

# PREA Facility Audit Report: Final

**Name of Facility:** Jackson County Correctional Institution

**Facility Type:** Prison / Jail

**Date Interim Report Submitted:** NA

**Date Final Report Submitted:** 08/15/2025

## 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:** 08/15/2025

## AUDITOR INFORMATION

**Auditor name:** OConnor, Darla

**Email:** doconnor@strategicjusticesolutions.com

**Start Date of On-Site Audit:** 05/19/2025

**End Date of On-Site Audit:** 05/20/2025

## FACILITY INFORMATION

**Facility name:** Jackson County Correctional Institution

**Facility physical address:** 265 I W Davis Road, Jefferson , Georgia - 30549

**Facility mailing address:**

## Primary Contact

<b>Name:</b>	Kevin Hand
<b>Email Address:</b>	khand@jacksoncountygov.com
<b>Telephone Number:</b>	7062150125

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

<b>Name:</b>	Luke Minix
<b>Email Address:</b>	lminix@jacksoncountygov.com
<b>Telephone Number:</b>	706-387-6458

#### Facility PREA Compliance Manager

<b>Name:</b>	Michael Bowen
<b>Email Address:</b>	mjbowen@jacksoncountygov.com
<b>Telephone Number:</b>	706-387-6462

#### Facility Health Service Administrator On-site

<b>Name:</b>	Correct Health
<b>Email Address:</b>	jccimedical@jacksoncountygov.com
<b>Telephone Number:</b>	706-387-6461

#### Facility Characteristics

<b>Designed facility capacity:</b>	175
<b>Current population of facility:</b>	169
<b>Average daily population for the past 12 months:</b>	170
<b>Has the facility been over capacity at any point in the past 12 months?</b>	Yes
<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>	18-62
<b>Facility security levels/inmate custody levels:</b>	Minimum and Medium
<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>	34
<b>Number of individual contractors who have contact with inmates, currently authorized to enter the facility:</b>	0
<b>Number of volunteers who have contact with inmates, currently authorized to enter the facility:</b>	30

<b>AGENCY INFORMATION</b>	
<b>Name of agency:</b>	Jackson County Board of Commissioners
<b>Governing authority or parent agency (if applicable):</b>	Jackson County
<b>Physical Address:</b>	4965 Jackson Parkway, Jefferson, Georgia - 30549
<b>Mailing Address:</b>	
<b>Telephone number:</b>	7063876458

<b>Agency Chief Executive Officer Information:</b>
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<b>Name:</b>	Johnny Weaver
<b>Email Address:</b>	
<b>Telephone Number:</b>	7063877345

Agency-Wide PREA Coordinator Information			
<b>Name:</b>	Kevin Hand	<b>Email Address:</b>	khand@jacksoncountygov.com

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

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

## GENERAL AUDIT INFORMATION

### On-site Audit Dates

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

2025-05-19

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

2025-05-20

### 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.

The Georgia Network to End Sexual Assault (GNESA) was contacted to confirm any recent involvement or outreach related to the facility. GNESA reported that they had no record of any contact or 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.

Bridging Hope Rape Crisis Center was contacted and confirmed they have a MOU with the facility. They provide a victim advocate when requested to accompany residents to forensic examinations. The victim advocate also fulfills the role of emotional support for victims regardless of when the sexual abuse occurred. They provide forensic examinations by SANE personnel. They provide a confidential mailing address. They provide in-person counseling in a private setting. Services are provided at no cost to the inmate.

New Hope Counseling was contacted and confirmed they have a MOU with the facility. Their victim advocates fill the role of emotional support for victims regardless of when the sexual abuse occurred. They

	<p>provide a confidential mailing address. They provide in-person counseling in a private setting. Services are provided at no cost to the inmate.</p> <p>Northeast Georgia Medical Center (NGMC) in Braselton, Georgia, was contacted and confirmed they have a SANE (Sexual Assault Nurse Examiner) program. This program provides nurses with specialized training in handling sexual assault cases, including rape crisis, District Attorney trial preparation, and training with law enforcement and pediatricians. The SANE program is not a mandatory requirement for all hospitals in Georgia and is not offered at every hospital.</p>
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## AUDITED FACILITY INFORMATION

<b>14. Designated facility capacity:</b>	175
<b>15. Average daily population for the past 12 months:</b>	170
<b>16. Number of inmate/resident/detainee housing units:</b>	6
<b>17. Does the facility ever hold youthful inmates or youthful/juvenile detainees?</b>	<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

<b>23. Enter the total number of inmates/residents/detainees in the facility as of the first day of onsite portion of the audit:</b>	168
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<b>25. Enter the total number of inmates/residents/detainees with a physical disability in the facility as of the first day of the onsite portion of the audit:</b>	0
<b>26. Enter the total number of inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) in the facility as of the first day of the onsite portion of the audit:</b>	0
<b>27. Enter the total number of inmates/residents/detainees who are Blind or have low vision (visually impaired) in the facility as of the first day of the onsite portion of the audit:</b>	0
<b>28. Enter the total number of inmates/residents/detainees who are Deaf or hard-of-hearing in the facility as of the first day of the onsite portion of the audit:</b>	0
<b>29. Enter the total number of inmates/residents/detainees who are Limited English Proficient (LEP) in the facility as of the first day of the onsite portion of the audit:</b>	0
<b>30. Enter the total number of inmates/residents/detainees who identify as lesbian, gay, or bisexual in the facility as of the first day of the onsite portion of the audit:</b>	0
<b>31. Enter the total number of inmates/residents/detainees who identify as transgender or intersex in the facility as of the first day of the onsite portion of the audit:</b>	0
<b>32. Enter the total number of inmates/residents/detainees who reported sexual abuse in the facility as of the first day of the onsite portion of the audit:</b>	0

<b>33. Enter the total number of inmates/residents/detainees who disclosed prior sexual victimization during risk screening in the facility as of the first day of the onsite portion of the audit:</b>	0
<b>34. Enter the total number of inmates/residents/detainees who were ever placed in segregated housing/isolation for risk of sexual victimization in the facility as of the first day of the onsite portion of the audit:</b>	0

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

As of the first day of the onsite audit, the facility's population consisted of a diverse group of individuals, reflecting a range of ages, security classifications, and custody statuses. The facility maintains comprehensive tracking systems to identify and monitor various demographic and special populations, including those with physical or mental disabilities, LGBTQ+ individuals, youth or juveniles if applicable, and inmates requiring protective custody.

The facility utilizes intake screening and ongoing assessments to identify inmates with specific vulnerabilities, such as those at risk for sexual victimization or those with significant cognitive or physical impairments. These efforts ensure appropriate housing assignments, accommodations, and programming tailored to individual needs. There were no notable issues reported or observed with tracking or identifying specialized populations during the audit. The facility's information management systems effectively capture essential data, enabling staff to monitor trends and address the needs of all subpopulations within the inmate population.

While the facility tracks most demographic categories in compliance with PREA standards, certain groups—such as those with less visible disabilities or non-disclosed gender identities—may require ongoing vigilance to ensure accurate identification and protection. The facility continues to enhance staff training and screening procedures to improve sensitivity and awareness of these populations.

Overall, the agency/facility demonstrates a strong commitment to recognizing and managing the diverse needs of its population to promote safety, dignity, and compliance with all applicable standards.

<b>Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit</b>	
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<b>36. Enter the total number of STAFF, including both full- and part-time staff, employed by the facility as of the first day of the onsite portion of the audit:</b>	34
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<b>37. Enter the total number of VOLUNTEERS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:</b>	30
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<b>38. Enter the total number of CONTRACTORS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:</b>	1
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<p><b>39. Provide any additional comments regarding the population characteristics of staff, volunteers, and contractors who were in the facility as of the first day of the onsite portion of the audit:</b></p>	<p>As of the first day of the onsite audit, the facility had a diverse workforce comprised of staff members, volunteers, and contractors representing a variety of backgrounds, roles, and responsibilities. This group included correctional officers, administrative personnel, healthcare providers, mental health professionals, educational staff, and maintenance workers, among others. The facility maintains clear protocols for screening, training, and monitoring all individuals who have direct or indirect contact with inmates. Staff, volunteers, and contractors undergo background checks and PREA-specific training to ensure they understand their responsibilities related to preventing and reporting sexual abuse and harassment.</p> <p>There were no concerns identified regarding the identification or tracking of these populations. The facility uses robust personnel management systems to document and manage access, ensuring that only authorized individuals are present within secure areas. Volunteers and contractors are supervised and escorted according to established policies to maintain the safety and security of the facility population. The agency promotes an inclusive and professional environment that encourages accountability and supports the PREA mission. Ongoing training and periodic evaluations help reinforce adherence to standards across all personnel categories.</p> <p>Overall, the facility demonstrates effective management of staff, volunteers, and contractors to uphold safety, security, and compliance with PREA requirements.</p>
<p><b>INTERVIEWS</b></p>	
<p><b>Inmate/Resident/Detainee Interviews</b></p>	
<p><b>Random Inmate/Resident/Detainee Interviews</b></p>	
<p><b>40. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:</b></p>	<p>20</p>

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

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

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

To ensure the sample of random inmate/resident/detainee interviewees was geographically diverse and representative of the facility's population, the audit team employed a multi-step approach designed to capture perspectives from various housing units and security levels across the institution.

First, the facility's housing roster and population census were reviewed to identify all housing units, including general population units, specialized units (such as medical, mental health, disciplinary segregation, or protective custody), and varying security classifications. This ensured inclusion of individuals from different physical locations and living environments within the facility. Next, the Auditor used a random selection process that incorporated geographic distribution by systematically selecting interviewees from multiple housing units. This approach avoided clustering interviews in a single area, thereby reducing sampling bias and increasing the diversity of experiences represented.

Facility staff assisted by providing lists of individuals assigned to each housing area, from which interviewees were selected randomly. Special attention was given to ensure that individuals from less populated or specialized units were included when possible.

Throughout the process, efforts were made to maintain confidentiality and voluntary participation. Interviewees were assured that their selection was random and that their responses would be kept confidential, encouraging open and honest communication.

By utilizing this geographically diverse sampling strategy, the Auditor was able to obtain a broad and balanced range of input from the inmate/resident/detainee population, enhancing the validity and reliability of the audit findings.

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

☒ Yes

☐ No

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

At the time of the on-site Prison Rape Elimination Act (PREA) audit, the facility reported a total population of 168 individuals in custody. According to guidelines set forth in the PREA Auditor Handbook, a facility with this population size is required to conduct a minimum of ten random interviews in addition to ten targeted interviews with individuals identified as belonging to specific vulnerability groups outlined by PREA standards.

During the audit period, the facility confirmed that no individuals currently housed fell into any of the targeted categories requiring specialized interviews. As a result, the Auditor conducted twenty random interviews to fulfill the audit requirements. Despite the lack of targeted interviewees, this did not impede the Auditor's ability to thoroughly evaluate the facility's compliance with PREA mandates. Facility staff exhibited a thorough understanding of procedures for identifying and supporting individuals who may be vulnerable to sexual victimization or who pose a risk of abusiveness. Comprehensive documentation reviewed by the Auditor demonstrated that the facility employs rigorous screening and intake protocols designed to identify individuals with elevated risks and to implement appropriate protective measures accordingly.

In summary, although the population at the time of the audit did not include individuals from the specialized categories necessitating targeted interviews, the facility's established systems, training, and staff readiness underscore its capacity to respond effectively and in alignment with PREA policies should such individuals be housed in the future. This proactive and structured approach highlights the institution's ongoing commitment to upholding PREA standards and ensuring the safety, dignity, and well-being of everyone in its care.

**Targeted Inmate/Resident/Detainee Interviews**

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

20

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

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

0

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

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

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

<p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>At the time of the on-site audit, facility leadership reported that no individuals meeting the criteria for this specific targeted category were currently housed at the institution. This assertion was corroborated through multiple verification methods. During the comprehensive facility tour, the Auditor made direct observations and did not identify any individuals who would fall within this particular classification. Additionally, interviews with staff members across various departments consistently confirmed that no individuals within this population group were present at the facility during the audit period. It is important to note that the absence of individuals within this targeted category does not indicate a failure or deficiency in the facility's screening, classification, or documentation procedures. Instead, it accurately reflects the current profile of the inmate population. Policies and processes are in place to ensure that, should an individual meeting the criteria for this category be admitted in the future, they would be promptly identified and provided with all necessary protections, services, and accommodations in accordance with PREA standards.</p>
<p><b>48. Enter the total number of interviews conducted with inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) using the "Disabled and Limited English Proficient Inmates" protocol:</b></p>	<p>0</p>
<p><b>a. 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>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>At the time of the on-site audit, facility leadership reported that no individuals meeting the criteria for this specific targeted category were currently housed at the institution. This assertion was corroborated through multiple verification methods. During the comprehensive facility tour, the Auditor made direct observations and did not identify any individuals who would fall within this particular classification. Additionally, interviews with staff members across various departments consistently confirmed that no individuals within this population group were present at the facility during the audit period. It is important to note that the absence of individuals within this targeted category does not indicate a failure or deficiency in the facility's screening, classification, or documentation procedures. Instead, it accurately reflects the current profile of the inmate population. Policies and processes are in place to ensure that, should an individual meeting the criteria for this category be admitted in the future, they would be promptly identified and provided with all necessary protections, services, and accommodations in accordance with PREA standards.</p>
<p><b>49. Enter the total number of interviews conducted with inmates/residents/detainees who are Blind or have low vision (i.e., visually impaired) using the "Disabled and Limited English Proficient Inmates" protocol:</b></p>	<p>0</p>
<p><b>a. 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>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>At the time of the on-site audit, facility leadership reported that no individuals meeting the criteria for this specific targeted category were currently housed at the institution. This assertion was corroborated through multiple verification methods. During the comprehensive facility tour, the Auditor made direct observations and did not identify any individuals who would fall within this particular classification. Additionally, interviews with staff members across various departments consistently confirmed that no individuals within this population group were present at the facility during the audit period. It is important to note that the absence of individuals within this targeted category does not indicate a failure or deficiency in the facility's screening, classification, or documentation procedures. Instead, it accurately reflects the current profile of the inmate population. Policies and processes are in place to ensure that, should an individual meeting the criteria for this category be admitted in the future, they would be promptly identified and provided with all necessary protections, services, and accommodations in accordance with PREA standards.</p>
<p><b>50. Enter the total number of interviews conducted with inmates/residents/detainees who are Deaf or hard-of-hearing using the "Disabled and Limited English Proficient Inmates" protocol:</b></p>	<p>0</p>
<p><b>a. 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>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>At the time of the on-site audit, facility leadership reported that no individuals meeting the criteria for this specific targeted category were currently housed at the institution. This assertion was corroborated through multiple verification methods. During the comprehensive facility tour, the Auditor made direct observations and did not identify any individuals who would fall within this particular classification. Additionally, interviews with staff members across various departments consistently confirmed that no individuals within this population group were present at the facility during the audit period. It is important to note that the absence of individuals within this targeted category does not indicate a failure or deficiency in the facility's screening, classification, or documentation procedures. Instead, it accurately reflects the current profile of the inmate population. Policies and processes are in place to ensure that, should an individual meeting the criteria for this category be admitted in the future, they would be promptly identified and provided with all necessary protections, services, and accommodations in accordance with PREA standards.</p>
<p><b>51. Enter the total number of interviews conducted with inmates/residents/detainees who are Limited English Proficient (LEP) using the "Disabled and Limited English Proficient Inmates" protocol:</b></p>	<p>0</p>
<p><b>a. 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>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>At the time of the on-site audit, facility leadership reported that no individuals meeting the criteria for this specific targeted category were currently housed at the institution. This assertion was corroborated through multiple verification methods. During the comprehensive facility tour, the Auditor made direct observations and did not identify any individuals who would fall within this particular classification. Additionally, interviews with staff members across various departments consistently confirmed that no individuals within this population group were present at the facility during the audit period. It is important to note that the absence of individuals within this targeted category does not indicate a failure or deficiency in the facility's screening, classification, or documentation procedures. Instead, it accurately reflects the current profile of the inmate population. Policies and processes are in place to ensure that, should an individual meeting the criteria for this category be admitted in the future, they would be promptly identified and provided with all necessary protections, services, and accommodations in accordance with PREA standards.</p>
<p><b>52. Enter the total number of interviews conducted with inmates/residents/detainees who identify as lesbian, gay, or bisexual using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</b></p>	<p>0</p>
<p><b>a. 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>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>At the time of the on-site audit, facility leadership reported that no individuals meeting the criteria for this specific targeted category were currently housed at the institution. This assertion was corroborated through multiple verification methods. During the comprehensive facility tour, the Auditor made direct observations and did not identify any individuals who would fall within this particular classification. Additionally, interviews with staff members across various departments consistently confirmed that no individuals within this population group were present at the facility during the audit period. It is important to note that the absence of individuals within this targeted category does not indicate a failure or deficiency in the facility's screening, classification, or documentation procedures. Instead, it accurately reflects the current profile of the inmate population. Policies and processes are in place to ensure that, should an individual meeting the criteria for this category be admitted in the future, they would be promptly identified and provided with all necessary protections, services, and accommodations in accordance with PREA standards.</p>
<p><b>53. Enter the total number of interviews conducted with inmates/residents/detainees who identify as transgender or intersex using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</b></p>	<p>0</p>
<p><b>a. 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>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>At the time of the on-site audit, facility leadership reported that no individuals meeting the criteria for this specific targeted category were currently housed at the institution. This assertion was corroborated through multiple verification methods. During the comprehensive facility tour, the Auditor made direct observations and did not identify any individuals who would fall within this particular classification. Additionally, interviews with staff members across various departments consistently confirmed that no individuals within this population group were present at the facility during the audit period. It is important to note that the absence of individuals within this targeted category does not indicate a failure or deficiency in the facility's screening, classification, or documentation procedures. Instead, it accurately reflects the current profile of the inmate population. Policies and processes are in place to ensure that, should an individual meeting the criteria for this category be admitted in the future, they would be promptly identified and provided with all necessary protections, services, and accommodations in accordance with PREA standards.</p>
<p><b>54. Enter the total number of interviews conducted with inmates/residents/detainees who reported sexual abuse in this facility using the "Inmates who Reported a Sexual Abuse" protocol:</b></p>	<p>0</p>
<p><b>a. 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>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>At the time of the on-site audit, facility leadership reported that no individuals meeting the criteria for this specific targeted category were currently housed at the institution. This assertion was corroborated through multiple verification methods. During the comprehensive facility tour, the Auditor made direct observations and did not identify any individuals who would fall within this particular classification. Additionally, interviews with staff members across various departments consistently confirmed that no individuals within this population group were present at the facility during the audit period. It is important to note that the absence of individuals within this targeted category does not indicate a failure or deficiency in the facility's screening, classification, or documentation procedures. Instead, it accurately reflects the current profile of the inmate population. Policies and processes are in place to ensure that, should an individual meeting the criteria for this category be admitted in the future, they would be promptly identified and provided with all necessary protections, services, and accommodations in accordance with PREA standards.</p>
<p><b>55. Enter the total number of interviews conducted with inmates/residents/detainees who disclosed prior sexual victimization during risk screening using the "Inmates who Disclosed Sexual Victimization during Risk Screening" protocol:</b></p>	<p>0</p>
<p><b>a. 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>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>At the time of the on-site audit, facility leadership reported that no individuals meeting the criteria for this specific targeted category were currently housed at the institution. This assertion was corroborated through multiple verification methods. During the comprehensive facility tour, the Auditor made direct observations and did not identify any individuals who would fall within this particular classification. Additionally, interviews with staff members across various departments consistently confirmed that no individuals within this population group were present at the facility during the audit period. It is important to note that the absence of individuals within this targeted category does not indicate a failure or deficiency in the facility's screening, classification, or documentation procedures. Instead, it accurately reflects the current profile of the inmate population. Policies and processes are in place to ensure that, should an individual meeting the criteria for this category be admitted in the future, they would be promptly identified and provided with all necessary protections, services, and accommodations in accordance with PREA standards.</p>
<p><b>56. Enter the total number of interviews conducted with inmates/residents/detainees who are or were ever placed in segregated housing/isolation for risk of sexual victimization using the "Inmates Placed in Segregated Housing (for Risk of Sexual Victimization/Who Allege to have Suffered Sexual Abuse)" protocol:</b></p>	<p>0</p>
<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>

**b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).**

At the time of the on-site audit, facility leadership reported that no individuals meeting the criteria for this specific targeted category were currently housed at the institution. This assertion was corroborated through multiple verification methods. During the comprehensive facility tour, the Auditor made direct observations and did not identify any individuals who would fall within this particular classification. Additionally, interviews with staff members across various departments consistently confirmed that no individuals within this population group were present at the facility during the audit period. It is important to note that the absence of individuals within this targeted category does not indicate a failure or deficiency in the facility's screening, classification, or documentation procedures. Instead, it accurately reflects the current profile of the inmate population. Policies and processes are in place to ensure that, should an individual meeting the criteria for this category be admitted in the future, they would be promptly identified and provided with all necessary protections, services, and accommodations in accordance with PREA standards.

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

At the time of the on-site Prison Rape Elimination Act (PREA) audit, the facility reported a total population of 168 individuals in custody. According to guidelines set forth in the PREA Auditor Handbook, a facility with this population size is required to conduct a minimum of ten random interviews in addition to ten targeted interviews with individuals identified as belonging to specific vulnerability groups outlined by PREA standards.

During the audit period, the facility confirmed that no individuals currently housed fell into any of the targeted categories requiring specialized interviews. As a result, the Auditor conducted twenty random interviews to fulfill the audit requirements. Despite the lack of targeted interviewees, this did not impede the Auditor's ability to thoroughly evaluate the facility's compliance with PREA mandates. Facility staff exhibited a thorough understanding of procedures for identifying and supporting individuals who may be vulnerable to sexual victimization or who pose a risk of abusiveness. Comprehensive documentation reviewed by the Auditor demonstrated that the facility employs rigorous screening and intake protocols designed to identify individuals with elevated risks and to implement appropriate protective measures accordingly.

In summary, although the population at the time of the audit did not include individuals from the specialized categories necessitating targeted interviews, the facility's established systems, training, and staff readiness underscore its capacity to respond effectively and in alignment with PREA policies should such individuals be housed in the future. This proactive and structured approach highlights the institution's ongoing commitment to upholding PREA standards and ensuring the safety, dignity, and well-being of everyone in its care.

## Staff, Volunteer, and Contractor Interviews

### Random Staff Interviews

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

15

**59. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)**

- ☒ Length of tenure in the facility
- ☒ Shift assignment
- ☒ Work assignment
- ☒ Rank (or equivalent)
- ☐ Other (e.g., gender, race, ethnicity, languages spoken)
- ☐ None

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

- ☒ Yes
- ☐ No

<p><b>61. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):</b></p>	<p>When selecting and interviewing random staff during the audit, a deliberate effort was made to ensure a representative cross-section of personnel from various shifts, departments, and roles within the facility. This approach helped capture diverse perspectives on PREA-related practices and the overall safety culture. The selection process aimed to include staff members with differing lengths of service, job functions—such as custody, medical, and support staff—and varying levels of direct interaction with individuals in custody.</p> <p>Throughout the interview process, staff demonstrated a solid understanding of PREA policies, reporting procedures, and their responsibilities in preventing and responding to sexual abuse and harassment. There were no significant barriers encountered in scheduling or conducting interviews, and staff were generally cooperative and forthcoming. This openness provided valuable insights into the facility's PREA implementation and reinforced confidence in the staff's commitment to maintaining a safe and respectful environment.</p> <p>Overall, the random staff interviews contributed meaningfully to assessing compliance by offering a broad and authentic view of day-to-day operations and adherence to PREA standards across the facility's workforce.</p>
<p><b>Specialized Staff, Volunteers, and Contractor Interviews</b></p>	
<p>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.</p>	
<p><b>62. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):</b></p>	<p>19</p>
<p><b>63. Were you able to interview the Agency Head?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>

<b>64. Were you able to interview the Warden/Facility Director/Superintendent or their designee?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No
<b>65. Were you able to interview the PREA Coordinator?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No
<b>66. 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)

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

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

	<input checked="" type="checkbox"/> Other
<b>If "Other," provide additional specialized staff roles interviewed:</b>	Classification Staff
<b>68. 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>a. Enter the total number of VOLUNTEERS who were interviewed:</b>	1
<b>b. 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>69. 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>a. Enter the total number of CONTRACTORS who were interviewed:</b>	1
<b>b. Select which specialized CONTRACTOR role(s) were interviewed as part of this audit from the list below: (select all that apply)</b>	<input type="checkbox"/> Security/detention <input type="checkbox"/> Education/programming <input checked="" type="checkbox"/> Medical/dental <input type="checkbox"/> Food service <input type="checkbox"/> Maintenance/construction <input type="checkbox"/> Other

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

When selecting and interviewing specialized staff during the audit, particular attention was given to including individuals whose roles are directly tied to PREA compliance and sexual abuse prevention, detection, and response. This group typically included the PREA Coordinator, investigators, medical and mental health professionals, case managers, and any staff responsible for training or supervision related to PREA standards. The selection process was intentional and focused on gathering detailed information about specialized procedures, data management, and interdisciplinary coordination efforts. These interviews provided a deeper understanding of how the facility operationalizes PREA policies in practice, ensures thorough investigations, addresses victims' needs, and maintains ongoing staff education. Interviewing specialized staff revealed a high level of expertise and dedication, with staff clearly articulating their responsibilities and the resources available to support individuals in custody. No significant challenges arose during these interviews, and the openness and professionalism of specialized staff reinforced confidence in the facility's ability to effectively manage PREA-related issues. In summary, the targeted interviews with specialized personnel were integral to verifying the facility's comprehensive approach to PREA compliance and demonstrated the agency's commitment to maintaining a safe, accountable environment.

## SITE REVIEW AND DOCUMENTATION SAMPLING

### Site Review

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

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

☒ Yes

☐ No

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

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

☒ Yes

☐ No

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

☒ Yes

☐ No

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

☒ Yes

☐ No

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

☒ Yes

☐ No

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

During the on-site phase of the PREA audit, the Auditor was granted unrestricted access to the entire facility, allowing for a thorough and uninterrupted evaluation of the physical environment, operational procedures, and institutional culture. From the initial arrival through the conclusion of the audit, facility staff demonstrated professionalism, transparency, and full cooperation, facilitating a seamless and informative walkthrough process. Their responsiveness and willingness to provide context and explanation contributed meaningfully to the overall assessment.

The tour covered all areas of the facility, including general population housing units and any specialized housing such as segregation, medical observation, or protective custody. The Auditor also visited intake and classification areas, medical and mental health care units, educational and vocational training classrooms, dining and food service preparation spaces, visitation rooms, laundry services, indoor and outdoor recreation yards, control centers, and administrative offices. Staff escorts accompanied the Auditor and provided detailed information about the function, population, supervision strategies, and staffing patterns of each location. At no point were any restrictions placed on movement, and the Auditor was able to observe operations freely and without delay. As the Auditor moved through the facility, special attention was given to the physical plant's alignment with PREA-related environmental standards. Informational materials regarding the facility's zero-tolerance stance toward sexual abuse and sexual harassment were prominently posted in housing areas and other common spaces. These materials included reporting instructions, descriptions of internal and external support services, and an explanation of incarcerated individuals' rights under PREA. Posters, brochures, and signage were available in English and translated into other

languages spoken by the population, ensuring inclusive and equitable access to information. Reporting tools and mechanisms were closely inspected. Designated telephones for reporting sexual abuse were functional, clearly labeled, and located in accessible areas. Instructions for third-party and anonymous reporting were posted near phones and drop boxes and were presented in a clear, user-friendly format. Grievance forms were readily available, and secure drop boxes for submitting those forms were strategically placed throughout the facility. The presence and functionality of these tools confirmed that reporting pathways were both available and accessible to all individuals in custody. The Auditor also reviewed the availability of hotline information for reporting sexual abuse. Hotline numbers were visible near telephones, restrooms, housing units, and recreational areas—ensuring that individuals had multiple opportunities to access support, regardless of their housing assignment or movement throughout the day.

The facility's general cleanliness, lighting, and privacy accommodations were closely examined. Living areas were clean and orderly, and lighting was sufficient in both common spaces and private areas. Restrooms and showers included appropriate visual barriers to protect privacy, particularly from cross-gender viewing. The use of mirrors, camera systems, and well-placed observation posts helped maximize supervision while preserving the dignity and privacy of individuals in custody. Supervision practices in shower and toilet areas conformed to the requirements of PREA Standard §115.15, demonstrating a clear institutional commitment to respectful and compliant monitoring.

Throughout the facility tour, the Auditor initiated numerous informal conversations with staff and incarcerated individuals. These spontaneous interactions provided a window into daily life at the institution and helped gauge the level of staff knowledge and the

general awareness of PREA protections among the population. Staff consistently articulated their responsibilities regarding the prevention, detection, and response to sexual abuse and harassment. They described the procedures they would follow in the event of an allegation and expressed confidence in the facility's internal protocols. Individuals in custody demonstrated awareness of their right to report incidents, described various available reporting avenues, and indicated they could do so without fear of retaliation. The physical condition of the facility was found to be safe, clean, and well maintained. Attention to environmental detail—ranging from lighting and sanitation to privacy accommodations—reflected a broader organizational commitment to safety and dignity. Taken as a whole, the tour revealed an institution where PREA standards are not only known and followed but integrated into daily operations. The Auditor's unrestricted access, the transparency exhibited by staff, and the engaged participation of those in custody collectively underscored the facility's ongoing efforts to foster a secure, respectful, and PREA-compliant environment.

### Documentation Sampling

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

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

☒ Yes

☐ No

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

### **Personnel and Training Records**

The Auditor conducted an in-depth review of 30 staff personnel files to verify compliance with PREA hiring and employment standards. Each file contained comprehensive documentation, including initial criminal background checks, verification of employment eligibility, and administrative adjudication forms where applicable. The facility demonstrated adherence to ongoing monitoring protocols by conducting annual background checks, which are routinely completed in tandem with annual firearm range qualifications for applicable staff. Training records for staff members were reviewed. 30 staff training records were reviewed. All 30 records had a signed PREA Acknowledgment for PREA training completion within their record. Each training file included documentation of completed PREA training, reaffirmed annually. The records contained signed acknowledgments confirming that staff had been trained on the facility's zero-tolerance policy, reporting procedures, professional boundaries, and the specific requirements for conducting cross-gender searches in a manner that maintains individual dignity. These records affirm that staff members have received current and relevant instruction necessary to uphold a safe and respectful environment for individuals in custody.

### **Inmate Records**

A random selection of fifty inmate files, representing admissions throughout the past twelve months, was reviewed to assess compliance with initial PREA education requirements. All files included a signed acknowledgment of PREA education, documentation confirming the receipt of the facility orientation handbook and the PREA informational brochure, and confirmation that each individual had viewed the facility's PREA education video. Interviews and documentation confirmed that all fifty individuals had received their PREA education during the intake process, consistent with

agency policy and standard requirements.

### **Risk Assessments and Reassessments**

To evaluate the facility's adherence to PREA screening protocols, the Auditor reviewed thirty-two randomly selected inmate records. Each file demonstrated that the individual had received an initial risk assessment within 72 hours of arrival at the facility. Additionally, every record documented a follow-up reassessment conducted within the 30-day window, in alignment with PREA Standard §115.41. The thoroughness and consistency of these records confirmed the facility's commitment to identify individuals who may be at risk for victimization or who may pose a risk to others, and to ensuring timely reassessment as required.

### **Grievances**

According to information provided in the Pre-Audit Questionnaire (PAQ) and confirmed through interviews with the PREA Compliance Manager (PCM), there were no grievances filed related to allegations of sexual abuse or harassment during the twelve-month review period. The PCM explained that the facility does not currently have a separate administrative grievance pathway specifically for sexual abuse-related complaints. However, individuals in custody retain multiple avenues for reporting, including verbal reports, written communication, and access to the facility's PREA Hotline.

### **Incident Reports**

Documentation and staff interviews indicated that the facility did not record any allegations of sexual abuse or sexual harassment within the past year.

### **Investigation Records**

Documentation and staff interviews indicated that the facility did not record any allegations of sexual abuse or sexual harassment within the past year.

### **PREA Hotline Records**

The PCM confirmed that there were no calls made to the facility's PREA Hotline during the review period that pertained to sexual abuse or sexual harassment. As no relevant hotline

activity occurred, there were no associated records to review. This finding aligns with other data gathered during the audit and reflects consistency in the facility's incident tracking and response systems.

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

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

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

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

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

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

	# of sexual harassment allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
<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.

**81. 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

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

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

**Sexual Harassment Investigation Outcomes**

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

**83. 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

**84. 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**

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

0

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

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

<b>86. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</b>	<input type="radio"/> Yes <input checked="" 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>87. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</b>	0
<b>88. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE 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 inmate-on-inmate sexual abuse investigation files)
<b>89. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE 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 abuse investigation files)
<b>Staff-on-inmate sexual abuse investigation files</b>	
<b>90. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</b>	0
<b>91. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE 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 abuse investigation files)

<b>92. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE 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 abuse investigation files)
<b>Sexual Harassment Investigation Files Selected for Review</b>	
<b>93. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:</b>	0
<b>a. Explain why you were unable to review any sexual harassment investigation files:</b>	There were no sexual harassment allegations in the past 12 months.
<b>94. 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>95. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</b>	0
<b>96. 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>97. 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>98. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</b>	0
<b>99. 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>100. 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)
<b>101. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.</b>	There were no PREA allegations reported in the past 12 months.

## SUPPORT STAFF INFORMATION

### DOJ-certified PREA Auditors Support Staff

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

☐ Yes

☒ No

### Non-certified Support Staff

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

☒ Yes

☐ No

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

1

## AUDITING ARRANGEMENTS AND COMPENSATION

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

☐ The audited facility or its parent agency

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

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

☐ Other

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

Diversified Correctional Services

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

115.11	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>DOCUMENT REVIEW</b></p> <p>To assess the agency/facility compliance with PREA Standard §115.11, the Auditor undertook a thorough, agency-wide review of core policies, operational procedures, and educational resources. The materials reviewed collectively illustrate the agency/facility's formal, deliberate, and ongoing commitment to sustaining a zero-tolerance culture toward sexual abuse and sexual harassment throughout its system. This mandate extends equally to facilities directly operated by GDC and those under the management of private contractors.</p> <p>The review encompassed several key documents, each offering insight into the agency's structural approach to prevention, detection, and response:</p> <ol style="list-style-type: none"> <li>1. The completed Pre-Audit Questionnaire (PAQ), detailing policies, procedures, and practices in place.</li> <li>2. Georgia Department of Corrections (GDC) Standard Operating Procedure</li> </ol>

(SOP) 208.06 – Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, dated March 2, 2018 (Sections I-IV and pp. 28-30).

3. Attachment 7 of SOP 208.06 (pp. 1-2).
4. GDC Inmate Handbook (pp. 65-67).
5. GDC PREA Organizational Chart.

Taken together, these materials reveal a multi-layered framework that is both policy-driven and operationally integrated. The documents establish clear expectations for staff, contractors, volunteers, and incarcerated individuals, outlining a well-defined process for prevention, detection, investigation, and oversight. Responsibilities are articulated at both the agency and facility level, underscoring the agency/facility's institutional dedication to PREA compliance and to safeguarding the well-being of every person in its custody.

## **INTERVIEWS**

### **Agency-Wide PREA Coordinator**

During the on-site audit, the Auditor interviewed the statewide PREA Coordinator—a senior-level official within GDC—who confirmed having the authority, independence, and dedicated time necessary to fulfill the duties outlined in PREA Standard §115.11. The Coordinator's responsibilities include developing and updating PREA-related policy, guiding the work of facility-based PREA Compliance Managers (PCMs), overseeing training and compliance monitoring, and ensuring alignment of agency operations with federal standards.

The coordinator emphasized that PCMs are assigned exclusively to PREA-related responsibilities, free from competing duties that might dilute their focus. This deliberate organizational choice strengthens system-wide integrity, ensuring that each facility benefits from a dedicated professional whose primary role is to uphold and monitor PREA compliance.

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

At the facility level, the Auditor spoke with the PREA Compliance Manager responsible for coordinating and implementing all PREA functions on site. The PCM confirmed having the time, support, and authority to execute these duties effectively and demonstrated a thorough understanding of GDC policy, PREA requirements, and local procedures. The PCM provided examples of proactive measures—such as regular compliance checks and prompt resolution of emerging concerns—that contribute to maintaining a zero-tolerance culture within the facility.

## **PROVISIONS**

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

The Georgia Department of Corrections has adopted a clear, comprehensive, and enforceable zero-tolerance policy regarding all forms of sexual abuse and

harassment. This directive applies to everyone within GDC’s scope of authority, including incarcerated individuals, staff, contractors, and volunteers at both state-run and privately managed facilities.

Section I of SOP 208.06 clearly asserts the agency’s absolute commitment to zero tolerance, laying out foundational principles for prevention, reporting, and response. Section III defines critical terms, responsibilities, and procedures for reporting and investigating allegations of sexual misconduct, ensuring consistent interpretation and application across the agency.

The GDC Inmate Handbook reinforces these protections by explaining incarcerated individuals’ rights, outlining how to report sexual abuse or harassment, and affirming that all non-consensual sexual activity is a criminal offense subject to prosecution.

Oversight of this policy is provided by the Office of Professional Standards (OPS), led by a Director who is responsible for PREA compliance along with other oversight functions such as ACA accreditation and ADA compliance. The OPS also conducts internal audits to verify adherence to PREA requirements and to ensure that the zero-tolerance principle is actively upheld. This multi-tiered oversight system reflects a vigilant, coordinated, and transparent approach to preventing and addressing sexual abuse and harassment.

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

The GDC has appointed a qualified, upper-level staff member to serve as the statewide PREA Coordinator. Positioned within the Compliance Unit of the Office of Professional Standards, this role provides direct access to senior leadership and policy-making authority.

Section IV.A.1 of SOP 208.06 defines the Coordinator’s duties, which include policy development, oversight of compliance strategies, and collaboration with facility PCMs to ensure consistent implementation of PREA standards across all facilities.

The GDC PREA Organizational Chart confirms the Coordinator’s high-level status, showing a direct reporting line to the Director of Compliance.

Both documentation and interviews confirmed that the Coordinator functions with the autonomy, authority, and resources necessary to guide PREA implementation effectively throughout the agency.

**PROVISION (c): Designation of Facility-Level PREA Compliance Managers**

In accordance with PREA Standard §115.11(c), the GDC has designated a PREA Compliance Manager at each facility, including the location audited. These professionals are responsible for ensuring local adherence to PREA standards and implementing agency policies at the operational level.

SOP 208.06, Section IV.A.1 outlines PCM duties, including compliance monitoring, ensuring timely and thorough investigations, and maintaining communication with the statewide PREA Coordinator to address cross-facility issues.

	<p>At the audited facility, the PCM reports directly to the Warden and confirmed having the time, authority, and resources needed to perform all assigned responsibilities. The PCM described strong collaboration with facility leadership and reaffirmed the agency's commitment to providing a safe and respectful environment for all individuals in custody. The consistent presence of dedicated PCMs across facilities strengthens accountability, fosters uniformity in practice, and ensures prompt responses to allegations or emerging concerns.</p> <p><b>CONCLUSION</b></p> <p>After a detailed review of documentation, comprehensive staff interviews, and direct observation of facility operations, the Auditor concludes that the Georgia Department of Corrections meets full compliance with PREA Standard §115.11.</p> <p>The agency's commitment is evident in its robust policy framework, strategic assignment of specialized staff, and well-supported oversight system. The two-tiered model—featuring a statewide PREA Coordinator and facility-based PREA Compliance Managers—ensures that PREA standards are applied consistently, monitored rigorously, and adapted as necessary to maintain a safe environment.</p> <p>This structure promotes a culture of vigilance, transparency, and respect, affirming agency/facility dedication to protecting the rights, dignity, and safety of every person in its custody.</p>
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115.12	Contracting with other entities for the confinement of inmates
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p>
	<p><b>DOCUMENT REVIEW</b></p> <p>To evaluate compliance with PREA Standard §115.12, the Auditor conducted a detailed review of agency-provided documents that establish the contractual and oversight framework governing the confinement of individuals at the Jackson County Correctional facility. These materials affirm the Georgia Department of Corrections' (GDC) requirement that all contractual agreements for the housing of GDC inmates, regardless of facility type, incorporate full adherence to PREA standards.</p> <p>The following documents were examined:</p> <ol style="list-style-type: none"> <li>1. Completed Pre-Audit Questionnaire (PAQ)</li> <li>2. Intergovernmental Agreement between the Georgia Department of Corrections and Jackson County</li> <li>3. GDC Standard Operating Procedures (SOP) Policy Number 208.06 – Prison</li> </ol>

Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective date June 23, 2022

Together, these documents provide a comprehensive picture of the agency's expectations regarding PREA compliance within its contracted and partnered correctional environments.

## **INTERVIEWS**

### **Agency Contract Administrator**

During the on-site audit, the Auditor interviewed the Agency Contract Administrator responsible for overseeing and managing contractual relationships with private and county-operated correctional facilities. The Administrator confirmed that every agreement for the confinement of GDC inmates includes a mandatory provision requiring full compliance with PREA standards.

This clause is not optional and is embedded within all executed contracts, ensuring that the safety and rights of individuals in custody remain a top priority regardless of the facility's operational status. The Administrator emphasized that no contract is finalized without the contractor's explicit agreement to meet all PREA requirements, and this condition applies equally to private entities, public agencies, and county-operated facilities.

## **PROVISIONS**

### **PROVISION (a): Contractual Requirement to Comply with PREA Standards**

The Georgia Department of Corrections ensures that all facilities housing GDC inmates—whether operated privately, publicly, or under county control—adhere to PREA standards through explicit contractual language. This requirement was verified through both the Pre-Audit Questionnaire and a review of the Intergovernmental Agreement between GDC and Jackson County Correctional.

The Jackson County Correctional facility does not enter into its own housing contracts. Instead, it operates under a standing intergovernmental agreement with GDC, which governs its role as a housing provider for GDC inmates. A detailed review of the agreement confirmed that Paragraph 8 specifically mandates full compliance with PREA standards. This provision holds the facility to the same standard of accountability as those facilities directly operated by the state or private contractors.

Further, interviews and documentation confirmed that the facility does not subcontract or delegate inmate confinement responsibilities to any other entities. All operational authority and accountability remain centralized under the single agreement with GDC, reinforcing a clear chain of responsibility and compliance.

### **PROVISION (b): Contract Monitoring and Oversight**

In accordance with Provision (b), the agency is responsible for ensuring that all new or

	<p>renewed contracts for inmate confinement include not only a requirement for PREA compliance but also provisions that allow for monitoring and oversight. Although Jackson County Correctional does not independently issue contracts, this obligation is satisfied through the broader contractual framework established by GDC.</p> <p>The Intergovernmental Agreement between GDC and the facility includes enforceable language that supports both compliance and transparency. It grants GDC, as the contracting agency, full authority to monitor, audit, and review facility operations as they relate to PREA implementation. This structure ensures that the facility remains subject to the same level of oversight as any other GDC facility or contractor, thereby meeting the intent and requirements of Provision (b).</p> <p><b>CONCLUSION</b></p> <p>Following a comprehensive review of relevant documentation and interviews with agency leadership, the Auditor concludes that Jackson County Correctional is in full compliance with PREA Standard §115.12. The facility operates under an intergovernmental agreement that clearly mandates adherence to PREA standards, includes enforceable compliance clauses, and allows for consistent monitoring by the Georgia Department of Corrections.</p> <p>This contractual framework ensures that all applicable standards are upheld and that individuals in custody are afforded the same protection and safeguards regardless of the facility's operational structure.</p>
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<b>115.13</b>	<b>Supervision and monitoring</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p>
	<p><b>DOCUMENT REVIEW</b></p> <p>To evaluate Jackson County Correctional compliance with PREA Standard §115.13 - Supervision and Monitoring, the Auditor conducted a detailed review of key institutional documents. These materials collectively provide insight into how the facility manages staffing levels, uses monitoring technologies, and ensures supervisory oversight to prevent and detect incidents of sexual abuse and harassment.</p> <p>The review included the following documents:</p> <ol style="list-style-type: none"> <li>1. Completed Pre-Audit Questionnaire (PAQ)</li> <li>2. Georgia Department of Corrections (GDC) Standard Operating Procedure (SOP) 208.06 - Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective June 23, 2022</li> <li>3. Jackson County Correctional PREA Staffing Plan, most recently reviewed and</li> </ol>

approved on April 14, 2025

These documents formed the foundation for the compliance assessment and reflected a comprehensive strategy that aligns staffing practices and monitoring efforts with the facility's mission to ensure a safe, secure, and sexually safe environment.

## **OBSERVATIONS**

During the on-site audit, the Auditor conducted an in-person tour of the facility and inspected housing unit logbooks to confirm implementation of supervisory monitoring practices. Log entries selected at random from various housing units showed consistent documentation of unannounced rounds conducted by intermediate- and higher-level supervisors.

These entries demonstrated regularity and compliance with policy expectations. The content and timing of the logs aligned with both the facility's documented procedures and staff accounts, validating that unannounced supervisory rounds are routinely conducted and accurately recorded.

## **INTERVIEWS**

### **Facility Head or Designee**

The Facility Head provided a thorough overview of the staffing structure, surveillance strategy, and operational factors that inform supervision practices. They discussed how decisions regarding staff deployment are guided by a range of variables, including the physical layout of the facility, population classification levels, and the average daily inmate population. The Warden also highlighted the recent expansion of the facility's video surveillance system, emphasizing its role in enhancing security and supervision coverage.

At the time of the audit, Jackson County Correctional employed 34 staff members, had hired 12 new employees within the past year, and maintained an approved list of one contractor and 30 volunteers, some of whom were actively involved in programming and facility services. The Warden stressed the importance of balancing personnel across key areas to maintain both safety and access to rehabilitative programming.

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

The PREA Compliance Manager described the process for regularly evaluating staffing levels and the functionality of the facility's monitoring systems. They confirmed that the staffing plan is reviewed in accordance with agency policy and that surveillance and staff coverage are adjusted as needed to ensure inmate supervision and compliance with PREA requirements.

The PCM explained how internal audits are conducted to assess supervision coverage, inmate movement, and incident response. They emphasized that PREA compliance is

integrated into everyday operations and that any deficiencies or concerns are addressed promptly in collaboration with facility leadership.

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

Supervisory personnel affirmed that unannounced rounds are conducted weekly across all shifts. These rounds serve as a proactive measure to deter staff misconduct, reinforce operational accountability, and provide visible leadership presence. Supervisors described a consistent practice of entering notes into housing unit logbooks and engaging with both staff and individuals in custody during rounds.

The Auditor's review of these logbooks corroborated the reports, revealing detailed entries with specific times and observations—further evidence of policy adherence and active supervisory engagement.

### **Random Line Staff**

Front-line correctional staff interviews confirmed that unannounced rounds are conducted routinely, including during evenings and weekends. Staff consistently reported that these rounds are standard procedure and that they are aware of the policy prohibiting advance notice unless required for operational emergencies. They described supervisory staff as engaged, observant, and committed to enforcing safety policies.

### **Random Inmates**

Interviews with incarcerated individuals echoed the information provided by staff. Inmates consistently reported observing supervisory personnel conducting rounds. They noted that supervisors, including the PCM, are visible, accessible, and responsive to concerns. This level of engagement helped reinforce a sense of accountability and contributed to a safer institutional culture.

## **PROVISIONS**

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

Jackson County Correctional maintains a detailed and well-structured staffing plan that fully addresses the thirteen elements outlined in PREA Standard §115.13(a). As reported in the PAQ and confirmed during the Warden's interview, the plan supports a consistent average daily population of approximately 170 incarcerated individuals.

The plan outlines the distribution of staff across housing units, operational posts, and programmatic areas. It includes defined responsibilities for each post, designated hours of operation, and limitations on inmate movement. It also documents the scope and role of the facility's video surveillance system, explaining how it supplements direct staff supervision.

### **Relevant Policies**

Per GDC SOP 208.06, all Wardens are required to develop a PREA Staffing Plan using a standardized format (Attachment 11), implement it in good faith, and review it at

least annually. Any deviations must be documented on the daily Post Roster and reported to the agency's PREA Coordinator.

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

The PAQ indicated, and documentation confirmed, that Jackson County Correctional experienced no deviations from the approved staffing plan during the 12-month review period. In instances where staff coverage could potentially be impacted, the facility addressed these gaps through internal reassignment or by authorizing overtime to ensure continued coverage of critical posts.

**Relevant Policies**

SOP 208.06 requires that any deviations from the staffing plan be thoroughly recorded on the daily Post Roster and reviewed by facility leadership. These records help identify operational trends or staffing concerns that may require adjustment to the staffing plan. Any proposed changes must be submitted to the PREA Coordinator for review and approval.

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

Consistent with PREA requirements, the facility conducts an annual staffing plan review in coordination with the GDC PREA Coordinator. The most recent review was completed on April 14, 2025, and included a comprehensive assessment of staffing levels, post assignments, camera coverage, and overall facility needs.

The Auditor reviewed documentation supporting the internal audit and verified that supervisory coverage was provided in all inmate-accessible areas. Staffing rosters and surveillance system evaluations confirmed consistency with the facility's staffing plan and demonstrated proactive efforts to ensure safety and compliance.

**Relevant Policies**

GDC SOP 208.06 mandates an annual review of each facility's PREA Staffing Plan. This review must assess the adequacy of staffing, evaluate changes to the physical layout, and incorporate data from internal audits. Recommended updates must be submitted to the PREA Coordinator for approval.

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

The facility maintains a consistent schedule of unannounced rounds conducted by intermediate- and higher-level supervisors across all shifts. These rounds are part of a strategic effort to deter misconduct, reinforce oversight, and promote a culture of safety.

Staff interviews, logbook documentation, and real-time observations confirmed that supervisors are executing these rounds in accordance with policy. The Auditor directly observed active supervisory presence during the site tour, and reviewed housing unit log entries that documented the frequency, timing, and outcomes of recent rounds.

**Relevant Policies**

	<p>According to Section 6 of SOP 208.06, supervisory staff must conduct weekly unannounced rounds during every shift. These rounds must be documented in housing unit logbooks, and any findings—especially those related to safety or sexual misconduct—must be recorded. Advance notice of rounds is explicitly prohibited, except in circumstances involving operational emergencies.</p> <p><b>CONCLUSION</b></p> <p>Based on the comprehensive review of documentation, direct observation, and extensive interviews with staff and individuals in custody, the Auditor finds Jackson County Correctional to be in full compliance with PREA Standard §115.13 – Supervision and Monitoring.</p> <p>The facility has demonstrated a strong commitment to safety and accountability through its implementation of a detailed staffing plan, consistent supervisory presence, and thoughtful use of video monitoring systems. Unannounced rounds are conducted with fidelity, and internal audits are used to continually evaluate and enhance oversight.</p> <p>Collectively, these practices reflect a facility culture that prioritizes transparency, prevention, and protection, in alignment with the principles and requirements of the Prison Rape Elimination Act.</p>
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<b>115.14 Youthful inmates</b>	
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>DOCUMENT REVIEW</b></p> <p>To assess the facility’s compliance with the Prison Rape Elimination Act (PREA) Standard §115.14, which addresses the housing and supervision of youthful inmates, the Auditor conducted a detailed review of all relevant documentation provided in advance of the onsite audit. This included the completed Pre-Audit Questionnaire (PAQ) and supporting materials, with a particular focus on the Georgia Department of Corrections’ (GDC) Standard Operating Procedure (SOP) 208.06, Sexually Abusive Behavior Prevention and Intervention Program, effective June 23, 2022.</p> <p>SOP 208.06 provides clear and comprehensive procedural guidance for the management of youthful individuals—defined as persons under the age of 18—who may be admitted to any GDC-operated or contracted facility. In accordance with federal PREA mandates, the policy outlines critical safeguards, including the requirement for strict separation from adult populations, the provision of direct supervision, and access to age-appropriate services and programming. While Jackson County Correctional had no youthful individuals in custody during the audit period, the SOP reflects a strong, systemwide commitment to PREA compliance and ensures</p>

operational readiness should such a placement ever occur.

## **OBSERVATIONS**

During the onsite portion of the audit, the Auditor conducted a comprehensive walkthrough of all housing areas, program spaces, dayrooms, intake areas, and common-use facilities. No youthful inmates were observed in any location. In addition to direct observation, the Auditor reviewed housing unit rosters, bunk assignments, and scheduling records, all of which corroborated that no individuals under the age of 18 were housed at the facility.

To further confirm this status, the Auditor reviewed the current inmate roster and verified that no individual had a birth year later than 2007. This data supported the facility's self-report that it had not housed any youthful inmates during the relevant audit review period.

## **INTERVIEWS**

### **Facility Head**

In both a formal interview and informal discussions during the audit, the Facility Head confirmed that Jackson County Correctional is not authorized or designated to house youthful inmates. They emphasized that the facility has never accepted an individual under the age of 18 and that its infrastructure and staffing patterns are not suited for such placements. The Facility Head explained that in the unlikely event a youthful individual were mistakenly admitted, staff would immediately notify the GDC central office to coordinate a prompt transfer to an appropriate, designated facility.

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

The PREA Compliance Manager echoed these statements, affirming that the current inmate population consists exclusively of adults. The PCM described the intake and classification process, noting that staff are trained to identify and respond appropriately to youthful status. Should a youthful individual ever be identified, an immediate plan of action would be implemented to ensure their safety and transfer. While the facility has not had to apply these procedures, the PCM emphasized that GDC policy ensures consistent responses across all sites when dealing with youthful individuals.

### **Youthful Inmates**

As there were no individuals under the age of 18 in custody at the facility during the audit, no interviews with youthful inmates were conducted.

## **PROVISIONS**

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

In its Pre-Audit Questionnaire, the facility reported that it does not house youthful inmates. This declaration was fully validated by the Auditor through document review and direct observation. The most recent inmate roster showed no incarcerated

	<p>individuals with birthdates later than 2007, confirming the facility’s status as an adult-only institution.</p> <p>While the facility was not required to implement the housing and supervision protocols specified under this provision, it is important to highlight that GDC SOP 208.06, Section 7 (a–c), provides detailed requirements for managing youthful inmates should such housing ever occur. These include maintaining sight and sound separation from adults, ensuring direct staff supervision at all times, and tailoring services to meet the developmental and emotional needs of youthful individuals.</p> <p><b>Provisions (b) and (c): Not Applicable</b></p> <p>Provisions (b) and (c) of PREA Standard §115.14 are not applicable to Jackson County Correctional, as the facility is classified and operates solely as an adult male institution. There are no current or anticipated plans to accept youthful inmates at this location.</p> <p><b>CONCLUSION</b></p> <p>Following a comprehensive assessment of institutional policies, documentation, interviews with key personnel, and visual observations conducted during the onsite audit, the Auditor concludes that Jackson County Correctional is fully compliant with PREA Standard §115.14 – Youthful Inmates.</p> <p>The facility does not house individuals under the age of 18, and all evidence—documentary, observational, and testimonial—confirmed this status. Although the specific provisions of the standard were not triggered during the review period, the Georgia Department of Corrections has established and disseminated detailed policies that ensure readiness and compliance should the need arise.</p> <p>This proactive approach reflects agency/facility's broader commitment to protecting the safety, dignity, and legal rights of all individuals in custody, particularly those who may be especially vulnerable due to age or developmental status.</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, which addresses limitations on cross-gender viewing and searches, the Auditor conducted an in-depth review of the Pre-Audit Questionnaire (PAQ) and an extensive collection of supporting materials. This assessment centered on the agency’s policies, training curricula, and</p>

operational protocols aimed at protecting the dignity, privacy, and bodily autonomy of all individuals in custody, while also preserving facility safety and security.

The documentation reviewed demonstrated that the agency/facility has established and enforced clear standards to minimize cross-gender searches and viewing. Key materials reviewed included:

1. GDC SOP 208.06 – PREA: Sexually Abusive Behavior Prevention and Intervention Program, effective June 23, 2022, which outlines agency-wide expectations regarding search procedures and privacy considerations.
2. GDC SOP 226.01 – Searches, Security, Inspections, and Use of Permanent Logs, effective May 27, 2020, which defines permissible search procedures and responsibilities.
3. Contraband Interdiction and Searches Curriculum, which incorporates detailed guidance drawn from both SOP 226.01 and SOP 206.02 to educate staff on proper search practices.
4. Facilitator Notes and Annual Training Materials, which include instruction on conducting respectful and compliant searches involving transgender and intersex individuals.
5. Memorandum from the Director of Facilities Administration Support, dated September 12, 2024, which clarified revisions to SOPs 226.01 and 220.09 and emphasized search preferences for transgender and intersex individuals as determined during classification.
6. Staff Training Records, demonstrating completion of PREA-specific instruction, including content related to gender-appropriate searches and safeguarding the dignity of all individuals.
7. Interview Summaries from both staff and individuals in custody, which corroborated facility practices as consistent with established policy.

Taken together, these materials provide clear evidence that the facility adheres to the agency/facility's commitment to maintaining professional, respectful, and policy-aligned practices in all matters related to cross-gender viewing and searches.

**OBSERVATIONS**

During the facility tour, the Auditor directly observed practices that reflect compliance with agency policies and PREA mandates. Specifically, in each instance when a female staff member—or the female Auditor—entered a housing unit, an audible announcement was made in advance to alert incarcerated individuals. This protocol provided individuals the opportunity to preserve their privacy before staff of a different gender entered the area.

At the time of the audit, there were no individuals in custody at the facility who were identified as transgender or intersex. A review of the facility’s population roster confirmed this, with no entries indicating a gender identity that differs from sex assigned at birth.

## **INTYERVIEWS**

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

Interviews with custody and security staff revealed a consistent and accurate understanding of search protocols. Staff uniformly reported that cross-gender strip and visual body cavity searches are prohibited except in exigent circumstances. In such rare situations, searches must be approved by the Facility Head and conducted by qualified medical personnel. Interviewees were also able to clearly articulate the required documentation process in the event such a search were to occur.

### **Random Staff**

The Auditor conducted interviews with 19 randomly selected staff members, supplemented by informal conversations. Staff responses reflected a strong awareness of PREA standards and a shared commitment to protecting individual privacy. Highlights included:

- All staff confirmed receipt of PREA training within the past 12 months, with content specific to search procedures and appropriate treatment of transgender and intersex individuals.
- No staff member reported performing or witnessing a cross-gender strip or visual body cavity search.
- Male staff routinely conduct searches on male residents, reducing the likelihood of cross-gender interactions.
- Female staff were clear in stating that they do not conduct strip or body cavity searches on male residents.
- Interviewed personnel demonstrated a clear understanding that searches may never be conducted solely to determine a person's genital status.

Staff were familiar with accommodation procedures—such as private shower access or individualized scheduling—that would be implemented if a transgender or intersex person were housed at the facility.

### **Random Inmates**

Individuals in custody consistently reported that they were aware of their right to bodily privacy and felt that this right was respected in practice. Common responses included:

- No individual reported having experienced a cross-gender strip or visual body cavity search.
- All individuals confirmed they were able to shower, change clothes, and use the restroom without being seen by staff of a different gender.
- Each person verified that announcements were consistently made before staff of another gender entered living areas, allowing for privacy preservation.

### **Transgender and Intersex Individuals**

As there were no individuals housed at the facility who identified as transgender or intersex at the time of the audit, no direct interviews in this category were conducted. However, staff interviews reflected clear preparedness to provide appropriate accommodations, respectful interactions, and policy-informed care if such individuals were to be admitted.

**PROVISIONS**

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

The PAQ and interviews confirmed that cross-gender strip and visual body cavity searches are not conducted under routine conditions. These searches are only permitted under clearly defined exigent circumstances, require approval by the Facility Head, and must be conducted by medical personnel. No such searches were reported within the 12 months preceding the audit.

**Relevant Policies:**

SOP 208.06, Section 8.a prohibits cross-gender strip and body cavity searches except in exigent situations and only by licensed medical staff.

SOP 226.01, Section IV.C.1.d (prior to updates) provided additional guidance on search procedures involving transgender or intersex individuals.

A Policy Information Bulletin dated September 12, 2024, revised SOPs 226.01 and 220.09, directing that search preferences for transgender and intersex individuals be documented during classification (per SOP 220.09, Attachment 1).

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

Not applicable. The facility houses only adult male residents, and no individuals identifying as female or as transgender women were present during the audit.

**Provision (c): Documentation of Exigent Circumstances**

No cross-gender strip or visual body cavity searches were reported within the audit period. Staff interviews confirmed that, should such a search become necessary, it would be thoroughly documented, including the nature of the exigent circumstance and identities of involved personnel.

**Relevant Policy:**

SOP 208.06, Section 8.c mandates complete documentation for any such search, including justification and identification of staff involved.

**Provision (d): Opposite-Gender Viewing During Personal Activities**

Individuals are consistently afforded privacy when showering, changing clothing, or using restrooms. Staff of a different gender do not view these activities unless it is unavoidable due to routine operational needs or a verified emergency. This was directly observed by the Auditor and further substantiated during interviews.

**Relevant Policies:**

SOP 208.06, Section 8.d restricts opposite-gender viewing to incidental or emergency situations.

Section 8.e requires opposite-gender staff to announce their presence prior to entering living areas.

Section 8.f outlines how incarcerated individuals are informed of these protections, including through posted notices, orientation materials, and verbal communication.

#### **Provision (e): Searches of Transgender and Intersex Individuals**

Searches or examinations conducted solely to identify a person's genital status are explicitly prohibited. If a search is necessary and there is uncertainty regarding the person's gender identity, it must be conducted in a private setting by qualified medical staff. Staff have been trained to perform searches on transgender and intersex individuals in a manner that is respectful, professional, and minimally intrusive.

#### **Relevant Policies:**

SOP 208.06, Section 8.g explicitly prohibits searches conducted solely to determine genital status.

Section 8.h requires staff training on respectful and appropriate searches of transgender and intersex individuals.

The Contraband Interdiction and Searches Curriculum reinforces professional conduct and minimally invasive search methods.

#### **Provision (f): Staff Training**

All facility staff received up-to-date PREA training that covered cross-gender searches, the treatment of transgender and intersex individuals, and privacy protections.

Training included both classroom instruction and practical application. Interviews confirmed that staff were well-versed in relevant policy and understood when to defer specific search responsibilities to same-gender staff in accordance with agency expectations.

#### **CONCLUSION**

Based on a comprehensive evaluation of policies, training records, search practices, and interviews with both staff and incarcerated individuals, the Auditor finds the facility to be in full compliance with PREA Standard §115.15 – Limits to Cross-Gender Viewing and Searches.

The facility's policies are clearly defined, routinely enforced, and supported by effective training and supervision. Staff are knowledgeable and respectful, consistently prioritizing the dignity and safety of all individuals in custody. These practices reflect the facility's strong institutional commitment to operating within a trauma-informed, PREA-compliant framework that safeguards the rights and privacy of every person entrusted to its care.

<b>115.16</b>	<b>Inmates with disabilities and inmates who are limited English proficient</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>DOCUMENT REVIEW</b></p> <p>In assessing compliance with PREA Standard §115.16 – Inmates with Disabilities and Inmates Who Are Limited English Proficient – the Auditor undertook a comprehensive review of the agency/facility Pre-Audit Questionnaire (PAQ) and supporting documentation. The review confirmed that the agency/facility have developed and implemented inclusive policies and practices to ensure that all individuals in custody, regardless of disability or language proficiency, have equitable access to PREA education, protections, and reporting mechanisms.</p> <p>The documentation reflected a multi-layered approach that integrates written materials, professional interpretation services, and visual resources designed to accommodate a range of communication needs. Materials reviewed included:</p> <ol style="list-style-type: none"> <li>1. GDC Standard Operating Procedure (SOP) 208.06, Sexually Abusive Behavior Prevention and Intervention Program (effective June 23, 2022)</li> <li>2. PREA informational brochures available in English and Spanish</li> <li>3. LanguageLine Insight Video Interpreting User Guide</li> <li>4. Lionbridge Telephonic Interpretation Services Guide</li> <li>5. Video Remote Interpreting (VRI) Usage Log</li> <li>6. Bilingual PREA Hotline Dialing Instructions</li> <li>7. PREA posters strategically placed throughout the facility</li> </ol> <p>Together, these documents reflect a systemic and thoughtful commitment to ensuring that all individuals—whether limited in English proficiency, living with a disability, or facing other communication challenges—are fully informed of their rights and responsibilities under PREA.</p> <p><b>OBSERVATIONS</b></p> <p>During the on-site portion of the audit, the Auditor conducted a detailed walkthrough of the facility, focusing on the visibility and accessibility of PREA-related materials. Posters conveying information about PREA protections and reporting options were observed in highly trafficked and accessible locations, including living areas, common rooms, vocational training areas, medical and intake units, and visitation areas. The signage was bilingual (English and Spanish) and prominently displayed at eye level, enhancing its accessibility for LEP populations.</p> <p>Additionally, the facility had made available a broad array of educational resources in different formats, including brochures, visual aids, and video content. Many of the videos featured multilingual narration and closed captions, which were particularly useful for individuals with hearing impairments or low literacy. These</p>

accommodations reflect the facility's active and ongoing efforts to ensure that PREA education reaches all individuals effectively, regardless of communication barriers.

## **INTERVIEWS**

### **Facility Head**

In a formal interview, the Facility Head affirmed that the facility has developed a comprehensive strategy to meet the needs of individuals with disabilities and those with limited English proficiency. This includes routine access to professional telephonic and video interpretation services, the availability of trained staff to assist with accommodations, and the distribution of PREA materials in a variety of formats. The Facility Head emphasized that the facility employs written, verbal, visual, and digital tools to ensure PREA information is accessible and understood by all.

### **Random Staff**

Interviews with randomly selected staff members further confirmed institutional awareness and compliance with the requirements of this standard. Staff consistently reported that they are prohibited from using incarcerated individuals as interpreters or aides in any PREA-related context. They affirmed familiarity with and access to professional interpretation services, such as LanguageLine and Lionbridge, and stated that these services are routinely used when communication assistance is needed. Responses were consistent across interviews, demonstrating uniform understanding and enforcement of policy.

### **Incarcerated Individuals with Disabilities**

Individuals in custody who identified as having a disability reported that they had received PREA education in a manner they could understand. These individuals shared that the facility provided verbal explanations, video materials, or one-on-one discussions to accommodate their specific needs. Every individual interviewed could explain how to report sexual abuse or harassment, indicating both understanding and confidence in the reporting process. Several expressed appreciation for the individualized support they received from staff.

## **PROVISIONS**

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

The Auditor found that the facility ensures full and equal access to all elements of the PREA program—including prevention education, detection, reporting, and response—for individuals with disabilities and those with limited English proficiency. Documentation and interviews consistently supported this finding.

The Auditor reviewed the LanguageLine User Guide, which outlines a clear, four-step process for staff to access real-time interpretation in a wide range of languages, including American Sign Language. The instructions—dialing a toll-free number, entering a PIN, selecting a language, and connecting with an interpreter—are straightforward and accessible to all staff.

### **Relevant Policy:**

GDC SOP 208.06, Section 9(a), p. 12, requires that communication be made

accessible for individuals with disabilities and LEP. The policy refers to SOP 103.63 (ADA Title II Provisions) for further guidance and identifies the PREA Compliance Manager as the individual responsible for ensuring that appropriate communication accommodations are implemented.

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

The facility uses a combination of resources and strategies to address the communication needs of incarcerated individuals with varying abilities. These include:

- Video interpretation services via LanguageLine, including ASL
- Multilingual telephonic interpretation via Lionbridge
- Bilingual PREA brochures and posters
- Educational PREA videos with subtitles and multilingual narration

Additional accommodations include:

- For LEP individuals: access to live interpreters and printed materials in multiple languages
- For those who are deaf or hard of hearing: captioned videos, written materials, and ASL access
- For those with visual impairments: audio formats, staff assistance, and Braille resources upon request
- For individuals with cognitive impairments or limited literacy: simplified explanations using visual tools and one-on-one instruction from trained staff

**Relevant Policy:**

SOP 208.06 requires that PREA education be provided in accessible written and verbal formats and that education include information on prevention, how to report, and the availability of support services.

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

Based on the documentation reviewed and interviews conducted, there were no reported instances during the prior twelve months where an incarcerated individual was used as an interpreter or reader for another individual in a PREA-related matter.

**Relevant Policy:**

SOP 208.06, Section 9(b), pp. 12–13, clearly prohibits the use of incarcerated individuals for interpretation or assistance in PREA matters, except in narrowly defined exigent circumstances where any delay would compromise safety or interfere with an emergency response or investigation. The routine use of professional interpretation services reinforces the facility's compliance with this standard.

**CONCLUSION**

After a thorough evaluation of documents, on-site observations, and interviews with both staff and individuals in custody, the Auditor concludes that the facility is in full compliance with PREA Standard §115.16. The agency/facility has established and implemented a robust framework that ensures meaningful access to all PREA-related services and educational materials for individuals with disabilities and those with

	limited English proficiency. The facility’s inclusive practices reflect a broader organizational commitment to equity, safety, and the dignity of every person in custody.
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<b>115.17</b>	<b>Hiring and promotion decisions</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>DOCUMENT REVIEW</b></p> <p>In preparation for the PREA audit, the Auditor conducted a comprehensive and systematic review of the Pre-Audit Questionnaire (PAQ) and all supporting documentation provided by the facility. This review was designed to assess the agency/facility alignment with PREA Standard §115.17, which focuses on hiring and personnel practices related to preventing sexual abuse and harassment within correctional environments.</p> <p>The submitted documents clearly illustrate the agency’s commitment to integrating PREA requirements into all facets of employment practices—from recruitment and hiring to ongoing staff evaluations and promotions. The reviewed materials included:</p> <ol style="list-style-type: none"> <li>1. Pre-Audit Questionnaire (PAQ)</li> <li>2. GDC Standard Operating Procedure (SOP) 208.06 – PREA: Sexually Abusive Behavior Prevention and Intervention Program, effective June 23, 2022</li> <li>3. GDC SOP 104.09 – Filling a Vacancy, effective May 27, 2022</li> <li>4. GDC SOP 104.09, Attachment 4 – Applicant Verification Form, revised May 25, 2022</li> <li>5. GDC SOP 104.18 – Obtaining and Using Records for Criminal Justice Employment, effective October 13, 2020</li> <li>6. Personnel records and supporting documentation, including completed background checks, PREA disclosure forms, and screening documents for employees, contractors, and volunteers</li> </ol> <p>The Auditor conducted a detailed review of 30 personnel files to evaluate the facility’s adherence to hiring and screening standards. Each file contained the required documentation, including confirmation that applicants had undergone criminal history checks and had completed the mandatory PREA-related disclosure questions. These records reflected full compliance with agency/facility policy and PREA requirements for screening all individual staff, contractors, and volunteers—who may have direct contact with incarcerated individuals.</p> <p>According to facility data, 34 employees were identified as having direct contact with the incarcerated population. Over the 12 months leading to the audit, the facility hired twelve new staff members, all of whom successfully completed the required</p>

background screening process and submitted all necessary PREA-related forms.

## **INTERVIEWS**

### **Administrative Staff (Human Resources)**

The Auditor conducted interviews with members of the facility's Human Resources team to verify compliance with personnel-related PREA provisions. The interviews confirmed that the agency/facility maintains a policy-driven, standardized approach to all employment decisions that affect individuals who may interact with incarcerated people. Key hiring, promotional, and re-screening practices were verified, including:

- Every applicant completes personnel documents requiring disclosure of criminal history, incidents of professional misconduct, and any prior sexual harassment or abuse
- Criminal history background checks are required for all new hires and are completed prior to employment, again before promotions, and every five years thereafter for all continuing staff
- Applicants are directly asked to disclose any previous sexual misconduct through multiple channels, including written forms, self-evaluations, and interviews
- A centralized tracking system ensures timely completion and renewal of background checks for all employees, contractors, and volunteers
- Any arrests occurring during employment must be promptly reported through supervisory channels
- Upon request and in accordance with the law, the agency provides information about substantiated allegations of sexual abuse or harassment involving former employees

These procedures reflect a proactive, compliance-focused approach by the agency/facility to ensure that staff and contractors maintain the integrity and professionalism required by PREA standards.

## **PROVISIONS**

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

The facility has implemented strict policies to ensure that no individual is hired, promoted, or contracted for work involving inmate contact if they have:

- Engaged in sexual abuse in any institutional setting covered under 42 U.S.C. 1997
- Been convicted of any sexual activity involving force, coercion, or an inability of the victim to consent
- Been the subject of civil or administrative adjudication related to such conduct
- These restrictions were consistently confirmed during personnel file reviews and interviews with Human Resources personnel.

**Relevant Policy:**

GDC SOP 208.06, Sections 10.a.i-v (pp. 13-14), clearly outlines the prohibitions and states that individuals meeting any of the above criteria are disqualified from employment or promotion in roles with potential inmate contact.

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

The facility considers any known incidents of sexual harassment when evaluating applicants, candidates for promotion, or potential contractors. Human Resources staff confirmed that this criterion is a required part of the decision-making process.

**Relevant Policy:**

SOP 208.06, Section 10.a.ii (p. 13), mandates that the agency/facility consider sexual harassment history prior to hiring or promoting any individual with inmate contact.

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

All applicants undergo criminal history background checks prior to hire. Additionally, consistent with legal guidelines, the facility makes best efforts to contact previous institutional employers to inquire about any substantiated allegations or resignations that occurred during open investigations.

In the past year, seven new employees were hired, and all completed the required PREA forms and background checks. The Auditor confirmed the presence of these documents in the personnel files reviewed.

**Relevant Policy:**

SOP 208.06, Sections 10.a.iii-iv (pp. 13-14) establish these requirements. SOP 104.09 supports the process by requiring all applicants to respond to PREA-related questions and to sign a verification form affirming the truthfulness of their responses.

**Provision (d): Contractor Screening**

Contractors with potential inmate contact are subject to background checks before beginning their service and again every five years. During the audit period, three contracted services were reported—all involved staff who completed background checks.

**Relevant Policy:**

SOP 208.06, Section 10.b.ii (p. 15) requires background screenings for contractors and mandates use of the Contractor/Volunteer Verification Form (Attachment 13).

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

The facility confirmed that all current employees and contractors undergo repeat background checks every five years as part of its ongoing safety protocol.

**Relevant Policy:**

SOP 104.18, Section IV (p. 1), describes procedures for obtaining criminal records, outlines the consent process, and specifies how and when these checks are to be conducted under state and federal law.

	<p><b>Provision (f): Disclosure of Misconduct and Affirmative Duty to Report</b></p> <p>Applicants and employees are required to disclose any history of sexual misconduct, harassment, or abuse during the hiring process. Additionally, staff must report any future misconduct should it occur during employment.</p> <p>HR staff confirmed that these disclosures are captured through written responses and signed verification forms, which are maintained in each individual's personnel file.</p> <p><b>Provision (g): False Information and Material Omissions</b></p> <p>Any omission or misrepresentation of relevant information during the hiring process is considered a serious violation and may result in termination. This expectation is communicated clearly to all applicants and enforced consistently.</p> <p><b>Relevant Policy:</b></p> <p>SOP 208.06, Section 10.a.v (p. 14), establishes that providing false or incomplete information related to misconduct is cause for termination.</p> <p><b>Provision (h): Sharing Employment History Upon Request</b></p> <p>The facility confirmed that it responds to employment verification requests from institutional employers, including information about any substantiated PREA violations, unless prohibited by law.</p> <p>HR staff ensure that these disclosures are made in compliance with privacy regulations and legal standards.</p> <p><b>CONCLUSION</b></p> <p>Following a detailed review of documentation, personnel files, governing policies, and interviews with Human Resources staff, the Auditor determined that the facility is in full compliance with PREA Standard §115.17 – Hiring and Promotion Decisions.</p> <p>The agency/facility has implemented a clear, well-documented, and consistently applied process to screen and evaluate individuals who may have contact with incarcerated persons. These procedures reflect a serious and ongoing commitment to safety, ethical employment practices, and PREA compliance. By incorporating stringent screening protocols, maintaining accurate documentation, and requiring transparency from applicants and staff, the facility promotes a secure, accountable, and professional correctional environment for all.</p>
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<b>115.18</b>	<b>Upgrades to facilities and technologies</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<b>DOCUMENT REVIEW</b>

In advance of the on-site PREA audit, the Auditor undertook a meticulous and methodical review of all documentation submitted prior to the visit. This process involved a detailed examination of the completed Pre-Audit Questionnaire (PAQ) as well as an extensive collection of supporting records. The materials encompassed a broad range of essential elements, including current institutional policies, detailed facility floor plans, records of prior infrastructure enhancements, schedules for upcoming improvements, and documentation of recent and planned technology upgrades.

The review was conducted with the goal of determining how effectively the facility's physical environment, operational procedures, and technological infrastructure align with the requirements of the Prison Rape Elimination Act (PREA).

A central focus of this evaluation was the Georgia Department of Corrections (GDC) Standard Operating Procedure (SOP) 208.06, PREA – Sexually Abusive Behavior Prevention and Intervention Program, effective June 23, 2022. This core policy serves as the department's framework for preventing, detecting, and responding to incidents of sexual abuse and sexual harassment within its custody. SOP 208.06 underscores the importance of facility design, surveillance coverage, and integrated technology in supporting a safe and secure environment. It also reflects GDC's broader organizational commitment to fostering institutional cultures where prevention is intentional, early detection is prioritized, responses are timely and effective, and continuous improvement is a standard practice rather than an occasional initiative.

## **OBSERVATIONS**

During the on-site audit, the Auditor conducted a comprehensive walkthrough of the entire facility to observe firsthand the interplay between physical layout, safety systems, and technological tools as they relate to PREA implementation. The tour covered all primary operational areas, including housing units, dayrooms, corridors, educational and vocational classrooms, medical facilities, intake and processing areas, and the secure perimeter.

Throughout the facility, fixed surveillance cameras were strategically placed to provide broad coverage and reduce blind spots, particularly in areas identified as high-traffic or high-risk. In locations where architectural design naturally limited direct visual observation, convex mirrors were installed to extend visibility and improve staff oversight capabilities.

Evidence of active technological improvements was apparent. Newly installed cameras, visible cabling, and spaces prepared for additional equipment indicated that the facility is implementing a phased surveillance expansion and modernization plan. Facility staff confirmed that these initiatives are part of a broader infrastructure upgrade strategy aimed specifically at strengthening safety and ensuring PREA compliance.

These enhancements are deliberate and data-driven rather than cosmetic. By expanding surveillance reach and improving the clarity and resolution of recorded footage, the facility is fortifying its ability to deter misconduct, enhance real-time

monitoring, and support effective investigative processes.

## **INTERVIEWS**

### **Facility Head or Designee**

In an in-depth interview, the Facility Head described the institution's intentional approach to integrating facility design and surveillance technology into its PREA compliance strategy. The facility's network of surveillance cameras provides comprehensive coverage, while mirrors and other visual aids are strategically deployed to counteract limited sightlines.

The Facility Head confirmed that there have been no major surveillance system upgrades or expansions since the last PREA audit. They also explained that any proposed changes—whether related to physical plant modifications or technology—undergo a structured review to assess potential impacts on safety and PREA compliance.

This review process is collaborative, with decisions made by a leadership team composed of department heads, security supervisors, and administrative leaders. Proposed upgrades are evaluated using a data-informed approach, taking into account:

- Statistical analysis of PREA allegations and incident trends
- Findings from use-of-force reviews
- Patterns in PREA-related grievances
- Assessments of surveillance coverage effectiveness
- Evaluations of staff deployment and post coverage
- Observations of institutional climate and morale

This structured planning model ensures that every improvement is purposeful, strategically placed, and aligned with PREA's fundamental objectives of prevention, supervision, and resident safety.

## **PROVISIONS**

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

The PAQ, supported by institutional documentation and interview confirmations, shows that the facility has not engaged in new construction, major renovation, or expansion since August 20, 2012, or since the most recent PREA audit—whichever is later.

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

The PAQ, along with corroborating records and interviews, indicates that no significant surveillance system upgrades have taken place. The Facility Head and Deputy Facility Head confirmed their direct involvement in guiding any future upgrades, ensuring decisions are grounded in PREA principles, informed by performance metrics, and supported by risk assessments. This leadership team actively reviews data, evaluates

	<p>monitoring outcomes, and uses findings to address gaps and strategically position security technologies to enhance supervision and safety.</p> <p><b>CONCLUSION</b></p> <p>After completing a detailed review of policy documents, direct on-site observations, and interviews with key facility leadership, the Auditor determined that the facility is in full compliance with PREA Standard §115.18 – Upgrades to Facilities and Technology.</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>DOCUMENT REVIEW</b></p> <p>As part of the comprehensive Prison Rape Elimination Act (PREA) audit process, the Auditor conducted a thorough and detailed review of all pertinent documents submitted by the facility both prior to and during the onsite assessment. The goal of this review was to evaluate the institution’s established procedures, interagency partnerships, and overall capacity to respond to allegations of sexual abuse or harassment through a coordinated, trauma-informed, and survivor-centered approach.</p> <p>The documentation examined provided critical insight into how the facility manages evidence collection, initiates medical response protocols, and engages external partners in addressing incidents of sexual abuse. The materials also reflected a commitment to ensuring timely and appropriate support services for those who report victimization. Key documents reviewed included:</p> <ul style="list-style-type: none"> <li>• The facility’s completed Pre-Audit Questionnaire (PAQ) and supporting attachments;</li> <li>• Georgia Department of Corrections (GDC) Standard Operating Procedure (SOP) 208.06 – PREA: Sexually Abusive Behavior Prevention and Intervention Program, effective June 23, 2022;</li> <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 August 30, 2022;</li> <li>• A formal Memorandum of Understanding (MOU) between the facility and the local Sexual Assault Response Team (SART), which outlines the responsibilities of each agency in responding to incidents;</li> </ul>

- A formal Memorandum of Understanding (MOU) between the facility and the Jackson County Sheriff's Department, which outlines the responsibilities of criminal investigations, dated May 29, 2025;
- A signed Services Agreement with the Sexual Assault Center of Northwest Georgia, dated February 12, 2016, detailing provisions for forensic medical examinations and advocacy;
- Documentation confirming the Victim Advocate Certification of designated support personnel.

Collectively, these documents reflect a clearly defined, well-coordinated system for managing sexual abuse allegations. The policies emphasize best practices for preserving evidence, delivering high-quality medical care, and upholding survivors' rights. The use of professional, trauma-informed procedures across all response activities underscores the facility's compliance with PREA standards and its commitment to a safe and supportive environment.

## **INTERVIEWS**

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

The Auditor interviewed the PREA Coordinator to verify the facility's adherence to standardized evidence collection protocols. The Coordinator affirmed that the institution follows nationally recognized best practices, ensuring that physical evidence is secured and preserved in a manner that supports both internal administrative and external criminal investigations. Although no youthful individuals are currently housed at the facility, the Coordinator confirmed that all procedures are developmentally appropriate and can be modified to meet the needs of individuals under age 18 if necessary.

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

The PREA Compliance Manager provided a comprehensive overview of the forensic medical examination process. All exams are conducted by certified Sexual Assault Nurse Examiners (SANEs) through the facility's agreement with the Sexual Assault Center of Northwest Georgia. These exams take place within the facility's medical unit, are entirely voluntary, and are offered at no cost to the person in custody. The PCM emphasized that advocacy services are incorporated into the process from the point of initial disclosure.

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

Medical staff certified in Sexual Assault Forensic Examination (SAFE) and SANE protocols elaborated on the clinical components of the forensic examination. Staff begin the process only after obtaining informed consent. The exam includes taking a detailed medical history, assessing trauma, conducting physical and genital examinations, and collecting forensic evidence as appropriate. When indicated, individuals are also offered prophylactic treatment for sexually transmitted infections (STIs), including HIV. Medical personnel confirmed that strict chain-of-custody

procedures are followed to maintain the evidentiary integrity of all collected materials until transferred to law enforcement authorities.

### **Random Staff Interviews**

Staff members selected for random interviews demonstrated consistent understanding of their responsibilities in responding to incidents of alleged sexual abuse. All were able to clearly articulate their roles in securing the scene, preserving evidence, and ensuring the safety and emotional well-being of the impacted individual. Staff confirmed their familiarity with reporting obligations and outlined the appropriate steps to take when an incident is reported.

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

At the time of the audit, there were no incarcerated individuals who had reported sexual abuse; therefore, no interviews were conducted in this category.

### **Rape Crisis Center**

Representatives from the Sexual Assault Center of Northwest Georgia affirmed their ongoing collaboration with the facility. They detailed the full spectrum of survivor services offered, which include:

- A 24/7 crisis hotline;
- On-site emotional support and advocacy during forensic medical exams;
- Language services and accommodations for individuals with disabilities;
- Accompaniment during law enforcement or administrative interviews;
- Referrals to long-term counseling and community-based resources.

## **PROVISIONS**

### **Provision (a): Investigation and Evidence Collection**

The Auditor confirmed that administrative investigations are conducted by trained internal GDC personnel, while criminal investigations—including crime scene processing and evidence collection—are handled externally by the Georgia Department of Corrections. These investigations follow standardized, evidence-based procedures to ensure thorough documentation and preservation of evidence.

### **Relevant Policies:**

SOP 208.06 references and incorporates procedures from SOP 103.06 and SOP 103.10 to ensure consistency across investigative functions.

### **Provision (b): Developmental Appropriateness**

While the facility does not currently house youthful offenders, its existing protocols for evidence collection and medical care are adaptable to the developmental needs of minors. Review of the inmate roster verified that no individuals born after 2007 were in custody during the audit.

**Relevant Policy:**

SOP 208.06 is aligned with the U.S. Department of Justice's National Protocol for Sexual Assault Medical Forensic Examinations (Adults/Adolescents) and includes flexibility for youth-specific adaptations.

**Provision (c): Cost-Free Forensic Medical Exams**

All forensic medical exams offered to individuals in custody are provided at no cost. Although no such exams were conducted during the audit period, medical and administrative staff described the process in detail.

Exam Components Include:

- Informed consent;
- Medical and incident history;
- Full physical and genital examination;
- Optional photographic documentation;
- Collection of forensic evidence;
- Administration of STI prophylaxis, including HIV prevention.

**Relevant Policy:**

SOP 208.06, in conjunction with SOP 507.04.85, mandates that exams be offered within 72 hours of a report and details the informed consent process.

**Provision (d): SANE-Performed Exams**

All forensic medical examinations are conducted by certified SANEs who are deployed as needed through the facility's formal agreement with the Sexual Assault Center of Northwest Georgia. Interviews with facility leadership confirmed this practice.

**Relevant Policy:**

SOP 208.06 encourages reliance on external experts to ensure victim-centered care. If external SANEs are unavailable, qualified internal staff may serve as an alternative.

**Provision (e): Victim Advocacy During Exams**

Trained advocates are available to support survivors throughout the forensic exam process. Advocates are responsible for offering emotional support, explaining medical and legal procedures, and assisting with investigative follow-ups when appropriate.

**Provision (f): Division of Investigative Roles**

The facility maintains a clear separation of responsibilities between administrative and criminal investigations. While facility staff handle administrative aspects, the Georgia Department of Corrections oversees all criminal components, including evidence processing. This structure supports objectivity and specialization in handling sexual abuse cases.

	<p><b>Provision (g): Not Applicable</b></p> <p>This provision does not require evaluation in the current audit context.</p> <p><b>Provision (h): External Victim Advocates</b></p> <p>Survivors have access to trained advocates from the Sexual Assault Center of Northwest Georgia at every stage of the reporting and response process. The facility's reliance on this external partnership ensures the delivery of trauma-informed, survivor-centered services.</p> <p><b>CONCLUSION</b></p> <p>Following a rigorous review of facility policies, documents, staff interviews, and interagency agreements, the Auditor concludes that the facility meets all requirements of PREA Standard §115.21 – Evidence Protocol and Forensic Medical Examinations.</p> <p>The institution has adopted a comprehensive and professional approach to sexual abuse response, rooted in trauma-informed principles and national best practices. Forensic medical services are timely, confidential, free of charge, and conducted by certified professionals. Strong collaborations with external rape crisis organizations further strengthen the facility's capacity to deliver holistic and survivor-focused care. The Auditor finds the facility to be fully compliant with this standard.</p>
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115.22	Policies to ensure referrals of allegations for investigations
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p><b>DOCUMENT REVIEW</b></p> <p>To evaluate compliance with PREA Standard §115.22 – Policies to Ensure Referrals of Allegations for Investigations, the Auditor conducted a detailed review of all documentation submitted by the agency and facility. The review focused on determining whether the agency/facility has established clear, consistently applied policies and procedures to guarantee that every allegation of sexual abuse or sexual harassment is referred for investigation—whether that investigation is administrative, criminal, or both.</p> <p>The documentation reflected a deliberate and organized approach to handling allegations of sexual misconduct. The policies not only define specific investigative responsibilities but also establish a transparent framework for documenting, referring, and resolving every report received. Key materials reviewed included:</p> <p>The facility's completed Pre-Audit Questionnaire (PAQ), including all supporting attachments;</p>

- GDC Standard Operating Procedure (SOP) 208.06 – PREA Sexually Abusive Behavior Prevention and Intervention Program, effective June 23, 2022;
- GDC SOP 103.06 – Investigation of Allegations of Sexual Contact, Sexual Abuse, and Sexual Harassment of Offenders, effective August 11, 2022;
- PREA-related incident records documenting all reported allegations within the 12 months preceding the onsite audit.

These documents, taken together, demonstrated an agency-wide commitment to timely response, procedural clarity, and investigative accountability. They reflect a firm zero-tolerance stance and an expectation that all reports—regardless of the parties involved—are handled with urgency, transparency, and adherence to established investigative protocols.

## **INTERVIEWS**

### **Agency Head or Designee**

In a formal interview with the individual designated to represent the Agency Head, the Auditor received strong confirmation that agency/facility maintains an unwavering zero-tolerance policy toward all forms of sexual abuse and harassment. The designee emphasized that all allegations are treated with the same seriousness and urgency, regardless of whether the accused is a staff member, contractor, volunteer, or another incarcerated person.

The designee explained that administrative investigations are conducted by trained internal investigators, while criminal allegations are referred promptly to external law enforcement. Protocols for such referrals are available to the public through the GDC website, reinforcing transparency and public accountability. Each referral is documented in accordance with agency policy to preserve the integrity of investigative records and ensure compliance with recordkeeping requirements.

### **Investigative Staff**

Investigative personnel interviewed during the audit consistently demonstrated a thorough understanding of their roles, responsibilities, and ethical obligations under agency investigative procedures. They expressed strong confidence in the guidance provided by SOPs 208.06 and 103.06, confirming that both administrative and criminal investigations are conducted with equal diligence.

Investigators described the full investigative process, including evidence collection, maintaining chain of custody, conducting interviews, and safeguarding confidentiality. They stressed that all allegations are investigated without prejudice, regardless of source or perceived credibility, in strict alignment with agency policy.

## **PROVISIONS**

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

Based on the documentation reviewed and interviews conducted, the Auditor confirmed that the agency has implemented policies ensuring that every allegation of

sexual abuse or harassment is subject to either an administrative or criminal investigation. No allegations are dismissed without review.

During the 12-month audit period, the facility reported no PREA-related allegations.

**Relevant Policy:**

GDC SOP 208.06, page 30, Section G.1:

“All reports of sexual abuse or sexual harassment shall be treated as allegations and will be investigated.”

This provision prohibits dismissing reports based on the complainant’s identity, the nature of the allegation, or perceived credibility.

**Provision (b): Referral to External Agencies**

The PAQ and interviews confirmed that agency/facility has established clear procedures for referring criminal allegations to external investigative authorities. These procedures are publicly posted on the agency’s official website, ensuring accessibility for staff, incarcerated individuals, and the public.

When allegations suggest criminal conduct, investigators make immediate referrals to the appropriate law enforcement agencies. All referrals are documented within the investigative record to ensure transparency and maintain evidentiary integrity.

**Relevant Policies:**

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

- Immediate notification of regional or statewide PREA staff when allegations involve serious indicators such as penetration or physical injury;
- Assignment of criminal cases to trained agents with proper legal authority;
- Impartial and comprehensive evidence collection;
- Prohibition on credibility determinations based solely on a person’s position or status;
- Ban on requiring polygraph tests as a precondition for initiating or continuing investigations.

GDC SOP 103.06, page 1, Section I:

- Requires confidentiality and professionalism;
- Prohibits coercion, intimidation, or retaliation during investigations;
- Mandates full cooperation from all staff involved in the investigative process.
- Provision (c): Investigative Follow-Through

The agency ensures that all allegations are investigated through to conclusion, whether resolved internally through administrative channels or externally by law enforcement. This consistency reinforces the agency’s culture of compliance, ethical

	<p>accountability, and adherence to PREA standards. Investigators are held to high performance standards and trained to maintain both procedural integrity and respect for the rights of all parties involved.</p> <p><b>Provisions (d) and (e)</b></p> <p>These provisions fell outside the scope of this review and were not evaluated for compliance in this audit cycle.</p> <p><b>CONCLUSION</b></p> <p>Following an in-depth review of the PAQ, supporting documentation, investigative records, and interviews with leadership and investigative staff, the Auditor concludes that the Georgia Department of Corrections and the audited facility are in full compliance with PREA Standard §115.22 – Policies to Ensure Referrals of Allegations for Investigations.</p> <p>The agency has built and maintained a transparent, well-documented system ensuring that all allegations of sexual abuse or sexual harassment are investigated promptly, objectively, and in accordance with established procedures. Criminal allegations are referred without delay to external authorities, while administrative reviews are conducted internally with professionalism and impartiality.</p> <p>This investigative framework reflects agency/facility’s dedication to accountability, the protection of rights, and the creation of a safe and respectful environment for all individuals in custody.</p>
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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>DOCUMENT REVIEW</b></p> <p>To evaluate compliance with PREA Standard §115.31 – Employee Training, the Auditor conducted a comprehensive review of documentation submitted both prior to and during the on-site audit. The objective was to determine whether the facility’s training program meets PREA requirements and aligns with Georgia Department of Corrections (GDC) policy.</p> <p>Key materials reviewed included:</p> <ol style="list-style-type: none"> <li>1. The Pre-Audit Questionnaire (PAQ) and all supporting documentation;</li> <li>2. 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 PREA Staff Training Curriculum and training modules;</li> </ol>

4. Training rosters, attendance records, and acknowledgment forms;
5. Sampled training records from a representative cross-section of custody and non-custody staff.

The Auditor assessed whether the training program's scope, content, and delivery methods met the standard's requirements, with particular focus on the inclusion of all mandated topics, gender-responsiveness, and frequency of refresher training.

## **INTERVIEWS**

### **Random Staff**

A randomly selected group of staff, representing multiple job functions, confirmed receiving PREA training during initial orientation—prior to having contact with incarcerated individuals—and regular refresher training thereafter.

Staff reported that PREA concepts are reinforced annually through refresher courses, as well as informally through shift briefings, roll call discussions, in-service training, and staff meetings. All interviewed staff could clearly explain their responsibilities regarding prevention, detection, reporting, and response to incidents of sexual abuse or harassment.

Without exception, staff were able to identify and discuss the ten core PREA training topics required by the standard.

## **PROVISIONS**

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

The facility ensures that all staff who may have contact with incarcerated individuals receive training covering the ten mandatory PREA topics, including zero tolerance, reporting obligations, victim rights, retaliation prevention, dynamics of abuse, survivor responses, and appropriate communication with LGBTI and gender nonconforming individuals.

The training curriculum is organized into numbered modules directly aligned with these requirements. Specialized content is provided for staff in roles such as Sexual Abuse Response Team (SART) members.

A review of 30 randomly selected training records confirmed completion of required training and signed acknowledgment of content received.

**Relevant Policy:** GDC SOP 208.06, p. 19, section 1(a)(i-x).

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

The facility's curriculum is tailored to the male population it houses, incorporating gender-specific dynamics, communication strategies, and guidance on interacting respectfully with transgender, intersex, and gender nonconforming individuals.

	<p>GDC policy mandates additional, gender-specific training before staff are reassigned to facilities with different gender populations. Interviews confirmed staff awareness of and compliance with this requirement.</p> <p><b>Relevant Policy:</b> GDC SOP 208.06, p. 20, sections 1(b-d).</p> <p><b>Provision (c): Ongoing and Refresher Training</b></p> <p>All staff are required to complete formal PREA refresher training at least once every two years, with annual reinforcement through supplemental instruction at shift briefings, meetings, and in-service events.</p> <p>The review of training files for 30 staff confirmed completion of training within the past 12 months, demonstrating the facility’s commitment to maintaining staff readiness and knowledge retention.</p> <p><b>Provision (d): Documentation of Training</b></p> <p>Training participation is documented through attendance rosters or electronic verification, and each staff member signs an acknowledgment form certifying receipt and understanding of the content.</p> <p>The Auditor confirmed the presence of complete and accurate documentation for all sampled staff.</p> <p><b>CONCLUSION</b></p> <p>Based on the review of documentation, staff interviews, and applicable GDC policies, the Auditor concludes that the facility is in full compliance with PREA Standard §115.31 – Employee Training.</p> <p>The facility maintains a well-structured, gender-responsive, and comprehensive training program that equips staff with the knowledge and skills necessary to prevent, detect, and respond to sexual abuse and harassment. Robust documentation and consistent refresher training reflect a strong organizational commitment to maintaining a safe and respectful correctional environment</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>DOCUMENT REVIEW</b></p> <p>As part of the evaluation for compliance with PREA Standard §115.32 – Volunteer and Contractor Training, the Auditor undertook a detailed and methodical review of all</p>

documentation provided by the facility. This process included examining materials submitted prior to the audit as well as those made available during the on-site visit. The review focused on how effectively the facility equips non-agency personnel—both volunteers and contractors—with the knowledge and skills needed to meet their responsibilities under the Prison Rape Elimination Act (PREA).

The body of evidence reviewed was broad and illustrative of the facility’s structured approach to compliance. Key materials included the completed Pre-Audit Questionnaire (PAQ) with all relevant attachments; the Georgia Department of Corrections (GDC) Standard Operating Procedure (SOP) 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program (effective June 23, 2022); the specialized PREA training curriculum designed for volunteers and contractors; and signed acknowledgment forms confirming that each participant had received, understood, and accepted the training requirements.

Taken together, these materials provided a clear picture of how the agency/facility ensures that every volunteer and contractor—regardless of their specific role or the degree of contact with incarcerated individuals—understands their obligations to prevent, detect, and report incidents of sexual abuse or harassment. They also reflected the agency’s commitment to fostering a safe, accountable, and respectful environment within correctional settings.

## **INTERVIEWS**

### **Volunteer**

During the on-site audit, the Auditor spoke directly with a facility volunteer to evaluate how the training is experienced and retained. The volunteer reported receiving PREA training prior to beginning any activities involving individuals in custody. They described the training as tailored to their role, offering clear and practical guidance on how to carry out their responsibilities and the importance of reporting any observed or suspected sexual misconduct. The volunteer demonstrated a strong understanding of PREA’s purpose and could articulate both their reporting duties and the broader objective of ensuring a safe environment.

### **Contractor**

The Auditor also interviewed a contractor who works within the facility. This individual confirmed that they had completed the mandatory PREA training before performing any work duties. They emphasized that the content was relevant to their specific professional role and provided clear instructions on reporting obligations. The contractor expressed familiarity with the agency’s zero-tolerance policy and explained, without hesitation, the steps to take should they witness or receive a report of sexual abuse or harassment. Their responses showed a readiness to act in accordance with policy and a confident grasp of their responsibilities.

## **PROVISIONS**

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

Information from the PAQ, supporting documentation, and interviews confirmed that all volunteers and contractors—whether their contact with incarcerated individuals is direct or incidental—receive PREA training. The instruction covers prevention, detection, and reporting protocols, as well as an overview of the relevant agency policies.

At the time of the audit, the facility reported that 30 volunteers and contractors had completed the required training. The Auditor reviewed records for a representative sample of 15, each containing signed acknowledgment forms verifying completion. The facility also conducts annual refresher training in alignment with policy, further reinforcing this knowledge over time.

**Relevant Policy Reference:**

GDC SOP 208.06, p. 20, Section 2(a) requires that all volunteers and contractors with any level of contact with incarcerated individuals receive training commensurate with their duties. The policy permits the use of Attachment 19—the Staff PREA Brochure—to support training delivery.

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

The facility’s training strategy is intentionally designed to reflect the distinct roles and responsibilities of each volunteer or contractor, while ensuring every participant understands the agency’s zero-tolerance stance and reporting requirements. Content is calibrated to match the level of interaction with incarcerated individuals, making it both relevant and practical.

This approach was validated during interviews, as both the volunteer and contractor could clearly explain how the training applied to their specific duties and describe the proper response to concerns or disclosures. The training materials reviewed by the Auditor further reinforced this, demonstrating clear, accessible, and appropriately scaled messaging.

**Relevant Policy Reference:**

GDC SOP 208.06, p. 20, Section 2(b) states that training must be commensurate with the services provided and the level of offender contact. It also mandates that all personnel be informed of the zero-tolerance policy and the procedures for reporting incidents.

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

The agency maintains thorough and verifiable records for each volunteer and contractor, ensuring accountability in training compliance. Documentation reviewed during the audit confirmed that these records are stored in individual personnel files and include signed acknowledgment statements.

In the sample of 15 files reviewed, each contained a PREA Education Acknowledgment Statement (Attachment 1), affirming the participant’s receipt and understanding of the required training. The uniformity and completeness of this

	<p>documentation demonstrate the agency's diligence in ensuring non-agency personnel are prepared to fulfill their PREA-related obligations.</p> <p><b>Relevant Policy Reference:</b></p> <p>GDC SOP 208.06, p. 21, Section 2(c) mandates that training for volunteers and contractors be documented through signed or electronically verified acknowledgments, and it encourages individuals to seek clarification to ensure full understanding.</p> <p><b>CONCLUSION</b></p> <p>Following a thorough review of policies, training materials, individual training records, and direct interviews with volunteers and contractors, the Auditor finds the facility to be in full compliance with PREA Standard §115.32 – Volunteer and Contractor Training.</p> <p>The agency has built a training program that is structured, role-specific, and consistently applied. Every volunteer and contractor with access to incarcerated individuals is made fully aware of their responsibilities under PREA, supported by documentation that confirms both comprehension and readiness to act.</p> <p>This strong commitment to education and accountability is not simply a procedural requirement, it is an active safeguard, reinforcing the agency's dedication to safety, respect, and the prevention of sexual abuse and harassment in every area of facility operations.</p>
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115.33 Inmate education	
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p>
	<p><b>DOCUMENT REVIEW</b></p> <p>As part of the comprehensive PREA audit process, the Auditor conducted a thorough and detailed review of documentation related to compliance with Standard §115.33 – Inmate Education. This review encompassed both pre-audit submissions and materials presented during the on-site visit, allowing for a robust evaluation of how the facility educates individuals in custody about their rights under the Prison Rape Elimination Act (PREA) and the mechanisms available to protect themselves from sexual abuse and harassment.</p> <p>The following documents were central to the review:</p> <ol style="list-style-type: none"> <li>1. The facility's completed Pre-Audit Questionnaire (PAQ), including all supplemental attachments;</li> <li>2. The Georgia Department of Corrections' (GDC) Standard Operating Procedure</li> </ol>

(SOP) 208.06, titled Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, most recently revised on June 23, 2022;

3. The GDC-produced educational video Discussing Prison Rape Elimination Act, dated February 23, 2023;
4. The LanguageLine Insight Video Interpreting User Guide, which outlines tools used to ensure effective communication for individuals with limited English proficiency;
5. The GDC PREA Inmate Information Guide Brochure and the GDC Offender Handbook—although undated, both documents are regularly updated and distributed;
6. Posters such as Reporting is the First Step and signage promoting access to confidential support services;
7. A Memorandum of Understanding (MOU) with Jefferson County Correctional detailing external reporting partnerships;
8. Records of PREA intake education, including signed acknowledgment forms and detailed tracking spreadsheets.

Collectively, these resources reflect a structured, inclusive, and well-implemented PREA education program designed to inform and empower all individuals housed at the facility.

## **OBSERVATIONS**

While touring the facility, the Auditor observed numerous indicators of an institutional culture that prioritizes education and transparency regarding sexual safety. PREA informational materials were prominently posted in various high-traffic areas, including housing units, near telephones, and other communal spaces. These visual displays included guidance on how to report abuse or harassment and contact information for both internal authorities (such as the GDC PREA Unit) and external support organizations (including Jefferson County Hospital).

Importantly, the facility demonstrated a consistent commitment to language access and disability accommodations. Educational materials were readily available in both English and Spanish, and the PREA orientation video, Discussing the Prison Rape Elimination Act, was accessible in multiple formats. This video included closed captioning and American Sign Language (ASL) interpretation, ensuring that individuals with hearing impairments could fully access the content. Staff also confirmed that Braille materials and audio versions were available upon request for individuals with visual impairments.

During the visit, the Auditor witnessed the PREA video being used as part of orientation programming—affirming that the facility actively delivers its education content rather than merely making it available.

## **INTERVIEWS**

### **Intake Staff**

Staff responsible for intake and orientation consistently reported that PREA education begins the moment an individual enters the facility. New arrivals receive an introductory education that includes written materials, a viewing of the PREA video, and verbal explanations outlining key topics such as the agency's zero-tolerance policy, the right to be free from sexual abuse and harassment, and the full array of reporting options.

Staff affirmed that every individual receives comprehensive PREA education within 15 days of admission, as required by policy. This education includes:

- The individual's right to live free from sexual abuse and harassment;
- Protection from retaliation for reporting misconduct;
- Multiple reporting mechanisms—verbal, written, anonymous, and third-party;
- A basic overview of the investigative process following a report.

Additionally, intake personnel confirmed that appropriate accommodations are consistently provided for individuals who have limited English proficiency, cognitive impairments, disabilities, or low literacy levels. In cases where individuals are transferred from another facility, PREA education is re-administered to ensure continuity and consistency with local procedures. All education sessions are documented through signed acknowledgment forms placed in institutional files.

### **Randomly Selected Inmates**

The Auditor conducted interviews with 23 randomly selected individuals from the general population. Each confirmed receipt of PREA education during intake and acknowledged having viewed the orientation video. These individuals demonstrated a clear understanding of their rights, how to report concerns or incidents, and the agency's zero-tolerance stance toward sexual abuse and harassment.

## **PROVISIONS**

### **Provision (a)**

The PAQ indicated that all 183 individuals admitted over the previous 12 months received PREA education at the time of intake. This information was verified through staff interviews, record reviews, and interviews with individuals in custody.

According to staff, this initial session provides individuals with immediate access to information about their rights and available protections, even before full orientation occurs. In a sample of 50 records reviewed, 100% documented delivery of PREA education within 24 hours of arrival.

Relevant Policy: GDC SOP 208.06 (p. 21, Section 3) requires verbal and written dissemination of information on the agency's zero-tolerance policy and reporting procedures upon admission, in English and Spanish, with signed acknowledgment retained in the individual's file.

### **Provision (b)**

The PAQ further noted that all individuals who remained in custody for longer than 30 days received comprehensive PREA education within the agency's 15-day timeframe. This was confirmed through interviews and record reviews.

Comprehensive education includes:

- A detailed explanation of the zero-tolerance policy;
- Definitions and real-life examples of sexual abuse and harassment;
- Strategies to reduce risk of victimization;
- Multiple reporting avenues, including third-party reporting;
- A description of the investigation process;
- Access to medical and mental health services for survivors;
- Reassurance of protection against retaliation;
- Notification that staff of all genders are assigned to all housing areas.

**Relevant Policies:** GDC SOP 208.06 (pp. 21-22, Section 3.a.i-ix) mandates comprehensive education within 15 days, documented by signature and supported by the Discussing PREA video. Delays of up to 30 days are permitted only under documented exigent circumstances.

### **Additional Resources**

Posters titled Reporting is the First Step and other PREA-related signage communicate the four primary methods of reporting abuse:

- **Telephone:** PREA Hotline (9088) accessible from any facility phone;
- **Mail:** Contact information for the PREA Coordinator and Victim Services;
- **Email:** Official agency addresses for confidential reporting;
- **Third-Party Reports:** Family members and outside individuals may use any of the above.

The PREA hotline permits anonymous calls and imposes no restrictions on the number of calls an individual may place. The PREA Unit reported no complaints about the one-minute voicemail limitation.

The GDC Offender Handbook and PREA Inmate Information Guide emphasize the right to safety and confidentiality in reporting. These documents, alongside intake brochures and posted signage, reinforce the agency's messaging at every stage of incarceration.

### **Record Review**

The Auditor examined 50 randomly selected records of individuals currently housed at the facility. Each record included evidence of timely delivery of PREA education. The documentation showed clear compliance with federal standards and reflected strong internal controls regarding tracking and follow-up.

**Provision (c)**

Staff consistently confirmed that no individual is assigned to housing before receiving PREA orientation. The PAQ indicated—and interviews affirmed—that all individuals receive initial education within 72 hours of admission. Posters and other reminders are placed throughout housing areas to reinforce this information continuously.

**Provision (d)**

The facility ensures that PREA education is accessible to all individuals, including those with disabilities or language barriers. Accommodation includes:

- **Limited English Proficiency:** Spanish-language brochures and posters, plus access to LanguageLine interpretation;
- **Hearing Impairments:** Captioned videos and ASL interpretation via Video Remote Interpreting;
- **Visual Impairments:** Verbal instructions, audio versions of PREA materials, and Braille upon request;
- **Cognitive Disabilities or Limited Literacy:** Staff provide simplified explanations or visual learning aids and confirm understanding through interactive methods.

These efforts ensure that every person receives information in a format that is accessible and effective.

**Provision (e)**

All PREA education sessions are meticulously documented and retained in each individual's institutional file. The Auditor reviewed signed acknowledgment forms for 88 individuals admitted over the past year and verified additional documentation for 50 others. Records consistently demonstrated full compliance with required timeframes.

**Relevant Policy:** GDC SOP 208.06 (p. 22, Section 3.b) mandates that signed acknowledgment forms be maintained to verify completion of education.

**Provision (f)**

PREA education is reinforced beyond intake through ongoing visibility. Individuals in custody continue to have access to PREA-related information via:

- Posters in housing units, dayrooms, and visitation areas;
- The GDC Offender Handbook and PREA Information Guide;
- Educational brochures provided during intake and orientation.

These materials offer clear instructions for reporting, reinforce the agency's zero-tolerance policy, and promote an environment of awareness and safety.

**CONCLUSION**

	<p>Based on the review of agency policies, documentation, educational materials, and interviews with both staff and individuals in custody, the Auditor finds the facility to be in full compliance with PREA Standard §115.33 – Inmate Education.</p> <p>The agency/facility has implemented a thorough, inclusive, and well-documented education process that ensures every individual—regardless of language, literacy, or ability—is informed of their rights and protections under PREA. The combination of timely delivery, diverse communication formats, and rigorous documentation reflects a strong institutional commitment to safety, dignity, and the prevention of sexual abuse and harassment within the correctional 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>DOCUMENT REVIEW</b></p> <p>As part of the compliance review for PREA Standard §115.34, the Auditor conducted a comprehensive evaluation of materials submitted by the agency/facility to determine how the agency equips its investigative personnel to handle allegations of sexual abuse and sexual harassment within confinement settings.</p> <p>The review began with an analysis of the facility’s completed Pre-Audit Questionnaire (PAQ) and all related attachments addressing investigative training. The Auditor then examined GDC Standard Operating Procedure (SOP) 208.06, “PREA Sexually Abusive Behavior Prevention and Intervention Program”, effective June 23, 2022. This policy establishes the framework for investigative practices and outlines the specialized training requirements for those assigned to investigate PREA-related allegations.</p> <p>In addition to policy, the Auditor reviewed the investigator training curriculum in detail. The curriculum clearly identifies the core competencies necessary for conducting effective, objective, and trauma-informed investigations in a correctional environment. This includes procedural safeguards, interview strategies for vulnerable populations, evidence preservation techniques unique to secure facilities, and the legal thresholds necessary to support both administrative and criminal case referrals.</p> <p>Training completion was verified through attendance documentation, which confirmed that designated investigative staff had participated in and completed the required specialized instruction. Collectively, these documents reflected a deliberate and structured approach to preparing investigators for the sensitive and complex nature of sexual abuse investigations in confinement settings.</p> <p><b>INTERVIEWS</b></p> <p><b>Investigative Staff</b></p>

During the onsite audit, the Auditor conducted interviews with investigative personnel responsible for handling sexual abuse and sexual harassment allegations. Each investigator confirmed they had received the full scope of specialized PREA training as outlined in GDC policy and curriculum.

The investigators described the training as highly detailed and directly relevant to their responsibilities. They cited specific components such as the correct application of Miranda and Garrity warnings, evidence-gathering techniques in a secure facility, and trauma-informed interview strategies that minimize re-traumatization of the alleged victim. They also discussed the evidentiary standards necessary to move a case forward, whether for administrative resolution or for referral to law enforcement and prosecution.

Their responses not only confirmed completion of training but also demonstrated a practical working knowledge of investigative best practices. These conversations offered strong assurance that the facility's investigative staff are prepared to carry out their duties in a professional, objective, and survivor-centered manner.

## **PROVISIONS**

### **Provision (a) - Specialized Training Requirement**

Policy, as confirmed in the PAQ and reinforced through interviews, mandates that all personnel assigned to investigate sexual abuse or sexual harassment allegations in GDC facilities must complete specialized training tailored for investigations in confinement settings. SOP 208.06, page 23, Section 4, subsections (a)–(c) outlines these requirements, which include:

- Proficiency in interviewing victims of sexual abuse in a manner that is trauma-informed and culturally sensitive.
- Proper use of Miranda and Garrity warnings to protect both constitutional and employment-related rights.
- Evidence collection methods adapted to the security, movement, and environmental restrictions of confinement facilities.
- Understanding the evidentiary thresholds required for substantiation in administrative proceedings and referral for potential criminal prosecution.

This structured approach ensures that all investigations are conducted with consistency, integrity, and a survivor-centered focus.

### **Provision (b) - Training Content**

The PAQ and staff interviews confirm that the training program addresses all core investigative competencies required by PREA. Investigators receive direct instruction on how to establish rapport with survivors, document evidence appropriately, and preserve the chain of custody in a secure environment. They are also trained to assess the sufficiency of available evidence to meet the burden of proof for both administrative findings and criminal charges.

Interview responses confirmed that these skills are actively applied in their daily

	<p>work, with investigators citing specific examples of how the training informs their approach to interviews, evidence handling, and case documentation.</p> <p><b>Provision (c) - Documentation of Training</b></p> <p>The facility maintains accurate and current records verifying completion of specialized training for all investigative personnel. During the audit, the Auditor reviewed attendance logs confirming that the two investigators currently assigned to the facility had successfully completed the required courses. These records were consistent with the information provided in interviews and the PAQ, demonstrating adherence to agency/facility documentation protocols.</p> <p><b>Provision (d) - Not Applicable</b></p> <p>This provision falls outside the scope of the current audit and was not assessed.</p> <p><b>CONCLUSION</b></p> <p>Following a thorough review of policy documents, training curricula, attendance records, and investigator interviews, the Auditor concludes that the facility is in full compliance with PREA Standard §115.34 – Specialized Training: Investigations.</p> <p>The agency/facility has established a comprehensive, policy-driven, and well-documented training process that ensures investigators are not only compliant with PREA requirements but also equipped to conduct investigations that are objective, thorough, and sensitive to the needs of those involved. This commitment fosters a consistent, trauma-informed approach that strengthens both the investigative process and the facility’s overall culture of safety.</p>
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<b>115.35</b>	<b>Specialized training: Medical and mental health care</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p>
	<p><b>DOCUMENT REVIEW</b></p> <p>To evaluate the facility’s adherence to PREA Standard §115.35—which governs specialized training requirements for medical and mental health care personnel—the Auditor conducted a thorough, methodical review of agency and facility documentation. The primary focus was on how healthcare professionals are trained to recognize indicators of sexual abuse or harassment, respond appropriately to disclosures, and follow established reporting procedures in alignment with federal PREA standards.</p> <p>The review encompassed materials provided both prior to and during the on-site audit, including:</p>

1. The completed Pre-Audit Questionnaire (PAQ) with all relevant attachments;
2. Georgia Department of Corrections (GDC) Standard Operating Procedure (SOP) 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective June 23, 2022;
3. Specialized training curricula, lesson plans, and instructional resources tailored to healthcare professionals;
4. Attendance logs and other training records intended to confirm participation in required instruction.

The collected materials reflected a structured, policy-driven approach to PREA education for medical staff. The agency's written procedures detail expectations for recognizing signs of abuse, employing trauma-informed care techniques, initiating appropriate clinical responses, and complying with mandatory reporting laws. While the majority of requested documentation was provided, certain items—such as individual training certificates or complete rosters—were not available for review during the on-site portion of the audit. This limited the Auditor's ability to fully verify compliance through documentation alone, though other evidence sources were used to assess adherence.

## **INTERVIEWS**

### **Facility Head**

In a one-on-one discussion, the Facility Head emphasized that every medical professional employed by or contracted with GDC must complete both the general PREA training applicable to all staff and specialized training designed for healthcare roles. They expressed full confidence that the facility's on-site medical provider—a licensed nurse—had met these requirements. The Facility Head underscored GDC's broader, agency-wide commitment to ensuring that healthcare personnel are well-prepared to address sexual safety concerns, respond to individuals in a trauma-informed manner, and actively contribute to a safe environment.

### **Medical Staff**

The facility's single healthcare provider, a licensed nurse, confirmed completion of both the standard PREA orientation and the additional training designed for medical professionals. The nurse provided a detailed, accurate description of the procedures for identifying potential indicators of abuse, receiving and documenting disclosures, and initiating the reporting process in accordance with policy. The interview also demonstrated the nurse's understanding of trauma-informed care principles and their role in ensuring individuals feel safe to report misconduct. This testimony strongly supported the conclusion that the medical staff member is both knowledgeable and capable of fulfilling their PREA-related responsibilities.

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

The PREA Compliance Manager confirmed that GDC policy requires specialized PREA training for all medical personnel, in addition to the general staff training. According to the PCM, training records are retained at both the facility and agency level, with regular reviews to confirm timely completion. While acknowledging that not all

requested records were accessible during the on-site audit, the PCM expressed confidence in the effectiveness of the training program and the oversight mechanisms used to ensure compliance.

## **PROVISIONS**

### **Provision (a)**

Information from the PAQ and staff interviews confirmed that all medical and mental health practitioners who provide services in GDC facilities must complete specialized training on sexual abuse and sexual harassment. At this facility, the sole medical provider had reportedly fulfilled all training requirements. The Auditor reviewed documentation verifying the completion of this training, which is retained in the staff member's personnel file. GDC SOP 208.06 (p. 23, Section 5) requires annual specialized training for healthcare staff, with formal documentation maintained as part of personnel records.

### **Provision (b)**

This provision does not apply to the facility. On-site medical personnel are neither trained nor equipped to perform forensic medical examinations. When such services are necessary, the facility refers individuals to an external provider with the appropriate Sexual Assault Forensic Examiner (SAFE) credentials, in line with GDC policy.

### **Provision (c)**

Training documentation for the medical staff member was available during the on-site review. The nurse confirmed participation in all required instruction, and the PAQ supported the facility's process for maintaining accurate training records for healthcare personnel.

### **Provision (d)**

As verified through interviews and policy review, medical staff participate in the general PREA training required for all employees, contractors, and volunteers, in addition to the specialized healthcare module. The nurse reported completing both the initial orientation and annual refresher training. The PREA Compliance Manager indicated that training schedules are tracked closely to ensure timely completion and full compliance.

## **CONCLUSION**

Following a detailed review of agency policy, relevant documentation, and interviews with key staff members, the Auditor determined that the facility is in compliance with PREA Standard §115.35. The agency/facility has implemented clear, enforceable requirements ensuring that medical personnel receive training aligned with national PREA standards. These measures equip healthcare providers with the skills to identify signs of abuse, respond effectively, and uphold the safety and dignity of individuals in custody. The combination of role-specific training, adherence to policy, and evidence of practical application underscores a strong institutional commitment to both PREA compliance and the wellbeing of those housed in the facility.

115.41	<b>Screening for risk of victimization and abusiveness</b>
	<p data-bbox="256 185 959 219"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="256 264 544 297"><b>Auditor Discussion</b></p> <p data-bbox="256 342 576 376"><b>DOCUMENT REVIEW</b></p> <p data-bbox="256 409 1479 611">In evaluating the facility’s compliance with PREA Standard §115.41 – Screening for Risk of Victimization and Abusiveness, the Auditor undertook a comprehensive examination of both written policy and actual practice. This review encompassed materials submitted prior to the on-site visit as well as documentation made available during the audit itself.</p> <p data-bbox="256 656 612 689">The review incorporated:</p> <ol data-bbox="320 757 1447 1081" style="list-style-type: none"> <li>1. The completed Pre-Audit Questionnaire (PAQ) and its supporting records.</li> <li>2. Georgia Department of Corrections (GDC) Standard Operating Procedure (SOP) 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective June 23, 2022.</li> <li>3. SOP 208.06 Attachment 2, revised June 23, 2022, which details the facility’s objective PREA risk screening instrument.</li> <li>4. Samples of initial risk assessments completed during intake.</li> <li>5. Samples of reassessments conducted within 30 days of arrival.</li> </ol> <p data-bbox="256 1126 1479 1406">From these materials, it was evident that the facility operates within a structured, policy-driven framework to assess each individual’s risk for either sexual victimization or abusiveness. This process, grounded in a validated and objective screening instrument, is implemented at both intake and during reassessment. The documentation showed that assessments are completed accurately, safeguarded appropriately, and consistently used to guide housing, work, treatment, and program placement decisions—fully aligning with PREA’s requirements.</p> <p data-bbox="256 1451 456 1485"><b>INTERVIEWS</b></p> <p data-bbox="256 1529 619 1563"><b>PREA Coordinator (PC)</b></p> <p data-bbox="256 1574 1463 1933">In a detailed interview, the PREA Coordinator explained that PREA screening information is treated with the utmost confidentiality. Only select personnel—such as classification officers, healthcare and mental health professionals, intake staff, and the PREA Compliance Manager (PCM)—are granted access. The PC emphasized that the information’s sole purpose is to inform decisions that promote safety, such as housing assignments, educational opportunities, work placements, and treatment programming. Sharing of this information is strictly on a need-to-know basis, and the PC confirmed that the GDC does not hold individuals solely for civil immigration purposes.</p> <p data-bbox="256 1977 791 2011"><b>PREA Compliance Manager (PCM)</b></p> <p data-bbox="256 2022 1463 2089">The PCM elaborated on the operational purpose of the screening process. According to the PCM, screenings serve as a proactive safety measure, allowing staff to identify</p>

vulnerabilities and potential risks early in the incarceration process. Screening results are not viewed in isolation; instead, they are considered alongside other relevant information to shape well-informed housing and management decisions. The PCM expressed confidence in both the fairness and reliability of the screening process.

### **Risk Screening Staff**

Personnel responsible for risk screening described a precise and orderly procedure. The process begins with an initial assessment within 24 hours of intake, taking into account factors such as prior victimization, history of violence, and institutional conduct. A follow-up reassessment is standard within 30 days, with additional assessments triggered by events such as transfers, new information, or PREA-related allegations. Special attention is given to transgender individuals, who are assessed at intake, reassessed within 30 days, and again at least every six months.

Staff members underscored that participation in the screening is voluntary—no one is penalized for declining to answer any question. Instead, staff clearly explain the safety purpose behind each question, encourage cooperation, and respect personal boundaries. If appropriate, unanswered questions may be revisited at a later time.

### **Randomly Selected Inmates**

Those interviewed confirmed being screened promptly upon arrival. Many recalled questions related to gender identity, sexual orientation, past victimization, and whether this was their first time in custody. All confirmed that both the intake screening and the 30-day reassessment took place within the prescribed policy timelines.

## **PROVISIONS**

### **Provision (a)**

Policy requires that every individual be screened upon arrival and after any transfer between facilities, as stated in SOP 208.06 (p. 23, Section D.1). Interviews and documentation confirmed that these screenings occur without exception.

### **Provision (b)**

SOP 208.06 (pp. 23–24, Section D.2) mandates completion of the PREA risk screening within 24 hours of intake using the SCRIBE electronic system and the PREA Sexual Victim/Sexual Aggressor Classification Screening Instrument (Attachment 2). While the PAQ reported 100% compliance within 72 hours for the past year's 183 admissions, the Auditor's review of 32 records confirmed all were completed within 24 hours. Reassessments were similarly timely.

### **Provision (c)**

The facility's screening tool is standardized, objective, and updated to reflect PREA expectations. SOP 208.06 Attachment 2 includes weighted, evidence-based questions that assess an individual's vulnerability or risk of abusiveness.

### **Provision (d)**

All required PREA screening elements are incorporated, including age, stature, prior victimization, first incarceration status, sexual orientation, gender identity, history of

violent convictions, institutional behavior, and self-reported vulnerability. The instrument appropriately omits civil immigration status, reflecting the GDC's policy. The Auditor noted that the term "mental illness" appears in one item and recommended replacing it with "mental disability" for broader accuracy and inclusivity, with interim manual annotation until a policy update is formalized.

**Provision (e)**

The screening process includes review of historical data on victimization, violent convictions, and institutional misconduct. Staff confirmed that additional assessments are conducted whenever new relevant information arises.

**Provision (f)**

Reassessments occur within the required 30-day timeframe, as verified through review of 32 records and confirmation that all applicable individuals received timely follow-ups.

**Provision (g)**

SOP 208.06 (p. 24, Section D.2.c) requires reassessment when new safety concerns are identified, upon request, following a PREA allegation, or when other significant changes occur. Staff confirmed compliance with this practice.

**Provision (h)**

No disciplinary measures are taken against individuals who decline to answer screening questions. Staff apply a trauma-informed approach to encourage participation while protecting personal autonomy.

**Provision (i)**

Access to screening results is strictly limited to staff with a legitimate need to know. Interviews confirmed consistent enforcement of this restriction in alignment with SOP 208.06.

**CONCLUSION**

After careful review of policies, documentation, and staff and resident interviews, the Auditor finds the facility in full compliance with PREA Standard §115.41 – Screening for Risk of Victimization and Abusiveness. The process is timely, thorough, and consistently applied, utilizing a validated tool to ensure objective and reliable outcomes. Staff are well-trained in trauma-informed methods and demonstrate a clear commitment to both safety and dignity.

**RECOMMENDATION:**

Revise the screening tool language by replacing "mental illness" with "mental disability" to reflect inclusive terminology. Until the formal policy is updated, facilities are encouraged to manually annotate existing forms to reflect this improvement.

**Auditor Overall Determination:** Meets Standard

**Auditor Discussion**

**DOCUMENT REVIEW**

In assessing the facility's compliance with PREA Standard §115.42 – Use of Screening Information, the Auditor undertook a comprehensive evaluation of the agency's operational framework. This review extended beyond a simple policy check; it examined how screening data—particularly information gathered through the PREA risk assessment process—is actively applied to shape housing, program, and safety decisions.

The review placed particular emphasis on the placement and management of transgender and intersex individuals, ensuring that both written directives and day-to-day practices reflect a commitment to safety, dignity, and equal treatment.

The documentation provided a detailed picture of the systems in place and included:

1. A completed Pre-Audit Questionnaire (PAQ) with supporting documentation;
2. Georgia Department of Corrections (GDC) Standard Operating Procedure (SOP) 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective June 23, 2022;
3. GDC SOP 220.09, Classification and Management of Transgender and Intersex Offenders, effective July 26, 2019;
4. GDC SOP related to PREA Standard §115.13, Facility PREA Staffing Plan, effective July 1, 2023.

Taken together, these documents demonstrate a deliberate and structured approach to using PREA screening outcomes as a tool for protecting individuals who may be vulnerable to sexual victimization, as well as for managing those assessed as posing a higher risk of sexual abusiveness.

**INTERVIEWS**

**PREA Coordinator (PC)**

The PREA Coordinator described in detail the process by which screening results are transformed into actionable placement and management decisions. While initial classification reflects the legal sex assigned at birth, this serves only as a starting point. Actual housing, program assignments, and management decisions are made on a case-by-case basis, with careful consideration given to self-identified gender, personal safety concerns, and expressed preferences.

These determinations are reviewed regularly—at minimum, every six months—and reassessed promptly if new information, incidents, or safety considerations emerge. Intake and classification interviews also capture information on known enemies or potential threats, helping to ensure that vulnerable individuals are not housed with those who may present a risk of harm.

**Risk Screening Staff**

Staff who conduct PREA screenings explained that the standardized assessment tool provides a consistent baseline, but meaningful insights often come from personal interaction. Intake conversations go beyond checklist questions, allowing staff to capture history, concerns, and personal circumstances that might otherwise be overlooked. This qualitative information is integrated into decisions affecting housing, work assignments, educational opportunities, and programming, with particular care for those identified as being at elevated risk for victimization or aggression.

**PREA Compliance Manager (PCM)**

The PCM confirmed that there is no legal requirement—such as a court order, settlement agreement, or consent decree—that mandates separate housing for LGBTI individuals within the agency. Instead, placement decisions are rooted in individualized safety assessments rather than identity alone. Transgender and intersex individuals are not segregated solely because of their gender identity; instead, all determinations are made in the context of personal safety, institutional security, and dignity.

**Transgender and Intersex Individuals in Custody**

At the time of the audit, no transgender or intersex individuals were in custody at the facility; therefore, no direct interviews were conducted in these categories.

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

Policies, documentation, and staff accounts confirmed that screening information directly informs housing, bed assignments, and program placement. The goal is to separate individuals at risk of victimization from those assessed as likely to commit sexual abuse.

**Relevant Policy:** GDC SOP 208.06 (p. 24, section 4) assigns the Warden or Superintendent responsibility for ensuring safe housing options for highly vulnerable individuals, supplemented by detailed local directives in Attachments 7 and 11.

**Provision (b)**

All placement decisions are made on an individualized basis, balancing safety, security, and the person's needs and identity.

**Relevant Policy:** GDC SOP 208.06 (pp. 24–25, section 5) and SOP 220.09 both require case-by-case decision-making for transgender and intersex individuals.

**Provision (c)**

Assignments are informed by security needs, behavioral history, medical and mental health information, and the individual's expressed concerns.

**Relevant Policies:**

- SOP 220.09 (pp. 4–5, section IV.8) requires diagnostic staff to compile comprehensive classification data.
- SOP 220.09 (pp. 5–6, section IV.9) details the Classification Committee’s responsibility to review cases and refer them to the PREA Unit when appropriate.
- SOP 220.09 (p. 6, section IV.10) mandates private PREA Unit interviews and completion of a Transgender Questionnaire within 10 business days.

**Provision (d)**

Housing and program placements for transgender and intersex individuals are reviewed at least twice a year, or sooner if concerns arise.

**Relevant Policy:** SOP 208.06 mandates biannual reassessment.

**Provision (e)**

The voices of transgender and intersex individuals carry meaningful weight in placement decisions. Staff described past cases where an expressed safety concern led to immediate housing changes.

**Relevant Policy:** SOP 220.09 requires respectful consideration of self-reported safety concerns.

**Provision (f)**

Transgender and intersex individuals are given the opportunity to shower separately—either through scheduling or use of private facilities. Staff recalled past accommodations provided promptly upon request.

**Relevant Policy:** SOP 220.09 outlines privacy safeguards for showering arrangements.

**Provision (g)**

LGBTI individuals are not segregated solely because of identity, except when required by law.

**Relevant Policy:** SOP 220.09 prohibits automatic segregation and requires all separate housing to be grounded in individual safety needs.

**CONCLUSION**

The review of documentation, coupled with staff interviews, demonstrates that the facility meets all requirements of PREA Standard §115.42. The process integrates objective risk assessment data with individualized safety considerations to guide housing and programming decisions.

The classification approach is respectful, evidence-based, and adaptable, ensuring that every individual—particularly those who are transgender or intersex—has a voice in their own safety planning. This balance of policy, practice, and human engagement aligns fully with both the technical requirements of PREA and its broader intent to

	foster a safe, dignified, and respectful environment for all in custody.
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<b>115.43</b>	<b>Protective Custody</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>DOCUMENT REVIEW</b></p> <p>To assess the facility’s compliance with PREA requirements concerning the use of segregated housing for protective purposes, the Auditor began with an extensive review of documentation provided before the on-site visit. This initial stage included examining the Pre-Audit Questionnaire (PAQ) along with the supporting materials submitted by the agency.</p> <p>Among the most critical documents 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 serves as a cornerstone for the agency’s approach to identifying individuals at heightened risk of sexual victimization and sets forth explicit limits, procedural safeguards, and oversight requirements when involuntary segregation is used for protective reasons. The SOP makes it clear that segregation is a last resort, applied only when no suitable alternative housing is available, and must be carefully monitored to protect both safety and rights.</p> <p><b>INTERVIEWS</b></p> <p><b>Facility Head or Designee</b></p> <p>In a detailed interview, the Facility Head explained the rigorous documentation and review process applied to all segregated housing placements, regardless of the reason for confinement. Each decision undergoes a structured evaluation at least once every thirty days to confirm that the placement remains justified, necessary, and fully compliant with both agency policy and PREA standards. The Facility Head underscored that these periodic reviews are designed to guard against unnecessary or extended segregation, while ensuring the safety of everyone involved.</p> <p><b>Staff Who Supervise Individuals in Segregated Housing</b></p> <p>Correctional staff assigned to the segregated housing unit confirmed that during the past twelve months, no one had been placed in segregation as a result of being sexually victimized or in retaliation for reporting sexual abuse. Instead, all segregation assignments during that time were strictly for administrative or disciplinary purposes unrelated to PREA matters. These staff members displayed a solid working knowledge of SOP 208.06 and clearly understood their responsibilities for monitoring and documenting the status of individuals in restrictive housing.</p>

**Individuals in Segregated Housing**

At the time of the on-site visit, there were no individuals in segregation for reasons tied to sexual victimization or PREA-related allegations. All persons in restrictive housing were there for administrative or disciplinary reasons that fell outside of PREA considerations.

**PREA Compliance Manager (PCM)**

The PREA Compliance Manager affirmed these findings, noting that in the twelve months preceding the audit, the facility had not encountered a case in which an individual was involuntarily placed in protective custody solely due to being identified as sexually vulnerable or as a survivor of sexual abuse. The PCM emphasized that while the facility has procedures in place for such scenarios, no qualifying cases had arisen to date.

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

The PAQ and interviews confirmed that facility policy strictly limits the use of involuntary segregation for individuals assessed as being at increased risk of sexual victimization. Such action is permitted only when all other housing options have been explored and determined unavailable. In the past year, there was a single instance of involuntary segregation under these criteria. Both the PCM and Facility Head confirmed that the placement was for protective purposes and that the individual in question was no longer housed at the facility during the audit period.

**Relevant Policies:**

GDC SOP 208.06 requires that:

- Protective custody is a last resort when no other suitable housing is available.
- Temporary segregation may be used for no more than 24 hours while exploring alternatives.
- All decisions are documented in the SCRIBE system, including justification and evidence that alternatives were unavailable.
- Segregation should generally not exceed 30 days.
- Any restrictions on programs, privileges, or work must be documented with specific reasons and timeframes.
- Segregation placements must be reviewed every 30 days.

**Provision (b)**

The facility maintains a strong commitment to ensuring that individuals in involuntary segregation for protective purposes retain access to programs, privileges, educational opportunities, and employment whenever possible. While no such cases occurred in the review period, the Facility Head confirmed that all reasonable steps would be taken to preserve these opportunities should the need arise.

**Relevant Policy:**

SOP 208.06 mandates that any restrictions must be clearly documented with duration and justification.

	<p><b>Provision (c)</b></p> <p>Records and the PAQ confirmed that no individual identified as being at risk for sexual victimization was kept in involuntary segregation for more than 30 days while awaiting alternative housing. The PCM verified that no such extended placements occurred during the past twelve months.</p> <p><b>Relevant Policy:</b></p> <p>SOP 208.06 caps such placements at 30 days, requiring documentation to show that no other housing option was available.</p> <p><b>Provision (d)</b></p> <p>Staff interviews and facility records confirmed that no cases in the past year involved keeping an individual in protective segregation for more than 30 days while awaiting reassignment. Correctional staff who supervise segregation housing verified that such prolonged placements have not occurred.</p> <p><b>Relevant Policy:</b></p> <p>SOP 208.06 permits restrictive housing for high-risk individuals only when no viable alternative exists, and requires weekly reviews with a full reassessment every seven days.</p> <p><b>Provision (e)</b></p> <p>The PAQ and PCM both confirmed that no individual was placed in protective custody for PREA-related reasons during the review period, meaning no interviews could be conducted under this provision.</p> <p><b>Relevant Policy:</b></p> <p>SOP 208.06 (p. 25, D, 8, d) requires that anyone in protective custody for PREA-related reasons be reviewed at least every 30 days to determine if continued separation is warranted.</p> <p><b>CONCLUSION</b></p> <p>Following an in-depth review of policies, records, and interviews, the Auditor concludes that the facility is in full compliance with PREA standards governing the use of segregated housing for protective purposes. The evidence demonstrates that involuntary segregation is only employed when absolutely necessary, after all other housing options have been exhausted, and is managed within clear time limits and oversight requirements.</p>
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<b>115.51</b>	<b>Inmate reporting</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<b>DOCUMENT REVIEW</b>

As part of the PREA audit process, the Auditor conducted a thorough and methodical review of the facility's Pre-Audit Questionnaire (PAQ) and all related materials submitted prior to the on-site visit. The goal was to confirm that the facility's policies, procedures, and daily practices align with the requirements of PREA Standard §115.51 – Inmate Reporting.

The review encompassed several key documents, including:

1. GDC Standard Operating Procedure (SOP) 208.06 – Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective June 23, 2022.
2. The 2024 Offender Handbook, which explains incarcerated individuals' rights under PREA and offers clear, step-by-step guidance for reporting sexual abuse, sexual harassment, or retaliation.
3. PREA brochures available in English and Spanish, designed with accessible language and visuals so that the reporting process and support services are easy to understand.
4. The Staff Guide on Prevention and Reporting of Sexual Misconduct with Offenders, a comprehensive resource that details recognition, prevention, and appropriate responses to sexual misconduct.

The document review confirmed that both staff and incarcerated individuals have access to clear, PREA-compliant written guidance. This information is presented in multiple formats and languages and is firmly embedded in facility orientation programs as well as staff training curricula.

## **OBSERVATIONS**

During the on-site review, the Auditor observed that the facility actively promotes PREA awareness through a variety of communication methods. Large, clearly visible posters were placed in high-traffic areas, including housing units, dayrooms, intake and booking spaces, hallways, and the dining hall. Each posting appeared in both English and Spanish, ensuring information was accessible to a broader population.

The facility had also integrated PREA awareness into its physical environment in more creative ways—incorporating messages into murals and typographic wall art. These visual displays reinforced the zero-tolerance stance toward sexual abuse and harassment while fostering an environment of safety and respect.

In addition, the Auditor inspected telephones located in multiple housing areas. All phones were in working order, placed for ease of use, and posted with simple instructions for making confidential PREA reports. Importantly, calls to the PREA hotline could be placed without entering a PIN, allowing direct and private access to support.

## **INTERVIEWS**

**PREA Compliance Manager (PCM)**

The PCM confirmed that incarcerated individuals are provided with several confidential, accessible ways to report sexual abuse, harassment, staff misconduct, or retaliation. These include both internal and external options—such as reporting to staff or contacting independent agencies like the State Board of Pardons and Paroles or the Office of Victim Services. The PCM emphasized that the intent behind this range of options is to guarantee safe and private reporting without fear of reprisal.

**Random Staff**

Staff members interviewed demonstrated a clear understanding of PREA reporting procedures. They described their responsibilities, which include documenting allegations immediately, notifying a supervisor, and ensuring the safety of any alleged victim. They were able to identify the various reporting options available to incarcerated individuals—such as verbal reports, hotline calls, written submissions, and third-party reports from family or trusted contacts. Staff also noted that confidential reporting directly to the PCM or facility leadership is available.

**Random Incarcerated Individuals**

Interviews with incarcerated individuals showed a solid awareness of their right to report sexual misconduct. They were able to list multiple reporting methods, including calling the hotline, speaking directly to staff, submitting a written complaint, or using a third-party representative. Several indicated they would feel comfortable approaching the PCM in person if needed.

**PROVISIONS**

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

The PAQ, document review, and interviews confirmed that the facility offers multiple confidential channels for reporting incidents. The 2024 Offender Handbook outlines:

- Dialing 9908 privately from any inmate phone.
- Reporting directly to any staff member.
- Submitting a written allegation to the Statewide PREA Coordinator.

The PREA brochure also lists contact details for:

- Ombudsman’s Office – P.O. Box 1529, Forsyth, GA 31029 | 478-992-5358
- Director of Victim Services – 2 Martin Luther King Jr. Drive SE, Suite 458 East Tower, Atlanta, GA 30334

**Relevant Policy:** GDC SOP 208.06, p. 26, Section E.1.a-b allows verbal or written, anonymous, internal or external reports, and provides access to a monitored PREA hotline.

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

The PAQ and PCM interviews confirmed that at least one reporting avenue connects to an independent entity outside of the agency.

	<p><b>Relevant Policy:</b> GDC SOP 208.06, p. 27, Section E.2.a.i-iii includes:</p> <ul style="list-style-type: none"> <li>• <b>Ombudsman’s Office</b> – P.O. Box 1529, Forsyth, GA 31029   478-992-5358</li> <li>• <b>PREA Coordinator</b> – Email: PREA.report@gdc.ga.gov</li> <li>• <b>State Board of Pardons and Paroles, Office of Victim Services</b> – 2 Martin Luther King Drive SE, East Tower, Atlanta, GA 30334</li> </ul> <p>Although the Ombudsman’s Office and PREA Coordinator are part of GDC, the State Board functions independently.</p> <p><b>Provision (c): Staff Reporting Protocols</b> Staff are trained to accept reports in any form—verbal, written, anonymous, or third-party—and to forward them without delay for follow-up. Verbal reports are to be documented promptly.</p> <p><b>Relevant Policy:</b> GDC SOP 208.06, p. 27, Section E.2.b.</p> <p><b>Provision (d): Staff Reporting Options</b> Staff have their own confidential channels for reporting any suspicion or knowledge of sexual misconduct. The Staff Guide outlines prohibited conduct, professional obligations, and clear steps for reporting concerns to supervisors or Sexual Assault Response Team (SART) members.</p> <p><b>Relevant Policy:</b> GDC SOP 208.06, p. 27, Section E.2.c.</p> <p><b>CONCLUSIONS</b></p> <p>Following a detailed review of documents, direct observations, and interviews with both staff and incarcerated individuals, the Auditor determined that the facility is fully compliant with PREA Standard §115.51 – Inmate Reporting. The policies are well-written, widely communicated, and consistently applied. Staff are well-trained, reporting channels are varied and confidential, and the infrastructure for reporting is both accessible and trustworthy.</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>DOCUMENT REVIEW</b></p> <p>In evaluating the facility’s compliance with PREA Standard §115.52 – Exhaustion of Administrative Remedies, the Auditor conducted a detailed analysis of the Pre-Audit Questionnaire (PAQ) and all relevant documents provided prior to the on-site visit. A primary focus of this review was the Georgia Department of Corrections (GDC)</p>

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

This policy serves as the agency's central guide for preventing, detecting, and responding to sexual abuse and sexual harassment, with clearly defined investigative pathways and multiple, accessible reporting channels. Importantly, SOP 208.06 explicitly states that the standard inmate grievance process is not an acceptable method for reporting sexual abuse or harassment. Instead, such reports must be submitted through dedicated PREA reporting mechanisms that ensure swift, confidential handling and investigation by staff trained in PREA response protocols.

The clarity of this distinction is critical: it prevents delays, safeguards the confidentiality of those making reports, and ensures allegations are addressed immediately by qualified personnel, rather than being processed through a slower administrative grievance track.

## **INTERVIEWS**

### **Random Staff**

Interviews with staff from various roles confirmed a shared understanding of the proper handling of PREA-related allegations. Staff consistently explained that any grievance containing allegations of sexual abuse or harassment is immediately removed from the grievance process and reclassified as a formal PREA report. This triggers a prompt referral to the appropriate investigative body, fully bypassing the administrative grievance system. Staff described these steps confidently, demonstrating familiarity not only with the policy but also with the practical application of the procedure.

### **Random Inmates**

Discussions with incarcerated individuals revealed a strong level of awareness regarding the correct way to report sexual misconduct. Participants clearly articulated that PREA-related allegations should not be submitted through the normal grievance process. Instead, they referenced multiple accepted reporting methods, including speaking directly to staff, submitting written PREA-specific forms, making anonymous reports, or asking a third party to report on their behalf. The consistency of this understanding across interviews reflects the facility's success in communicating PREA procedures effectively and in a manner accessible to all.

## **PROVISIONS**

### **Provision (a)**

Information gathered from the PAQ, coupled with staff and incarcerated individual interviews, confirmed that the facility's policy and practice exclude allegations of sexual abuse and harassment from the standard grievance system. Any such allegation received through the grievance process is immediately redirected into the PREA reporting system for specialized handling.

### **Relevant Policy:**

	<p>GDC SOP 208.06, p. 27, Section E, Item 3 (effective June 23, 2022) states that sexual abuse and harassment complaints are non-grievable matters. They must be reported via established PREA reporting channels to ensure urgent, confidential, and appropriate investigative action.</p> <p><b>Provisions (b) through (g)</b></p> <p>These provisions are not applicable to this facility. Because PREA allegations are excluded from the grievance process, the related elements of §115.52—such as time limits for grievances, emergency grievance procedures, assistance in filing grievances, and protections from retaliation within the grievance framework—do not apply. These requirements are relevant only when grievances serve as an approved PREA reporting method, which is not the case here.</p> <p><b>CONCLUSION</b></p> <p>Following a thorough review of the facility’s PREA policies, PAQ responses, and first-hand interviews, the Auditor concludes that the facility is in full compliance with PREA Standard §115.52 – Exhaustion of Administrative Remedies. The agency has established a clear, well-publicized, and consistently applied process that ensures allegations of sexual abuse or harassment bypass the traditional grievance system and are routed directly to trained investigative personnel.</p> <p>This approach aligns with the intent of the standard by ensuring that such allegations receive immediate attention, are investigated by qualified staff, and are handled with the seriousness, urgency, and confidentiality they demand. The uniform understanding demonstrated by both staff and incarcerated individuals reinforces that the policy is not only in place but actively functioning as intended.</p>
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<b>115.53</b>	<b>Inmate access to outside confidential support services</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p>
	<p><b>DOCUMENT REVIEW</b></p> <p>In preparation for the on-site PREA audit, the Auditor conducted a detailed review of the facility’s Pre-Audit Questionnaire (PAQ) along with all relevant supporting documents. The purpose was to evaluate the facility’s compliance with PREA Standard §115.53, which mandates that individuals in custody have confidential access to outside support services following sexual abuse.</p> <p>Central to this evaluation was the Georgia Department of Corrections (GDC) Standard Operating Procedure (SOP) 208.06, titled Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective June 23, 2022. This policy comprehensively outlines the agency’s responsibilities to provide confidential external support to survivors of sexual abuse, detailing the protocols and partnerships necessary to facilitate this access.</p>

Additional key materials examined included an undated Inmate PREA Information Brochure provided to every individual upon intake, a facility-wide poster titled “Reporting is the First Step” that emphasizes the right to report sexual abuse and access confidential assistance and prominently displayed visual aids listing contact information for outside confidential support services, including toll-free telephone numbers and mailing addresses. The Inmate Intake Orientation Packet was also reviewed, containing a thorough explanation of inmates’ rights under PREA, reporting procedures, and clear instructions on how to obtain confidential outside support.

Taken together, these documents show a structured and intentional approach by the facility to inform all individuals in custody about their rights and ensure easy, confidential access to meaningful emotional and advocacy support after incidents of sexual abuse.

### **OBSERVATIONS**

During the on-site audit, the Auditor observed ongoing, clear efforts by the facility to communicate PREA rights and available support services throughout the institution. Informational materials were strategically placed in prominent locations such as housing units, dayrooms, intake processing areas, and visitation corridors. These materials were available in both English and Spanish, with straightforward language and instructions on reporting sexual abuse and accessing outside assistance.

Contact information for the designated outside confidential support provider was conspicuously posted near inmate telephones in multiple housing units. To verify accessibility, the Auditor tested several telephones in various locations. All phones were operational, and a successful call was made to the Bridging Hope Rape Crisis Center. The call was answered by a live advocate who provided compassionate, supportive assistance without requesting any identifying information, reaffirming the hotline’s confidentiality, anonymity, and free nature.

### **INTERVIEWS**

#### **Random Inmate Interviews**

Individuals interviewed during the audit consistently demonstrated clear knowledge of their right to contact an outside victim advocacy organization. Each confirmed receiving the telephone number and mailing address for the Bridging Hope Rape Crisis Center and expressed confidence in the confidentiality of the service. Interviewees were aware of the types of support offered, including emotional support and advocacy, and accurately understood the limits of confidentiality—recognizing circumstances that would require mandated reporting, such as imminent danger to self or others or criminal acts involving vulnerable persons.

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

The PCM explained that at intake, every person receives verbal and written information about their right to access confidential external support services. This includes the 24/7 toll-free hotline number, a secure mailing address for confidential correspondence, and an overview of trauma-informed services available to survivors of past or current sexual abuse. The PCM confirmed that the agency maintains an active and formal Memorandum of Understanding (MOU) with the Bridging Hope Rape

Crisis Center to provide these services.

**Intermediate and Higher-Level Staff**

Supervisory staff confirmed that routine checks of inmate telephones are conducted regularly to ensure they are fully operational. These checks are part of the agency's overall quality assurance program, designed to guarantee that individuals in custody have reliable, ongoing access to outside support services, legal communication, and contact with family.

**PROVISIONS**

**Provision (a): Access to Outside Support**

The PAQ responses, corroborated by staff and inmate interviews, verify that the facility provides confidential, meaningful access to outside emotional support services for individuals who have experienced sexual abuse. The signed MOU with the Bridging Hope Rape Crisis Center guarantees the availability of a full range of trauma-informed services, including:

- A 24-hour toll-free crisis hotline (770-593-7273) and secure mailing address for confidential communication.
- Victim advocate accompaniment during medical and forensic examinations.
- Crisis intervention and ongoing emotional support.
- Access to Sexual Assault Nurse Examiners (SANE) when medically appropriate.
- Guidance for survivors and their families through recovery and post-incident processes.
- Resources and accommodations for individuals with limited English proficiency or disabilities.
- Continuous distribution of educational materials regarding available services.

The Auditor confirmed that these materials are widely distributed in printed formats and prominently posted in all housing units. All support services are provided free of charge.

**Relevant Policy Citation:**

GDC SOP 208.06, p. 17, Section B.e, mandates establishing formal agreements with rape crisis centers. Where such MOUs are not feasible, agencies must document efforts to secure them and assign trained staff to provide advocacy services. The facility's Local Operating Procedures align with and reinforce these requirements.

**Provision (b): Notification of Confidentiality Limits**

The PAQ and inmate interviews confirmed that all individuals are informed of the limits of confidentiality when accessing outside support. This includes situations where disclosure to authorities is necessary, such as imminent threats of harm to self or others, abuse involving vulnerable populations, or criminal conduct requiring reporting. Educational materials from the Bridging Hope Rape Crisis Center clearly outline these boundaries, and interviewees demonstrated a clear understanding of these important limits.

	<p><b>Relevant Policy Citation:</b> GDC SOP 208.06, p. 18, Section B. f., requires thorough screening of volunteers or contractors and limits their role to emotional support and guidance through reporting processes. Advocates are expressly prohibited from interfering with security or investigative procedures. The facility's local policies fully reflect and enforce these stipulations.</p> <p><b>Provision (c): Formal Agreement with Outside Agency</b> The facility maintains a current, fully executed Memorandum of Understanding with the Bridging Hope Rape Crisis Center. The Auditor reviewed this agreement and confirmed that it clearly defines the scope of services offered, including participation in forensic interviews, crisis counseling, and ongoing advocacy. Individuals interviewed were knowledgeable about the services available under this agreement and understood the confidentiality protections involved when engaging with outside advocates.</p> <p><b>CONCLUSION</b> After a comprehensive review of documentation, direct observations, and interviews with staff and individuals in custody, the Auditor finds that the facility is in full compliance with PREA Standard §115.53 – Inmate Access to Outside Confidential Support Services.</p> <p>The agency/facility has developed and implemented a robust, trauma-informed, and clearly communicated system that ensures survivors of sexual abuse have confidential access to outside advocacy and support services. The established partnership with the Bridging Hope Rape Crisis Center is well-maintained, thoroughly documented, and demonstrates a strong commitment to survivor-centered care. Individuals in custody not only have the resources and knowledge necessary to access these services but also express trust in their availability, confidentiality, and purpose.</p>
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115.54	Third-party reporting
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p>
	<p><b>DOCUMENT REVIEW</b> In order to comprehensively evaluate the facility's compliance with PREA Standard §115.54, which addresses third-party reporting of sexual abuse and harassment, the Auditor undertook a detailed review of essential documentation submitted both prior to and during the on-site audit. This review included the facility's Pre-Audit Questionnaire (PAQ) along with related supporting materials, agency-wide policies, and publicly available resources that collectively demonstrate the facility's commitment to providing accessible, transparent, and confidential reporting options for third parties.</p>

Key documents analyzed as part of this review included:

1. 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;
2. The GDC PREA Offender Brochure (undated), an important educational tool distributed to all incarcerated individuals to inform them about their rights and reporting options;  
A publicly accessible PREA reporting webpage hosted on the official GDC website, reachable at <https://gdc.georgia.gov/organization/about-gdc/research-and-reports-0/prison-rape-elimination-act-prea>.

Taken together, these materials clearly illustrate the agency's and facility's strong dedication to public accountability and transparency. They ensure multiple, clearly defined, confidential avenues exist for family members, advocates, attorneys, and other third parties to report concerns of sexual abuse or harassment on behalf of individuals in custody.

## **INTERVIEWS**

### **Random Inmate Interviews**

During conversations with a representative sample of incarcerated individuals, a consistent understanding was evident: individuals in custody were well informed about their right to have sexual misconduct reported by third parties. Interviewees confidently identified who qualifies as a third-party reporter, including family members, friends, legal representatives, clergy, and outside advocacy groups. Many confirmed seeing posted materials and brochures outlining these reporting options and expressed comfort with utilizing third-party reporting if the need arose.

Furthermore, those interviewed recognized that information regarding third-party reporting procedures is introduced during intake orientation and reinforced through ongoing PREA education programs, reflecting a sustained institutional commitment to ensuring that everyone understands their rights and options for reporting sexual abuse or harassment safely and confidentially.

## **PROVISIONS**

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

Responses provided in the facility's PAQ, supported by interviews with both staff and incarcerated people and corroborated by documentation, confirm that the agency and facility maintain robust and clearly communicated procedures that enable third parties to report sexual abuse or harassment on behalf of incarcerated individuals. These channels remain open to family members, friends, attorneys, outside advocates, and other community members, offering secure and confidential methods to report concerns.

The GDC PREA brochure and official agency website provide detailed instructions for

third-party reporting, including options for online submission and mailing addresses. A prominent external resource for third-party reporting is the State Board of Pardons and Paroles, Office of Victim Services, accessible online at:  
<http://www.gdc.ga.gov/Divisions/ExecutiveOperations/PREA/How-to-report>

Similarly, the facility's website reflects this information, offering a secondary platform for external parties to learn how to confidentially report sexual abuse or harassment on behalf of those in custody. These multiple accessible pathways ensure that individuals outside the facility who may be aware of or suspect misconduct can safely and effectively communicate concerns to the proper authorities.

### **RELEVANT POLICY**

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

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

These reporting channels are consistently publicized through multiple outlets, including the GDC website, offender brochures, facility posters, and orientation materials. This widespread distribution ensures that both incarcerated individuals and their outside supporters can easily access and understand third-party reporting options.

Local procedures at Jackson County Corrections, outlined in Policy 208.06 (revised January 10, 2019), align fully with state policies, reinforcing these reporting protocols at the facility level. During the audit, every incarcerated individual interviewed (100%) acknowledged awareness of third-party reporting methods, demonstrating the effectiveness of the facility's education and communication efforts.

### **CONCLUSION**

After a comprehensive review of policies, supporting documentation, publicly accessible resources, and interviews with incarcerated individuals, the Auditor concludes that the agency and facility fully comply with PREA Standard §115.54 – Third-Party Reporting.

The agency and facility have implemented a thorough, multi-faceted system that facilitates timely, confidential third-party reporting of sexual abuse and harassment. Incarcerated persons are well informed about these reporting channels, and external parties are encouraged and empowered to act on behalf of those in custody.

By maintaining clear, accessible communication pathways and fostering

	transparency, the agency and facility demonstrate a strong, ongoing commitment to maintaining a safe, victim-centered correctional environment.
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<b>115.61</b>	<b>Staff and agency reporting duties</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p>
	<p><b>DOCUMENT REVIEW</b></p> <p>As part of the thorough PREA audit focused on Standard §115.61 – Staff and Agency Reporting Duties, the Auditor conducted a comprehensive review of facility documentation to assess how well the facility’s policies and operational procedures align with federal PREA mandates. This review began with an in-depth analysis of the facility’s completed Pre-Audit Questionnaire (PAQ) and included a detailed examination of the Georgia Department of Corrections (GDC) Standard Operating Procedure (SOP) 208.06, titled Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, which was most recently updated and became effective on June 23, 2022.</p> <p>The SOP clearly outlines the agency’s mandatory reporting requirements, specifying the responsibilities expected of staff at every level. It provides detailed step-by-step protocols designed to ensure that allegations of sexual abuse, sexual harassment, retaliation, or staff negligence are addressed both promptly and thoroughly. This policy embodies the facility’s firm commitment to protecting the dignity, rights, and safety of all individuals in custody, ensuring that every report receives a timely, coordinated, and professional response.</p> <p><b>INTERVIEWS</b></p> <p><b>PREA Compliance Manager (PCM)</b></p> <p>In discussions with the PREA Compliance Manager, a strong and unwavering commitment to transparency, accountability, and timeliness in PREA-related reporting was conveyed. The PCM emphasized that every report—no matter its source, whether submitted by staff, an incarcerated person, a third-party observer, or anonymously—is immediately forwarded to the designated investigator without exception. The PCM demonstrated comprehensive knowledge of the procedures outlined in SOP 208.06 and highlighted that strict adherence to PREA’s reporting mandates is non-negotiable, closely monitored, and continuously reinforced through ongoing oversight.</p> <p><b>Medical Staff</b></p> <p>Medical personnel exhibited a clear understanding of their responsibilities under both PREA and state-mandated reporting laws. They described in detail their process for responding to disclosures, which includes promptly notifying designated authorities, implementing measures to safeguard the individual’s well-being, and accurately documenting all relevant information. Medical staff further confirmed that, at the</p>

beginning of every medical interaction, individuals are informed about the limits of confidentiality—specifically, that the provider is legally obligated to report disclosures of abuse before any sensitive information is shared. This practice fosters trust and transparency while fulfilling both ethical and legal obligations.

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

The Facility Head, or an appointed designee, expressed clear understanding of the responsibility to ensure all reports or suspicions of sexual abuse or harassment are communicated immediately to supervisory staff, the PCM, and the investigative unit. They also acknowledged the duty to act swiftly in cases involving retaliation or staff negligence. Notably, they emphasized that failure to report such incidents is considered a serious breach of professional responsibility and is addressed accordingly.

#### **Random Staff**

A representative group of randomly selected staff members consistently demonstrated a thorough understanding of their PREA reporting duties. All indicated that any allegation—whether observed directly, disclosed by an individual, or reasonably suspected—must be reported immediately, without exception. Staff also highlighted the importance of confidentiality, stating that information about reports is shared only with those who have a legitimate need to know, such as supervisors, investigative personnel, medical staff, or designated administrators. Interview responses confirmed that all allegations are routed promptly to the PREA Compliance Manager for investigation or further action.

### **PROVISIONS**

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

Findings from the PAQ and staff interviews confirm that facility policy requires all personnel to immediately report any knowledge, suspicion, or information related to incidents of sexual abuse or harassment. This responsibility also includes reporting retaliation against those who make reports, as well as any staff negligence that may have contributed to such incidents.

**Relevant Policy:** SOP 208.06, page 27, Section E.2.c, mandates immediate reporting to a supervisor or a member of the Sexual Assault Response Team (SART). This requirement is emphasized in training and consistently enforced in practice.

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

Interviews and documentation verify that staff members are prohibited from disclosing information about sexual abuse or harassment except when necessary for treatment, investigation, operational security, or administrative purposes.

**Relevant Policy:** SOP 208.06, page 24, Section 3 (NOTE), outlines strict limits on disclosure to ensure that sensitive information is only shared with those directly involved in care, safety, or investigation.

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

	<p>Medical staff reported that at the start of every encounter, they inform individuals about confidentiality limitations and their obligation to report disclosures of sexual abuse. This practice ensures that individuals can make informed decisions before sharing sensitive information.</p> <p><b>Relevant Policy:</b> SOP 208.06 requires medical providers to deliver this advisement at the onset of care to maintain compliance with both legal and ethical standards.</p> <p><b>Provision (d): Reporting to Protective Services for Vulnerable Populations</b>  Leadership interviews confirmed that if a victim is a minor or a legally defined vulnerable adult, reports are made directly to the appropriate protective services agency in line with mandatory reporting laws. For victims not legally classified as vulnerable, informed consent is obtained before notifying any external agencies.</p> <p><b>Relevant Policy:</b> SOP 208.06 specifies direct reporting protocols for minors and vulnerable adults, as well as informed consent procedures for other adults.</p> <p><b>Provision (e): Reporting All Allegations</b>  Staff interviews and policy review confirmed that all allegations—regardless of how they are received or who makes the report—are promptly forwarded to the investigative authority. This applies equally to reports made by incarcerated individuals, staff members, third parties, family members, or anonymous sources.</p> <p><b>Relevant Policy:</b> SOP 208.06 requires that all information related to sexual abuse, harassment, or retaliation be reported immediately, ensuring no allegation is ignored.</p> <p><b>CONCLUSION</b>  Based on an extensive review of policies, supporting documentation, and interviews with staff across various roles, the Auditor concludes that the facility is in full compliance with PREA Standard §115.61 – Staff and Agency Reporting Duties. Staff consistently demonstrated clear understanding of their duties, the critical importance of immediate reporting, and the necessity of maintaining confidentiality. The facility’s procedures for receiving, documenting, and referring allegations are well-defined, effectively implemented, and aligned with PREA standards and applicable state laws.</p> <p>Overall, the facility fosters a strong culture of accountability, readiness, and zero tolerance toward sexual abuse and sexual harassment, ensuring a safe environment for all individuals in custody.</p>
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<b>115.62</b>	<b>Agency protection duties</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>DOCUMENT REVIEW</b></p> <p>To evaluate the facility’s compliance with PREA Standard §115.62 – Agency Protective</p>

Duties, the Auditor undertook a detailed review of the policies, procedures, and operational materials that guide protective actions when an individual is determined to be at substantial risk of imminent sexual abuse. This assessment began with the facility's completed Pre-Audit Questionnaire (PAQ) and extended to a review of relevant Georgia Department of Corrections (GDC) directives and site-specific operational protocols.

At the center of this review was GDC Standard Operating Procedure (SOP) 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective June 23, 2022. This comprehensive policy provides agency-wide direction for preventing, detecting, and responding to sexual abuse and sexual harassment. It includes specific, actionable directives to ensure immediate and effective protective measures are implemented the moment a credible threat is identified.

The Auditor also examined Attachment 7 to SOP 208.06, titled PREA Local Procedure Directive and Coordinated Response Plan. This attachment functions as a practical blueprint for the facility's multidisciplinary response to allegations or indications of sexual abuse. It outlines the defined roles and responsibilities of security, medical, mental health, investigative, and administrative staff, ensuring that all relevant departments work in concert. The plan underscores the importance of rapid communication, coordinated action, and individualized protective strategies to reduce risk and protect the well-being of the identified individual.

## **INTERVIEWS**

### **Facility Head or Designee**

During the on-site interview, the Facility Head expressed a clear and decisive understanding of the requirement to act immediately upon receiving a credible report or indication that an individual faces a substantial and imminent risk of sexual abuse. They described a range of protective options available to staff, including relocating the at-risk individual to a safer housing unit, transferring them to another facility when warranted, or increasing supervision and monitoring within their current housing location.

When the alleged perpetrator is identified, the Facility Head confirmed that immediate action is taken to remove that person from contact with the potential victim. Such action might involve administrative segregation or placement in a secure alternative location. These measures are implemented promptly, with every decision guided by the facility's core priority of safeguarding the safety, dignity, and legal rights of those in custody.

### **Random Staff**

A cross-section of line staff demonstrated a strong and consistent understanding of their protective responsibilities under this standard. Staff clearly outlined their immediate course of action if they became aware of, observed, or received information about an imminent risk: separating the potential victim from the alleged aggressor without delay, notifying a supervisor immediately, and preserving the area to protect any potential evidence. Staff also described working closely with medical

	<p>and mental health teams to ensure that the at-risk individual receives timely care and emotional support.</p> <p>Staff responses reflected the benefit of regular PREA-focused training, clear policy guidance, and an ingrained sense of urgency. Their consistent answers confirmed that immediate protective action is not only a procedural requirement but also a deeply embedded cultural expectation within the facility.</p> <p><b>PROVISIONS</b></p> <p><b>Provision (a): Immediate Protective Action</b></p> <p>Evidence from documentation and interviews confirmed that the facility has a clear, well-structured protocol for ensuring the immediate safety of anyone identified as being at substantial risk of imminent sexual abuse. Protective measures are implemented without delay and are tailored to the specifics of each case, ranging from separation from the alleged perpetrator to emergency housing transfers or increased supervision in the current location.</p> <p>Although the facility reported no incidents in the past twelve months that required such interventions, staff and administrators described the process with accuracy and confidence, demonstrating full readiness to act should the need arise.</p> <p><b>Relevant Policy Citation:</b> GDC SOP 208.06 and Attachment 7 (PREA Local Procedure Directive and Coordinated Response Plan) detail the responsibilities of security, medical, mental health, and administrative staff in executing protective measures. These documents establish the expectation for decisive action and coordinated communication to ensure an immediate and effective response.</p> <p><b>CONCLUSION</b></p> <p>Based on a comprehensive review of agency/facility directives, facility procedures, and staff interviews, the Auditor finds the facility in full compliance with PREA Standard §115.62 – Agency Protective Duties.</p> <p>The facility has created and implemented a multidisciplinary framework that prioritizes swift, decisive, and well-coordinated protective actions. Staff members are trained, confident in their roles, and committed to acting quickly to safeguard any individual at risk. The guidance contained in SOP 208.06 and its attachments reflects a proactive and trauma-informed approach, ensuring that any potential threat of sexual abuse is addressed with professionalism, urgency, and care. No deficiencies were identified in the facility’s adherence to this critical standard.</p>
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<b>115.63</b>	<b>Reporting to other confinement facilities</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>

## **DOCUMENT REVIEW**

The Auditor commenced the review by thoroughly examining the facility's completed Pre-Audit Questionnaire (PAQ) alongside pivotal agency and facility directives. Central to this process was an in-depth analysis of the Georgia Department of Corrections' Standard Operating Procedure (SOP) 208.06, titled Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, which has been effective since June 23, 2022.

This comprehensive SOP clearly delineates the agency's expectations and requirements regarding the reporting, coordination, and investigation of sexual abuse and sexual harassment allegations. Importantly, the policy extends to incidents involving individuals who were previously housed at, or transferred from, other correctional institutions. It establishes a well-defined chain of responsibility to guarantee that all allegations—no matter the location of the reported incident—are addressed promptly, thoroughly, and in strict accordance with established procedures.

## **INTERVIEWS**

### **Agency Head's Designee**

In the interview, the Agency Head's Designee highlighted the agency's unwavering zero-tolerance stance on sexual abuse, harassment, and staff sexual misconduct. They emphasized that any PREA-related notification, regardless of whether it originates within the facility or from another institution, is treated with utmost seriousness. Each report activates a comprehensive, policy-compliant investigation process, even if the alleged incident occurred at a different facility within the jurisdiction of the Georgia Department of Corrections.

### **Facility Head**

The Facility Head reinforced that upon receiving any allegation involving an incident at another facility, the report is immediately assigned to the appropriate investigative body. They detailed that when an individual reports abuse or harassment that allegedly took place elsewhere, the facility promptly initiates notification to the facility where the incident occurred, always within the mandated 72-hour timeframe outlined in policy. This ensures timely coordination between facilities and the preservation of investigative integrity.

## **PROVISIONS**

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

The facility has a formal, well-established protocol to address allegations from individuals reporting sexual abuse experienced at a different correctional institution. Upon receipt of such a report, the Facility Head assumes responsibility for notifying the warden or administrator of the facility where the incident allegedly took place, as well as the GDC PREA Coordinator.

Although the facility reported no such allegations in the past twelve months, this fact was confirmed through the PAQ and corroborated during the Facility Head interview.

**Relevant Policy:**

GDC SOP 208.06, page 27, section 2(a), mandates that if an allegation involves another GDC facility, the current facility's Warden or Superintendent must notify their counterpart at the alleged incident location, alongside the PREA Coordinator. If staff sexual misconduct is implicated, the Regional Special Agent in Charge (SAC) is also informed. Allegations involving non-GDC facilities require notification to the appropriate external agency in addition to the PREA Coordinator.

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

Policy clearly requires that notifications be made as promptly as possible and, in no circumstance, later than 72 hours after the allegation is received. The Facility Head confirmed the facility consistently adheres to this requirement, ensuring swift communication with all relevant parties to enable immediate protective and investigative actions.

**Relevant Policy:**

GDC SOP 208.06, page 28, section 2(b), explicitly sets the 72-hour window for making such notifications.

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

According to the PAQ, the facility maintains accurate records verifying that all notifications are completed within the required timeframe. While no notifications were necessary in the previous year, the Facility Head confirmed that documentation protocols are firmly in place, routinely tested, and ready to be activated as needed.

**Relevant Policy:**

Per GDC SOP 208.06, pages 28, sections 2(b) and 2(c), facilities must not only make timely notifications but also maintain written documentation to confirm compliance.

**Provision (d): Investigative Responsibility**

The agency/facility remains firmly committed to conducting full investigations of all credible sexual abuse allegations, whether the report is received directly by the facility or forwarded from another institution or agency. Though no such allegations arose in the past year, the Facility Head affirmed that investigations would be carried out in full accordance with PREA standards unless a prior investigation has already been completed.

**Relevant Policy:**

GDC SOP 208.06, page 28, section 2(d), requires that any office or facility receiving an allegation forwarded from another confinement location must ensure it is properly investigated. This ensures every allegation, regardless of origin, receives thorough and diligent attention.

**CONCLUSION**

Following a detailed and comprehensive review of relevant policies, facility documentation, and staff interviews, the Auditor concludes that the facility fully complies with PREA standards governing inter-facility reporting of sexual abuse allegations. The facility has established strong, well-defined systems that guarantee timely notifications, careful documentation, and appropriate investigative follow-up whenever such allegations are received. Staff at all levels demonstrated clear

	understanding of their roles and responsibilities, supported by robust policy guidance and operational readiness.
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<b>115.64</b>	<b>Staff first responder duties</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p>
	<p><b>DOCUMENT REVIEW</b></p> <p>To assess the facility’s adherence to PREA Standard §115.64 – Staff First Responder Duties, the Auditor conducted a thorough examination of pertinent policy documents and supporting materials. This review encompassed the facility’s completed Pre-Audit Questionnaire (PAQ) and a detailed analysis of the Georgia Department of Corrections (GDC) Standard Operating Procedure (SOP) 208.06, titled Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, which took effect on June 23, 2022.</p> <p>The SOP comprehensively outlines the agency’s expectations and mandates for staff who are the first to respond to reports or incidents of sexual abuse. It explicitly describes the duties of both security and non-security personnel, including preserving potential evidence, protecting all individuals involved, safeguarding confidentiality, and ensuring timely and appropriate notifications are made. Furthermore, the policy requires each facility to develop and maintain a coordinated response plan tailored to its operations, a blueprint that is detailed in Attachment 7 of the SOP.</p> <p><b>INTERVIEWS</b></p> <p><b>Security Staff - First Responders</b></p> <p>During interviews, security staff designated as first responders consistently demonstrated a strong awareness of PREA protocols and a clear understanding of their responsibilities. They confirmed that they receive ongoing PREA training through annual in-service sessions, on-the-job guidance, and regular staff meetings. These staff members articulated their role in promptly separating involved parties, securing the scene to protect evidence, preserving all potential physical evidence, and notifying supervisors without delay.</p> <p><b>Non-Security First Responders</b></p> <p>Non-security staff members, including personnel from education, medical, and program areas, also displayed solid knowledge of their first responder duties. They described their responsibilities as immediately notifying security staff upon receiving an allegation of sexual abuse, ensuring the alleged victim and accused are separated, instructing both parties to refrain from any actions that might compromise physical evidence (such as washing, eating, drinking, or changing clothes), and taking initial steps to preserve the scene until security personnel arrive. These staff members further recognized the importance of maintaining confidentiality and limiting reports</p>

to appropriate supervisory channels.

### **Facility Staff (General)**

Across the broad spectrum of staff interviewed, there was a clear and consistent understanding of first responder responsibilities when responding to allegations of sexual abuse. Staff members accurately recounted the necessary steps: separating involved individuals, preserving the crime scene and any evidence, ensuring timely medical evaluation if needed, and reporting the incident according to agency policy. This uniformity in knowledge reflects the facility's effective training programs and ongoing reinforcement of PREA standards.

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

At the time of the audit, no incarcerated individuals housed at the facility had reported sexual abuse within the preceding twelve months. Consequently, no interviews were conducted with individuals in this category.

## **PROVISIONS**

### **Provision (a): Designated First Responder Duties**

The Pre-Audit Questionnaire and staff interviews confirmed that the facility has implemented a formal first responder protocol that applies equally to security and non-security personnel. Staff members affirmed that they have been adequately trained to respond according to GDC policies and SOP requirements. The PAQ also verified that no allegations of sexual abuse were reported during the twelve months prior to the audit.

### **Relevant Policy:**

GDC SOP 208.06 (page 28, Section 3) requires each facility to develop and maintain a written institutional plan—detailed in Attachment 7—that coordinates response efforts involving first responders, medical and mental health professionals, investigators, and facility leadership. This plan must be regularly reviewed and updated, including maintaining accurate contact information for key personnel.

SOP 208.06 (page 27, Section F.1) delineates specific first responder duties:

- Separating and securing the individuals involved;
- Preserving the scene to protect potential evidence;
- Promptly notifying a shift supervisor;
- Preventing destruction of evidence by instructing involved parties not to bathe, eat, or change clothing;
- Completing and submitting the CN 6601 Incident Report;
- Maintaining confidentiality and limiting information sharing to personnel essential for medical care, investigation, or security.

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

Documentation and interviews confirmed that non-security staff who may first receive reports of sexual abuse are trained to immediately act to protect evidence and safety.

	<p>The Auditor reviewed the facility’s comprehensive PREA training curriculum, which applies to all employees, contractors, and volunteers. This curriculum explicitly identifies any person receiving an initial report—regardless of their role—as a first responder.</p> <p>Non-security responders are trained to initiate protective actions, including securing the area, separating the involved individuals, removing uninvolved persons, and notifying the appropriate supervisors or PREA Compliance staff. This comprehensive training ensures that all personnel understand their duties and are prepared to respond swiftly and effectively.</p> <p><b>CONCLUSION</b></p> <p>After an extensive review of relevant policies, training materials, and interviews with staff across departments, the Auditor concludes that the facility fully complies with PREA Standard §115.64 concerning staff first responder duties. All categories of staff demonstrated a thorough understanding of their responsibilities in responding to sexual abuse allegations. Training programs have been effectively delivered and consistently reinforced, fostering a well-prepared workforce ready to act according to federal standards and agency directives. Although no incidents were reported in the past year, staff preparedness and knowledge remained clearly evident, underscoring the facility’s commitment to safety, accountability, and trauma-informed care should future allegations arise.</p>
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115.65	Coordinated response
	<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 thorough PREA compliance audit, the Auditor undertook an extensive review of key documentation to evaluate the facility’s preparedness and procedures for institutional coordinated response to sexual abuse incidents. The review focused on several critical materials, including the facility’s completed Pre-Audit Questionnaire (PAQ); 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 as of June 23, 2022; and Attachment 7 to SOP 208.06, known as the PREA Local Procedure Directive and Coordinated Response Plan, most recently revised on January 21, 2025.</p> <p>Together, these documents form a comprehensive framework that delineates clear expectations, responsibilities, and the collaborative roles of all facility staff members—security and non-security alike—in responding promptly and effectively to allegations or incidents of sexual abuse. The coordinated response plan serves as an essential operational guide that ensures every staff member understands their role in</p>

preserving the safety of individuals in custody, protecting and maintaining evidence, and adhering strictly to PREA mandates.

**INTERVIEWS**

**Facility Head or Designee**

During the onsite interview, the Facility Head confidently affirmed that the facility has fully implemented a detailed Coordinated Response Plan. This plan clearly defines the roles and duties of all involved personnel—including first responders, medical and mental health professionals, investigators, and administrative leadership. The Facility Head emphasized that the plan is not merely documented but is actively utilized and well understood by staff across all levels of the facility.

Training on the coordinated response procedures is delivered annually through in-service training sessions, reinforced regularly in monthly staff meetings, and supplemented by continuous on-the-job guidance. These multi-layered training approaches help ensure that staff maintain a high level of readiness and respond consistently and effectively to incidents involving sexual abuse allegations. The Facility Head expressed strong confidence in the team’s preparedness and the facility’s overall ability to act swiftly and appropriately in alignment with the institutional plan.

**PROVISIONS**

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

The facility’s Pre-Audit Questionnaire confirms the existence of a written institutional plan designed specifically to coordinate multidisciplinary efforts in the event of a sexual abuse incident. This plan clearly assigns responsibilities to security personnel (including first responders), medical and mental health providers, investigators, and administrative leaders. During the interview, the Facility Head reiterated the active status and staff awareness of this plan.

The Auditor’s review of the PREA Local Procedure Directive and Coordinated Response Plan verified that the document is well-structured, providing clear, step-by-step guidance to staff responding to allegations of sexual abuse. It covers initial response actions, investigative procedures, victim support mechanisms, and interdepartmental coordination, all intended to guarantee timely, trauma-informed, and appropriate care for those affected.

**RELEVANT POLICY**

GDC SOP 208.06 (page 28, section 3) mandates that each facility develop and maintain a written institutional plan outlining a coordinated response among all relevant staff members when a sexual abuse incident occurs. This includes first responders, healthcare and mental health professionals, investigative personnel, and facility leadership. The policy requires that this plan be routinely reviewed and updated, with current contact information for key staff clearly documented. This requirement is fulfilled through Attachment 7, titled PREA Local Procedure Directive

	<p>and Coordinated Response Plan.</p> <p>The most recent version of Attachment 7, revised on January 21, 2025, is a concise two-page document that thoroughly outlines the institutional response to sexual abuse incidents. It includes 15 clearly defined procedural steps guiding staff from the moment an allegation is received through the processes of notification, documentation, and investigation. These steps cover critical protocols such as:</p> <ul style="list-style-type: none"><li>• Initial reporting and immediate separation of the involved parties;</li><li>• Notification of supervisors and the PREA Compliance Manager;</li><li>• Preservation of evidence and maintenance of crime scene integrity;</li><li>• Prompt provision of medical and mental health care;</li><li>• Victim screening and housing assignments prioritizing safety;</li><li>• Risk assessments aimed at preventing re-victimization.</li></ul> <p>Additionally, the directive lists the names and contact details of all key personnel involved in the coordinated response, ensuring seamless communication and prompt execution of required actions.</p> <p><b>CONCLUSION</b></p> <p>Following a comprehensive review of the relevant policies, operational procedures, and interviews with facility leadership, the Auditor concludes that the facility is in full compliance with PREA Standard §115.65 regarding institutional coordinated response.</p> <p>The facility has developed and successfully implemented a detailed, up-to-date coordinated response plan that clearly defines the duties and expectations of all relevant staff members. Employees receive appropriate training and maintain readiness to act according to the established protocols. Although no sexual abuse incidents were reported during the review period, the facility’s documented procedures, strong culture of preparedness, and well-trained personnel provide robust assurance that any future allegations will be met with timely, coordinated, trauma-informed responses that uphold PREA standards and protect the safety and rights of everyone in custody.</p>
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<b>115.66</b>	<b>Preservation of ability to protect inmates from contact with abusers</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>DOCUMENT REVIEW</b></p> <p>As part of the comprehensive PREA compliance audit, the Auditor conducted an in-depth review of agency policies and supporting documentation to assess the facility’s</p>

adherence to PREA Standard §115.66 – Preservation of Ability to Protect Individuals in Custody from Contact with Abusers. This evaluation focused on verifying that the facility retains full authority to separate individuals in custody from staff members who have engaged in sexual abuse or are currently under investigation for such misconduct.

The key materials reviewed included the facility’s completed Pre-Audit Questionnaire (PAQ) along with all relevant supporting attachments, as well as the Georgia Department of Corrections (GDC) Standard Operating Procedure (SOP) 208.06, entitled Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective June 23, 2022.

Together, these documents illustrate the agency’s firm and unequivocal commitment to maintaining complete control over staff-inmate interactions, particularly in situations involving substantiated or alleged sexual abuse. SOP 208.06 explicitly affirms that the agency maintains full discretion to reassign or remove staff from any contact with individuals in custody as necessary to ensure safety, and that this authority is not impeded by any collective bargaining constraints or union agreements.

**INTERVIEW**

**Agency Head or Designee**

During the onsite audit, the Auditor interviewed the Agency Head’s Designee to gain deeper insight into the facility’s capacity and authority to manage staff-inmate separation in cases related to sexual abuse allegations. The designee confirmed that the State of Georgia does not engage in collective bargaining agreements with correctional employee labor unions. Consequently, there are no union-related contractual restrictions that limit the agency’s ability to take immediate protective action when warranted.

This structural independence affords the agency—and by extension, the audited facility—the flexibility to promptly remove or reassign staff from contact with individuals in custody whenever an allegation arises, throughout the duration of any investigation, or following a substantiated finding of sexual abuse. The designee emphasized that this autonomy is essential to the agency’s ability to act swiftly and decisively to safeguard the safety, dignity, and rights of those under their care.

**PROVISIONS**

**Provision (a): Absence of Collective Bargaining Limitations**

Information provided in the PAQ, corroborated by the interview, confirmed that the State of Georgia operates without collective bargaining agreements governing correctional staff employment conditions. Therefore, the agency is free from any third-party employment negotiations that might otherwise restrict or delay its authority to separate individuals in custody from staff members who are alleged or confirmed to have committed sexual abuse.

This unfettered authority strengthens the facility’s capacity to implement timely and

	<p>effective measures in support of PREA compliance. It enables administrators to reassign or place staff on administrative leave, preventing further contact with potential victims. These measures reduce the risk of additional harm or retaliation and help preserve the integrity of any ensuing investigations.</p> <p><b>Provision (b): Auditor Review Not Required</b></p> <p>Provision (b) of this standard is outside the scope of the PREA audit review and was therefore not evaluated as part of this compliance determination.</p> <p><b>CONCLUSION</b></p> <p>After a thorough review of agency policies, relevant documentation, and a direct interview with the Agency Head’s Designee, the Auditor finds the facility in full compliance with PREA Standard §115.66.</p> <p>The agency and facility benefit from an organizational structure free from collective bargaining agreements, ensuring that administrators possess the clear and immediate authority to protect individuals in custody from staff who may pose a threat. This level of administrative autonomy fosters a responsive, safety-focused correctional environment.</p> <p>The facility’s unequivocal ability to manage staff placement and to remove alleged abusers from any contact with individuals in custody, as outlined in SOP 208.06, aligns fully with the mandates of the Prison Rape Elimination Act. It underscores the agency’s proactive and steadfast commitment to safety, accountability, and a zero-tolerance stance on sexual abuse.</p>
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115.67	Agency protection against retaliation
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p>
	<p><b>DOCUMENT REVIEW</b></p> <p>As part of the comprehensive PREA compliance audit, the Auditor conducted an in-depth review of key documentation to assess the facility’s compliance with PREA Standard §115.67 – Agency Protection Against Retaliation. This evaluation encompassed materials submitted prior to and during the on-site audit, concentrating on the policies and procedural safeguards designed to protect individuals from retaliation following reports of sexual abuse, sexual harassment, or participation in related investigations.</p> <p>Critical documents reviewed included the facility’s completed Pre-Audit Questionnaire (PAQ) and its supporting attachments; 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 8 of SOP 208.06, the Retaliation Monitoring Checklist, also effective</p>

June 23, 2022; and the Warden’s Memorandum appointing the PREA Retaliation Monitor, dated January 1, 2025.

Together, these materials establish a comprehensive framework that articulates the agency and facility’s policies, accountability mechanisms, and ongoing monitoring responsibilities. The SOP assigns clear oversight roles, mandates structured documentation, and fosters a culture of safety and non-retaliation across all levels of the agency.

## **INTERVIEWS**

### **Agency Head or Designee**

During the on-site interview, the Agency Head’s designee provided a thorough explanation of the agency’s structured approach to retaliation monitoring. They confirmed that monitoring is initiated immediately upon receipt of a sexual abuse report and continues for a minimum of 90 days. If an allegation is determined to be unfounded early in the process, monitoring may be discontinued; however, substantiated or ongoing cases require extended monitoring periods to ensure ongoing protection.

The designee emphasized that protective monitoring is not limited solely to those who report abuse. It also extends to anyone with a credible fear of retaliation—including witnesses and staff involved in investigations. The agency’s overarching goal is to cultivate an environment where all individuals feel secure and supported in reporting misconduct without fear of adverse consequences.

### **Facility Head or Designee**

The Facility Head reaffirmed the facility’s firm commitment to preventing retaliation and described the tools and procedures used to detect and respond to potential threats. For individuals in custody, staff vigilantly monitor for indicators such as sudden housing reassignments, changes in job assignments, or spikes in disciplinary infractions. For staff engaged in PREA-related matters, monitoring includes scrutiny of performance reviews, shift changes, or exclusion from usual duties.

The Facility Head explained that specific personnel are formally designated to oversee retaliation monitoring, ensuring clear accountability and consistent application of procedures. Confidentiality and discretion are rigorously maintained throughout this process to protect all parties involved.

### **Retaliation Monitor**

The appointed Retaliation Monitor outlined their proactive role in preventing and addressing retaliation. Their duties include educating individuals about their right to remain free from retaliation and conducting regular, documented face-to-face follow-ups at least monthly. All interactions and findings are systematically recorded utilizing the Retaliation Monitoring Checklist (Attachment 8).

The Monitor reported that no incidents of retaliation were identified in the 12 months

preceding the audit. They confirmed consistent oversight for all individuals eligible for monitoring, with thorough and well-maintained documentation supporting these efforts.

**Incarcerated Individuals in Segregated Housing for Risk of Sexual Abuse**

At the time of the audit, there were no individuals housed in segregation due to identification as at risk for sexual abuse or for reporting a PREA-related incident. Therefore, interviews with individuals in this category were not conducted.

**Individuals Who Reported Sexual Abuse**

The facility reported no sexual abuse allegations within the 12 months prior to the audit. Consequently, no interviews were conducted with individuals who had reported sexual abuse during the review period.

**PROVISIONS**

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

Information provided in the PAQ and corroborated during interviews confirms that the facility enforces a formal, agency-wide policy prohibiting retaliation against any person—whether incarcerated or employed—who reports sexual abuse or harassment or participates in investigations. The Warden has officially designated a Lieutenant as the facility’s Retaliation Monitor, with a documented alternate assigned, as shown in the memorandum dated January 1, 2025.

Monitoring is generally conducted for a minimum of 90 days, with extensions implemented as necessary based on case specifics.

**Relevant Policy:**

GDC SOP 208.06, page 28, Sections 4(a) and 4(b), require that each facility assign a Retaliation Monitor and impose disciplinary action on individuals found responsible for retaliation. Protective measures such as housing reassignment, separation of involved parties, and provision of support services are authorized and reflected in local operating procedures.

**Provision (b): Protective Measures**

The facility utilizes a variety of proactive measures to prevent retaliation. These include modifying housing or work assignments, limiting contact between reporters and alleged perpetrators, removing implicated staff from supervisory responsibilities, and providing access to counseling and support services. These protections are swiftly implemented upon identifying risk.

**Relevant Policy:**

GDC SOP 208.06, pages 28–29, Section 4(b), offers clear guidance on protective strategies designed to mitigate retaliation risk, which are reinforced through local policies and practices.

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

Individuals involved in PREA-related activities are closely observed for any behavioral or treatment changes that might indicate retaliation. This includes monitoring shifts in housing placement, job or program participation, disciplinary records, and interpersonal relationships. Monitoring endures for at least 90 days and may be extended as needed.

The Retaliation Monitor confirmed there were no retaliation incidents reported during the audit period, and records support the consistent implementation of monitoring protocols.

**Relevant Policy:**

SOP 208.06, pages 28–29, Section 4(c), requires retaliation monitors to actively observe, evaluate, and document any changes suggesting retaliation. These mandates are reflected in facility procedures.

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

The monitoring process is formalized through the use of Attachment 8, the Retaliation Monitoring Checklist, which directs monthly face-to-face interviews and the documentation of findings. For incarcerated individuals, the checklist tracks any unusual disciplinary actions, housing changes, or program disruptions; for staff, it monitors changes in duties, evaluations, or workplace interactions.

**Relevant Policy:**

SOP 208.06, pages 28–29, Sections 4(c)(i–iii), require structured tools and consistent documentation, supported by local policies at Jackson County Corrections.

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

The facility extends protections to any individual—regardless of their role—who expresses a fear of retaliation related to PREA matters. The Retaliation Monitor stressed that even perceived threats, though unsubstantiated, are taken seriously and addressed proactively with monitoring and support.

**Relevant Policy:**

SOP 208.06 mandates protection and monitoring for anyone expressing concerns about retaliation. This is reflected in the facility’s procedures and training programs.

**Provision (f): Auditor Exclusion**

Provision (f) falls outside the scope of the audit and was not evaluated during this compliance review.

**CONCLUSION**

Following a comprehensive review of policies, interviews with key personnel, and

	<p>supporting documentation, the Auditor concludes that the facility is in full compliance with PREA Standard §115.67 related to protection against retaliation.</p> <p>The agency and facility have developed a strong, multi-layered system to prevent, detect, and respond to retaliation against anyone involved in PREA-related processes. Designated Retaliation Monitors are in place, staff demonstrate a clear understanding of their responsibilities, and individuals receive meaningful protections. The consistent use of the Retaliation Monitoring Checklist and documented oversight of applicable cases reflects a culture committed to safety, fairness, and accountability.</p> <p>Importantly, the absence of reported retaliation incidents during the audit period further underscores the facility's effective implementation of this vital standard.</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><b>DOCUMENT REVIEW</b></p> <p>To assess compliance with PREA Standard §115.68 – Post-Allegation Protective Custody, the Auditor conducted a thorough review of all relevant documentation submitted by the facility. Central to this review was the Pre-Audit Questionnaire (PAQ) and the Georgia Department of Corrections (GDC) Standard Operating Procedure (SOP) 208.06, titled Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, with an effective date of June 23, 2022.</p> <p>This SOP provides detailed guidance on the agency's approach to protective custody decisions following allegations of sexual abuse. It outlines criteria for determining housing placements, emphasizes the use of the least restrictive means necessary to ensure safety, and strictly limits the use of involuntary segregated housing. The policy reflects GDC's commitment to providing safe and humane living environments for individuals in custody, especially those vulnerable to or impacted by sexual abuse.</p> <p><b>INTERVIEWS</b></p> <p><b>Facility Head or Designee</b></p> <p>During an in-depth interview with the Facility Head, the Auditor inquired about the facility's procedures for ensuring the safety of individuals who report sexual abuse or are identified as vulnerable. The Facility Head confirmed that whenever safety concerns arise—whether involving the individual who reported abuse or the alleged perpetrator—steps are taken to protect all parties involved. These protective actions may include transferring one of the individuals to another facility when feasible.</p> <p>The Facility Head emphasized that the use of involuntary segregated housing for</p>

individuals who report sexual abuse is not standard practice. Instead, alternative housing options are explored and prioritized. Only after all less-restrictive measures are deemed insufficient would a survivor of sexual abuse be placed in segregated housing for their protection. When such placements do occur, the facility ensures that the individual continues to have access to programming, educational services, and work assignments, so long as their participation does not pose a threat to safety or facility security.

Importantly, the Facility Head confirmed that all protective custody placements in segregated housing are subject to formal review every 30 days. These reviews assess whether continued separation remains necessary and are documented in accordance with agency policy.

### **Staff Assigned to Segregated Housing Units**

Interviews with staff responsible for supervising individuals in segregated housing reinforced the information provided by leadership. These staff members described a range of available housing options that allow the facility to accommodate and protect at-risk individuals without defaulting to involuntary segregation.

Staff reiterated that placing a person who reports sexual abuse into segregated housing is used only as a last resort. Before considering such a placement, all possible alternatives—such as unit reassignments or enhanced supervision—are evaluated. When segregated housing is unavoidable, facility staff remain focused on minimizing the impact on the individual's access to programming and services.

### **Inmates in Segregated Housing Due to Risk of Sexual Abuse**

At the time of the on-site audit, there were no incarcerated individuals placed in involuntary segregated housing as a result of reporting sexual abuse or being at elevated risk for victimization. Consequently, the Auditor did not conduct interviews in this category.

## **PROVISIONS**

### **Provision (a): Limited Use of Involuntary Segregated Housing**

The PAQ and staff interviews confirmed that the facility follows GDC policy prohibiting the use of involuntary segregated housing for individuals who report sexual abuse, unless there is a clear and documented determination that no other viable housing alternatives exist. The policy ensures that such placements are used only after all less-restrictive options have been considered and deemed inadequate for ensuring the person's safety.

According to the agency's records, there were no instances in the preceding 12 months in which individuals were held involuntarily in segregated housing for either short-term assessment (1 to 24 hours) or for longer-term protective separation (up to or beyond 30 days). Staff responsible for supervising segregated units corroborated this information, confirming that protective segregation is rarely employed and not used automatically following a report of abuse.

In those rare instances where protective segregation is used, the agency requires that a review of the individual's status be conducted every 30 days to reassess the necessity of continued separation. This practice was affirmed during interviews with facility leadership.

### RELEVANT POLICY

As stated in GDC SOP 208.06, pages 25, Section 8, subsections a-d, the following directives govern the facility's approach to protective custody and post-allegation housing:

- **Involuntary Segregation as a Last Resort:** Individuals identified as being at risk of sexual victimization or who have reported sexual abuse are not to be placed in segregated housing unless there are no alternative housing options available to ensure their safety. This decision must be documented in the SCRIBE case management system, along with a clear explanation for why less-restrictive alternatives were not feasible.
- **Access to Programs and Services:** Individuals housed in segregated settings for protective purposes must be provided access to the same services outlined in SOP 209.06 – Administrative Segregation, including education, recreation, and programming, unless safety considerations prevent such access.
- **Temporary Nature of Placement:** Involuntary segregation is not intended as a long-term solution. Any such placement is expected to be temporary and may not exceed 30 days unless no safer alternatives can be identified.

Documentation of Restrictions: If an individual placed in segregated housing experiences any restriction in access to programs, work, education, or privileges, the facility must document:

- The specific service(s) or privilege(s) restricted;
- The duration of the restriction(s); and
- The rationale for the limitation(s).
- 30-Day Review Requirement: Every 30 days, the facility must conduct a documented review of the person's placement to determine whether the safety concern remains and if less-restrictive alternatives have become available.

### CONCLUSION

Based on the Auditor's comprehensive review of policy documentation, the Pre-Audit Questionnaire, and interviews with facility leadership and relevant staff, it is evident that the facility is in full compliance with PREA Standard §115.68 regarding post-allegation protective custody.

The Georgia Department of Corrections has clearly articulated policies and practices that reflect a strong commitment to safeguarding individuals who report sexual abuse

	<p>while avoiding the unnecessary use of involuntary segregation. When safety concerns necessitate protective housing, the agency ensures the placement is justified, time-limited, and subject to ongoing review. Moreover, the facility takes deliberate steps to ensure that individuals housed in segregation under protective measures retain access to essential services, consistent with both PREA standards and agency values.</p> <p>This careful and balanced approach reinforces the agency’s broader commitment to fostering a culture of safety, dignity, and respect within its institutions.</p>
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<b>115.71</b>	<b>Criminal and administrative agency investigations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>DOCUMENT REVIEW</b></p> <p>To assess the facility’s compliance with PREA Standard §115.71 – Criminal and Administrative Investigations, the Auditor undertook a comprehensive examination of essential documents submitted both prior to and during the on-site audit. Key materials reviewed included the facility’s completed Pre-Audit Questionnaire (PAQ) and the Georgia Department of Corrections (GDC) Standard Operating Procedure (SOP) 208.06, titled Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective June 23, 2022.</p> <p>SOP 208.06 functions as the agency’s definitive guide for managing all allegations of sexual abuse and sexual harassment within correctional settings. It provides a detailed, consistent framework across GDC institutions, outlining the required steps for initiating investigations, preserving and collecting evidence, coordinating with external law enforcement agencies, and ensuring all investigative actions comply with federal and agency mandates. The policy further mandates specialized investigator training, defines strict timelines for investigative procedures, details documentation standards, and underscores the agency’s zero-tolerance stance on sexual misconduct. Altogether, the document reflects a firm commitment to thoroughness, accountability, and trauma-informed responses to every allegation.</p> <p><b>INTERVIEWS</b></p> <p><b>Investigative Staff</b></p> <p>The Auditor conducted an interview with the facility’s designated investigator to better understand how investigative protocols are practically implemented. The investigator affirmed that every allegation of sexual abuse or sexual harassment—regardless of how it is reported, whether through direct complaints, written correspondence, anonymous tips, third-party reports, or hotline calls—is taken seriously and addressed promptly, thoroughly, and without bias.</p> <p>The investigator confirmed successful completion of all required PREA-specific training, including specialized instruction focused on conducting sexual abuse</p>

investigations within confinement environments. This was verified by reviewing the investigator's training records.

The investigative process follows a standardized, step-by-step approach designed to preserve the integrity of each case. Typically, the investigator begins by interviewing the person reporting the incident, followed by relevant witnesses, and finally the accused individual. While certain procedural nuances apply to sexual harassment cases, the core investigative principles remain consistent. For potential sexual assault reports, the investigator collaborates with SANE/SAFE providers to facilitate forensic evidence collection. In the absence of a forensic examiner, the facility investigator—who is trained in evidence handling—assumes responsibility for proper collection, preservation, and maintenance of the chain of custody.

In instances where criminal conduct is suspected, investigators consult with prosecuting authorities prior to conducting any compelled interviews to protect future legal proceedings. This process was corroborated through communication with the Jefferson County Sheriff's Department, which also confirmed that Miranda warnings are issued when appropriate.

Credibility assessments are based solely on facts and evidence, without regard to the institutional status or role of any party—be it staff, incarcerated individual, or witness. The use of polygraph testing is not permitted as a condition for pursuing or concluding any PREA investigation.

Investigators also evaluate whether any staff negligence or misconduct contributed to the incident. Upon completing an investigation, findings are compiled into a comprehensive written report detailing physical and testimonial evidence, credibility evaluations, and a clear rationale for the final determination.

If evidence indicates possible criminal charges, the case is referred to the Jefferson County Sheriff's Department for further investigation and potential prosecution. The agency maintains investigative responsibility even when alleged victims or perpetrators are no longer under agency custody or employment, continuing investigations until fully resolved.

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

The PREA Coordinator explained that all investigative records are retained for the entire duration of the alleged perpetrator's incarceration or employment, plus an additional minimum of five years. Files are securely stored in both physical format and electronically within the SCRIBE case management system, ensuring a protected and comprehensive record of agency investigative actions.

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

The PREA Compliance Manager reaffirmed the agency's obligation to complete investigations regardless of changes in the custody or employment status of involved parties. The departure of either the alleged victim or perpetrator does not halt or close ongoing investigations.

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

The Facility Head reported that in the 12 months prior to the audit, no substantiated sexual abuse cases had been referred for criminal prosecution, consistent with the documentation reviewed during the audit.

**Incarcerated Individuals Who Reported Sexual Abuse**

At the time of the on-site visit, no individuals housed at the facility had reported sexual abuse incidents; therefore, no interviews were conducted with residents in this category.

**PROVISIONS**

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

As confirmed through the PAQ and staff interviews, the agency requires that every report of sexual abuse or harassment—regardless of the source or reporting method—be investigated promptly, objectively, and without prejudice.

**Relevant Policy:**

SOP 208.06 mandates formal investigation of all allegations, including those that are anonymous or from third parties, following established agency procedures.

**Provision (b): Qualified Investigators**

Only personnel who have completed specialized PREA investigation training conduct investigations.

**Relevant Policy:**

SOP 208.06 requires that investigators complete comprehensive training on conducting sexual abuse investigations in confinement settings before undertaking investigative duties.

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

Investigators collect all available evidence, including physical items, documentation, surveillance footage, and statements from involved parties.

**Relevant Policy:**

According to SOP 208.06, page 32, Section 9, investigators must follow standardized evidence collection protocols to ensure admissibility for administrative and criminal proceedings.

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

Prior to any compelled interviews in cases possibly involving criminal conduct, investigators consult prosecuting authorities.

**Relevant Policy:**

SOP 208.06, pages 32, Sections 10–11, requires this coordination to safeguard legal due process.

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

Credibility is evaluated solely on factual evidence, without regard to institutional roles. Polygraph tests are prohibited in PREA investigations.

**Relevant Policy:**

SOP 208.06, page 31, Section 8(c), prohibits reliance on institutional status for credibility and disallows polygraph use.

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

Investigations assess whether staff negligence or misconduct played a role in the incident.

**Relevant Policy:**

SOP 208.06 mandates inclusion of staff action or inaction analysis within investigative reports.

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

Allegations meeting criminal investigation thresholds are referred to the Jackson County Sheriff's Department, with full cooperation maintained.

**Provision (h): Criminal Referrals**

The Facility Head reported no substantiated sexual abuse allegations referred for prosecution within the last year.

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

All investigative records are retained for at least five years beyond the end of an alleged perpetrator's incarceration or employment.

**Relevant Policy:**

SOP 208.06 outlines this retention schedule to comply with agency and legal standards.

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

Investigations continue until completion regardless of whether the alleged abuser or victim leaves the facility or agency.

**Relevant Policy:**

SOP 208.06 explicitly requires investigations to remain open until fully resolved, regardless of changes in custody or employment status.

**Provision (k): Not Auditable**

This provision is outside the audit scope and was not evaluated.

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

All PREA investigations are conducted internally by trained agency personnel; external investigators are not utilized.

**Relevant Policy:**

SOP 208.06 confirms the agency's responsibility to conduct internal investigations through designated staff and the facility's Sexual Assault Response Team (SART).

**CONCLUSION**

Following a thorough review of applicable policies, investigative procedures, staff training records, and interview findings, the Auditor concludes the facility is in full

	<p>compliance with PREA Standard §115.71.</p> <p>The agency and facility have implemented a comprehensive, professional, and policy-driven investigative process for addressing all allegations of sexual abuse and harassment. Investigations are carried out by properly trained personnel, adhere to consistent protocols, and embody best practices for correctional environments. This system is designed to ensure prompt, impartial, and respectful resolution of all cases, reinforcing the agency's steadfast commitment to safety, accountability, and adherence to PREA standards.</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>DOCUMENT REVIEW</b></p> <p>In assessing compliance with PREA Standard §115.72 – Evidentiary Standard for Administrative Investigations, the Auditor undertook a detailed and methodical review of documentation provided before and during the on-site audit. This review centered on two key sources: the facility's completed Pre-Audit Questionnaire (PAQ), which offered direct insight into investigative practices, and 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.</p> <p>SOP 208.06 serves as the agency's primary reference for the prevention, detection, and response to sexual abuse and sexual harassment within its facilities. The document establishes clear requirements for the conduct of administrative investigations, specifying the evidentiary threshold investigators must apply and reinforcing the importance of due process. The policy integrates trauma-informed and survivor-centered approaches, ensuring that investigations are not only procedurally sound but also respectful and sensitive to all parties involved. By embedding these principles into its operational framework, the agency reinforces its zero-tolerance policy toward sexual misconduct while maintaining compliance with both federal law and ethical standards of correctional practice.</p> <p><b>INTERVIEW</b></p> <p><b>Investigative Staff</b></p> <p>To further assess how the evidentiary standard functions in practice, the Auditor engaged in in-depth discussions with members of the facility's investigative team. These conversations revealed a process that is systematic, impartial, and rooted in both thoroughness and respect.</p> <p>When an allegation of sexual abuse or sexual harassment is received—regardless of the reporting method—the investigative process begins immediately. The first step is</p>

securing and preserving all available evidence. This may involve:

- Collecting physical evidence from any relevant source, including individuals involved and physical spaces connected to the allegation;
- Conducting detailed interviews with the individual making the report, the accused party, witnesses, and anyone else who might provide pertinent information;
- Reviewing documentation and records such as video surveillance, communication logs, medical files, housing assignments, and incident reports.

Throughout the process, investigative staff remain focused on objectivity, resisting assumptions and basing conclusions solely on verifiable facts. They apply a single evidentiary threshold—the preponderance of the evidence standard—meaning they determine whether it is more likely than not that the alleged conduct occurred. Staff made it clear that no higher evidentiary standard, such as “clear and convincing evidence” or “beyond a reasonable doubt,” is used in administrative investigations. This ensures fairness, supports timely resolution, and upholds compliance with PREA’s federally mandated investigative requirements.

## **PROVISIONS**

### **Provision (a): Use of Preponderance of the Evidence Standard**

The PAQ confirmed, and staff interviews reaffirmed, that the preponderance of the evidence is the only evidentiary standard applied in administrative investigations into allegations of sexual abuse or sexual harassment. Investigative staff explained that this standard provides a balanced approach—sufficiently rigorous, to safeguard against unfounded claims while not imposing an unrealistic burden of proof that could hinder legitimate findings.

### **Relevant Policy**

This practice is explicitly stated in GDC SOP 208.06, effective June 23, 2022. On page 30, Section G, item 5, the policy declares:

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

This direct alignment with 28 C.F.R. §115.72 ensures that the evidentiary threshold is consistent across the agency and that investigators operate under a unified, legally compliant framework. By codifying this requirement, the GDC safeguards investigative integrity and promotes procedural justice.

## **CONCLUSION**

Following a thorough review of policies, procedural documents, and staff interviews, the Auditor finds the facility in full compliance with PREA Standard §115.72. The agency’s policy, as outlined in SOP 208.06, clearly identifies the preponderance of the evidence as the sole standard for administrative investigations of sexual abuse and harassment. Investigators not only understand this requirement but also apply it

	<p>consistently in their work.</p> <p>This alignment between written policy, staff training, and investigative execution underscores the agency’s commitment to fair, transparent, and survivor-centered practices. By adhering to this standard, the facility ensures that all PREA-related investigations are conducted with accountability, equity, and a steadfast dedication to safety and justice.</p>
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<b>115.73</b>	<b>Reporting to inmates</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p>
	<p><b>DOCUMENT REVIEW</b></p> <p>To assess compliance with PREA Standard §115.73 – Reporting to Inmates, the Auditor conducted a thorough examination of facility documentation provided both prior to and during the on-site visit. Core to this review were the completed Pre-Audit Questionnaire (PAQ); 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; Attachment 3 to SOP 208.06, the GDC PREA Disposition Offender Notification Form; and a facility-generated PREA tracking chart summarizing all allegations, investigative actions, and notifications within the 12-month audit period.</p> <p>These materials clearly outlined a structured, policy-driven process for notifying individuals in custody of the results of PREA-related investigations. The procedures reflected a strong emphasis on timeliness, transparency, and accountability, ensuring that those who report sexual abuse or sexual harassment receive appropriate updates while maintaining the integrity of the investigative process.</p> <p><b>INTERVIEWS</b></p> <p><b>Investigative Staff</b></p> <p>Members of the investigative team explained that once an investigation reaches a conclusion, a comprehensive report is prepared. This report details the facts gathered, the investigative steps taken, and the determination—substantiated, unsubstantiated, or unfounded—along with the rationale for that finding. The final report is then provided to facility leadership.</p> <p>When an allegation involves potential criminal conduct and is referred to the Office of Professional Standards (OPS), responsibility for notifying the reporting individual is shared between OPS and the facility head. Investigators described the process as deliberate, respectful, and consistent with PREA standards.</p> <p><b>Facility Head or Designee</b></p> <p>The Facility Head confirmed that if a substantiated allegation involves a staff</p>

member, the affected individual is informed of key developments, such as:

- The staff member's removal from the individual's housing area;
- The staff member's separation from employment;
- Notification to the agency that the staff member has been arrested on related charges;
- Notification to the agency of the staff member's conviction for sexual abuse.
- During the audit period, no substantiated staff-on-incarcerated-person sexual abuse allegations occurred; all staff-related reports were found to be unfounded.

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

At the time of the on-site visit, no one in custody had pending or closed sexual abuse reports within the review period, so no direct interviews with this population were conducted.

## **PROVISIONS REVIEW**

### **Provision (a): Notification of Investigation Outcomes**

Both the PAQ and interviews confirmed that agency policy requires that individuals who report sexual abuse are informed—either verbally or in writing—of the investigation's outcome. Notifications specify whether the allegation was substantiated, unsubstantiated, or unfounded.

While no sexual abuse investigations were finalized during the review period, two sexual harassment cases were completed. In each instance, notification to the reporting individual was documented using the required Attachment 3 form, in full compliance with policy.

### **Relevant Policy**

GDC SOP 208.06, page 33, section G(17), outlines that following the conclusion of an investigation, the Warden or Superintendent must ensure notification of the reporting party. Outcomes may include:

- Substantiated;
- Unsubstantiated;
- Unfounded;
- Substantiated/Unsubstantiated and referred to OPS;
- Not PREA.

A Sexual Assault Response Team (SART) member or designated official delivers these notifications, with follow-up required for OPS-handled cases once findings are made. All attempts and completions of notifications are documented. If the individual is no longer in GDC custody, notification is not required.

### **Provision (b): Investigations Conducted by Outside Agencies**

No sexual abuse cases were investigated or closed by outside agencies during the 12-month review period; therefore, this provision did not apply.

	<p><b>Provision (c): Notification Regarding Staff Misconduct</b></p> <p>If a staff-related allegation is substantiated, the facility must notify the complainant of employment changes, arrests, or convictions related to the case. While no such cases arose during the review period, interviews confirmed that these procedures are well understood and would be implemented without delay.</p> <p><b>Provision (d): Inmate-on-Inmate Allegations</b></p> <p>When an incarcerated individual is victimized by another, and the alleged perpetrator is charged or convicted, the victim is notified in accordance with policy. These notifications are tracked and documented by designated personnel.</p> <p><b>Provision (e): Written Notification Requirements</b></p> <p>Although no sexual abuse investigations concluded during the review period, written notifications were issued for both closed sexual harassment cases, using the Attachment 3 form. Documentation confirmed proper completion and filing.</p> <p><b>Relevant Policy Note</b></p> <p>Once an individual is released from GDC custody, the agency is no longer obligated to issue post-release notifications regarding investigative outcomes.</p> <p><b>Provision (f): Auditor Exemption</b></p> <p>This provision is exempt from auditor evaluation and was not assessed for compliance.</p> <p><b>CONCLUSION</b></p> <p>After a detailed review of policies, documentation, and staff interviews, the Auditor concludes that the facility is in full compliance with PREA Standard §115.73 – Reporting to Inmates. Although no sexual abuse cases required notification during the audit period, the facility demonstrated readiness and capacity to execute all reporting requirements swiftly and accurately.</p> <p>The presence of clear procedures, standardized forms, trained staff, and strong policy alignment underscores the agency’s commitment to transparency, due process, and respectful treatment of all individuals in custody.</p>
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<b>115.76</b>	<b>Disciplinary sanctions for staff</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p><b>DOCUMENT REVIEW</b></p> <p>In assessing the facility’s compliance with the PREA standard concerning disciplinary sanctions for staff misconduct, the Auditor conducted a detailed and thorough examination of pertinent documents. Central to this review was the facility’s</p>

completed Pre-Audit Questionnaire (PAQ), accompanied by supporting documentation that clearly delineates the agency's policies and procedures for addressing staff violations related to sexual abuse, sexual harassment, or other forms of sexual misconduct.

A primary focus was placed on 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, which became effective on June 23, 2022. This SOP establishes the agency's expectations for staff conduct, outlines required disciplinary responses, and reaffirms the agency's uncompromising zero-tolerance stance toward any sexual misconduct within its correctional facilities.

## **INTERVIEWS**

### **Facility Head or Designee**

During the on-site audit, the Auditor engaged with the Facility Head to validate the accuracy of the information documented in the PAQ and accompanying materials. The Facility Head confirmed that all staff members are held strictly accountable under agency policies and face disciplinary sanctions—up to and including termination—for violations related to sexual abuse, sexual harassment, or sexual misconduct.

The Facility head reported that within the twelve months prior to the audit, the facility experienced no incidents where staff were found to have violated policies governing sexual abuse or harassment. Moreover, there were no staff terminations or resignations connected to such misconduct during this timeframe.

Further, the Facility Head emphasized that agency policy clearly establishes termination as the presumptive disciplinary sanction for any staff member found to have engaged in sexual abuse, underscoring the seriousness with which these matters are handled.

## **PROVISIONS**

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

Information from the PAQ and interviews with facility head confirmed that staff who violate policies concerning sexual abuse or sexual harassment are subject to disciplinary action, with termination serving as the default disciplinary outcome. This is explicitly articulated in GDC SOP 208.06, page 33, Section H.1.a, which states that any staff member engaging in sexual abuse of an individual in custody is barred from working in correctional institutions, is subject to termination, and may be referred for criminal prosecution when appropriate.

This policy embodies the agency/facility's strong commitment to accountability and cultivates a culture of zero tolerance regarding sexual misconduct by staff.

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

Both the PAQ and interview responses verified that no staff members were found to have violated sexual abuse or sexual harassment policies during the past twelve months. Correspondingly, no staff terminations or resignations related to these issues occurred within the same period.

Policy 208.06 further reinforces that termination is the standard disciplinary sanction when staff are found responsible for sexual abuse, reflecting the agency's unwavering stance on addressing such serious misconduct.

**Provision (c):**

The PAQ explains that when staff violate agency policies related to sexual abuse or harassment—but do not engage in actual sexual abuse—disciplinary sanctions are determined by evaluating the severity and nature of the conduct, the staff member's disciplinary history, and consistency with disciplinary actions in comparable cases.

The Facility Head confirmed that, in the last year, no disciplinary actions short of termination were taken for violations of this nature. This measured approach aligns with GDC SOP 208.06, page 33, Section H.1.b, which mandates that disciplinary responses must be proportionate, equitable, and consistent with established precedent.

**Provision (d):**

The PAQ and interview feedback corroborated that agency/facility policy requires reporting all staff terminations or resignations due to violations of sexual abuse or sexual harassment policies to law enforcement, unless the conduct was clearly non-criminal. Additionally, such incidents must be reported to relevant licensing or certification bodies.

Though no reportable cases have occurred in the past twelve months, policy guidance remains explicit. SOP 208.06, page 34, Section H.1.c stipulates that all qualifying terminations or resignations be reported to law enforcement and, where applicable, to the Georgia Peace Officers Standards and Training Council (POST). This requirement ensures accountability beyond the employment setting and supports public safety.

**CONCLUSION**

Following a comprehensive review of the Pre-Audit Questionnaire, pertinent GDC policies, and information gathered through interviews with facility leadership, the Auditor determines that the facility fully meets all provisions of the PREA standard relating to disciplinary sanctions for staff.

The agency has established and consistently enforces clear, well-defined policies reflecting a zero-tolerance stance toward sexual misconduct. Termination is the presumptive disciplinary response for substantiated sexual abuse, while all disciplinary decisions are carefully grounded in due process and proportionality.

Although no incidents necessitating disciplinary action occurred during the review period, the facility has a robust infrastructure in place to respond swiftly and appropriately should violations arise. This framework demonstrates the agency's

	strong commitment to ensuring staff accountability and fostering a safe, secure, and respectful environment for all individuals in custody.
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<b>115.77</b>	<b>Corrective action for contractors and volunteers</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p>
	<p><b>DOCUMENT REVIEW</b></p> <p>To evaluate compliance with PREA Standard §115.77 – Corrective Action for Contractors and Volunteers, the Auditor undertook a targeted review of key records provided prior to and during the on-site assessment. Central to this review were the completed Pre-Audit Questionnaire (PAQ) and 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.</p> <p>This guiding policy establishes clear expectations for the conduct of all non-agency personnel, including contractors and volunteers, and makes explicit the department’s zero-tolerance position on sexual abuse and sexual harassment. It mandates immediate, decisive action when misconduct is suspected or confirmed, such as revoking facility access, notifying law enforcement and professional licensing bodies, and implementing corrective or remedial measures where warranted.</p> <p>The documentation reflects a policy framework that is both comprehensive and enforceable, ensuring the safety, dignity, and rights of those in custody are protected. It also reinforces the agency’s commitment to a transparent, accountable approach in addressing any form of contractor or volunteer misconduct, whether criminal or administrative in nature.</p> <p><b>INTERVIEWS</b></p> <p><b>Facility Head or Designee</b></p> <p>During the interview, the Facility Head confirmed that no incidents involving contractors or volunteers occurred during the 12-month audit period that resulted in substantiated findings of sexual abuse or necessitated external referrals. Although no corrective action was required during this timeframe, the Facility Head emphasized that the facility’s procedures are clear, well-understood, and ready to be implemented without hesitation should an incident arise.</p> <p>Facility leadership and staff are trained to respond immediately upon any indication of misconduct by non-agency personnel. This response includes restricting the person’s access to incarcerated individuals, notifying law enforcement and licensing boards as applicable, and reviewing the circumstances to determine whether continued facility access is permissible—even in cases falling short of criminal conduct.</p>

The absence of incidents during the review period was attributed to robust preventive measures, active staff vigilance, and clear communication of behavioral expectations during contractor and volunteer orientation.

## **PROVISIONS**

### **Provision (a): Immediate Removal and Mandatory Reporting**

The combination of PAQ documentation and interview statements confirmed that the facility is fully aligned with the requirements of this provision. Should a contractor or volunteer be found to have engaged in sexual abuse, GDC policy dictates immediate removal from the facility, cessation of all contact with people in custody, prompt reporting to law enforcement unless the behavior is conclusively non-criminal, and notification to licensing or credentialing boards where applicable.

Although no such cases occurred during the audit period, both policy and interviews verify that the process is well-defined and practiced in advance. Leadership expressed confidence in their ability to execute these steps promptly and in full accordance with policy.

### **Relevant Policy Reference:**

GDC SOP 208.06, page 34, Section 2, specifies that any contractor or volunteer found to have engaged in sexual abuse is to be barred immediately from further contact with incarcerated individuals. It also prescribes mandatory reporting requirements and outlines the potential for further administrative or remedial action for policy violations, even when such actions do not meet the threshold for criminal charges.

### **Provision (b): Corrective Action for Policy Violations**

Beyond addressing substantiated sexual abuse incidents, the policy also applies corrective measures for violations involving sexual harassment or inappropriate boundaries. Even when conduct does not lead to a criminal referral, the facility is required to assess the situation and implement appropriate responses. Such measures may include permanent revocation of facility access, additional training, increased supervision, or disqualification from any future contractual or volunteer role with the department.

According to both the PAQ and the Facility Head's interview, no such cases arose during the review period. Nevertheless, leadership stressed that the policy is applied consistently and that all non-agency personnel receive thorough instruction on their obligations, as well as the potential consequences for misconduct, during the onboarding process.

## **CONCLUSION**

Following a detailed review of applicable policies, documentation, and interviews with facility leadership, the Auditor concludes that the facility is in full compliance with PREA Standard §115.77 – Corrective Action for Contractors and Volunteers.

While no incidents of contractor or volunteer misconduct were reported or substantiated during the audit period, the facility has demonstrated clear readiness to respond swiftly and effectively should such conduct occur. The agency's

	<p>procedures—grounded in a zero-tolerance philosophy—require immediate removal, formal reporting, and appropriate corrective action in all cases, regardless of criminal outcome.</p> <p>This approach reflects a broader institutional culture of accountability, transparency, and unwavering commitment to the safety and dignity of every person in custody, extending these protections beyond staff interactions to include all individuals operating within the facility in any capacity.</p>
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<b>115.78</b>	<b>Disciplinary sanctions for inmates</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>DOCUMENT REVIEW</b></p> <p>To evaluate the facility’s compliance with PREA Standard §115.78 - Disciplinary Sanctions for Inmates, the Auditor undertook a comprehensive and methodical review of governing policy, operational guidance, and facility-provided documentation. The analysis centered on the Pre-Audit Questionnaire (PAQ) and 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.</p> <p>This SOP serves as the definitive framework for ensuring that all disciplinary actions connected to sexual abuse cases are applied fairly, proportionately, and with full consideration of due process rights. It makes clear that sexual abuse is never tolerated, regardless of the relationship between the parties involved, and it embeds trauma-informed principles throughout the investigative and disciplinary processes. By detailing safeguards, investigative thresholds, and rehabilitative considerations, the policy ensures that the response to such misconduct is both corrective and respectful of individual dignity.</p> <p><b>INTERVIEWS</b></p> <p><b>Facility Head or Designee</b></p> <p>In an interview, the Facility Head reinforced the agency’s zero-tolerance policy toward all forms of sexual abuse. Key practices confirmed during the discussion included:</p> <ul style="list-style-type: none"> <li>• Sexual activity between incarcerated individuals is prohibited under all circumstances, without exception, even if parties claim consent.</li> <li>• During the 12-month audit review period, there were no administrative findings or criminal convictions for inmate-on-inmate sexual abuse.</li> <li>• In alleged sexual contact between an incarcerated person and staff,</li> </ul>

disciplinary action against the incarcerated person is only pursued when evidence establishes that the staff member did not consent to the interaction.

- Any incarcerated person making a sexual abuse allegation in good faith, based on a reasonable belief that misconduct occurred, is not subject to disciplinary measures—even if the claim is ultimately unsubstantiated.

The Facility Head emphasized that these standards are well understood by staff, are reinforced through training, and are applied consistently to maintain a safe and respectful environment.

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

Although the facility does not employ in-house mental health practitioners, medical staff confirmed that it maintains agreements with licensed, community-based mental health providers. These professionals deliver therapy, counseling, and behavioral interventions aimed at addressing underlying factors contributing to abusive behavior. In cases where an incarcerated individual is found to have committed sexual abuse, referrals for therapeutic services may be made, and engagement in such interventions can be considered in decisions regarding privileges or rehabilitative opportunities.

## **PROVISIONS**

### **Provision (a): Disciplinary Sanctions Following a Finding**

Review of the PAQ and staff interviews confirmed that disciplinary measures are imposed only after an administrative or criminal finding establishes guilt in a sexual abuse case. During the audit period, no such findings or convictions were reported.

#### **Relevant Policy:**

GDC SOP 208.06 (p. 34, Section H.3.a & b) prohibits all sexual activity among individuals in custody and authorizes disciplinary consequences for violations. While consensual sexual activity is not classified as sexual abuse under PREA, it remains a breach of facility rules. The SOP presumes all inmate sexual contact to be non-consensual unless evidence clearly demonstrates otherwise following an investigation. Sanctions must adhere to the due process requirements of GDC SOP 209.01, Offender Discipline.

### **Provision (b): Proportional Sanctions**

Sanctions are tailored to reflect:

- The seriousness of the misconduct;
- The individual's prior disciplinary record;
- Sanctions given in similar cases under comparable circumstances.

**Relevant Policy:**

SOP 208.06 (p. 35, Section H.3.c) mandates that sanctions be proportionate and consistently applied, reinforcing fairness and equity in disciplinary practices.

**Provision (c): Consideration of Mental Health Needs**

When determining disciplinary outcomes, the facility evaluates whether a mental illness or developmental disability influenced the individual's behavior. Such factors may guide the type and severity of sanctions imposed.

**Relevant Policy:**

SOP 208.06 (p. 35, Section H.3.d) directs decision-makers to incorporate mental health considerations into sanctioning. SOP 508.18, Mental Health Discipline Procedures, further outlines evaluation protocols, treatment recommendations, and accommodations for affected individuals.

**Provision (d): Corrective and Rehabilitative Interventions**

The facility offers access to rehabilitative programming—including counseling and behavioral therapy—through contracted providers. When available, such interventions are used as corrective tools, aiming to address harmful behavior and reduce future risk.

**Relevant Policy:**

SOP 208.06 (p. 35, Section H.3.e) encourages participation in rehabilitative programs as part of the response to substantiated sexual abuse findings.

**Provision (e): Consent and Inmate-Staff Sexual Contact**

Disciplinary action against an incarcerated person for sexual contact with staff is only taken when an investigation proves the staff member did not consent, aligning with legal and ethical standards regarding power dynamics in custody.

**Relevant Policy:**

SOP 208.06 (p. 35, Section H.3.f) clearly limits discipline in inmate-staff sexual contact cases to situations where staff non-consent is established.

**Provision (f): Good Faith Reporting Protections**

The facility protects individuals who report sexual abuse in good faith from disciplinary repercussions, even when allegations are not substantiated. This protection supports a culture of transparency and encourages prompt reporting.

**Relevant Policy:**

SOP 208.06 (p. 35, Section H.3.g) prohibits punishment for good faith reporting of sexual abuse.

	<p><b>Provision (g): Prohibition of Inmate Sexual Activity</b></p> <p>All sexual activity among incarcerated individuals is prohibited. Any reported sexual contact is treated as non-consensual until proven otherwise, maintaining a protective stance consistent with PREA standards.</p> <p><b>Relevant Policy:</b></p> <p>SOP 208.06 (p. 34, Section H.3.a) affirms the prohibition on sexual activity, classifying such behavior as a rules violation subject to disciplinary action following due process.</p> <p><b>CONCLUSION</b></p> <p>Following a thorough review of facility records, GDC policy, and staff interviews, the Auditor concludes that the facility is fully compliant with PREA Standard §115.78 – Disciplinary Sanctions for Inmates.</p> <p>The facility demonstrates a well-balanced approach that holds individuals accountable while safeguarding due process, ensuring sanctions are proportionate, consistent, and considerate of mental health needs. Its commitment to protecting good faith reporters, prohibiting sexual activity among incarcerated persons, and offering rehabilitative options reflects a culture grounded in safety, equity, and respect for human dignity.</p>
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<b>115.81</b>	<b>Medical and mental health screenings; history of sexual abuse</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>DOCUMENT REVIEW</b></p> <p>To assess compliance with PREA Standard §115.81—which governs medical and mental health screenings for individuals with a history of sexual abuse or sexually abusive behavior—the Auditor conducted an in-depth examination of the facility’s governing policies, procedures, and records. The purpose of this review was to determine how the facility addresses disclosures of prior sexual victimization or abusive conduct, how promptly it ensures clinical follow-up, and the measures in place to protect both informed consent and confidentiality.</p> <p>The materials reviewed included:</p> <ol style="list-style-type: none"> <li>1. The Pre-Audit Questionnaire (PAQ) and all supplemental documentation provided in advance of the onsite review;</li> <li>2. Georgia Department of Corrections (GDC) Standard Operating Procedure (SOP) 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective June 23, 2022;</li> <li>3. GDC SOP VH82-0001, Informed Consent, effective April 1, 2002.</li> </ol>

Taken together, these policies form the operational framework for conducting screenings, safeguarding sensitive health information, and obtaining informed consent before sharing any information disclosed during intake or subsequent evaluations. They also clearly establish limits on who may access such information and under what conditions it may be released.

## **INTERVIEWS**

### **Risk Screening Staff**

Staff members responsible for conducting PREA intake screenings described a process that emphasizes both accuracy and confidentiality. All medical and mental health information generated during these screenings is entered into a secure, restricted-access record system. Only licensed medical and mental health professionals have direct access to these records. Non-clinical staff, such as classification officers or administrators, are provided with only the limited, essential information needed to make safe housing or protective custody decisions, in alignment with privacy laws and agency policy.

### **Medical Staff**

Licensed medical personnel reported that when an individual discloses a history of sexual victimization occurring outside a correctional setting, the information remains confidential unless the person gives informed consent for it to be shared. The only exception is for individuals under the age of 18, where state law mandates reporting. They further confirmed that anyone who reports prior victimization—or who exhibits signs of vulnerability or potential aggressiveness—is referred to a mental health professional within 14 days of the disclosure. All referrals, clinical encounters, and follow-up evaluations are fully documented in the individual's medical or mental health record.

### **Mental Health Services**

Mental health services are provided by licensed, community-based professionals contracted by the facility. These independent practitioners conduct evaluations, offer counseling, and provide treatment in response to screening results or staff referrals. This arrangement supports both continuity of care and impartial, trauma-informed service delivery.

### **Individuals Who Disclosed Prior Victimization**

At the time of the onsite review, no individuals currently housed at the facility had disclosed a history of sexual victimization. Accordingly, no interviews were conducted in this category during the audit period.

## **PROVISIONS**

### **Provision (a): Follow-Up for Victims of Sexual Abuse**

The PAQ and staff interviews confirm that any individual who reports prior sexual victimization during intake is offered a timely follow-up with a qualified medical or mental health professional. This appointment is scheduled within 14 days of the initial screening, and each encounter is recorded in the person's confidential record.

**Relevant Policy:**

GDC SOP 208.06, page 25, Section D(7), requires that all individuals identified as prior victims—or involved in previous PREA-related incidents—be referred to a clinician within 14 days. Staff use Attachment 14, the PREA Counseling Referral Form, to document these referrals and ensure follow-up is completed.

**Provision (b): Follow-Up for Individuals with a History of Sexually Abusive Behavior**

Individuals identified as having engaged in sexually abusive conduct at any point in their history are also referred to a mental health provider within 14 days. While no such cases were present during the audit period, staff interviews confirmed that the same referral and tracking process is applied whenever this circumstance arises.

**Relevant Policy:**

The same provision of SOP 208.06 (page 25, Section D(7)) applies equally to individuals with a history of sexually abusive behavior.

**Provision (c): Inapplicable to Facility Type**

This provision is specific to local jails and does not apply to a state correctional institution such as this facility.

**Provision (d): Confidentiality and Limited Disclosure**

Risk screening staff confirmed that all information regarding past victimization or sexually abusive conduct within an institutional setting is treated as strictly confidential. Disclosure is limited to those situations where the information is necessary to make essential safety, housing, program placement, or work assignment decisions, or where release is legally mandated.

**Provision (e): Informed Consent for Non-Institutional Disclosures**

Disclosures of sexual victimization occurring in non-institutional settings are never shared without informed consent, except when involving minors where mandatory reporting applies. This approach preserves privacy while meeting all legal requirements.

**Relevant Policy:**

GDC SOP VH82-0001, Informed Consent, specifies:

- A general consent form signed at intake for routine, non-invasive care;
- Additional informed consent for any procedure or disclosure beyond routine care;
- Communication accommodations for those with limited English proficiency or sensory impairments;
- Secure retention of all signed consent forms in the medical record, with verbal agreement considered implied consent after clear explanation of the service or disclosure.

**CONCLUSION**

	<p>Based on a thorough review of documentation, policy, and staff interviews, the Auditor finds the facility to be in full compliance with PREA Standard §115.81, Medical and Mental Health Screenings; History of Sexual Abuse.</p> <p>The facility's processes are structured to identify individuals with relevant histories and ensure timely, clinically appropriate follow-up. These measures prioritize confidentiality, require informed consent, and integrate trauma-informed care principles. The combined use of policy-driven procedures, formal referral documentation, and independent mental health providers underscores the agency's commitment to protecting the health, safety, and dignity of all people in custody.</p>
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<b>115.82</b>	<b>Access to emergency medical and mental health services</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p>
	<p><b>DOCUMENT REVIEW</b></p> <p>The audit began with a detailed examination of the Pre-Audit Questionnaire (PAQ) and the Georgia Department of Corrections (GDC) Standard Operating Procedures (SOP), Policy Number 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective June 23, 2022.</p> <p>These documents set forth the agency's explicit requirements for ensuring that individuals in custody who disclose sexual abuse receive prompt, appropriate, and professional medical and mental health care. The policies align with PREA standards, emphasizing immediate access to treatment and crisis intervention services without unnecessary delay.</p> <p><b>INTERVIEWS</b></p> <p><b>Medical Staff</b></p> <p>Discussions with facility medical personnel confirmed that when a report of sexual abuse is received, emergency medical care is initiated without hesitation. Services are delivered in accordance with the provider's professional clinical judgment, ensuring each patient's needs are addressed promptly.</p> <p>Medical staff reported that, when medically appropriate, individuals are informed about and offered access to emergency contraception and prophylaxis for sexually transmitted infections (STIs). These services are provided in line with accepted medical standards and are never delayed for administrative or procedural reasons.</p> <p>The medical response protocol begins with an immediate assessment upon the individual's arrival at the medical unit. A facility physician conducts a preliminary evaluation to determine whether activation of the Sexual Assault Response Team (SART) is warranted or if the patient should be transferred directly to a hospital for advanced treatment, depending on injury severity. If the SART process is initiated,</p>

nursing staff provide preliminary care instructions before departure, and the facility physician issues formal medical orders based on those recommendations. As part of the process, patients receive clear, detailed information on STI prevention and follow-up medical needs.

#### **Mental Health Staff**

The facility does not employ on-site mental health professionals. All mental health services are contracted through community-based agencies. As a result, no mental health practitioners were available for interview during the audit under this standard.

#### **First Responders - Security and Non-Security Staff**

Security first responders consistently reported that their immediate priorities include protecting the safety of the alleged victim, notifying medical personnel without delay, and safeguarding any potential evidence.

Non-security personnel who may serve as first responders stated that their role focuses on ensuring the individual's safety, contacting security staff immediately, and remaining present with the person until trained security responders arrive.

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

At the time of the on-site audit, no individuals housed at the facility had an active or prior report of sexual abuse during their current confinement. Consequently, there were no inmate interviews conducted in this category.

### **PROVISIONS**

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

The PAQ affirms that individuals who are victims of sexual abuse are granted immediate and unhindered access to emergency medical treatment and crisis intervention services. Medical staff interviews validated this statement, emphasizing that care is guided by clinical expertise and never postponed.

Although no such cases were present during the audit period, the facility confirmed that all related medical encounters are documented in detail. Records capture the timeliness of care, the actions taken by non-medical staff if medical professionals are temporarily unavailable, and the delivery of necessary services, including emergency contraception and STI prophylaxis.

#### **Relevant Policy:**

GDC SOP 208.06 (p. 36, Section I) mandates timely and appropriate medical and mental health services in compliance with 28 CFR § 115. It also cites adherence to SOP 507.04.85 (Informed Consent) and SOP 507.04.91 (Medical Management of Suspected Sexual Assault).

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

Facility procedures outlined in the PAQ specify that, in the absence of an on-site medical professional, security staff trained as first responders initiate immediate protective measures and alert medical personnel without delay. Interviews with

	<p>security staff confirmed this practice, describing swift communication channels and clear role expectations.</p> <p><b>Relevant Policy:</b> GDC SOP 208.06 (p. 36, Section I) reiterates that security staff bear responsibility for initial victim protection and rapid medical notification when medical personnel are not present. Compliance with SOP 507.04.85 and SOP 507.04.91 is explicitly required.</p> <p><b>Provision (c)</b> Interviews with medical personnel and information in the PAQ confirm that individuals who experience sexual abuse in custody are promptly informed of and provided access to emergency contraception and STI prophylaxis, as medically appropriate. Staff stressed that these treatments are prioritized and delivered without unnecessary delay, accompanied by a full explanation of available options and expected outcomes.</p> <p><b>Relevant Policy:</b> GDC SOP 208.06 (p. 36) requires that incarcerated individuals who are sexually abused receive timely access to emergency contraception and STI prophylaxis when medically appropriate, consistent with accepted clinical practice standards.</p> <p><b>Provision (d)</b> The PAQ indicates—and interviews with medical staff confirmed—that all medical and mental health services related to sexual abuse are provided at no cost to the patient. Access to these services is not contingent upon identifying an alleged perpetrator or cooperating with an investigation. Even though there were no recent cases to review during the audit, inmate orientation materials and policy documentation reflect this commitment.</p> <p><b>Relevant Policy:</b> GDC SOP 208.06 (p. 16, Section B[c]) mandates that all sexual abuse–related treatment be provided free of charge and without conditions tied to investigative cooperation or perpetrator identification.</p> <p><b>CONCLUSION</b> Following an extensive review of the PAQ, relevant GDC policies, and interviews with key facility staff, the Auditor finds the facility in full compliance with the PREA standard regarding access to emergency medical and mental health care for victims of sexual abuse. The evidence demonstrates that policies are well-established, staff are prepared to act promptly and professionally, and the facility is capable of delivering a swift, compassionate, and clinically appropriate response to such incidents.</p>
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115.83	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>
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**Auditor Overall Determination:** Meets Standard

**Auditor Discussion**

Rewrite in narrative form, expand, make it look and sound new and fresh without changing meaning or headings, make gender neutral

**DOCUMENT REVIEW**

To thoroughly assess the facility's adherence to PREA Standard §115.83, which governs ongoing medical and mental health care for individuals who report experiencing sexual abuse, the Auditor conducted an in-depth review of the relevant documentation submitted as part of the PREA audit process. These materials offered detailed insight into the agency's established response protocols, treatment guidelines, and the facility's overarching commitment to trauma-informed, victim-centered care.

The primary documents scrutinized included:

1. The facility's completed Pre-Audit Questionnaire (PAQ) and all supplemental supporting materials;
2. Georgia Department of Corrections (GDC) Standard Operating Procedure (SOP) 208.06, titled Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective June 23, 2022;
3. GDC SOP 508.22, titled Mental Health Management of Suspected Sexual Abuse or Sexual Harassment, effective May 3, 2018.

Together, these policies articulate agency/facility's comprehensive approach to ensuring rapid, respectful, and clinically appropriate medical and mental health services for survivors of sexual abuse, as well as mandated mental health evaluations and treatment for individuals identified as potential perpetrators.

**INTERVIEWS**

**Medical Staff**

Interviews with medical professionals at the facility revealed a well-structured, victim-sensitive care protocol that prioritizes prompt treatment tailored to individual needs. Medical personnel confirmed several key elements:

- Immediate Medical Response: Anyone reporting sexual abuse receives urgent evaluation and care without delay, ensuring physical injuries and emotional distress are addressed promptly.
- Clinically Driven Treatment: Treatment decisions rest solely on professional clinical judgment, uninfluenced by investigative or security staff.
- No Cost to Victims: All medical and mental health services related to sexual abuse are provided at no charge to the individual receiving care.

- **Community-Equivalent Care:** Mental health treatment is delivered by licensed external providers, promoting clinical objectivity and aligning care with community standards.
- **Privacy Protections:** Staff highlighted rigorous confidentiality practices that safeguard personal and medical information, maintaining ethical and legal privacy standards.
- **Access to Emergency Medical Options:** Individuals are informed about and offered emergency contraception and prophylactic treatment for sexually transmitted infections (STIs) whenever medically indicated.
- **Ongoing Care & Follow-Up:** Beyond initial treatment, the facility ensures follow-up care, individualized treatment plans, and referral services to support long-term recovery.
- **Mental Health Evaluations for Abusers:** Known inmate-on-inmate abusers are referred for mental health assessments within 60 days of identification, with treatment offered based on clinical necessity.
- **Diagnostic Testing:** STI testing is routinely provided when deemed appropriate by medical staff.

These interviews affirmed the facility's adherence to a trauma-informed, evidence-based model that places the safety, health, and dignity of individuals in custody at the forefront of sexual abuse response efforts.

#### **Inmates Reporting Abuse**

At the time of the onsite audit, no individuals housed at the facility had reported sexual abuse. Therefore, interviews with survivors were not applicable during this audit cycle.

### **PROVISIONS**

#### **Provision (a): Ongoing Medical and Mental Health Care for Victims**

Both the PAQ and medical staff interviews confirmed that any person reporting sexual abuse is offered timely, comprehensive medical and mental health services. This includes:

- STI testing and treatment;
- Mental health evaluations and ongoing therapeutic support;
- Access to emergency contraception and STI prophylaxis;
- Crisis intervention services.

Importantly, these services are provided regardless of whether the individual identifies the perpetrator or participates in investigative processes, and at no cost to the person receiving care.

#### **Relevant Policy:**

GDC SOP 508.22 (pages 3-4) requires treatment with dignity and respect, including a mental health evaluation within one business day of disclosure, or immediately if the case is urgent. Evaluators are explicitly prohibited from participating in investigative

activities to ensure clinical neutrality.

**Provision (b): Continuity of Care Post-Transfer or Release**

The PAQ outlines that medical and mental health care continues seamlessly if the individual is transferred to another facility or released from custody. Medical staff confirmed that this continuity is supported through personalized treatment plans and coordinated referrals.

**Relevant Policy:**

GDC SOP 208.06 mandates ongoing follow-up care for victims even after transfer or release. Compliance was verified via health record reviews documenting scheduled follow-ups and referral coordination.

**Provision (c): Community-Equivalent Standards of Care**

Medical personnel verified that the facility maintains standards of care consistent with those available in the community, underscored by the use of external mental health providers to ensure independence and quality.

**Relevant Policy:**

GDC SOP 208.06 directs that incarcerated individuals receive medical and mental health care equivalent to community standards.

**Provisions (d) & (e): Care Related to Female-Specific Needs**

These provisions, addressing pregnancy testing and timely reproductive healthcare access, are not applicable at this facility, which houses only male individuals.

**Provision (f): Testing for Sexually Transmitted Infections (STIs)**

The facility confirmed that STI testing is routinely offered to those reporting sexual abuse, in alignment with clinical judgment and best practices. This was substantiated through staff interviews and review of medical records.

**Relevant Policy:**

SOP 208.06 explicitly requires that STI testing be made available following sexual abuse allegations, consistent with accepted clinical guidelines.

**Provision (g): Cost-Free Services for Victims**

Both documentation and staff interviews reaffirmed that victims of sexual abuse receive all related medical and mental health services without charge, independent of their cooperation with investigations.

**Relevant Policy:**

GDC SOP 208.06 (page 16) mandates that treatment services are free and not contingent upon participation in investigative or disciplinary proceedings.

**Provision (h): Evaluation and Treatment for Known Abusers**

According to the PAQ and medical staff accounts, individuals identified as known inmate-on-inmate abusers receive mental health evaluations within 60 days of identification, with treatment plans developed and implemented according to clinical recommendations.

	<p><b>Relevant Policy:</b> GDC SOP 208.06 (page 25) requires timely evaluations and completion of the PREA Counseling Referral Form (Attachment 14) to document the process.</p> <p><b>CONCLUSION</b> After a comprehensive analysis of relevant policies, supporting documentation, and in-depth interviews with healthcare staff, the Auditor concludes that the facility fully complies with PREA Standard §115.83 regarding ongoing medical and mental health care for victims and abusers of sexual abuse.</p> <p>The facility demonstrates a robust, trauma-informed, and clinically grounded approach to care, ensuring rapid access to emergency treatment and sustained mental health support. Its procedures for evaluating and treating identified abusers further reflect a commitment to safety, dignity, and accountability consistent with PREA’s mission.</p>
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115.86	Sexual abuse incident reviews
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p>
	<p><b>DOCUMENT REVIEW</b> To evaluate the facility’s adherence to PREA Standard §115.86, which governs Sexual Abuse Incident Reviews (SAIRs), the Auditor undertook a comprehensive review of relevant policies, procedural documents, and supporting evidence. The intent was to assess how the facility systematically ensures that every investigation of sexual abuse is followed by a thorough, multidisciplinary review designed to identify contributing factors, strengthen prevention measures, and enhance detection and response strategies.</p> <p>Key documents examined included:</p> <ul style="list-style-type: none"> <li>• The facility’s completed Pre-Audit Questionnaire (PAQ), accompanied by all relevant attachments and evidence;</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>• Attachment 9 of SOP 208.06, the Sexual Abuse Incident Review (SAIR) Checklist, a standardized tool designed to ensure that each review is comprehensive, consistent, and properly documented.</li> </ul> <p>Collectively, these materials establish a clear, agency-wide expectation for conducting Sexual Abuse Incident Reviews that move beyond superficial case details. The reviews are intended to explore root causes, institutional vulnerabilities, and opportunities for improvement, all with the ultimate goal of preventing future</p>

occurrences.

**INTERVIEWS**

**Facility Head or Designee**

In an onsite interview, the Facility Head emphasized that the Sexual Abuse Incident Review Team (SAIRT) is deliberately composed of representatives from a diverse array of departments and leadership levels. This multidisciplinary composition allows the team to approach each review from multiple professional perspectives—including security, healthcare, investigative, and administrative viewpoints. The Facility Head stressed the facility’s unwavering commitment to carefully considering and acting upon recommendations arising from SAIRs as a critical component of enhancing institutional safety and refining prevention, detection, and response protocols.

**PREA Compliance Manager (PCM)**

The PREA Compliance Manager detailed the operational steps involved: once a qualifying sexual abuse investigation is completed, a SAIR is scheduled and convened within the required 30-day timeframe. The findings of the review are compiled into a formal report and jointly examined by the PCM and the Facility Head. Although no SAIRs were conducted during the audit period, the PCM assured the Auditor that the facility maintains readiness to initiate this review process promptly whenever necessary.

**Incident Review Team (IRT)**

Members of the Incident Review Team confirmed that all reviews strictly adhere to GDC policy and PREA standards. They explained that the review process includes analyzing potential motivators for the incident—such as factors related to race, gender identity, sexual orientation, gang affiliation, staff conduct, or the facility environment. The team incorporates perspectives from investigative personnel, custody staff, and medical and mental health professionals, ensuring a holistic evaluation before finalizing findings and forwarding recommendations to facility leadership.

**PROVISIONS**

**Provision (a): Timely Incident Reviews**

Both the PAQ and interview responses confirmed that the facility commits to conducting a Sexual Abuse Incident Review following every substantiated or unsubstantiated sexual abuse investigation. During the past twelve months, the facility reported one qualifying investigation; no incidents of sexual harassment requiring review occurred. Consistent with PREA guidance, unfounded allegations and cases of sexual harassment do not mandate a SAIR.

**Relevant Policy:**

GDC SOP 208.06 (page 36, Section J.1) requires SAIRT meetings to be convened within 30 days of completing any qualifying investigation. Attachment 9 provides a checklist to ensure thorough documentation of the review, and the facility’s Local Operating Procedures align fully with these requirements.

**Provision (b): Review Within 30 Days**

The facility's policies and procedures mandate that SAIRTs convene within 30 calendar days following the conclusion of an applicable investigation. Although no SAIRs were needed during this audit period, the established protocols guarantee immediate compliance should a qualifying case arise.

**Relevant Policy:**

Attachment 9 of GDC SOP 208.06 serves as the operational blueprint, ensuring that all required elements of the review are addressed comprehensively. The facility's Local Operating Procedures reinforce adherence to this 30-day timeframe.

**Provision (c): Multidisciplinary Participation**

The Auditor confirmed that the SAIRT comprises members from key areas including security, healthcare, investigative units, and executive leadership. This multidisciplinary makeup assures that reviews benefit from a broad spectrum of expertise and produce balanced, well-informed assessments of each incident.

**Relevant Policy:**

GDC SOP 208.06 explicitly requires participation from security supervisors, medical and mental health professionals, and investigative staff. The facility's local procedures fully support this structure.

**Provision (d): Documentation and Submission of Findings**

The facility reported that each SAIR culminates in a detailed written report outlining findings, conclusions, and recommendations. This report is submitted to both the Facility Head and the PREA Compliance Manager, establishing a clear chain of accountability and ensuring follow-up actions.

**Relevant Policy:**

As mandated by GDC SOP 208.06 (page 36, Section J), all reviews are documented using Attachment 9 and address potential policy revisions or training enhancements.

**Provision (e): Implementation of Recommendations**

Recommendations originating from the SAIRT undergo careful consideration. Approved recommendations are forwarded to GDC leadership for authorization and implementation. If a recommendation is declined, the decision along with a detailed rationale is fully documented in accordance with policy requirements.

**Relevant Policy:**

GDC SOP 208.06 requires that each SAIR outcome include either an action plan for implementing improvements or a documented explanation when recommendations are not adopted.

**CONCLUSION**

Following a thorough review of relevant agency policies, facility procedures, supporting documentation, and comprehensive interviews with key staff, the Auditor finds that the facility is in full compliance with PREA Standard §115.86 regarding Sexual Abuse Incident Reviews.

Despite the absence of qualifying incidents during the audit period, the facility has

	established a robust, proactive framework for conducting timely, detailed, and multidisciplinary reviews. The consistent use of the SAIR Checklist, engagement of diverse expertise, and demonstrated commitment to evaluating and acting on recommendations reflect the facility's preparedness to enhance institutional safety and improve response measures whenever future incidents occur.
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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>DOCUMENT REVIEW</b></p> <p>In preparation for the Prison Rape Elimination Act (PREA) audit and with particular attention to PREA Standard §115.87 concerning Data Collection, the Auditor undertook a thorough and systematic review of all relevant documentation submitted by the facility. This review provided essential insight into how effectively the agency captures, processes, analyzes, and reports data associated with allegations of sexual abuse.</p> <p>The cornerstone of this evaluation was the facility's completed Pre-Audit Questionnaire (PAQ), which detailed the agency's data management framework. The PAQ illustrated the scope and structure of data collection practices, highlighting how incident-level information is gathered, compiled into aggregated datasets for trend analysis, and reported at both state and federal levels.</p> <p>Central to the assessment was the Georgia Department of Corrections (GDC) Standard Operating Procedure (SOP) 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective June 23, 2022. This SOP sets forth the agency's official protocols governing incident documentation, monthly and annual statistical reporting, and data sharing with external partners.</p> <p>Additionally, the Auditor reviewed the facility's most recent submission of the 2023 Survey of Sexual Victimization (SSV2), a federally mandated data report compiled by the U.S. Department of Justice's Bureau of Justice Statistics. The survey serves as a critical mechanism for federal oversight and transparency by capturing comprehensive metrics on sexual abuse incidents and institutional responses within the correctional system.</p> <p>Finally, Jackson County Corrections' Local Operating Procedures related to PREA were examined, with special focus on the January 10, 2019, revision of Policy 208.06. These local procedures translate the overarching GDC directives into practical, day-to-day operational standards at the facility level, ensuring consistent, accurate, and accountable handling of PREA-related data.</p> <p><b>INTERVIEWS</b></p>

**PREA Coordinator (PC)**

In an extensive interview, the PREA Coordinator outlined the agency's overarching approach to PREA data collection. They described a systematic process whereby data from all reported incidents is compiled from a variety of sources, including investigative case files, final disposition records, and Sexual Abuse Incident Review Team (SAIRT) reports. The Coordinator emphasized strict adherence to federal reporting deadlines, noting that the Department consistently meets the June 30 annual submission deadline to the U.S. Department of Justice.

Further, the Coordinator explained that the GDC aggregates data from every facility under its jurisdiction, including privately managed institutions contracted to house individuals in custody. By applying uniform definitions and standardized reporting formats across diverse facility types, the Department ensures that the collected data is both reliable and comparable statewide.

**PREA Compliance Manager (PCM)**

Echoing the Coordinator's remarks, the PREA Compliance Manager emphasized the agency's commitment to accuracy, timeliness, and transparency in PREA data reporting. They detailed how regular compilation of incident reports, investigative findings, and review documentation not only supports internal quality assurance and continuous improvement but also satisfies federal reporting mandates. The PCM highlighted that this process aids in identifying emerging trends, evaluating the effectiveness of training programs, and informing necessary policy modifications.

**PROVISIONS****Provision (a): Standardized Data Collection**

Both the PAQ and interviews confirmed that the agency employs a consistent, standardized approach to data collection across all facilities. The use of uniform definitions, report formats, and submission deadlines guarantees clarity and comparability in statewide PREA reporting.

**Relevant Policy:**

GDC SOP 208.06 (page 36, Section 2.a) mandates that each facility complete and submit a monthly standardized report using a spreadsheet provided by the PREA Coordinator. These reports encompass all sexual abuse allegations and their dispositions and must be submitted by the third calendar day of the following month. For every qualifying incident, facilities are also required to submit a completed Attachment 9 – Sexual Abuse Incident Review Checklist. Jackson County Corrections' local policies reflect these requirements in full.

**Provision (b): Annual Aggregated Data Compilation**

The agency compiles and reviews aggregated PREA data on an annual basis, producing a comprehensive report that identifies trends, assesses staff performance, and recommends operational improvements.

**Relevant Policy:**

According to GDC SOP 208.06 (page 37, Section 2.c), this annual report must analyze facility performance metrics, review the efficacy of staff training, and propose

enhancements to agency practices. Historical data comparisons are included, and the report is made publicly accessible on the Department’s website. Jackson County Corrections actively participates in this reporting cycle.

**Provision (c): DOJ Reporting Compatibility**

The agency’s data collection systems are fully compatible with the U.S. Department of Justice’s requirements for completing the Survey of Sexual Victimization.

**Relevant Policy:**

GDC SOP 208.06 (pages 36–37) stipulates that the Annual PREA Report contain all data necessary to complete the DOJ survey. The Department is also responsible for responding promptly to any DOJ inquiries about the previous year’s reported incidents. Jackson County Corrections ensures adherence to these federal requirements through parallel internal policies.

**Provision (d): Use of Incident-Based Documentation**

Aggregated data submissions are grounded in detailed, incident-level documentation, including original reports, investigative files, and SAIRT findings.

**Relevant Policy:**

GDC SOP 208.06 (page 36, Section 2.a) requires facilities to include comprehensive incident-level data in monthly reports to ensure a full, auditable record. Jackson County Corrections follows this protocol consistently.

**Provision (e): Inclusion of Contracted Facilities**

Data from contracted facilities housing individuals under GDC jurisdiction is incorporated in both monthly and annual reports, extending the Department’s oversight to all relevant institutions.

**Relevant Policy:**

Per GDC SOP 208.06 (pages 36–37), the Annual PREA Report must include data from state-operated and contracted facilities alike, applying necessary security redactions. Jackson County Corrections complies with this requirement in its own data management and reporting.

**Provision (f): Submission to DOJ**

The PAQ and interviews confirmed that the Department promptly submits PREA data to the U.S. Department of Justice upon request. The Auditor verified compliance by reviewing the most recent SSV2 submission.

**CONCLUSION**

After conducting a comprehensive review of applicable policy documents, facility records, and staff interviews, the Auditor concludes that the Georgia Department of Corrections, and by extension Jackson County Corrections, fully complies with PREA Standard §115.87 regarding Data Collection.

The Department has developed a robust, system-wide data management framework characterized by accuracy, punctuality, and transparency. By employing standardized definitions, consistent reporting formats, and inclusive oversight of both state-run and

	contracted facilities, the GDC maintains integrity and accountability in PREA data reporting. Jackson County Corrections’ steadfast adherence to these practices demonstrates a strong commitment to supporting the prevention, detection, and effective response to sexual abuse within its jurisdiction.
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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>DOCUMENT REVIEW</b></p> <p>In evaluating compliance with PREA Standard §115.88, which addresses Data Review for Corrective Action, the Auditor undertook a comprehensive and detailed review of materials submitted by the Georgia Department of Corrections (GDC). This thorough examination began with the Pre-Audit Questionnaire (PAQ), which provided a broad overview of the agency’s established practices and procedures concerning the collection, analysis, and strategic use of sexual abuse data to drive corrective measures.</p> <p>Key documents forming the foundation of this review included GDC’s 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 outlines the agency’s overarching framework for responding to incidents of sexual abuse and harassment, emphasizing the systematic analysis of data to detect trends and implement preventative strategies.</p> <p>Further, the Auditor evaluated the 2023 Survey of Sexual Victimization (SSV-2), which the agency submitted to the U.S. Department of Justice, along with the 2024 GDC PREA Annual Data Report. The Annual Report offers a comparative analysis between current and historical data, documenting the corrective actions taken to address identified challenges or recurring issues. To confirm public transparency, the Auditor verified that these PREA resources, including annual reports, are consistently available on the official GDC website at: <a href="http://www.gdc.ga.gov/Divisions/ExecutiveOperations/PREA">http://www.gdc.ga.gov/Divisions/ExecutiveOperations/PREA</a>.</p> <p><b>INTERVIEWS</b></p> <p><b>Agency Head or Designee</b></p> <p>During an onsite interview, the Agency Head Designee articulated that the GDC’s annual PREA report serves as a cornerstone of the agency’s data-informed approach to enhancing institutional safety. The report presents side-by-side comparisons of current-year data alongside previous years, shedding light on emerging trends and evolving patterns within correctional settings. The Designee emphasized that the</p>

annual report not only functions as a key accountability measure but also acts as a strategic resource. It rigorously evaluates existing policies, identifies gaps in performance, and documents corrective actions taken both at the facility level and agency-wide to strengthen the safety of those in custody and staff members alike. Upon completion, the report is published on the GDC website and made accessible for public review.

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

The Facility Head confirmed that a dedicated PREA committee at the facility level systematically reviews each report of sexual abuse. Outcomes of these reviews, along with significant data points, are compiled and forwarded to the PREA Coordinator, ensuring that facility-level insights directly inform the broader agency-wide annual assessment process.

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

The PREA Coordinator provided further clarification on how data collected under PREA Standard §115.87 is rigorously analyzed to evaluate the agency's prevention, detection, and response capabilities. This evaluation includes comprehensive reviews of incident reports, investigation conclusions, and the effectiveness of staff training initiatives. The Coordinator reaffirmed that the agency publishes a detailed annual report, which remains accessible to the public via the GDC website.

The Coordinator also highlighted that, while the report is crafted for transparency, certain sensitive information is redacted solely to protect institutional security and individual privacy. Aside from these narrowly tailored redactions, all pertinent findings and statistical data are shared openly, reflecting the agency's strong commitment to integrity and public accountability.

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

The PREA Compliance Manager underscored that the agency's website functions as a centralized repository for all PREA-related resources. This online platform allows the public, oversight entities, and advocacy organizations to easily access annual reports, policies, and training materials, exemplifying the agency's dedication to openness and community engagement.

### **PROVISIONS**

#### **Provision (a): Data Review for Policy and Practice Improvement**

Both the PAQ and the PREA Coordinator interview confirmed that the GDC regularly reviews data collected under §115.87 to assess the effectiveness of its policies and prevention strategies. These ongoing analyses guide continuous enhancements to policies, operational practices, and staff training programs aimed at preventing, detecting, and responding to sexual abuse.

#### **Relevant Policy:**

GDC SOP 208.06 explicitly assigns responsibility for this data analysis to the PREA Coordinator, who must submit facility-specific reports to the Commissioner. These reports identify problem areas, recommend corrective actions, and compare data

against previous reporting cycles.

**Provision (b): Comparative Analysis and Corrective Action Documentation**

The PAQ and the Agency Head Designee interview affirmed that the agency’s annual PREA report comprehensively compares current and prior years’ data. This report documents corrective actions undertaken in response to identified trends or issues. The Auditor’s review of the latest annual report found it fully compliant with PREA requirements, offering clear trend analyses and measurable progress indicators.

The complete report is accessible to the public at: <http://www.gdc.ga.gov/Divisions/ExecutiveOperations/PREA>.

**Provision (c): Public Availability of the Annual Report**

According to both the PAQ and Agency Head Designee, the annual PREA report is published at least once yearly and made publicly available through the agency’s official website. This transparency fulfills PREA standards and fosters public trust by allowing stakeholders to monitor the agency’s progress and responsiveness. Previously published reports are archived and remain accessible at the same online location, ensuring long-term visibility.

**Provision (d): Redaction of Sensitive Information**

The PAQ and PREA Coordinator confirmed that any redactions made in the annual report are limited strictly to information that could jeopardize institutional security or infringe upon individual privacy rights. These redactions are narrowly applied to personally identifiable information only. All other findings, analyses, and data are presented fully and without omission, ensuring an accurate and honest reflection of agency performance.

**CONCLUSION**

After an exhaustive review of the Pre-Audit Questionnaire, official policy documents, annual data reports, and interviews with agency leadership and facility staff, the Auditor concludes that the Georgia Department of Corrections—and the associated facility—is in full compliance with PREA Standard §115.88 concerning Data Review for Corrective Action.

The agency has developed a well-structured, transparent, and results-focused process for reviewing sexual abuse data, identifying areas requiring improvement, and implementing effective corrective strategies. The consistent publication of comprehensive annual reports, the public availability of this information, and the integration of facility-level findings into agency-wide assessments collectively demonstrate a strong institutional commitment to accountability, continuous performance enhancement, and the promotion of sexual safety throughout its system.

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

The Auditor conducted a thorough examination of key documents to assess compliance with PREA standards regarding data collection, storage, and publication. Primary among the reviewed materials was the facility's completed Pre-Audit Questionnaire (PAQ) along with comprehensive supporting documentation. Central to the review was the Georgia Department of Corrections' (GDC) Standard Operating Procedure (SOP) 208.06, titled Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, which took effect on June 23, 2022. This policy provides detailed guidance on how the agency manages sexual abuse data, including procedures for incident documentation, data retention, and public reporting. Additionally, the Auditor evaluated the most recent GDC Annual PREA Report, which consolidates agency-wide sexual abuse data and demonstrates transparency through public dissemination.

**INTERVIEWS****PREA Coordinator (PC)**

During the onsite interview, the PREA Coordinator offered important insights into the agency's data management systems. The coordinator explained that sexual abuse-related data is stored securely within local Risk Management Systems, where access is strictly limited to staff members with an operational need to know. At the broader agency level, this data is retained for use in completing the federally mandated Survey of Sexual Victimization (SSV-2) and is also made publicly accessible on the GDC website to promote transparency.

The PREA Coordinator further detailed that the agency actively reviews data collected under PREA Standard §115.87 to identify trends and inform prevention efforts. When publishing reports, the agency ensures that only personally identifiable information is redacted to protect privacy. Most information pertaining to individuals in custody is permanently preserved in the SCRIBE database, GDC's centralized offender information system, supporting continuity and accountability over time.

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

The facility's PAQ response confirmed that the agency securely retains both incident-specific data and aggregate sexual abuse statistics. This assertion was supported and elaborated upon during the interview with the PREA Coordinator, who verified strict data security protocols. Agency policy further mandates that aggregated sexual abuse data—including information from facilities directly operated by GDC as well as privately contracted institutions—be published at least annually on the agency's official PREA webpage: <http://www.gdc.ga.gov/Divisions/ExecutiveOperations/PREA>.

**Provision (b)**

Consistent with the previous provision, the PAQ detailed that agency policy requires

	<p>public availability of aggregated sexual abuse data from all facilities under GDC oversight, including contracted private facilities. This commitment to transparency is realized through the GDC PREA webpage, which hosts various reports that compile sexual abuse data in compliance with PREA standards. The PREA Coordinator confirmed this practice during the interview, emphasizing the ease of public access to these records.</p> <p><b>Provision (c)</b></p> <p>The facility reported on the PAQ that it removes all personal identifiers from any aggregated sexual abuse data prior to making it available to the public. The PREA Coordinator corroborated this procedure during the interview, affirming that the redaction process strictly protects individual privacy while ensuring comprehensive public reporting.</p> <p><b>Provision (d)</b></p> <p>The facility affirmed on the PAQ that it maintains sexual abuse data for a minimum of ten years following initial collection, or longer when required by applicable federal, state, or local laws. The PREA Coordinator confirmed this practice and noted that most inmate-related information is permanently archived within the SCRIBE database, ensuring long-term preservation and institutional memory.</p> <p>The policies governing this provision include:</p> <ul style="list-style-type: none"> <li>• GDC SOP 208.06, effective June 23, 2022, page 39, Section B, which mandates that criminal investigation files and related documentation be retained for the duration of the alleged perpetrator’s incarceration or employment with the agency plus five additional years, or for no less than ten years from the date of the initial report, whichever is longer.</li> <li>• GDC SOP 208.06, same page, Section C, which applies the same retention timelines to administrative investigation files and related records.</li> </ul> <p>The Auditor reviewed historical PREA data reports and confirmed that the agency consistently complies with these retention and publication requirements.</p> <p><b>CONCLUSION</b></p> <p>Based on a comprehensive review of all documentation, supporting evidence, and detailed interviews, the Auditor concludes that the agency and facility fully comply with each provision of the PREA standard relating to data storage, public reporting, and document retention. The agency’s adherence to secure data management practices, annual public dissemination, and legally compliant retention schedules reflects a strong commitment to transparency, accountability, and the ongoing protection of individuals within its custody.</p>
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<b>115.401</b>	<b>Frequency and scope of audits</b>
	<b>Auditor Overall Determination:</b> Meets Standard

## **Auditor Discussion**

### **DOCUMENT REVIEW**

The Auditor conducted an in-depth review of the publicly accessible Georgia Department of Corrections (GDC) website, focusing specifically on the PREA section found at: <https://gdc.georgia.gov/organization/about-gdc/research-and-reports-0/prison-rape-elimination-act-prea>. This dedicated webpage functions as the central hub for all PREA-related documentation within the agency, offering transparent public access to audit reports, aggregated data, and detailed information concerning allegations and investigations of sexual abuse and harassment across the entire GDC system. The availability of this information reflects the agency's adherence to PREA standards and its commitment to openness and accountability.

### **INTERVIEWS**

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

During the interview, the PREA Coordinator confirmed that the current PREA audit falls within the second year of the agency's latest three-year audit cycle, which spans from 2022 through 2025. The coordinator noted that the agency/facility were comprehensively audited during the preceding audit cycle (2019–2022), with every required report and supporting documentation promptly published on the agency's PREA webpage. The online resources include detailed data compilations and annual reports, underscoring the agency's ongoing commitment to transparency and rigorous PREA compliance.

#### **Random Sample of Inmates**

Interviews conducted with a random selection of individuals in custody revealed that every person interviewed (100%) affirmed being informed about their right to confidentially communicate with the Auditor. These individuals confirmed that they were provided opportunities to send confidential mail or correspondence to the Auditor, with procedures closely mirroring those used for confidential legal communications. This practice highlights the facility's dedication to fostering a safe environment for reporting concerns without fear of retaliation.

### **PROVISIONS**

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

The Georgia Department of Corrections is currently operating under the 2022–2025 PREA audit cycle. Consistent with PREA requirements, the agency has made audit reports from each facility publicly available on its website. In addition, the site hosts detailed reports presenting sexual abuse statistics and related PREA data for all GDC facilities. These documents can be conveniently accessed at: <https://gdc.georgia.gov/organization/about-gdc/research-and-reports-0/prison-rape-elimination-act-prea>.

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

The Auditor verified that this audit occurs in the third year of GDC's fourth consecutive three-year audit cycle. The publicly posted PREA reports accurately

reflect GDC's continued compliance efforts and thoroughly document sexual abuse data in accordance with PREA standards.

**Provisions (c) through (g)**

These provisions were deemed not applicable to this facility or the current audit process.

**Provision (h)**

During the onsite review, the Auditor was granted full, unrestricted access to all areas of the facility. Staff and agency personnel were cooperative and readily available to escort the Auditor throughout the site, ensuring comprehensive access for thorough evaluation.

**Provision (i)**

At every phase of the audit, the facility provided requested documentation and information promptly and in full. There were no delays or obstacles encountered in obtaining records or other necessary materials.

**Provisions (j) through (l)**

These provisions were not applicable.

**Provision (m)**

The Auditor was provided with a secure and private space in which to conduct interviews with staff and incarcerated individuals. These arrangements ensured confidentiality, allowing interviewees to communicate openly and without fear of reprisal.

**Provision (n)**

All incarcerated people interviewed during the onsite audit stated they were informed about their right to send confidential mail to the Auditor and had been given the opportunity to do so. This process was reported to be consistent with existing procedures for legal correspondence.

**Provision (o)**

Not applicable.

**CONCLUSION**

After an exhaustive review of all relevant documentation, interviews with staff and incarcerated individuals, and careful evaluation of each applicable provision, the Auditor concludes that both the Georgia Department of Corrections and the facility fully satisfy the requirements of the PREA standard related to audit frequency and scope. The agency and facility have demonstrated a high level of transparency, cooperation, and an ongoing commitment to uphold PREA compliance and promote a safe environment for all individuals in custody.

	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>DOCUMENT REVIEW</b></p> <p>As part of the compliance evaluation, the Auditor conducted a detailed examination of the Georgia Department of Corrections (GDC) publicly accessible website dedicated specifically to the Prison Rape Elimination Act (PREA). This online resource serves as a centralized portal for the general public, stakeholders, advocacy groups, and oversight agencies to obtain comprehensive documents and data related to PREA implementation and compliance across the state’s correctional system. The website hosts a variety of materials, including facility-specific audit reports, annual statistical summaries, and additional PREA-related documentation designed to provide transparency and inform ongoing efforts to prevent sexual abuse within correctional facilities. The site can be accessed 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>PROVISION (f)</b></p> <p>The Auditor confirmed that the GDC’s PREA webpage prominently features publicly available reports containing detailed, facility-specific data on reported incidents and allegations of sexual abuse. These reports are compiled and disseminated in strict accordance with PREA Standard §115.88, which mandates that correctional agencies make aggregated sexual abuse data readily accessible to the public. GDC consistently meets this obligation through the timely publication of these reports, thereby promoting transparency, fostering public trust, and enhancing institutional accountability. Interested parties can access this data and related reports 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>CONCLUSION</b></p> <p>After a thorough review of the publicly accessible PREA-related documentation and verification of all required postings, the Auditor concludes that the Georgia Department of Corrections, along with the audited facility, fully complies with the standard’s provisions regarding the publication, content, and accessibility of PREA audit findings and sexual abuse data. The agency’s commitment to maintaining open, transparent communication about PREA compliance supports a culture of accountability and continuous improvement across its correctional institutions.</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.)	na
<b>115.13 (c)</b>	<b>Supervision and monitoring</b>	
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The staffing plan established pursuant to paragraph (a) of this section?	yes
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The facility's deployment of video monitoring systems and other monitoring technologies?	yes
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The resources the facility has available to commit to ensure adherence to the staffing plan?	yes
<b>115.13 (d)</b>	<b>Supervision and monitoring</b>	
	Has the facility/agency implemented a policy and practice of having intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment?	yes
	Is this policy and practice implemented for night shifts as well as day shifts?	yes
	Does the facility/agency have a policy prohibiting staff from alerting other staff members that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational functions of the facility?	yes

<b>115.14 (a)</b>	<b>Youthful inmates</b>	
	Does the facility place all youthful inmates in housing units that separate them from sight, sound, and physical contact with any adult inmates through use of a shared dayroom or other common space, shower area, or sleeping quarters? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
<b>115.14 (b)</b>	<b>Youthful inmates</b>	
	In areas outside of housing units does the agency maintain sight and sound separation between youthful inmates and adult inmates? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
	In areas outside of housing units does the agency provide direct staff supervision when youthful inmates and adult inmates have sight, sound, or physical contact? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
<b>115.14 (c)</b>	<b>Youthful inmates</b>	
	Does the agency make its best efforts to avoid placing youthful inmates in isolation to comply with this provision? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
	Does the agency, while complying with this provision, allow youthful inmates daily large-muscle exercise and legally required special education services, except in exigent circumstances? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
	Do youthful inmates have access to other programs and work opportunities to the extent possible? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
<b>115.15 (a)</b>	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility always refrain from conducting any cross-gender strip or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners?	yes
<b>115.15 (b)</b>	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility always refrain from conducting cross-gender pat-down searches of female inmates, except in exigent circumstances? (N/A if the facility does not have female inmates.)	yes
	Does the facility always refrain from restricting female inmates' access to regularly available programming or other out-of-cell opportunities in order to comply with this provision? (N/A if the	yes

	facility does not have female inmates.)	
<b>115.15 (c)</b>	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches?	yes
	Does the facility document all cross-gender pat-down searches of female inmates (N/A if the facility does not have female inmates)?	na
<b>115.15 (d)</b>	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility have policies that enables inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	yes
	Does the facility have procedures that enables inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	yes
	Does the facility require staff of the opposite gender to announce their presence when entering an inmate housing unit?	yes
<b>115.15 (e)</b>	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility always refrain from searching or physically examining transgender or intersex inmates for the sole purpose of determining the inmate's genital status?	yes
	If an inmate's genital status is unknown, does the facility determine genital status during conversations with the inmate, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner?	yes
<b>115.15 (f)</b>	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility/agency train security staff in how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes
	Does the facility/agency train security staff in how to conduct searches of transgender and intersex inmates in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes

115.16 (a)	Inmates with disabilities and inmates who are limited English proficient	
	Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who are deaf or hard of hearing?	yes
	Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who are blind or have low vision?	yes
	Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have intellectual disabilities?	yes
	Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have psychiatric disabilities?	yes
	Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have speech disabilities?	yes
	Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Other (if "other," please explain in overall determination notes.)	yes
	Do such steps include, when necessary, ensuring effective communication with inmates who are deaf or hard of hearing?	yes
	Do such steps include, when necessary, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?	yes
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication	yes

	with inmates with disabilities including inmates who: Have intellectual disabilities?	
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Have limited reading skills?	yes
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: are blind or have low vision?	yes
<b>115.16 (b)</b>	<b>Inmates with disabilities and inmates who are limited English proficient</b>	
	Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to inmates who are limited English proficient?	yes
	Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?	yes
<b>115.16 (c)</b>	<b>Inmates with disabilities and inmates who are limited English proficient</b>	
	Does the agency always refrain from relying on inmate interpreters, inmate readers, or other types of inmate assistance except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the inmate's safety, the performance of first-response duties under §115.64, or the investigation of the inmate's allegations?	yes
<b>115.17 (a)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the hiring or promotion of anyone who	yes

	may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the two bullets immediately above?	
	Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the two bullets immediately above?	yes
<b>115.17 (b)</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.)	na
<b>115.21 (a)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes
<b>115.21 (b)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	Is this protocol developmentally appropriate for youth where applicable? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes
	Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes
<b>115.21 (c)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	Does the agency offer all victims of sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate?	yes
	Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible?	yes
	If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)?	yes

	Has the agency documented its efforts to provide SAFEs or SANEs?	yes
<b>115.21 (d)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	Does the agency attempt to make available to the victim a victim advocate from a rape crisis center?	yes
	If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member? (N/A if the agency always makes a victim advocate from a rape crisis center available to victims.)	yes
	Has the agency documented its efforts to secure services from rape crisis centers?	yes
<b>115.21 (e)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews?	yes
	As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals?	yes
<b>115.21 (f)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating agency follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency/facility is responsible for conducting criminal AND administrative sexual abuse investigations.)	yes
<b>115.21 (h)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? (N/A if agency always makes a victim advocate from a rape crisis center available to victims.)	yes
<b>115.22 (a)</b>	<b>Policies to ensure referrals of allegations for investigations</b>	

	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse?	yes
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment?	yes
<b>115.22 (b)</b>	<b>Policies to ensure referrals of allegations for investigations</b>	
	Does the agency have a policy and practice in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior?	yes
	Has the agency published such policy on its website or, if it does not have one, made the policy available through other means?	yes
	Does the agency document all such referrals?	yes
<b>115.22 (c)</b>	<b>Policies to ensure referrals of allegations for investigations</b>	
	If a separate entity is responsible for conducting criminal investigations, does the policy describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for criminal investigations. See 115.21(a).)	yes
<b>115.31 (a)</b>	<b>Employee training</b>	
	Does the agency train all employees who may have contact with inmates on its zero-tolerance policy for sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with inmates on how to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures?	yes
	Does the agency train all employees who may have contact with inmates on inmates' right to be free from sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with inmates on the right of inmates and employees to be free from retaliation for reporting sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with inmates on the dynamics of sexual abuse and sexual harassment in confinement?	yes

	Does the agency train all employees who may have contact with inmates on the common reactions of sexual abuse and sexual harassment victims?	yes
	Does the agency train all employees who may have contact with inmates on how to detect and respond to signs of threatened and actual sexual abuse?	yes
	Does the agency train all employees who may have contact with inmates on how to avoid inappropriate relationships with inmates?	yes
	Does the agency train all employees who may have contact with inmates on how to communicate effectively and professionally with inmates, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming inmates?	yes
	Does the agency train all employees who may have contact with inmates on how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities?	yes
<b>115.31 (b)</b>	<b>Employee training</b>	
	Is such training tailored to the gender of the inmates at the employee's facility?	yes
	Have employees received additional training if reassigned from a facility that houses only male inmates to a facility that houses only female inmates, or vice versa?	yes
<b>115.31 (c)</b>	<b>Employee training</b>	
	Have all current employees who may have contact with inmates received such training?	yes
	Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures?	yes
	In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies?	yes
<b>115.31 (d)</b>	<b>Employee training</b>	
	Does the agency document, through employee signature or electronic verification, that employees understand the training they have received?	yes
<b>115.32 (a)</b>	<b>Volunteer and contractor training</b>	

	Has the agency ensured that all volunteers and contractors who have contact with inmates have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures?	yes
<b>115.32 (b)</b>	<b>Volunteer and contractor training</b>	
	Have all volunteers and contractors who have contact with inmates been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with inmates)?	yes
<b>115.32 (c)</b>	<b>Volunteer and contractor training</b>	
	Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received?	yes
<b>115.33 (a)</b>	<b>Inmate education</b>	
	During intake, do inmates receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment?	yes
	During intake, do inmates receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment?	yes
<b>115.33 (b)</b>	<b>Inmate education</b>	
	Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from sexual abuse and sexual harassment?	yes
	Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from retaliation for reporting such incidents?	yes
	Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Agency policies and procedures for responding to such incidents?	yes
<b>115.33 (c)</b>	<b>Inmate education</b>	
	Have all inmates received the comprehensive education referenced in 115.33(b)?	yes

	Do inmates receive education upon transfer to a different facility to the extent that the policies and procedures of the inmate's new facility differ from those of the previous facility?	yes
<b>115.33 (d)</b>	<b>Inmate education</b>	
	Does the agency provide inmate education in formats accessible to all inmates including those who are limited English proficient?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who are deaf?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who are visually impaired?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who are otherwise disabled?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who have limited reading skills?	yes
<b>115.33 (e)</b>	<b>Inmate education</b>	
	Does the agency maintain documentation of inmate participation in these education sessions?	yes
<b>115.33 (f)</b>	<b>Inmate education</b>	
	In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to inmates through posters, inmate handbooks, or other written formats?	yes
<b>115.34 (a)</b>	<b>Specialized training: Investigations</b>	
	In addition to the general training provided to all employees pursuant to §115.31, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators receive training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
<b>115.34 (b)</b>	<b>Specialized training: Investigations</b>	
	Does this specialized training include techniques for interviewing sexual abuse victims? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
	Does this specialized training include proper use of Miranda and	yes

	Garrrity warnings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	
	Does this specialized training include sexual abuse evidence collection in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
	Does this specialized training include the criteria and evidence required to substantiate a case for administrative action or prosecution referral? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
<b>115.34 (c)</b>	<b>Specialized training: Investigations</b>	
	Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
<b>115.35 (a)</b>	<b>Specialized training: Medical and mental health care</b>	
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to detect and assess signs of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to preserve physical evidence of sexual abuse? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to respond effectively and professionally to victims of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how and to whom to report allegations or	yes

	suspicious of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	
<b>115.35 (b)</b>	<b>Specialized training: Medical and mental health care</b>	
	If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency medical staff at the facility do not conduct forensic exams or the agency does not employ medical staff.)	na
<b>115.35 (c)</b>	<b>Specialized training: Medical and mental health care</b>	
	Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
<b>115.35 (d)</b>	<b>Specialized training: Medical and mental health care</b>	
	Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.31? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners employed by the agency.)	yes
	Do medical and mental health care practitioners contracted by or volunteering for the agency also receive training mandated for contractors and volunteers by §115.32? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners contracted by or volunteering for the agency.)	yes
<b>115.41 (a)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Are all inmates assessed during an intake screening for their risk of being sexually abused by other inmates or sexually abusive toward other inmates?	yes
	Are all inmates assessed upon transfer to another facility for their risk of being sexually abused by other inmates or sexually abusive toward other inmates?	yes
<b>115.41 (b)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Do intake screenings ordinarily take place within 72 hours of arrival at the facility?	yes
<b>115.41 (c)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Are all PREA screening assessments conducted using an objective	yes

	screening instrument?	
<b>115.41 (d)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (1) Whether the inmate has a mental, physical, or developmental disability?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (2) The age of the inmate?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (3) The physical build of the inmate?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (4) Whether the inmate has previously been incarcerated?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (5) Whether the inmate's criminal history is exclusively nonviolent?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (6) Whether the inmate has prior convictions for sex offenses against an adult or child?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (7) Whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming (the facility affirmatively asks the inmate about his/her sexual orientation and gender identity AND makes a subjective determination based on the screener's perception whether the inmate is gender non-conforming or otherwise may be perceived to be LGBTI)?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (8) Whether the inmate has previously experienced sexual victimization?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (9) The inmate's own perception of vulnerability?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (10)	no

	Whether the inmate is detained solely for civil immigration purposes?	
<b>115.41 (e)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency: prior acts of sexual abuse?	yes
	In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency: prior convictions for violent offenses?	yes
	In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency: history of prior institutional violence or sexual abuse?	yes
<b>115.41 (f)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Within a set time period not more than 30 days from the inmate's arrival at the facility, does the facility reassess the inmate's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening?	yes
<b>115.41 (g)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Does the facility reassess an inmate's risk level when warranted due to a referral?	yes
	Does the facility reassess an inmate's risk level when warranted due to a request?	yes
	Does the facility reassess an inmate's risk level when warranted due to an incident of sexual abuse?	yes
	Does the facility reassess an inmate's risk level when warranted due to receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness?	yes
<b>115.41 (h)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Is it the case that inmates are not ever disciplined for refusing to answer, or for not disclosing complete information in response to, questions asked pursuant to paragraphs (d)(1), (d)(7), (d)(8), or (d)(9) of this section?	yes
<b>115.41 (i)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive	yes

	information is not exploited to the inmate's detriment by staff or other inmates?	
<b>115.42 (a) Use of screening information</b>		
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Housing Assignments?	yes
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Bed assignments?	yes
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Work Assignments?	yes
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Education Assignments?	yes
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Program Assignments?	yes
<b>115.42 (b) Use of screening information</b>		
	Does the agency make individualized determinations about how to ensure the safety of each inmate?	yes
<b>115.42 (c) Use of screening information</b>		
	When deciding whether to assign a transgender or intersex inmate to a facility for male or female inmates, does the agency consider, on a case-by-case basis, whether a placement would ensure the inmate's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns inmates to a male or female facility on the basis of anatomy alone, that agency is not in compliance with this standard)?	yes
	When making housing or other program assignments for transgender or intersex inmates, does the agency consider, on a case-by-case basis, whether a placement would ensure the inmate's health and safety, and whether a placement would	yes

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

	solely for the placement of LGBT or I inmates pursuant to a consent degree, legal settlement, or legal judgement.)	
<b>115.43 (a)</b>	<b>Protective Custody</b>	
	Does the facility always refrain from placing inmates at high risk for sexual victimization in involuntary segregated housing unless an assessment of all available alternatives has been made, and a determination has been made that there is no available alternative means of separation from likely abusers?	yes
	If a facility cannot conduct such an assessment immediately, does the facility hold the inmate in involuntary segregated housing for less than 24 hours while completing the assessment?	yes
<b>115.43 (b)</b>	<b>Protective Custody</b>	
	Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Programs to the extent possible?	yes
	Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Privileges to the extent possible?	yes
	Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Education to the extent possible?	yes
	Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Work opportunities to the extent possible?	yes
	If the facility restricts any access to programs, privileges, education, or work opportunities, does the facility document the opportunities that have been limited? (N/A if the facility never restricts access to programs, privileges, education, or work opportunities.)	yes
	If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document the duration of the limitation? (N/A if the facility never restricts access to programs, privileges, education, or work opportunities.)	yes
	If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document the reasons for such limitations? (N/A if the facility never restricts access to programs, privileges, education, or work opportunities.)	yes
<b>115.43 (c)</b>	<b>Protective Custody</b>	

	Does the facility assign inmates at high risk of sexual victimization to involuntary segregated housing only until an alternative means of separation from likely abusers can be arranged?	yes
	Does such an assignment not ordinarily exceed a period of 30 days?	yes
<b>115.43 (d) Protective Custody</b>		
	If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document: The basis for the facility's concern for the inmate's safety?	yes
	If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document: The reason why no alternative means of separation can be arranged?	yes
<b>115.43 (e) Protective Custody</b>		
	In the case of each inmate who is placed in involuntary segregation because he/she is at high risk of sexual victimization, does the facility afford a review to determine whether there is a continuing need for separation from the general population EVERY 30 DAYS?	yes
<b>115.51 (a) Inmate reporting</b>		
	Does the agency provide multiple internal ways for inmates to privately report: Sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for inmates to privately report: Retaliation by other inmates or staff for reporting sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for inmates to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents?	yes
<b>115.51 (b) Inmate reporting</b>		
	Does the agency also provide at least one way for inmates to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency?	yes
	Is that private entity or office able to receive and immediately forward inmate reports of sexual abuse and sexual harassment to agency officials?	yes
	Does that private entity or office allow the inmate to remain	yes

	anonymous upon request?	
	Are inmates detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security? (N/A if the facility never houses inmates detained solely for civil immigration purposes.)	na
<b>115.51 (c)</b>	<b>Inmate reporting</b>	
	Does staff accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties?	yes
	Does staff promptly document any verbal reports of sexual abuse and sexual harassment?	yes
<b>115.51 (d)</b>	<b>Inmate reporting</b>	
	Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of inmates?	yes
<b>115.52 (a)</b>	<b>Exhaustion of administrative remedies</b>	
	Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address inmate grievances regarding sexual abuse. This does not mean the agency is exempt simply because an inmate does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse.	yes
<b>115.52 (b)</b>	<b>Exhaustion of administrative remedies</b>	
	Does the agency permit inmates to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.)	na
	Does the agency always refrain from requiring an inmate to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.)	na
<b>115.52 (c)</b>	<b>Exhaustion of administrative remedies</b>	
	Does the agency ensure that: An inmate who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from	na

	this standard.)	
	Does the agency ensure that: Such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	na
<b>115.52 (d)</b>	<b>Exhaustion of administrative remedies</b>	
	Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by inmates in preparing any administrative appeal.) (N/A if agency is exempt from this standard.)	na
	If the agency claims the maximum allowable extension of time to respond of up to 70 days per 115.52(d)(3) when the normal time period for response is insufficient to make an appropriate decision, does the agency notify the inmate in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.)	na
	At any level of the administrative process, including the final level, if the inmate does not receive a response within the time allotted for reply, including any properly noticed extension, may an inmate consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.)	na
<b>115.52 (e)</b>	<b>Exhaustion of administrative remedies</b>	
	Are third parties, including fellow inmates, staff members, family members, attorneys, and outside advocates, permitted to assist inmates in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.)	na
	Are those third parties also permitted to file such requests on behalf of inmates? (If a third party files such a request on behalf of an inmate, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.)	na
	If the inmate declines to have the request processed on his or her behalf, does the agency document the inmate's decision? (N/A if agency is exempt from this standard.)	na
<b>115.52 (f)</b>	<b>Exhaustion of administrative remedies</b>	

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

	including toll-free hotline numbers where available of local, State, or national immigrant services agencies? (N/A if the facility never has persons detained solely for civil immigration purposes.)	
	Does the facility enable reasonable communication between inmates and these organizations and agencies, in as confidential a manner as possible?	yes
<b>115.53 (b)</b>	<b>Inmate access to outside confidential support services</b>	
	Does the facility inform inmates, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws?	yes
<b>115.53 (c)</b>	<b>Inmate access to outside confidential support services</b>	
	Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide inmates with confidential emotional support services related to sexual abuse?	yes
	Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements?	yes
<b>115.54 (a)</b>	<b>Third-party reporting</b>	
	Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment?	yes
	Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of an inmate?	yes
<b>115.61 (a)</b>	<b>Staff and agency reporting duties</b>	
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding retaliation against inmates or staff who reported an incident of sexual abuse or sexual harassment?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual	yes

	abuse or sexual harassment or retaliation?	
<b>115.61 (b)</b>	<b>Staff and agency reporting duties</b>	
	Apart from reporting to designated supervisors or officials, does staff always refrain from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions?	yes
<b>115.61 (c)</b>	<b>Staff and agency reporting duties</b>	
	Unless otherwise precluded by Federal, State, or local law, are medical and mental health practitioners required to report sexual abuse pursuant to paragraph (a) of this section?	yes
	Are medical and mental health practitioners required to inform inmates of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services?	yes
<b>115.61 (d)</b>	<b>Staff and agency reporting duties</b>	
	If the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable persons statute, does the agency report the allegation to the designated State or local services agency under applicable mandatory reporting laws?	yes
<b>115.61 (e)</b>	<b>Staff and agency reporting duties</b>	
	Does the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators?	yes
<b>115.62 (a)</b>	<b>Agency protection duties</b>	
	When the agency learns that an inmate is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the inmate?	yes
<b>115.63 (a)</b>	<b>Reporting to other confinement facilities</b>	
	Upon receiving an allegation that an inmate was sexually abused while confined at another facility, does the head of the facility that received the allegation notify the head of the facility or appropriate office of the agency where the alleged abuse occurred?	yes
<b>115.63 (b)</b>	<b>Reporting to other confinement facilities</b>	
	Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation?	yes

<b>115.63 (c)</b>	<b>Reporting to other confinement facilities</b>	
	Does the agency document that it has provided such notification?	yes
<b>115.63 (d)</b>	<b>Reporting to other confinement facilities</b>	
	Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards?	yes
<b>115.64 (a)</b>	<b>Staff first responder duties</b>	
	Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser?	yes
	Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence?	yes
	Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes
	Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes
<b>115.64 (b)</b>	<b>Staff first responder duties</b>	
	If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff?	yes
<b>115.65 (a)</b>	<b>Coordinated response</b>	
	Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in	yes

	response to an incident of sexual abuse?	
<b>115.66 (a)</b>	<b>Preservation of ability to protect inmates from contact with abusers</b>	
	Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limit the agency's ability to remove alleged staff sexual abusers from contact with any inmates pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted?	yes
<b>115.67 (a)</b>	<b>Agency protection against retaliation</b>	
	Has the agency established a policy to protect all inmates and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other inmates or staff?	yes
	Has the agency designated which staff members or departments are charged with monitoring retaliation?	yes
<b>115.67 (b)</b>	<b>Agency protection against retaliation</b>	
	Does the agency employ multiple protection measures, such as housing changes or transfers for inmate victims or abusers, removal of alleged staff or inmate abusers from contact with victims, and emotional support services for inmates or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations?	yes
<b>115.67 (c)</b>	<b>Agency protection against retaliation</b>	
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of inmates or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of inmates who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff?	yes
	Except in instances where the agency determines that a report of	yes

	sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation?	
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor any inmate disciplinary reports?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate housing changes?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate program changes?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor negative performance reviews of staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor reassignments of staff?	yes
	Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need?	yes
<b>115.67 (d)</b>	<b>Agency protection against retaliation</b>	
	In the case of inmates, does such monitoring also include periodic status checks?	yes
<b>115.67 (e)</b>	<b>Agency protection against retaliation</b>	
	If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation?	yes
<b>115.68 (a)</b>	<b>Post-allegation protective custody</b>	
	Is any and all use of segregated housing to protect an inmate who is alleged to have suffered sexual abuse subject to the requirements of § 115.43?	yes
<b>115.71 (a)</b>	<b>Criminal and administrative agency investigations</b>	
	When the agency conducts its own investigations into allegations	yes

	of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).)	
	Does the agency conduct such investigations for all allegations, including third party and anonymous reports? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).)	yes
<b>115.71 (b)</b>	<b>Criminal and administrative agency investigations</b>	
	Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations as required by 115.34?	yes
<b>115.71 (c)</b>	<b>Criminal and administrative agency investigations</b>	
	Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data?	yes
	Do investigators interview alleged victims, suspected perpetrators, and witnesses?	yes
	Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator?	yes
<b>115.71 (d)</b>	<b>Criminal and administrative agency investigations</b>	
	When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution?	yes
<b>115.71 (e)</b>	<b>Criminal and administrative agency investigations</b>	
	Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as inmate or staff?	yes
	Does the agency investigate allegations of sexual abuse without requiring an inmate who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding?	yes
<b>115.71 (f)</b>	<b>Criminal and administrative agency investigations</b>	
	Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse?	yes

	Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings?	yes
<b>115.71 (g)</b>	<b>Criminal and administrative agency investigations</b>	
	Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible?	yes
<b>115.71 (h)</b>	<b>Criminal and administrative agency investigations</b>	
	Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?	yes
<b>115.71 (i)</b>	<b>Criminal and administrative agency investigations</b>	
	Does the agency retain all written reports referenced in 115.71(f) and (g) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years?	yes
<b>115.71 (j)</b>	<b>Criminal and administrative agency investigations</b>	
	Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the agency does not provide a basis for terminating an investigation?	yes
<b>115.71 (l)</b>	<b>Criminal and administrative agency investigations</b>	
	When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
<b>115.72 (a)</b>	<b>Evidentiary standard for administrative investigations</b>	
	Is it true that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated?	yes
<b>115.73 (a)</b>	<b>Reporting to inmates</b>	
	Following an investigation into an inmate's allegation that he or she suffered sexual abuse in an agency facility, does the agency inform the inmate as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded?	yes

<b>115.73 (b)</b>	<b>Reporting to inmates</b>	
	If the agency did not conduct the investigation into an inmate's allegation of sexual abuse in an agency facility, does the agency request the relevant information from the investigative agency in order to inform the inmate? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.)	yes
<b>115.73 (c)</b>	<b>Reporting to inmates</b>	
	Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the inmate has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer posted within the inmate's unit?	yes
	Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer employed at the facility?	yes
	Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility?	yes
	Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility?	yes
<b>115.73 (d)</b>	<b>Reporting to inmates</b>	
	Following an inmate's allegation that he or she has been sexually abused by another inmate, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility?	yes
	Following an inmate's allegation that he or she has been sexually	yes

	abused by another inmate, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility?	
<b>115.73 (e)</b>	<b>Reporting to inmates</b>	
	Does the agency document all such notifications or attempted notifications?	yes
<b>115.76 (a)</b>	<b>Disciplinary sanctions for staff</b>	
	Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies?	yes
<b>115.76 (b)</b>	<b>Disciplinary sanctions for staff</b>	
	Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse?	yes
<b>115.76 (c)</b>	<b>Disciplinary sanctions for staff</b>	
	Are disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories?	yes
<b>115.76 (d)</b>	<b>Disciplinary sanctions for staff</b>	
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Law enforcement agencies(unless the activity was clearly not criminal)?	yes
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies?	yes
<b>115.77 (a)</b>	<b>Corrective action for contractors and volunteers</b>	
	Is any contractor or volunteer who engages in sexual abuse prohibited from contact with inmates?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)?	yes

	Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies?	yes
<b>115.77 (b)</b>	<b>Corrective action for contractors and volunteers</b>	
	In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with inmates?	yes
<b>115.78 (a)</b>	<b>Disciplinary sanctions for inmates</b>	
	Following an administrative finding that an inmate engaged in inmate-on-inmate sexual abuse, or following a criminal finding of guilt for inmate-on-inmate sexual abuse, are inmates subject to disciplinary sanctions pursuant to a formal disciplinary process?	yes
<b>115.78 (b)</b>	<b>Disciplinary sanctions for inmates</b>	
	Are sanctions commensurate with the nature and circumstances of the abuse committed, the inmate's disciplinary history, and the sanctions imposed for comparable offenses by other inmates with similar histories?	yes
<b>115.78 (c)</b>	<b>Disciplinary sanctions for inmates</b>	
	When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether an inmate's mental disabilities or mental illness contributed to his or her behavior?	yes
<b>115.78 (d)</b>	<b>Disciplinary sanctions for inmates</b>	
	If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to require the offending inmate to participate in such interventions as a condition of access to programming and other benefits?	yes
<b>115.78 (e)</b>	<b>Disciplinary sanctions for inmates</b>	
	Does the agency discipline an inmate for sexual contact with staff only upon a finding that the staff member did not consent to such contact?	yes
<b>115.78 (f)</b>	<b>Disciplinary sanctions for inmates</b>	
	For the purpose of disciplinary action does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish	yes

	evidence sufficient to substantiate the allegation?	
<b>115.78 (g)</b>	<b>Disciplinary sanctions for inmates</b>	
	If the agency prohibits all sexual activity between inmates, does the agency always refrain from considering non-coercive sexual activity between inmates to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between inmates.)	yes
<b>115.81 (a)</b>	<b>Medical and mental health screenings; history of sexual abuse</b>	
	If the screening pursuant to § 115.41 indicates that a prison inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison).	na
<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.)	na
<b>115.81 (c)</b>	<b>Medical and mental health screenings; history of sexual abuse</b>	
	If the screening pursuant to § 115.41 indicates that a jail inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a jail).	yes
<b>115.81 (d)</b>	<b>Medical and mental health screenings; history of sexual abuse</b>	
	Is any information related to sexual victimization or abusiveness that occurred in an institutional setting strictly limited to medical and mental health practitioners and other staff as necessary to inform treatment plans and security management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law?	yes
<b>115.81 (e)</b>	<b>Medical and mental health screenings; history of sexual abuse</b>	
	Do medical and mental health practitioners obtain informed consent from inmates before reporting information about prior	yes

	sexual victimization that did not occur in an institutional setting, unless the inmate is under the age of 18?	
<b>115.82 (a)</b>	<b>Access to emergency medical and mental health services</b>	
	Do inmate victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment?	yes
<b>115.82 (b)</b>	<b>Access to emergency medical and mental health services</b>	
	If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do security staff first responders take preliminary steps to protect the victim pursuant to § 115.62?	yes
	Do security staff first responders immediately notify the appropriate medical and mental health practitioners?	yes
<b>115.82 (c)</b>	<b>Access to emergency medical and mental health services</b>	
	Are inmate victims of sexual abuse offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate?	yes
<b>115.82 (d)</b>	<b>Access to emergency medical and mental health services</b>	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes
<b>115.83 (a)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all inmates who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility?	yes
<b>115.83 (b)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody?	yes
<b>115.83 (c)</b>	<b>Ongoing medical and mental health care for sexual abuse</b>	

	<b>victims and abusers</b>	
	Does the facility provide such victims with medical and mental health services consistent with the community level of care?	yes
<b>115.83 (d)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Are inmate victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if "all male" facility. Note: in "all male" facilities there may be inmates who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.)	na
<b>115.83 (e)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	If pregnancy results from the conduct described in paragraph § 115.83(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if "all male" facility. Note: in "all male" facilities there may be inmates who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.)	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.)	na

<b>115.86 (a)</b>	<b>Sexual abuse incident reviews</b>	
	Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded?	yes
<b>115.86 (b)</b>	<b>Sexual abuse incident reviews</b>	
	Does such review ordinarily occur within 30 days of the conclusion of the investigation?	yes
<b>115.86 (c)</b>	<b>Sexual abuse incident reviews</b>	
	Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?	yes
<b>115.86 (d)</b>	<b>Sexual abuse incident reviews</b>	
	Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse?	yes
	Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility?	yes
	Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse?	yes
	Does the review team: Assess the adequacy of staffing levels in that area during different shifts?	yes
	Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff?	yes
	Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.86(d)(1)-(d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager?	yes
<b>115.86 (e)</b>	<b>Sexual abuse incident reviews</b>	
	Does the facility implement the recommendations for improvement, or document its reasons for not doing so?	yes

<b>115.87 (a)</b>	<b>Data collection</b>	
	Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions?	yes
<b>115.87 (b)</b>	<b>Data collection</b>	
	Does the agency aggregate the incident-based sexual abuse data at least annually?	yes
<b>115.87 (c)</b>	<b>Data collection</b>	
	Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice?	yes
<b>115.87 (d)</b>	<b>Data collection</b>	
	Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews?	yes
<b>115.87 (e)</b>	<b>Data collection</b>	
	Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its inmates? (N/A if agency does not contract for the confinement of its inmates.)	na
<b>115.87 (f)</b>	<b>Data collection</b>	
	Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.)	na
<b>115.88 (a)</b>	<b>Data review for corrective action</b>	
	Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas?	yes
	Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis?	yes
	Does the agency review data collected and aggregated pursuant	yes

	to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole?	
<b>115.88 (b)</b>	<b>Data review for corrective action</b>	
	Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse?	yes
<b>115.88 (c)</b>	<b>Data review for corrective action</b>	
	Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means?	yes
<b>115.88 (d)</b>	<b>Data review for corrective action</b>	
	Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility?	yes
<b>115.89 (a)</b>	<b>Data storage, publication, and destruction</b>	
	Does the agency ensure that data collected pursuant to § 115.87 are securely retained?	yes
<b>115.89 (b)</b>	<b>Data storage, publication, and destruction</b>	
	Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means?	yes
<b>115.89 (c)</b>	<b>Data storage, publication, and destruction</b>	
	Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?	yes
<b>115.89 (d)</b>	<b>Data storage, publication, and destruction</b>	
	Does the agency maintain sexual abuse data collected pursuant to § 115.87 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise?	yes
<b>115.401 (a)</b>	<b>Frequency and scope of audits</b>	

	During the prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.)	yes
<b>115.401 (b)</b>	<b>Frequency and scope of audits</b>	
	Is this the first year of the current audit cycle? (Note: a "no" response does not impact overall compliance with this standard.)	no
	If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is not the second year of the current audit cycle.)	na
	If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is not the third year of the current audit cycle.)	yes
<b>115.401 (h)</b>	<b>Frequency and scope of audits</b>	
	Did the auditor have access to, and the ability to observe, all areas of the audited facility?	yes
<b>115.401 (i)</b>	<b>Frequency and scope of audits</b>	
	Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)?	yes
<b>115.401 (m)</b>	<b>Frequency and scope of audits</b>	
	Was the auditor permitted to conduct private interviews with inmates, residents, and detainees?	yes
<b>115.401 (n)</b>	<b>Frequency and scope of audits</b>	
	Were inmates permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel?	yes
<b>115.403</b>	<b>Audit contents and findings</b>	

(f)	
	<div data-bbox="320 185 1273 555"> <p>The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports. The review period is for prior audits completed during the past three years PRECEDING THIS AUDIT. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or, in the case of single facility agencies, there has never been a Final Audit Report issued.)</p> </div> <div data-bbox="1302 185 1353 219">yes</div>