?	yes
<b>115.83 (b)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody?	yes
<b>115.83 (c)</b>	<b>Ongoing medical and mental health care for sexual abuse</b>	

	<b>victims and abusers</b>	
	Does the facility provide such victims with medical and mental health services consistent with the community level of care?	yes
<b>115.83 (d)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Are inmate victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if "all male" facility. Note: in "all male" facilities there may be inmates who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.)	yes
<b>115.83 (e)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	If pregnancy results from the conduct described in paragraph § 115.83(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if "all male" facility. Note: in "all male" facilities there may be inmates who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.)	yes
<b>115.83 (f)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Are inmate victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?	yes
<b>115.83 (g)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes
<b>115.83 (h)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	If the facility is a prison, does it attempt to conduct a mental health evaluation of all known inmate-on-inmate abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners? (NA if the facility is a jail.)	yes

<b>115.86 (a)</b>	<b>Sexual abuse incident reviews</b>	
	Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded?	yes
<b>115.86 (b)</b>	<b>Sexual abuse incident reviews</b>	
	Does such review ordinarily occur within 30 days of the conclusion of the investigation?	yes
<b>115.86 (c)</b>	<b>Sexual abuse incident reviews</b>	
	Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?	yes
<b>115.86 (d)</b>	<b>Sexual abuse incident reviews</b>	
	Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse?	yes
	Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility?	yes
	Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse?	yes
	Does the review team: Assess the adequacy of staffing levels in that area during different shifts?	yes
	Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff?	yes
	Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.86(d)(1)-(d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager?	yes
<b>115.86 (e)</b>	<b>Sexual abuse incident reviews</b>	
	Does the facility implement the recommendations for improvement, or document its reasons for not doing so?	yes

<b>115.87 (a)</b>	<b>Data collection</b>	
	Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions?	yes
<b>115.87 (b)</b>	<b>Data collection</b>	
	Does the agency aggregate the incident-based sexual abuse data at least annually?	yes
<b>115.87 (c)</b>	<b>Data collection</b>	
	Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice?	yes
<b>115.87 (d)</b>	<b>Data collection</b>	
	Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews?	yes
<b>115.87 (e)</b>	<b>Data collection</b>	
	Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its inmates? (N/A if agency does not contract for the confinement of its inmates.)	yes
<b>115.87 (f)</b>	<b>Data collection</b>	
	Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.)	yes
<b>115.88 (a)</b>	<b>Data review for corrective action</b>	
	Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas?	yes
	Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis?	yes
	Does the agency review data collected and aggregated pursuant	yes

	to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole?	
<b>115.88 (b)</b>	<b>Data review for corrective action</b>	
	Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse?	yes
<b>115.88 (c)</b>	<b>Data review for corrective action</b>	
	Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means?	yes
<b>115.88 (d)</b>	<b>Data review for corrective action</b>	
	Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility?	yes
<b>115.89 (a)</b>	<b>Data storage, publication, and destruction</b>	
	Does the agency ensure that data collected pursuant to § 115.87 are securely retained?	yes
<b>115.89 (b)</b>	<b>Data storage, publication, and destruction</b>	
	Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means?	yes
<b>115.89 (c)</b>	<b>Data storage, publication, and destruction</b>	
	Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?	yes
<b>115.89 (d)</b>	<b>Data storage, publication, and destruction</b>	
	Does the agency maintain sexual abuse data collected pursuant to § 115.87 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise?	yes
<b>115.401 (a)</b>	<b>Frequency and scope of audits</b>	

	During the prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.)	yes
<b>115.401 (b)</b>	<b>Frequency and scope of audits</b>	
	Is this the first year of the current audit cycle? (Note: a "no" response does not impact overall compliance with this standard.)	no
	If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is not the second year of the current audit cycle.)	na
	If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is not the third year of the current audit cycle.)	yes
<b>115.401 (h)</b>	<b>Frequency and scope of audits</b>	
	Did the auditor have access to, and the ability to observe, all areas of the audited facility?	yes
<b>115.401 (i)</b>	<b>Frequency and scope of audits</b>	
	Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)?	yes
<b>115.401 (m)</b>	<b>Frequency and scope of audits</b>	
	Was the auditor permitted to conduct private interviews with inmates, residents, and detainees?	yes
<b>115.401 (n)</b>	<b>Frequency and scope of audits</b>	
	Were inmates permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel?	yes
<b>115.403</b>	<b>Audit contents and findings</b>	

(f)	
	<div data-bbox="320 185 1273 555"> <p>The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports. The review period is for prior audits completed during the past three years PRECEDING THIS AUDIT. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or, in the case of single facility agencies, there has never been a Final Audit Report issued.)</p> </div> <div data-bbox="1302 185 1353 219">yes</div>