

PREA Facility Audit Report: Final

Name of Facility: Jefferson County Correctional Institute

Facility Type: Prison / Jail

Date Interim Report Submitted: NA

Date Final Report Submitted: 06/18/2025

Auditor Certification

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



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



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



Auditor Full Name as Signed: Darla P. OConnor

Date of Signature: 06/18/2025

AUDITOR INFORMATION

Auditor name: OConnor, Darla

Email: doconnor@strategicjusticesolutions.com

Start Date of On-Site Audit: 04/01/2025

End Date of On-Site Audit: 04/02/2025

FACILITY INFORMATION

Facility name: Jefferson County Correctional Institute

Facility physical address: 1159 Clarks Mill Road, Louisville, Georgia - 30434

Facility mailing address:

Primary Contact

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|--------------------------|---------------------|
| Name: | Calvin Oliphant |
| Email Address: | 1159 Clarks Mill RD |
| Telephone Number: | 4782-206-1735 |

| Warden/Jail Administrator/Sheriff/Director | |
|---|---------------------------------|
| Name: | Calvin Oliphant |
| Email Address: | coliphant@jeffersoncountyga.gov |
| Telephone Number: | 478-206-1735 |

| Facility PREA Compliance Manager | |
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| Name: | |
| Email Address: | |
| Telephone Number: | |

| Facility Health Service Administrator On-site | |
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| Name: | Shalinda Williams |
| Email Address: | 7337@shpjailmedical |
| Telephone Number: | 478-625-7230 |

| Facility Characteristics | |
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| Designed facility capacity: | 200 |
| Current population of facility: | 200 |
| Average daily population for the past 12 months: | 197 |
| Has the facility been over capacity at any point in the past 12 months? | No |
| What is the facility's population designation? | Men/boys |

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| In the past 12 months, which population(s) has the facility held? Select all that apply (Nonbinary describes a person who does not identify exclusively as a boy/man or a girl/woman. Some people also use this term to describe their gender expression. For definitions of “intersex” and “transgender,” please see https://www.prearesourcecenter.org/standard/115-5) | |
| Age range of population: | 25-66 |
| Facility security levels/inmate custody levels: | Min/Med |
| Does the facility hold youthful inmates? | No |
| Number of staff currently employed at the facility who may have contact with inmates: | 45 |
| Number of individual contractors who have contact with inmates, currently authorized to enter the facility: | 4 |
| Number of volunteers who have contact with inmates, currently authorized to enter the facility: | 14 |

| AGENCY INFORMATION | |
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| Name of agency: | Jefferson County Board of Commissioners |
| Governing authority or parent agency (if applicable): | |
| Physical Address: | 217 East Broad Street, Louisville, Georgia - 30434 |
| Mailing Address: | |
| Telephone number: | |

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| Agency Chief Executive Officer Information: |
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| Name: | |
| Email Address: | |
| Telephone Number: | |

| Agency-Wide PREA Coordinator Information | | | |
|--|------------------|-----------------------|----------------------------------|
| Name: | Stanley Williams | Email Address: | sgwilliams@jeffersoncountyga.gov |

| Facility AUDIT FINDINGS | |
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| Summary of Audit Findings | |
| <p>The OAS automatically populates the number and list of Standards exceeded, the number of Standards met, and the number and list of Standards not met.</p> <p>Auditor Note: In general, no standards should be found to be "Not Applicable" or "NA." A compliance determination must be made for each standard. In rare instances where an auditor determines that a standard is not applicable, the auditor should select "Meets Standard" and include a comprehensive discussion as to why the standard is not applicable to the facility being audited.</p> | |
| Number of standards exceeded: | |
| 0 | |
| Number of standards met: | |
| 45 | |
| Number of standards not met: | |
| 0 | |

POST-AUDIT REPORTING INFORMATION

GENERAL AUDIT INFORMATION

On-site Audit Dates

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

2025-04-01

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

2025-04-02

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

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| <p>a. Identify the community-based organization(s) or victim advocates with whom you communicated:</p> | <p>Just Detention International was contacted as part of the verification process. The organization confirmed that their records did not reflect any contact initiated by the facility or its inmates.</p> <p>Jefferson County Hospital verified that a current Memorandum of Understanding (MOU) is in place with the facility. Under this agreement, the hospital provides a victim advocate upon request to accompany inmates during forensic medical examinations, which are conducted at the hospital's emergency department. Additionally, Jefferson County Hospital operates a dedicated hotline for inmates to access emotional support related to incidents of sexual abuse—whether historical or current—as well as a separate hotline for reporting allegations of sexual abuse occurring at the facility.</p> <p>The Sexual Assault Response Center also confirmed the availability of 24-hour emotional support through a crisis hotline. While no formal MOU exists with the facility, this is due to the informal, month-to-month nature of the service, which is available on an as-needed basis and is infrequently used.</p> <p>The Georgia Network to End Sexual Assault was contacted and reported that they had no record of contact from either facility staff or inmates within the past 12 months.</p> |
| <p>AUDITED FACILITY INFORMATION</p> | |
| <p>14. Designated facility capacity:</p> | <p>200</p> |
| <p>15. Average daily population for the past 12 months:</p> | <p>197</p> |
| <p>16. Number of inmate/resident/detainee housing units:</p> | <p>10</p> |

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| 17. Does the facility ever hold youthful inmates or youthful/juvenile detainees? | <input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Not Applicable for the facility type audited (i.e., Community Confinement Facility or Juvenile Facility) |
| Audited Facility Population Characteristics on Day One of the Onsite Portion of the Audit | |
| Inmates/Residents/Detainees Population Characteristics on Day One of the Onsite Portion of the Audit | |
| 18. Enter the total number of inmates/residents/detainees in the facility as of the first day of onsite portion of the audit: | 199 |
| 19. Enter the total number of inmates/residents/detainees with a physical disability in the facility as of the first day of the onsite portion of the audit: | 0 |
| 20. Enter the total number of inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) in the facility as of the first day of the onsite portion of the audit: | 0 |
| 21. Enter the total number of inmates/residents/detainees who are Blind or have low vision (visually impaired) in the facility as of the first day of the onsite portion of the audit: | 0 |
| 22. Enter the total number of inmates/residents/detainees who are Deaf or hard-of-hearing in the facility as of the first day of the onsite portion of the audit: | 0 |

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

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| <p>29. Provide any additional comments regarding the population characteristics of inmates/residents/detainees in the facility as of the first day of the onsite portion of the audit (e.g., groups not tracked, issues with identifying certain populations):</p> | <p>On the first day of the on-site audit, the facility reported a total inmate population of 199. In accordance with the guidelines outlined in the PREA Auditor Handbook, a facility with this population size requires a minimum of ten targeted inmate interviews. At the time of the on-site visit, however, there were no inmates currently assigned to the facility who met the criteria for inclusion in any of the designated targeted categories (e.g., inmates who are youthful, gay or bisexual, transgender or intersex, disabled, LEP, disclosed prior victimization, or who have reported sexual abuse).</p> <p>During the comprehensive facility tour, the Auditor did not observe any individuals who appeared to fall within these targeted groups. Facility staff confirmed that there were no inmates in residence at that time who met the targeted criteria.</p> <p>As a result, the Auditor did not conduct any targeted inmate interviews. This was due to the absence of inmates assigned to the facility who qualified under any of the targeted classifications outlined in PREA standards.</p> |
| <p>Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit</p> | |
| <p>30. Enter the total number of STAFF, including both full- and part-time staff, employed by the facility as of the first day of the onsite portion of the audit:</p> | <p>45</p> |
| <p>31. Enter the total number of VOLUNTEERS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:</p> | <p>15</p> |
| <p>32. Enter the total number of CONTRACTORS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:</p> | <p>5</p> |

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| <p>33. Provide any additional comments regarding the population characteristics of staff, volunteers, and contractors who were in the facility as of the first day of the onsite portion of the audit:</p> | <p>As of the first day of the on-site portion of the audit, the facility had a limited number of volunteers and contractors actively working within the institution. According to documentation provided and interviews conducted with facility leadership, all volunteers and contractors who have direct contact with inmates are subject to the same PREA-related screening, training, and monitoring requirements as full-time staff. The population characteristics of these individuals varied by role, with contractors primarily providing facility maintenance, specialized services, or program-related support, while volunteers were largely affiliated with religious services or community-based programming. There were no reports or indications that any volunteers or contractors present at the facility during the audit met the criteria for targeted populations under PREA (e.g., based on gender identity, sexual orientation, or disability).</p> <p>The facility maintains a current roster of all volunteers and contractors, and compliance with background checks, PREA training, and ongoing supervision requirements was verified through documentation review and staff interviews.</p> |
| <p>INTERVIEWS</p> | |
| <p>Inmate/Resident/Detainee Interviews</p> | |
| <p>Random Inmate/Resident/Detainee Interviews</p> | |
| <p>34. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:</p> | <p>23</p> |

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| <p>35. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)</p> | <p><input checked="" type="checkbox"/> Age</p> <p><input checked="" type="checkbox"/> Race</p> <p><input type="checkbox"/> Ethnicity (e.g., Hispanic, Non-Hispanic)</p> <p><input type="checkbox"/> Length of time in the facility</p> <p><input checked="" type="checkbox"/> Housing assignment</p> <p><input type="checkbox"/> Gender</p> <p><input type="checkbox"/> Other</p> <p><input type="checkbox"/> None</p> |
| <p>36. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?</p> | <p>On the first day of the on-site audit, the facility housed 199 inmates. In accordance with the PREA Auditor Handbook, this population size requires a minimum of 20 inmate interviews—10 random and 10 targeted. Since there were no inmates in any of the targeted categories present at the time of the audit, the Auditor conducted interviews with 23 randomly selected inmates. To ensure a diverse and representative sample, the Auditor utilized the alphabetical housing unit rosters to select inmates. Efforts were made to include individuals from different housing units, age groups, racial backgrounds, and ethnicities. This approach provided a broad and balanced perspective of inmate experiences and knowledge related to PREA within the facility.</p> |
| <p>37. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?</p> | <p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> |

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

The institutional count on the first day of the on-site audit was 199. Per the PREA Auditor Handbook, a facility with a population of this size requires the Auditor to conduct interviews with a minimum of 10 randomly selected inmates and 10 targeted inmates. As there were no targeted inmates assigned to the facility at the time of the audit, all interviews conducted were with randomly selected individuals.

A total of twenty-three random inmate interviews were completed. The Auditor used the facility's alphabetical housing unit rosters to select interviewees from a broad cross-section of the population. Care was taken to ensure a representative sample, with inmates chosen from various housing units and reflecting diversity in age, race, ethnicity, and sentence length. This approach helped ensure that different perspectives across the inmate population were captured.

In addition to formal interviews, the Auditor also engaged in informal, conversational exchanges with several inmates during the facility tour. These casual discussions addressed topics such as perceptions of sexual safety, the availability of PREA education materials, reporting mechanisms, the effectiveness of staff responses, and general facility climate. Information obtained through these interactions was used to supplement the overall data collection and contextual understanding for the audit.

At the beginning of each formal interview, the Auditor explained the purpose of the audit and her role in the PREA process. Inmates were advised that their participation was voluntary and that they could decline to participate at any point without consequence. Once informed, each inmate was asked whether they were willing to answer a few questions. Upon consent, the Auditor proceeded with the standard interview protocol questions.

All randomly selected inmates agreed to be interviewed. Interviews were conducted in private and responses were recorded

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| | <p>manually by the Auditor.</p> <p>No PREA-related concerns or allegations were raised during the interviews. All inmates demonstrated awareness of the facility's zero-tolerance policy regarding sexual abuse and sexual harassment. Each reported knowing how to file a report, affirmed their belief that anonymous reporting was possible, and understood their right to be free from retaliation for making a report.</p> |
| Targeted Inmate/Resident/Detainee Interviews | |
| 39. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed: | 0 |
| <p>As stated in the PREA Auditor Handbook, the breakdown of targeted interviews is intended to guide auditors in interviewing the appropriate cross-section of inmates/residents/detainees who are the most vulnerable to sexual abuse and sexual harassment. When completing questions regarding targeted inmate/resident/detainee interviews below, remember that an interview with one inmate/resident/detainee may satisfy multiple targeted interview requirements. These questions are asking about the number of interviews conducted using the targeted inmate/resident/detainee protocols. For example, if an auditor interviews an inmate who has a physical disability, is being held in segregated housing due to risk of sexual victimization, and disclosed prior sexual victimization, that interview would be included in the totals for each of those questions. Therefore, in most cases, the sum of all the following responses to the targeted inmate/resident/detainee interview categories will exceed the total number of targeted inmates/residents/detainees who were interviewed. If a particular targeted population is not applicable in the audited facility, enter "0".</p> | |
| 40. Enter the total number of interviews conducted with inmates/residents/detainees with a physical disability using the "Disabled and Limited English Proficient Inmates" protocol: | 0 |
| 40. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category: | <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> |

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

Facility staff consistently reported that there were no inmates currently assigned to the facility who met the criteria for inclusion in the targeted population category. This assertion was supported by documentation reviewed prior to and during the on-site audit, including intake screening forms and classification records. Staff involved in inmate intake, housing, and supervision confirmed that none of the individuals currently housed at the facility identified with or met the criteria for the targeted groups as defined by PREA standards.

Additionally, during the facility tour, the Auditor did not observe any inmates who exhibited characteristics typically associated with the targeted categories, such as individuals who identified as transgender or intersex, those with visible physical disabilities, youthful inmates, or those with apparent cognitive impairments. Housing units, program areas, and other common spaces were observed to ensure equitable access and to assess for any signs of specialized accommodations that might indicate the presence of such populations. As a result, no inmates from any of the targeted population categories were interviewed during the on-site portion of the audit, as none were present in the facility at that time. The absence of these individuals was corroborated through staff interviews, inmate records, the Pre-Audit Questionnaire, and direct observation, providing sufficient assurance that the reported information was accurate and that no targeted population was excluded from the interview process due to oversight.

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| 41. Enter the total number of interviews conducted with inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) using the "Disabled and Limited English Proficient Inmates" protocol: | 0 |
| 41. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category: | <div> <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. </div> <div> <input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed. </div> |
| 41. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees). | Please see number 60 for detailed explanation. |
| 42. Enter the total number of interviews conducted with inmates/residents/detainees who are Blind or have low vision (i.e., visually impaired) using the "Disabled and Limited English Proficient Inmates" protocol: | 0 |
| 42. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category: | <div> <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. </div> <div> <input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed. </div> |

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| 42. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees). | Please see number 60 for detailed explanation. |
| 43. Enter the total number of interviews conducted with inmates/residents/detainees who are Deaf or hard-of-hearing using the "Disabled and Limited English Proficient Inmates" protocol: | 0 |
| 43. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category: | <div> <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. </div> <div> <input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed. </div> |
| 43. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees). | Please see number 60 for detailed explanation. |
| 44. Enter the total number of interviews conducted with inmates/residents/detainees who are Limited English Proficient (LEP) using the "Disabled and Limited English Proficient Inmates" protocol: | 0 |
| 44. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category: | <div> <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. </div> <div> <input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed. </div> |

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| 44. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees). | Please see number 60 for detailed explanation. |
| 45. Enter the total number of interviews conducted with inmates/residents/detainees who identify as lesbian, gay, or bisexual using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol: | 0 |
| 45. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category: | <div> <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. </div> <div> <input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed. </div> |
| 45. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees). | Please see number 60 for detailed explanation. |
| 46. Enter the total number of interviews conducted with inmates/residents/detainees who identify as transgender or intersex using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol: | 0 |
| 46. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category: | <div> <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. </div> <div> <input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed. </div> |

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| 46. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees). | Please see number 60 for detailed explanation. |
| 47. Enter the total number of interviews conducted with inmates/residents/detainees who reported sexual abuse in this facility using the "Inmates who Reported a Sexual Abuse" protocol: | 0 |
| 47. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category: | <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> |
| 47. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees). | Please see number 60 for detailed explanation. |
| 48. Enter the total number of interviews conducted with inmates/residents/detainees who disclosed prior sexual victimization during risk screening using the "Inmates who Disclosed Sexual Victimization during Risk Screening" protocol: | 0 |
| 48. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category: | <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> |

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| <p>48. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p> | <p>Please see number 60 for detailed explanation.</p> |
| <p>49. Enter the total number of interviews conducted with inmates/residents/detainees who are or were ever placed in segregated housing/isolation for risk of sexual victimization using the "Inmates Placed in Segregated Housing (for Risk of Sexual Victimization/Who Allege to have Suffered Sexual Abuse)" protocol:</p> | <p>0</p> |
| <p>49. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p> | <p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p> |
| <p>49. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p> | <p>Please see number 60 for detailed explanation.</p> |

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| 50. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews): | <p>No inmates from any of the targeted population categories were interviewed during the on-site portion of the audit, as none were present in the facility at that time. The absence of these individuals was corroborated through staff interviews, inmate records, the Pre-Audit Questionnaire, and direct observation, providing sufficient assurance that the reported information was accurate and that no targeted population was excluded from the interview process due to oversight.</p> |
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Staff, Volunteer, and Contractor Interviews

Random Staff Interviews

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| 51. Enter the total number of RANDOM STAFF who were interviewed: | 12 |
| 52. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply) | <div> <input checked="" type="checkbox"/> Length of tenure in the facility </div> <div> <input checked="" type="checkbox"/> Shift assignment </div> <div> <input checked="" type="checkbox"/> Work assignment </div> <div> <input checked="" type="checkbox"/> Rank (or equivalent) </div> <div> <input type="checkbox"/> Other (e.g., gender, race, ethnicity, languages spoken) </div> <div> <input type="checkbox"/> None </div> |
| 53. Were you able to conduct the minimum number of RANDOM STAFF interviews? | <div> <input checked="" type="radio"/> Yes </div> <div> <input type="radio"/> No </div> |

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

During the on-site facility tour, the Auditor engaged in multiple informal, conversational interactions with staff members across various posts and departments. These discussions addressed key topics related to sexual safety, including staff training and education, methods of reporting and communication, staff responsibilities in responding to allegations, and general PREA awareness. These informal encounters served to enhance the overall understanding of PREA implementation and supplemented the formal information-gathering process.

In addition to these informal interactions, the Auditor conducted 12 formal interviews with randomly selected staff members. These staff represented a cross-section of departments, shifts, and job classifications to ensure a well-rounded perspective of institutional practices and staff awareness.

Although the audit notice was posted in advance of the on-site visit, the Auditor did not receive any correspondence or concerns from staff prior to or during the audit process. At the beginning of each formal interview, the Auditor clearly explained the purpose of the PREA audit, her independent role in the assessment process, and the objectives of the staff interviews. Staff were advised that their participation was entirely voluntary and that their decision to participate or decline would not affect them in any way. Upon consent, the Auditor proceeded to ask the PREA interview protocol questions.

All 12 staff members willingly participated in the interview process. Responses were recorded directly onto the standardized PREA interview forms. Throughout the interviews, no staff disclosed any PREA-related concerns or issues, and no additional interview protocols were triggered.

Staff responses consistently demonstrated familiarity with the agency's zero-tolerance policy toward sexual abuse and sexual harassment. All interviewed staff members affirmed their knowledge of multiple reporting methods, including verbal reports, and

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| | <p>expressed confidence in their ability to receive and act upon reports appropriately. Each staff member indicated they understood protections against retaliation and stated they believed facility leadership took PREA responsibilities seriously.</p> <p>When asked about their own safety, staff unanimously reported feeling safe from sexual harassment and abuse while working at the facility.</p> |
| Specialized Staff, Volunteers, and Contractor Interviews | |
| <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> | |
| 55. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors): | 21 |
| 56. Were you able to interview the Agency Head? | <input checked="" type="radio"/> Yes <input type="radio"/> No |
| 57. Were you able to interview the Warden/Facility Director/Superintendent or their designee? | <input checked="" type="radio"/> Yes <input type="radio"/> No |
| 58. Were you able to interview the PREA Coordinator? | <input checked="" type="radio"/> Yes <input type="radio"/> No |
| 59. Were you able to interview the PREA Compliance Manager? | <input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if the agency is a single facility agency or is otherwise not required to have a PREA Compliance Manager per the Standards) |

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

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

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

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

The selection of specialized staff for interviews was guided by the PREA Auditor Handbook, which outlines the required roles that must be represented during the on-site portion of the audit. Specialized staff were purposefully identified based on their job responsibilities, relevance to PREA implementation, and involvement in the agency's sexual safety protocols. Specialized staff interviewed included, but were not limited to, the Warden (Facility Head), PREA Compliance Manager, Investigative Staff, Medical and Mental Health Staff, Human Resources personnel, Intake and Classification Staff, and Training Coordinators. Each of these individuals holds a position directly tied to critical PREA-related functions, such as intake screening, incident reporting, staff training, and investigations. Interviews were scheduled in coordination with facility leadership to ensure availability while minimizing disruption to facility operations. Each specialized staff member was informed about the voluntary nature of the interview and the scope of the audit. The Auditor provided an explanation of her role, the goals of the audit process, and how the information gathered would be used to assess compliance.

All specialized staff willingly participated and provided comprehensive responses to the protocol questions. Their interviews provided valuable insight into the facility's policies, procedures, and actual practices. The information gathered during these interviews helped corroborate documentation reviewed and observations made during the on-site audit.

No barriers were encountered during the process of identifying or interviewing specialized staff, and the cooperation of facility leadership ensured timely access to all required personnel. These interviews were instrumental in validating the facility's PREA compliance practices across a range of functional areas.

SITE REVIEW AND DOCUMENTATION SAMPLING

Site Review

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

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

☒ Yes

☐ No

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

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

☒ Yes

☐ No

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

☒ Yes

☐ No

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

☒ Yes

☐ No

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

☒ Yes

☐ No

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

The Auditor was granted full and unrestricted access to all areas of the facility during the on-site audit. The facility staff were cooperative and responsive throughout the tour, ensuring the Auditor could observe housing units, intake and booking areas, medical and mental health services, program spaces, kitchen and dining areas, recreation yards, administrative offices, staff-only areas, and all other relevant locations.

During the tour, the Auditor conducted thorough observations of PREA-related postings, camera placements, blind spots, shower and toilet areas, telephone access, and privacy accommodations. Special attention was paid to areas where inmates undress, bathe, or use the restroom to assess compliance with cross-gender viewing restrictions and overall inmate privacy. PREA signage and the availability of reporting methods (including the PREA hotline and third-party reporting options) were clearly visible and accessible to inmates in all housing units.

Critical functions were informally tested. The Auditor placed a call from an inmate telephone to the outside confidential support agency to verify that the call went through without requiring identifying information. The facility's phone system operated properly, and the outside agency answered promptly. The Auditor spoke with an advocate who confirmed the hotline was active and available 24/7 for emotional support and reporting.

Informal conversations occurred throughout the tour with both staff and inmates. These unstructured interactions provided supplemental context to formal interviews and documentation. Staff shared how they incorporate PREA principles into their daily routines, and inmates spoke openly about their understanding of the zero-tolerance policy, access to reporting mechanisms, and general feelings of safety within the facility. No barriers were encountered in accessing any area of the facility, and staff made

themselves available to respond to questions or clarify information during the walkthrough. Overall, the site review was conducted in an open, transparent manner, and the Auditor found the facility to be well-maintained, orderly, and responsive to PREA requirements.

Documentation Sampling

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

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

☒ Yes

☐ No

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

Personnel and Training Files:

According to the Pre-Audit Questionnaire (PAQ), the facility employed 45 staff members at the time of the audit. To assess compliance with staff training and personnel requirements related to PREA, the Auditor conducted a detailed review of 32 staff personnel and training files, selected at random from the facility's master staff roster. The files represented a cross-section of staff categories, including security, administrative, medical, and support personnel.

Additionally, the Auditor reviewed a total of 50 PREA training signature sheets and attendance logs to verify staff participation in required education. These logs demonstrated that employees had received initial and annual PREA training, in accordance with policy and PREA standards.

Each of the reviewed staff files contained all required documentation. This included verification of an initial criminal background check, documentation of administrative adjudication for any prior disciplinary matters, signed acknowledgment forms confirming receipt of PREA education, annual PREA refresher training records, and documentation of a five-year criminal history re-check, when applicable. The thoroughness and consistency of documentation across all reviewed records indicated a strong system of accountability and compliance with training requirements.

Inmate Records:

On the first day of the on-site audit, the institutional population totaled 199 inmates. The Auditor randomly selected 50 inmate files to assess the facility's compliance with PREA inmate education requirements. The selection process ensured a representative sample across housing units, age groups, and lengths of stay.

All 50 (100%) inmate files reviewed included documentation confirming that inmates received PREA education materials during the intake process. Furthermore, each inmate received a more comprehensive, facility-led

PREA education session within 30 days of arrival, consistent with the requirements outlined in GDC policy and PREA Standard §115.33.

In addition to education documentation, the Auditor reviewed 56 inmate records to examine compliance with risk screening and reassessment procedures. These records were also randomly selected from the master roster. All 56 inmates had undergone an initial PREA screening for risk of sexual victimization or abusiveness within 24 hours of intake, as required by Standard §115.41. Of those, 50 inmates had documentation verifying that a reassessment was conducted within 30 days of arrival, meeting compliance with the PREA reassessment timeline. The six remaining inmates had not been in the facility long enough to reach the 30-day reassessment threshold.

Sexual Abuse and Sexual Harassment Allegations:

According to information provided in the PAQ and confirmed through interviews with the facility head, PREA Compliance Manager, and investigative staff, the facility reported zero allegations of sexual abuse or sexual harassment within the past 12 months. As such, there were no incident files available for review.

Despite the absence of cases, the Auditor inquired about investigative procedures and protocols, and verified that the facility is prepared to respond to allegations should they occur. Staff interviews confirmed that all reports, regardless of the method of reporting, would be treated seriously and referred for investigation in accordance with Georgia Department of Corrections (GDC) policy and PREA requirements.

Investigation Files:

In alignment with the facility's report of zero allegations of sexual abuse or harassment in the last 12 months, there were no investigative case files available for review.

The Auditor confirmed through interviews and documentation that the facility has established procedures for conducting or referring investigations in the event of an allegation, and that designated staff are trained to coordinate with GDC investigators and external agencies when necessary.

SEXUAL ABUSE AND SEXUAL HARASSMENT ALLEGATIONS AND INVESTIGATIONS IN THIS FACILITY

Sexual Abuse and Sexual Harassment Allegations and Investigations Overview

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

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

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

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

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

Sexual Abuse and Sexual Harassment Investigation Outcomes

Sexual Abuse Investigation Outcomes

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

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

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

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

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

Sexual Harassment Investigation Outcomes

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

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

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

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

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

Sexual Abuse and Sexual Harassment Investigation Files Selected for Review

Sexual Abuse Investigation Files Selected for Review

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

0

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

In the previous 12 months there were no sexual abuse allegations.

| | |
|--|--|
| 79. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes? | <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) |
| Inmate-on-inmate sexual abuse investigation files | |
| 80. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled: | 0 |
| 81. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations? | <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) |
| 82. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations? | <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) |
| Staff-on-inmate sexual abuse investigation files | |
| 83. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled: | 0 |
| 84. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations? | <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) |

| | |
|---|---|
| 85. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations? | <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) |
| Sexual Harassment Investigation Files Selected for Review | |
| 86. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled: | 0 |
| 86. Explain why you were unable to review any sexual harassment investigation files: | In the previous 12 months there were no sexual harassment allegations. |
| 87. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes? | <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) |
| Inmate-on-inmate sexual harassment investigation files | |
| 88. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled: | 0 |
| 89. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations? | <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) |

| | |
|--|---|
| 90. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations? | <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) |
| Staff-on-inmate sexual harassment investigation files | |
| 91. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled: | 0 |
| 92. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations? | <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) |
| 93. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations? | <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) |
| 94. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files. | There were no PREA allgations or investigations in the previous 12 months. |

SUPPORT STAFF INFORMATION

DOJ-certified PREA Auditors Support Staff

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

☐ Yes

☒ No

Non-certified Support Staff

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

☒ Yes

☐ No

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

1

AUDITING ARRANGEMENTS AND COMPENSATION

97. Who paid you to conduct this audit?

☐ The audited facility or its parent agency

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

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

☐ Other

Identify the name of the third-party auditing entity

Diversified Correctional Services

| Standards | |
|--|--|
| Auditor Overall Determination Definitions | |
| <ul style="list-style-type: none"> Exceeds Standard (Substantially exceeds requirement of standard) Meets Standard (substantial compliance; complies in all material ways with the stand for the relevant review period) Does Not Meet Standard (requires corrective actions) | |
| 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 |
|---------------|---|
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p><u>DOCUMENTS REVIEWED</u></p> <p>The following documents were reviewed to assess compliance with PREA standards:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire (PAQ) and associated documentation 2. Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number: 208.06, Prison Rape Elimination Act (PREA) 3. Sexually Abusive Behavior Prevention and Intervention Program, effective date 6/23/2022 4. Institutional Operations LOP – Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program 5. Jefferson County Correctional Institution, PREA Manual, effective January 2016 6. Jefferson County Correctional Organizational Chart 7. Agency Organizational Chart <p><u>INTERVIEWS</u></p> |

PREA Coordinator (PC)

During the interview, the agency's PREA Coordinator confirmed they have the time and authority necessary to effectively develop, manage, and oversee PREA compliance initiatives across all agency-operated institutions. The PC also verified that the PREA Compliance Manager (PCM) at the facility has a singular focus on PREA compliance and is empowered to initiate changes when necessary to ensure adherence to the standards.

PREA Compliance Manager (PCM)

The facility's PCM affirmed in the interview that they are afforded adequate time and resources to perform all PREA-related duties. The PCM's responsibilities are limited to ensuring full implementation of the standards within the facility.

PROVISIONS**Provision (a)**

Information provided in the PAQ confirms that the agency maintains a written policy asserting zero tolerance for all forms of sexual abuse and harassment in any facility it operates, whether directly or through contract. The PAQ also reflects that the policy:

1. Defines prohibited behaviors involving sexual abuse and harassment;
2. Details disciplinary consequences for individuals who engage in such misconduct;
3. Describes the agency's preventive and responsive strategies aimed at reducing and addressing incidents of sexual abuse and harassment;
4. Outlines the agency's approach to implementation, detection, and intervention of such incidents.

RELEVANT POLICIES

- The GDC SOP 208.06, dated June 23, 2022, explicitly states in Section I, A, that the department upholds a zero-tolerance stance on sexual abuse, harassment, and sexual activity among incarcerated individuals.
- The full SOP (pp. 1-39) comprehensively documents the department's systematic approach to prevention, detection, and response regarding sexual misconduct.
- Definitions for sexual abuse and harassment, including what behaviors are considered prohibited, are provided in Sections L through N (pp. 4-6) of the SOP.
- Disciplinary measures for violations are detailed in Section H (pp. 33-34), which lists sanctions applicable to those found responsible. Sections IV, A, 1, a-d (pp. 7-8) of the SOP articulate organizational responsibilities, including:
 - Designation of a high-level PREA Coordinator with sufficient authority and time to manage compliance efforts;
 - Mandatory assignment of a PCM at each institution to coordinate local

compliance;

- Maintenance of a facility-specific PREA Local Procedure Directive and Coordinated Response Plan (Attachment 7), which must define institution-specific response protocols, including:
- Staff roles during the entire investigative process;
 - Victim care and evidence preservation;
 - Monitoring and management of the accused;
 - Access to housing, medical/mental health care, forensic exams, and victim services.

Provision (b)

According to the PAQ and verified through interviews, the GDC has a designated agency-wide PREA Coordinator positioned within the Office of Professional Standards (OPS), under the Compliance Unit. The organizational chart confirms this is a senior-level role, with direct reporting responsibility to the Commissioner of Corrections.

The PC confirmed that their role is full-time and dedicated solely to PREA compliance, with adequate time and authority to manage compliance across all institutions. Each facility, including Jefferson County Correctional Institution, has an appointed PCM who reports directly to the PC on all PREA matters, while operationally reporting to the facility's Warden or Superintendent. This structure was confirmed through both the facility and agency organizational charts.

Provision (c)

The PAQ also indicates that the Jefferson County Correctional Institution maintains a designated PREA Compliance Manager (PCM). The PCM reports directly to the PREA Coordinator on matters of PREA compliance and is under the administrative supervision of the Warden or Superintendent at the facility level.

RELEVANT POLICIES

GDC SOP 208.06 (pp. 7-8) affirms that each facility must assign a PCM, with this appointment directed by the Warden. The PCM's role is to manage and oversee the day-to-day implementation of PREA standards at the local level. This was also corroborated through the interview with the PCM.

CONCLUSION

Following a comprehensive review of documentation, policies, and interviews with key staff, the Auditor concludes that Jefferson County Correctional Institution is in full compliance with the PREA standard related to zero tolerance of sexual abuse and sexual harassment. The agency has established a clear organizational structure, designated PREA leadership at both the agency and facility levels, and adopted policies that comprehensively address each provision of the standard.

| 115.12 | Contracting with other entities for the confinement of inmates |
|--------|---|
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p><u>DOCUMENT REVIEW:</u></p> <ul style="list-style-type: none"> • Pre-Audit Questionnaire and supporting documentation. • Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number: 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective date 6/23/2022 <p><u>INTERVIEWS</u></p> <p>Agency Contract Administrator</p> <p>During the interview, the Agency Contract Administrator explained that contracts for inmate confinement are held with private and county-run facilities. According to the Administrator, GDC mandates the inclusion of PREA compliance language in all such agreements. Prior to contract execution, the vendor must demonstrate full compliance with PREA standards. The agency will not finalize contracts with entities that are not PREA compliant. This condition is non-negotiable and applies to all existing and prospective agreements.</p> <p><u>PROVISIONS</u></p> <p>Provision (a)</p> <p>According to the PAQ, the Georgia Department of Corrections requires all agencies or facilities contracting for inmate housing to formally adopt and comply with PREA standards. This requirement is embedded within the contract language for each entity that provides confinement services. The reviewed facility itself does not independently contract for inmate housing; rather, such agreements are handled by the central agency.</p> <p>Oversight of contractual PREA compliance lies with the designated Contract Manager, who ensures each facility or vendor adheres to the terms specified in their agreement.</p> <p>The facility reported one contract for confinement entered into or renewed in the past year. On an agency-wide level, the GDC reported twenty-six such contracts within the same timeframe. Each of these twenty-six contracts includes specific clauses requiring the contractor to adopt and uphold PREA standards. This was corroborated during the interview with the Agency Contract Administrator, who affirmed that no contract is approved without inclusion of these stipulations.</p> <p><u>RELEVANT POLICIES</u></p> |

| | |
|--|---|
| | <p>The GDC's SOP 208.06 (effective 6/23/2022) addresses PREA Standard §115.12 directly. This policy states that any new contract or contract renewal for inmate confinement must comply with all GDC policies and procedures—including those related to PREA. The language reinforces that PREA adherence is mandatory for any contracting entity.</p> <p>Provision (b)</p> <p>Per the PAQ, all contracts entered into by the agency for the purpose of inmate confinement also obligate GDC to monitor the contractor's PREA compliance. The facility further reported that there are no contracts in existence which fail to include this monitoring requirement.</p> <p>The Agency Contract Administrator confirmed this during the interview, adding that GDC thoroughly reviews each contractor's policies and procedures to ensure they align with national PREA standards. In addition to policy review, contractual terms require each vendor to report any sexual abuse or harassment allegation to GDC. Copies of all related investigative documents and final determinations must be submitted to the GDC PREA Coordinator for review. This process ensures transparency, accountability, and centralized oversight of all reported incidents.</p> <p><u>CONCLUSION</u></p> <p>Following a detailed examination of documentation, policy, and interviews with key personnel, the Auditor concludes that the agency and facility are in full compliance with the requirements of PREA Standard §115.12. The facility has implemented consistent and enforceable procedures to ensure that all contracts for the confinement of inmates fully adhere to PREA guidelines, including oversight and monitoring provisions.</p> |
|--|---|

| 115.13 | Supervision and monitoring |
|---------------|--|
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p><u>DOCUMENT REVIEW</u></p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire (PAQ) and supporting documentation. 2. Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number: 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective date 6/23/2022 |

3. Facility Staffing Plan, approved 12-13-2024

OBSERVATIONS

During the tour of the facility, the Auditor randomly inspected housing unit logbooks and directly observed documentation entries made by intermediate- or higher-level staff, confirming that unannounced rounds were being conducted as required. The logbook entries were consistent with staff reports and aligned with the facility's stated practices.

INTERVIEWS

Facility Head or Designee

In the course of the interview, the Facility Head elaborated on multiple factors that influence staffing decisions, including the impact of staffing on inmate programming and the role of facility design in determining post placement and visibility. He also highlighted how adjustments in the video monitoring system enhance overall safety for both staff and inmates. Other considerations included external oversight entities, the composition and security level of the inmate population, supervisory staff deployment, and front-line staffing needs.

At the time of the audit, the facility reported employing 45 staff members, with 8 new hires in the past year. Additionally, there are currently 4 approved contractors and 14 volunteers, although not all of them are consistently active.

PREA Compliance Manager (PCM)

Both formal interviews and informal exchanges with the PCM confirmed that staffing levels are reviewed on a routine basis. The PCM emphasized the facility's ongoing assessment of how staffing influences programming and supervision. The video monitoring system undergoes regular inspection and review, with modifications implemented as necessary to maintain optimal surveillance and safety.

Intermediate- or Higher-Level Facility Staff

Supervisory staff confirmed that they regularly conduct unannounced rounds and document them in the appropriate housing unit logbooks. These rounds are conducted without prior notice and are designed to detect and deter inappropriate staff behavior. The Auditor verified these statements through a random review of multiple logbooks during the site tour.

Random Staff

Line staff reported that supervisory personnel conduct routine rounds during all shifts. These rounds often include interactions with both staff and inmates and involve oversight tasks such as auditing logbooks. While on-site, the Auditor personally observed several supervisors actively engaged in facility operations. Staff also

demonstrated knowledge of the policy prohibiting advance notice of supervisory rounds.

Random Inmates

Several inmates shared that supervisory personnel, including the PREA Compliance Manager, are regularly seen walking the facility. Inmates indicated that these staff members are visible, accessible, and available to address concerns.

PROVISIONS

Provision (a)

The PAQ confirms the facility has a formal staffing plan that addresses all thirteen elements required by this provision. The plan emphasizes the importance of maintaining coverage for all required posts. The average daily inmate population over the past year has remained steady at approximately 200, a figure verified by the Facility Head.

Upon review, the staffing plan was found to be comprehensive and detailed. It specifies the purpose of each area of the facility, outlines the expected staffing coverage, describes the extent of camera monitoring, and notes the hours of operation and inmate access conditions. The plan reflects thoughtful alignment with the requirements of PREA and accounts for the nature and use of each building and department.

The most recent Annual PREA Staffing Plan Review was also provided and demonstrated full compliance with the elements identified in Provision (a). Annual quality assurance audits are conducted to confirm adherence to the established plan. The current staffing configuration is based on a daily inmate count of 200.

RELEVANT POLICIES

GDC SOP 208.06 (effective 6/23/2022) states that each Warden or Superintendent must develop and implement a written staffing plan using the designated template (Attachment 11). The policy requires regular documentation and good faith compliance with the staffing plan, with specific procedures for addressing and justifying deviations. These deviations must be recorded on the daily Post Roster and reviewed no less than annually. Adjustments are made as necessary, and final staffing plans are submitted to the PREA Coordinator for review and approval.

Provision (b)

As reported on the PAQ, the facility has not experienced any deviations from the staffing plan over the past 12 months. Should a mandatory post become vacant, the facility fills the position using either overtime staff or reassigns personnel according to the post's criticality. Since no deviations were reported, the facility did not list the six most common reasons for deviations during the review period.

RELEVANT POLICIES

According to GDC SOP 208.06, all deviations from the approved staffing plan must be documented and justified on the daily Post Roster. These records are reviewed by facility management on a routine basis to identify trends or recurrent issues. This analysis informs potential staffing plan adjustments. Final revisions are submitted to the PREA Coordinator for evaluation and approval.

Provision (c)

The PAQ indicates the facility conducts an annual review of its staffing plan in collaboration with the PREA Coordinator. This review includes an evaluation of staffing assignments, the deployment of monitoring technology, and the allocation of necessary resources to maintain PREA compliance.

The Auditor reviewed the most recent Staffing Plan Review, dated December 13, 2024. The document outlines the facility’s approach to staffing and video surveillance and evaluates the sufficiency of available resources.

Policy mandates a comprehensive internal audit of staffing at least once per year. The assessment includes a facility-wide evaluation of supervision in areas accessible to inmates. This annual analysis also considers whether additional staff or equipment is required to maintain sufficient coverage. Shift rosters provided during the audit confirmed that mandatory posts were staffed as scheduled.

RELEVANT POLICIES

GDC SOP 208.06 requires that each facility evaluate its staffing plan at least annually to determine whether any changes are warranted. The review must assess staffing, technology deployment, and resource commitments. Updates must be documented and submitted to the PREA Coordinator for approval.

Provision (d)

According to the PAQ, intermediate- or higher-level staff conduct unannounced rounds to detect and prevent incidents of sexual abuse and harassment. These rounds are carried out across all shifts and are recorded in the appropriate logbooks. Staff are explicitly prohibited from alerting colleagues to upcoming supervisory rounds. The Auditor verified this practice by reviewing unit logbooks during the facility tour. In addition, during the days the Auditor was on site, numerous supervisors were observed actively circulating throughout the facility.

RELEVANT POLICIES

As stated in GDC SOP 208.06 (p. 9, section 6), supervisory staff must conduct weekly unannounced rounds on all shifts and in all areas of the facility. These rounds are to be documented in the unit logbooks. The policy also requires the Duty Officer to complete and document weekly unannounced rounds. Staff are forbidden from alerting others to these inspections unless operationally necessary. Documentation

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| | <p>must include any observed concerns related to inmate sexual safety.</p> <p><u>CONCLUSION</u></p> <p>Following a comprehensive review of documentation, facility operations, staff and inmate interviews, and direct observations, the Auditor finds that the agency and facility fully satisfy all provisions of PREA Standard §115.13 – Supervision and Monitoring. The facility’s staffing procedures, oversight practices, and supervisory presence support a proactive approach to preventing and detecting sexual abuse and harassment.</p> |
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| 115.14 Youthful inmates | |
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| | <p>Auditor Overall Determination: Meets Standard</p> |
| | <p>Auditor Discussion</p> <p>DOCUMENT REVIEW</p> <p>The Auditor examined the Pre-Audit Questionnaire (PAQ) and the accompanying documentation submitted by the facility. Included in the reviewed materials was the Georgia Department of Corrections (GDC) Standard Operating Procedure (SOP) 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, with an effective date of June 23, 2022. This SOP outlines the policies and expectations for preventing, detecting, and responding to sexual abuse, including provisions specific to the housing, separation, and supervision of youthful inmates, as required under the PREA Standards.</p> <p>OBSERVATIONS</p> <p>During the on-site facility tour, the Auditor conducted a visual inspection of all housing units, dayrooms, and common areas. At no time were youthful inmates observed in any area of the facility. In addition to the tour, the Auditor reviewed the current inmate population roster and confirmed that no individuals were listed with birthdates indicating they were under the age of 18. Specifically, there were no inmates born after the year 2007, thus confirming that no youthful inmates were in custody at the time of the audit.</p> <p>INTERVIEWS</p> <p>Facility Head</p> <p>During a formal interview and subsequent informal discussions, the Facility Head confirmed unequivocally that the institution does not accept or house youthful inmates. The Facility Head further explained that the facility is not designated or equipped to house individuals under the age of 18, in accordance with GDC classification and housing policies.</p> |

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| | <p>PREA Compliance Manager (PCM)</p> <p>The PREA Compliance Manager also affirmed that the facility does not house youthful inmates and has not done so during the previous 12 months. The PCM reported that during internal audits and reviews, staff rosters and inmate demographics are routinely examined to ensure compliance with policies related to youthful inmate separation, should the issue ever arise.</p> <p>Youthful Inmates</p> <p>As the facility does not house any inmates under the age of 18, there were no youthful inmates available to be interviewed. Accordingly, no interviews were conducted under this category.</p> <p>PROVISIONS</p> <p>Provision (a)</p> <p>The facility stated in the PAQ that it does not house youthful inmates. To validate this claim, the Auditor examined the full inmate roster and confirmed there were no individuals with birthdates after 2006, thus substantiating the facility's report. No evidence was found during document review, interviews, or the facility tour to suggest otherwise. The design, operations, and classification procedures in place at the facility align with its designation as an adult-only institution.</p> <p>RELEVANT POLICY</p> <p>According to Georgia Department of Correction SOP 208.06, PREA Sexually Abusive Behavior Prevention and Intervention Program, p. 10, Section 7 (a-c), any facility that houses youthful inmates is required to implement procedures that maintain sight and sound separation from adult inmates, provide specialized supervision protocols, and ensure age-appropriate programming. While these policies are detailed in SOP 208.06, they are not applicable to this facility, as it does not house youthful inmates.</p> <p>Provision (b)</p> <p>Not applicable. The facility does not house youthful inmates.</p> <p>Provision (c)</p> <p>Not applicable. The facility does not house youthful inmates.</p> <p>CONCLUSION</p> <p>Based on the comprehensive review of facility records, direct observations, and staff interviews, the Auditor concludes that the agency and facility are in full compliance with the requirements of PREA Standard §115.14 – Youthful Inmates. The facility's inmate population consists solely of adults, and appropriate classification and intake protocols are in place to ensure that youthful inmates are not admitted. As such, the standard is met in its entirety.</p> |
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Auditor Overall Determination: Meets Standard

Auditor Discussion

DOCUMENT REVIEW

To evaluate compliance with PREA Standard §115.15, the Auditor conducted a thorough review of the Pre-Audit Questionnaire (PAQ) along with supporting documentation provided by the facility. Key documents included:

1. Georgia Department of Corrections (GDC) Standard Operating Procedure (SOP) 208.06: PREA Sexually Abusive Behavior Prevention and Intervention Program, effective June 23, 2022.
2. GDC SOP 226.01: Searches, Security, Inspections, and Use of Permanent Logs, effective May 27, 2020.
3. GDC Contraband Interdiction and Searches Curriculum, incorporating SOPs 226.01 and 206.02.
4. Facilitator Notes: Cross-Gender Searches training materials.
5. Memorandum from the Director of Facilities Administration Support, titled Standard Operating Procedures Regarding Changes to SOP 226.01, SOP 220.09, and Attachment 1, dated September 12, 2024.
6. Staff training records documenting PREA-related instruction for cross-gender searches and transgender/intersex accommodations.
7. Notes and responses from random staff and inmate interviews conducted during the audit process.

These documents collectively outline the facility's policy framework, training approach, and operational expectations regarding cross-gender searches, viewing practices, and accommodations for transgender and intersex inmates.

OBSERVATIONS

During the on-site facility tour, the Auditor made several direct observations confirming compliance with cross-gender announcement procedures. When female staff or the (female) Auditor entered housing units occupied by male inmates, audible announcements were made in advance to notify inmates of the presence of opposite-sex personnel. This practice was observed to be consistently followed across all areas toured, including housing units and restrooms.

No transgender or intersex inmates were identified or observed during the site visit, and the facility roster did not indicate the presence of any individuals with a documented transgender or intersex status. Specifically, there were no male-to-female transgender inmates housed at the facility during the time of the audit.

INTERVIEWS

Non-Medical Staff Involved in Cross-Gender Searches

In formal interviews, non-medical staff affirmed that they do not conduct cross-gender strip searches or visual body cavity searches under normal circumstances. Staff were knowledgeable about the facility's protocol, which prohibits such searches except in exigent circumstances. In the event such a search became necessary, it would require prior approval from the Facility Head, be performed by qualified medical staff, and be thoroughly documented, in line with PREA requirements and GDC policy.

Random Staff Interviews

Random staff were interviewed formally, with additional informal conversations conducted throughout the audit. Staff responses consistently demonstrated strong awareness of PREA requirements related to searches and cross-gender viewing limitations. Specifically:

1. All interviewed staff confirmed they receive annual PREA training.
2. All reported receiving PREA-related instruction within the past 12 months.
3. Staff uniformly stated that cross-gender strip or visual body cavity searches are not conducted at the facility.
4. None of the interviewed staff had personally performed or witnessed a cross-gender search.
5. Male staff are readily available and assigned to conduct searches of male inmates as needed, ensuring compliance with gender-specific search policies.
6. Female officers are not assigned to conduct strip or body cavity searches on male inmates.
7. Staff were knowledgeable about search procedures for transgender and intersex inmates, emphasizing that no search may be conducted solely for the purpose of determining an inmate's genital status.
8. When asked about privacy accommodations for transgender or intersex inmates during showering or changing, staff consistently indicated that privacy would be honored.
9. Most housing units feature individual shower stalls, naturally affording privacy.
10. In units without individual stalls, alternative shower schedules would be arranged, incorporating the inmate's input into decision-making.
11. Staff expressed that inmate preferences regarding privacy accommodations would be given significant weight in determining alternative arrangements.

Random Inmate Interviews

All interviewed inmates reported high levels of awareness and satisfaction regarding privacy protections. Every inmate interviewed (100%) affirmed the following:

1. They had never been subjected to a cross-gender strip search.
2. They are able to dress and undress without being viewed by a staff member of the opposite sex.
3. They are able to shower in private, without being viewed by opposite-sex staff.

4. Opposite-sex staff consistently announce their presence before entering living units or restrooms, giving inmates the opportunity to cover themselves appropriately.

Transgender Inmates

At the time of the on-site audit, there were no inmates housed at the facility who identified as transgender or intersex. As such, no interviews were conducted within this category. However, staff were able to articulate the policies and practices that would apply in the event such individuals were housed at the facility in the future.

PROVISIONS

Provision (a)

The facility reported in its Pre-Audit Questionnaire (PAQ) that it does not permit or conduct cross-gender strip searches or cross-gender visual body cavity searches of inmates. This practice is consistently followed, as the facility reported zero such searches in the 12 months preceding the audit. Interviews with random staff fully corroborated this report. Staff confirmed that cross-gender strip or visual body cavity searches are strictly prohibited under standard conditions and would only occur under clearly defined exigent circumstances, and even then, would require approval from the Facility Head and be conducted by qualified medical personnel.

RELEVANT POLICIES

GDC SOP 208.06 – PREA: Sexually Abusive Behavior Prevention and Intervention Program (Effective 6/23/2022), Section 8.a explicitly prohibits cross-gender strip and visual cavity searches unless exigent circumstances exist or the procedure is conducted by a licensed medical practitioner.

GDC SOP 226.01 – Searches, Security, Inspections, and Use of Permanent Logs (Effective 5/27/2020), Section IV.C.1.d previously indicated that transgender and intersex inmates would be searched according to the gender designation assigned during classification.

Policy Information Bulletin (PIB) dated 9/12/2024 updated SOPs 226.01 and 220.09 to reflect significant revisions to search procedures for transgender and intersex inmates:

Transgender and intersex inmates are to be searched in accordance with SOP 220.09, considering the inmate's search preference as recorded on Attachment 1.

SOP 220.09 now mandates respectful and minimally intrusive searches, prioritizing security while incorporating inmate preferences to the extent feasible.

The PIB introduces a new question on Attachment 1: "Who would you rather be searched by (not guaranteed)? Female? Male? No Preference?"

These revisions were communicated agency-wide and became effective immediately as of September 12, 2024. SOP 220.09, Attachment 1 must be completed during classification and maintained in the inmate's institutional file.

Provision (b)

This provision is not applicable to this facility, as it houses adult male inmates exclusively and does not receive or house female inmates. While the facility may receive male-to-female transgender individuals through the Georgia Department of Corrections (GDC) assignment process, there were no such inmates present at the time of the on-site audit. The facility's PAQ and inmate census confirmed that of the 159 inmates housed, none were identified as transgender.

Provision (c)

The PAQ indicates that the facility does not conduct cross-gender strip or visual body cavity searches. Should an exigent circumstance arise, the search would only be conducted with authorization from the Facility Head, be performed by medical personnel, and be properly documented. This approach was confirmed during interviews with non-medical staff who would be responsible for assisting in such scenarios.

RELEVANT POLICY

GDC SOP 208.06, Section 8.c, requires that all cross-gender strip or visual cavity searches be documented, along with any cross-gender pat-down searches of female inmates. Documentation must include the nature of the exigent circumstance justifying the search.

Provision (d)

The facility ensures that inmates are able to shower, change clothes, and use the restroom without being viewed by staff of the opposite gender, except in exigent circumstances or when incidental to routine security duties.

All randomly interviewed inmates (100%) reported that they are able to shower and dress in private, without opposite-gender staff viewing their unclothed body. Furthermore, they confirmed that female staff consistently announce their presence when entering housing units or restroom areas.

RELEVANT POLICIES

GDC SOP 208.06, Section 8.d, mandates procedures to ensure inmates are not viewed by opposite-gender staff during personal activities unless required for safety. Section 8.e requires opposite-gender staff to announce their presence when entering a housing unit, with exceptions only in emergencies.

Section 8.f outlines four methods by which inmates are informed of the presence of opposite-gender staff, including intake/orientation discussions, posted signage, public staff schedules, and live announcements.

Provision (e)

The facility prohibits staff from conducting searches or physical examinations of transgender or intersex inmates for the sole purpose of determining genital status. Random staff interviews confirmed that such searches are against agency policy and

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| | <p>are not practiced.</p> <p>Staff indicated they have received training on how to search transgender and intersex inmates respectfully and professionally. Strip and visual cavity searches for this population are conducted exclusively by medical personnel in non-emergency settings. Pat-down searches are generally performed by staff of the same gender as the facility population, unless exigent circumstances dictate otherwise.</p> <p><u>RELEVANT POLICIES</u></p> <p>GDC SOP 208.06, Section 8.g prohibits any search conducted solely for the purpose of determining genital status. If necessary, such information is obtained during medical conversations or physical exams performed by medical practitioners in private settings.</p> <p>Section 8.h outlines training requirements for respectful and minimally intrusive cross-gender and transgender/intersex search procedures.</p> <p>The Contraband Interdiction and Searches Curriculum instructs staff on the importance of professionalism, sensitivity, and maintaining inmate dignity. The curriculum includes a hands-on exercise that demonstrates proper pat search techniques, emphasizing the respectful handling of sensitive areas and the importance of inmate dignity during the process.</p> <p>Provision (f)</p> <p>The Auditor reviewed facility training records and confirmed that all staff had received PREA training on proper search procedures, including specific instruction on conducting cross-gender and transgender/intersex searches. Training included both classroom instruction and practical demonstrations.</p> <p>All interviewed staff acknowledged receiving training on these topics within the last 12 months. Female staff interviewed indicated that while they are permitted to perform pat searches on male inmates, they defer to male staff for all strip or visual cavity searches. Staff consistently reported that male staff are always available to conduct searches if needed.</p> <p><u>CONCLUSION</u></p> <p>Based on the comprehensive review of policies, training curricula, staff and inmate interviews, facility observations, and documentation provided during the audit, including the implementation of the September 12, 2024, PIB, the Auditor concludes that the facility fully complies with PREA Standard §115.15 regarding limits to cross-gender viewing and searches. All six provisions of the standard are met.</p> |
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| 115.16 | Inmates with disabilities and inmates who are limited English proficient |
| | Auditor Overall Determination: Meets Standard |

Auditor Discussion

DOCUMENT REVIEW

1. Pre-Audit Questionnaire (PAQ) and supporting documentation.
2. Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number: 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective date 6/23/2022
3. PREA Offender Brochure
4. LanguageLine Insight Video Interpreting User Guide
5. Lionbridge User's Guide Telephonic Interpreter
6. Video Remote Interpreting Usage Log
7. Dialing Instructions for the GDC PREA Hotline (English/Spanish)
8. PREA Poster

OBSERVATIONS

During the facility tour, the Auditor observed PREA postings, in both English and Spanish, displayed in housing units, work areas, hallways, visitation area, as well as other areas throughout the facility. The Auditor was provided written documents, training materials, as well as PREA brochures, which are provided in both English and Spanish to the inmate population.

INTERVIEWS

Facility Head

Through the interview process, the Facility Head shared the facility has established procedures to provide inmates with disabilities or inmates who are Limited English Proficient (LEP), the opportunity to participate in PREA reporting process through several avenues such as, staff interpreters, written correspondence, etc.

Random Staff

Through the interview process, 100% of random staff indicated the facility does not allow the use of inmate interpreters, inmate readers, or other types of inmate assistants to assist inmates with disabilities or inmates who are limited English proficient when making an allegation of sexual abuse or sexual harassment. Further, 100% reported being unaware of any instance when inmate interpreters, inmate readers, or other types of inmate assistants been used in relation to allegations of sexual abuse or sexual harassment.

Inmates with Disabilities

At the time of the on-site audit there were no inmates assigned to the facility who had a physical or cognitive disability. Consequently no one in this category was interviewed

PROVISIONS

Provision (a)

The facility reported on the PAQ, the agency/facility has established procedures to provide disabled inmates and limited English proficient inmates with equal opportunity to participate in and benefit from all aspects of the agency's effort to prevent, detect and respond to sexual abuse and sexual harassment. The Facility Head verified this. Additionally, the inmates in these categories confirmed, during the interview process, they are able to participate in and benefit from all aspects of the agency's effort to prevent, detect and respond to sexual abuse and sexual harassment.

The Auditor reviewed the Instructions for Accessing Language Line. The manual was user friendly with a step-by-step outline of how to use the Language Line.

1. There is a toll-free number to access it.
2. The facility enters a PIN number specific to the facility.
3. Then a language is selected by pressing the number associated with the language, i.e., pressing 1 for Spanish.
4. After pressing the language number, the call is transferred to a human interpreter.

RELEVANT POLICY

Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number: 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective date 6/23/2022, p. 12, 9 a, indicates The local PREA Compliance Manager shall reference SOP 103.63, ADA Title II Provisions, for guidance pertaining to ADA resources available to offenders with disabilities and those who are LEP so they may understand the facility policies around reporting, preventing, detecting, and responding to Sexual Abuse and Sexual Harassment.

Provision (b)

The facility reported on the PAQ that the agency has established procedures to provide inmates with limited English proficiency 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. Some of the resources include, but are not limited to:

1. LanguageLine provides access to interpretive services via video for foreign languages and American Sign Language
2. Lionbridge provides telephonic language interpretation.
3. PREA written materials in English and Spanish
4. PREA Video in English and Spanish with closed captions.
5. Limited English Proficient residents are provided information in Spanish. The Auditor reviewed the PREA information. Every piece of material available in English is also available in Spanish. Additionally, the facility has access to

LanguageLine for a plethora of other languages including American Sign Language.

6. Hearing Impaired residents are provided information visually, through videos and written words. There is also Video Remote Interpreting available in American Sign Language.
7. Visually Impaired residents are provided information audibly, read by a staff member or sound in recorded messages or videos. Braille is also available.
8. Cognitively impaired residents are provided with information audibly, read by a staff member or sound in recorded messages or videos.
9. Residents with limited reading skills are provided information audibly, read by a staff member or sound in recorded messages or videos.

RELEVANT POLICY

Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number: 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective date 6/23/2022 denotes numerous items relative to ensuring each inmate receives information in verbal and written form, and that all information regarding PREA policy is understood by the inmate. Additionally, it dictates inmate PREA education information will include prevention of sexual abuse and harassment, self-protection, methods of reporting, and treatment and counseling availability.

Provision (c)

The facility reported on the PAQ that in the past twelve months, there have been zero instances where inmate interpreters, readers, or other types of inmate assistants have been used. The Facility Head verified this.

RELEVANT POLICY

Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number: 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective date 6/23/2022, pp. 12-13, 9, b, states the facility shall not rely on offender interpreters, offender readers, or other types of offender assistants except in Exigent Circumstances where an extended delay in obtaining an effective interpreter could compromise the offender's safety, the performance of first response duties under 28 CFR § 115.64, or the investigation of the offender's allegations.

As indicated in provision (b), the facility has several systems in place to assist those who need interpretive services. As such, there is no need to utilize inmate interpreters.

CONCLUSION:

Based upon the review and analysis of all the available evidence, the Auditor has determined the agency/facility meets every provision of the standard regarding inmates with disabilities and inmates who are limited English proficient.

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| 115.17 | Hiring and promotion decisions |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p><u>DOCUMENT REVIEW</u></p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire (PAQ) and supporting documentation. 2. Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number: 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective date 6/23/2022 3. Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number: 104.09, Filling A Vacancy, effective date 5/27/2022 4. Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number: 104.09, Filling A Vacancy, Attachment 4, Applicant Verification, revised 05/25/2022 5. Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number: 104.18, Obtaining and Using Records for Criminal Justice Employment, effective 10/13/2020 6. Employee Records Review <p><u>INTERVIEWS</u></p> <p>Administrative Staff (HR)</p> <p>Through the interview process the Administrative Staff (HR) confirmed</p> <ul style="list-style-type: none"> • Potential new hires fill out personnel documents, which require the disclosure of the standard required items. • GDC requires background checks on all new hires, promotions at the time of promotion, and existing employees every five years. • GDC takes a continually active stance with the requirements of the PREA standards and has developed a comprehensive system of tracking to ensure that all the required history checks are completed for pre-hires, promotions, and five-year reviews. • A condition of staff employment is that any arrest activity must be reported through the respective employees' reporting structure. • Any information on substantiated allegations of sexual abuse or sexual harassment involving a former employee must be provided upon request. • GDC has a centralized database, which tracks the completion of all background checks, and tracks the due dates of the five-year criminal history background check. <p>The Auditor conducted a review of thirty-three-personnel records and verified that all the records reviewed contained the items required by the standard, including the PREA documentation and verification of the completed criminal history checks. The</p> |

three questions listed under Provision (a) were asked and answered on all documents as required by the standard.

The facility reported 45 staff who may have contact with inmates. Eight new hires, in the past 12 months, who might have contact with inmates. The facility also reported 4 contractors and 14 volunteers.

PROVISIONS

Provision (a)

The facility reported on the PAQ hiring and promoting prohibition of anyone who may have contact with inmates and prohibits enlisting the services of any contractor who may have contact with inmates who:

- (1) 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);
- (2) 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; or
- (3) Has been civilly or administratively adjudicated to have engaged in the activity described in paragraph (a)(2) of this section.

This was verified during the interview process with HR.

RELEVANT POLICY

George Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number: 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective date 6/23/2022, pp. 13-14, 10, a, i-v, indicates:

i. The Department shall not hire or promote anyone who may have contact with offenders, who:

1) 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); 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; or

2) Has been civilly or administratively adjudicated to have engaged in the activity described in paragraph a.i.1. of this section.

ii. The Department shall consider any incidents of Sexual Harassment in determining whether to hire or promote anyone who may have contact with offenders.

iii. Before hiring new employees, who may have contact with offenders, the Department shall:

- 1) Ask all applicants and employees who may have contact with offenders directly about previous misconduct described in SOP 104.09, Filling a Vacancy, in written applications or interviews for hiring and promotions, and any written interview or written self-evaluations conducted as part of reviews of current employees. Every employee has a continuing affirmative duty to disclose any such misconduct.
- 2) Perform a Criminal History Record checks on all employees and volunteers prior to the start date and again annually. A tracking system shall be implemented at each local facility to ensure the criminal history checks are conducted within the appropriate time frames, according to policy, for each person with access to that facility.
- iv. Unless prohibited by law, the Department shall 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. The Department complies with the Federal Privacy Act and Freedom of Information Act, and all other applicable laws, rules, and regulations.
- v. Material omissions regarding misconduct or the provision of materially false information shall be grounds for termination.

Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number: 104.09, Filling A Vacancy, effective date 5/27/2022, p. 7, F, 1, a-d, states:

1. Applicants may be considered for a Vacancy through the following process:
 - a. By review of their application and background data.
 - b. Through interviews conducted by a designated individual(s).
 - c. Using structured interviews and written ratings of qualified Selection Boards; and/or
 - d. Through reference checks conducted by the hiring manager/designated individual via completion of Attachment 5, Professional Reference Check.

NOTE: Reference checks shall include: (1) Any disciplinary actions issued during employment and (2) Any substantiated sexual abuse allegations and actions taken

The Auditor reviewed a random sample of 25 staff records. Each of the records reviewed contained all items required by the standard, including documentation of criminal history check information.

Provision (b)

On the PAQ the facility reported consideration is given to any incidents of sexual harassment in determining whether to hire or promote someone, or to enlist the services of any contractor who may have contact with inmates. This was verified during the interview process with HR personnel.

RELEVANT POLICY

The policy that addresses this provision is Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number: 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective date 6/23/2022, p. 13, 10, a, ii, indicates the Department shall consider any incidents of Sexual Harassment in determining whether to hire or promote anyone who may have contact with offenders.

Provision (c)

On the PAQ the facility reported that before it hires any new employees who may have contact with inmates, it (a) conducts criminal background record checks, and (b) consistent with federal, state, and local law, makes 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. Eight individuals were hired in the past twelve months. This was verified by the HR personnel during the interview process.

According to the PAQ, there were 8 individuals hired in the past 12 months. The GDC conducts background checks on each new hire, before each promotion, and every five-years.

In the preceding twelve months there were 7 individuals hired who may have had contact with inmates who had a criminal background check completed. The Auditor conducted a review of a total of 25 personnel records. All personnel records, including the new hires, had completed criminal background history checks, answered the three required questions, and completed PREA Education.

RELEVANT POLICY

Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number: 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective date 6/23/2022, p. 13-14, 10, a, ii-iii, 1-2, indicates the Department shall consider any incidents of Sexual Harassment in determining whether to hire or promote anyone who may have contact with offenders. Before hiring new employees, who may have contact with offenders, the Department shall:

1. Ask all applicants and employees who may have contact with offenders directly about previous misconduct described in SOP 104.09, Filling a Vacancy, in written applications or interviews for hiring and promotions, and any written interview or written self-evaluations conducted as part of reviews of current employees. Every employee has a continuing affirmative duty to disclose any such misconduct. Perform a Criminal History Record checks on all employees and volunteers prior to the start date and again annually. A tracking system shall be implemented at each local facility to ensure the criminal history checks are conducted within the appropriate time frames, according to policy,

for each person with access to that facility.

Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number: 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective date 6/23/2022, p. 14, iii, 1, states before hiring new employees, who may have contact with offenders, the Department shall:

1) Ask all applicants and employees who may have contact with offenders directly about previous misconduct described in SOP 104.09, Filling a Vacancy, in written applications or interviews for hiring and promotions, and any written interview or written self-evaluations conducted as part of reviews of current employees. Every employee has a continuing affirmative duty to disclose any such misconduct.

Provision (d)

The facility reported on the PAQ that before enlisting the services of any contractor who may have contact with inmates, a criminal background records check is completed for each contractor. The facility reported on the PAQ there are three contracts for services where criminal background record checks were conducted on all staff covered in the contract who might have contact with inmates. The agency/facility conducts a criminal background records check on each new contractor and every five years thereafter.

RELEVANT POLICY:

Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number: 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective date 6/23/2022, p. 15, 10, b, ii, indicates that the Department shall consider any incidents of Sexual Harassment in determining whether to enlist the services of any contractor who may have contact with offenders. Before hiring new employees or enlisting the services of a contractor or volunteer who may have contact with offenders, the Department shall:

1. Perform a Criminal History Record check before enlisting the services of any contractor who may have contact with offenders and at least every five years thereafter.
2. Ensure that new hires complete SOP 104.09, Attachment 4, Applicant Verification.
3. Ensure that contractors or volunteers complete SOP 208.06, Attachment 13, Contractor/Volunteer Verification Form.

Provision (e)

The facility reported on the PAQ that criminal background record checks are conducted at least every five years for current employees and contractors who may have contact with inmates. HR personnel verified this.

The policy which addresses this provision is Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number: 104.18, Obtaining and Using Records for Criminal Justice Employment, effective 10/13/2020, p. 1, IV, A-F, indicates:

A. Before any facility/office requests criminal history records on an applicant, Attachment 1, the GDC Criminal/Driver History Consent Form, must be signed by the applicant to initiate processing. This form will remain valid and in effect for use through the duration of employment with GDC.

B. The signed consent form must be submitted with a GDC facility's request to the Georgia Crime Information Center (GCIC), Georgia Bureau of Investigation (GBI), Georgia State Patrol (GSP) or another related agency.

C. If an applicant will not sign the Consent Form, the applicant cannot be considered for employment.

D. When GCIC Criminal History Background queries are made for applicants seeking to be P.O.S.T. certified, a check must be conducted in each state where the applicant resided.

E. If an adverse employment decision is made based on criminal history records, the facility/office must notify the applicant, in writing, of all information pertinent to that decision. This disclosure must inform the applicant of where the name of the criminal justice center where the record was obtained from, the specific contents of the record, and the effect the record had on the decision. NOTE: The Appointing Authority is responsible for making this disclosure. Failure to provide all information to the person subject to the adverse decision shall be a misdemeanor. (See Attachment 2 & Attachment 3, Sample Letters.)

4.9.3 Each facility/office must maintain a file of all signed Consent Forms. If an applicant is hired, their signed consent form shall be included in the employment package sent to the Corrections Human Resource Management Office (CHRM). NOTE: It is a violation of Georgia law to inquire into an applicant's driver's license history records for employment considerations, except as specified within this SOP.

The agency/facility conducts a criminal background records check, upon application, when an individual is being considered for a promotion, and no less than every five years on all current employees and contractors. This was verified by HR.

Provision (f)

The facility reported on the PAQ that all applicants and employees who may have direct contact with inmates must answer questions about previous sexual misconduct on applications, in interviews and in written self-evaluations. Additionally, there is a continuing affirmative duty to disclose any such future misconduct. HR personnel verified this.

The Administrative Staff (HR) indicated all applicants and employees who may have contact with inmates are directly asked about previous misconduct described in

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| | <p>paragraph (a) of this section in written applications and self-evaluations or interviews for hiring or promotions. Further, these questions are asked and answered in writing with employee signatures on an annual basis.</p> <p>Provision (g)</p> <p>The facility reported on the PAQ that material omissions regarding such misconduct, or the provision of materially false information, shall be grounds for termination. HR personnel verified this.</p> <p><u>RELEVANT POLICY</u></p> <p>Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number: 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective date 6/23/2022, p. 14, 10, a, v, indicates material omissions regarding misconduct or the provision of materially false information shall be grounds for termination.</p> <p>Provision (h)</p> <p>On the PAQ the facility reported unless prohibited by law the agency will 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 for work. HR personnel verified this.</p> <p>The Administrative Staff (HR) acknowledged unless prohibited by law, all information on substantiated allegations of sexual abuse or sexual harassment involving a former employee would be shared upon request from an institutional employer for whom such employee has applied for work.</p> <p><u>CONCLUSION</u></p> <p>Based upon the review and analysis of all the available evidence, the Auditor has determined the facility meets every provision of the standard regarding hiring and promotion decisions.</p> |
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| 115.18 | Upgrades to facilities and technologies |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <u>DOCUMENT REVIEW</u> |

- Pre-Audit Questionnaire (PAQ)
- 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.

During the on-site facility tour, the Auditor observed existing camera placements and the use of strategically located security mirrors to enhance visibility and supervision throughout the institution.

The Auditor also noted evidence of recent and ongoing technological improvements within the facility. Portions of the video surveillance system had been newly installed or upgraded, and work was visibly in progress in several areas, demonstrating a commitment to improving facility monitoring capabilities. This expansion of the video surveillance infrastructure supports PREA compliance by enhancing staff's ability to monitor inmate activity and detect potential incidents of sexual abuse or other misconduct.

INTERVIEWS

Facility Head or Designee

In a formal interview, the Facility Head confirmed that there is comprehensive camera coverage across the facility, supplemented by security mirrors in locations where blind spots might otherwise exist. He stated that the institution is in the process of a phased upgrade to the camera and video monitoring system. While the project is not yet complete, the ongoing work includes the installation of additional cameras and improved technology designed to enhance visibility and staff supervision.

The Facility Head emphasized that any future construction, renovations, or modifications at the facility are approached with full awareness of PREA requirements. He explained that prior to any physical plant changes, executive leadership convenes with department heads and key supervisors to conduct planning meetings. These discussions consider not only the logistics of construction but also institutional safety, including sight lines, camera placements, and other monitoring technologies that can prevent sexual abuse.

Topics typically addressed in these meetings include trends and incidents related to sexual abuse, use of force reviews, grievance activity, staff leave usage, video footage summaries, and overall staff morale. These discussions ensure that decisions related to the physical plant and operational practices are informed by data, safety considerations, and PREA compliance goals.

PROVISIONS

Provision (a)

According to the responses in the PAQ and confirmed through interviews and document review, the agency/facility has not acquired any new facilities or engaged in substantial expansions or structural modifications to existing facilities since August 20, 2012, or since the previous PREA audit, whichever date is more recent.

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| | <p>Provision (b)</p> <p>The facility reported in the PAQ that it is currently in the process of upgrading its video monitoring and electronic surveillance systems. This report was corroborated during the on-site visit, where the Auditor observed partial implementation of new surveillance equipment.</p> <p>During the interview, the Facility Head confirmed the system enhancements were still underway at the time of the audit. He also stated that both he and the Deputy Facility Head are directly involved in the planning and decision-making process for any technology upgrades or physical modifications to the facility. This ensures that all technological improvements are aligned with PREA's goals of preventing, detecting, and responding to sexual abuse and harassment. These leaders regularly collaborate with other members of the executive team to analyze operational data, assess risk areas, and determine where technology can further strengthen facility safety.</p> <p><u>CONCLUSION</u></p> <p>Based on the review of documentation, direct observation during the facility tour, and interviews with leadership, the Auditor concludes that the agency/facility fully meets the requirements of PREA Standard §115.18 - Upgrades to Facilities and Technology. Although no substantial structural changes have occurred since the last audit, the facility has demonstrated a proactive and ongoing commitment to enhancing its technological infrastructure, particularly its video monitoring capabilities, to support PREA compliance and improve inmate safety.</p> |
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| 115.21 | Evidence protocol and forensic medical examinations |
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| | <p>Auditor Overall Determination: Meets Standard</p> |
| | <p>Auditor Discussion</p> |
| | <p><u>DOCUMENTS</u></p> <p>The Auditor conducted a comprehensive review of multiple documents submitted prior to and during the audit process. Key materials examined included:</p> <ol style="list-style-type: none"> 1. The completed Pre-Audit Questionnaire (PAQ) and all accompanying documentation. 2. Georgia Department of Corrections (GDC) Standard Operating Procedure (SOP) 208.06 – PREA Sexually Abusive Behavior Prevention and Intervention Program, effective June 23, 2022. 3. GDC SOP 103.06 – Investigation of Allegations of Sexual Contact, Sexual Abuse, and Sexual Harassment of Offenders, effective August 11, 2022. 4. GDC SOP 103.10 – Evidence Handling and Crime Scene Processing, effective August 30, 2022. 5. A Memorandum of Understanding (MOU) executed in 2018 between the |

facility and the Jefferson County Sheriff's Department outlining responsibilities for criminal investigations.

6. A Services Agreement between the facility and Jefferson County Hospital, originally signed on October 15, 2015, and most recently updated and reaffirmed on December 14, 2024.

INTERVIEWS

PREA Coordinator (PC):

During the interview, the PREA Coordinator confirmed that the facility complies with a standardized evidence collection protocol designed to preserve the integrity of physical evidence for both administrative and criminal investigations. The protocol used is consistent with national best practices and is developmentally appropriate in cases involving youthful inmates, even though the facility currently does not house any minors.

PREA Compliance Manager (PCM):

The PCM affirmed that Jefferson County Hospital provides all forensic medical exams under an established agreement. Victim advocacy services are also included in the hospital's scope of work. The PCM noted that no forensic examinations were conducted during the 12-month period preceding the audit.

SAFE/SANE Staff:

Medical staff certified in Sexual Assault Forensic Examination (SAFE) and Sexual Assault Nurse Examiner (SANE) procedures explained that all forensic medical exams are conducted at Jefferson County Hospital. Victims are transported there at no cost to them. The process includes informed consent, thorough medical documentation, trauma assessment, evidence collection, and post-exam prophylactic treatment for STIs, including HIV. Chain-of-custody procedures are followed rigorously until evidence is transferred to law enforcement.

Random Staff:

Interviews with a sample of randomly selected facility staff confirmed they understood how to respond to reports of sexual abuse. All staff interviewed accurately described the basic procedures for preserving evidence and the appropriate steps to take until investigative or medical staff assume responsibility.

Inmates Who Reported Sexual Abuse:

At the time of the audit, there were no inmates in the facility who had reported sexual abuse, and therefore, no individuals from this category were available for interview.

Rape Crisis Center:

Representatives from the affiliated rape crisis center confirmed they have an active agreement with the facility to provide comprehensive services. These include a 24-hour crisis hotline, in-person emotional support, advocacy during medical exams, linguistically and culturally appropriate services, accommodations for individuals with disabilities, and assistance with administrative remedies.

PROVISIONS

Provision (a):

The facility indicated in the PAQ that it conducts all administrative investigations internally, while criminal investigations are handled by the Jefferson County Sheriff's Department under the 2018 MOU. Investigators adhere to a uniform evidence collection protocol designed to maximize the usability of physical evidence in proceedings.

Relevant Policy:

GDC SOP 208.06 mandates adherence to SOPs 103.10 and 103.06, ensuring standardized handling of evidence and investigative processes.

Provision (b):

Although the facility does not house youthful inmates, it reported that its evidence protocols are developmentally appropriate for youth if needed. The Auditor reviewed the current inmate roster and confirmed no individuals born after 2007 were present.

Relevant Policy:

Per SOP 208.06, protocols are based on the U.S. Department of Justice's National Protocol for Sexual Assault Medical Forensic Examinations (Adults/Adolescents), and adapted as necessary for youthful populations.

Provision (c):

The PAQ confirms that all inmates have access to forensic medical exams at no cost. Jefferson County Hospital is the designated site for such exams, conducted by SANE personnel. The facility reported no forensic exams during the past year. The Service Agreement with the hospital details the arrangement for forensic evaluations and care.

Exam Process Overview:

The SAFE/SANE process begins with patient consent, medical history intake, and a narrative of the incident in the patient's own words. A thorough head-to-toe assessment and genital examination are conducted, with photographic evidence collected (with consent), and all findings documented. Evidence is collected, packaged, and securely stored for law enforcement. STI prophylaxis is also provided.

Relevant Policy:

SOP 208.06, p. 16, mandates a physical examination and potential activation of the SANE protocol for reports of sexual abuse occurring within 72 hours. Consent procedures and coordination with SOP 507.04.85 on informed consent are required.

Provision (d):

The facility maintains an agreement with Jefferson County Hospital to provide both forensic medical exams and victim advocacy services. This was verified through

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| | <p>documentation and interviews with the PCM and PC.</p> <p><u>Relevant Policy:</u></p> <p>SOP 208.06 outlines a hierarchy for providing victim advocacy services, beginning with rape crisis centers and, if unavailable, community-based or internal qualified staff.</p> <p>Provision (e):</p> <p>If requested, victim advocates accompany and support the inmate throughout forensic exams and investigative interviews. These services include emotional support, crisis intervention, information, and referrals. This was confirmed by the PCM and rape crisis staff.</p> <p>Provision (f):</p> <p>As noted under Provision (a), administrative investigations are handled by facility staff, while criminal investigations, including crime scene processing and language services, are conducted by the Jefferson County Sheriff's Department under an MOU.</p> <p>Provision (g):</p> <p>This provision is not subject to Auditor evaluation.</p> <p>Provision (h):</p> <p>In accordance with the MOU, Jefferson County Hospital makes trained victim advocates available for all residents requiring support following a report of sexual abuse. Advocates may accompany the individual through medical and investigative procedures, and provide ongoing emotional support and guidance.</p> <p><u>CONCLUSION</u></p> <p>After a thorough review of documents, interviews with key personnel, and analysis of policy implementation, the Auditor concludes that the facility is in full compliance with PREA Standard §115.21. The facility has established and maintains a standardized, developmentally appropriate evidence collection protocol, ensures access to timely and cost-free forensic medical examinations, and provides adequate victim advocacy services. All required provisions of the standard have been met.</p> |
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| 115.22 | Policies to ensure referrals of allegations for investigations |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |

DOCUMENTS

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

These documents form the foundation of the facility's approach to preventing, detecting, and responding to allegations of sexual abuse and sexual harassment and outline specific responsibilities related to investigations.

INTERVIEWS

Agency Head or Designee

In the interview, the designated representative of the Agency Head emphasized the zero-tolerance policy the Georgia Department of Corrections maintains regarding all forms of sexual abuse and harassment. The designee confirmed that every report of sexual abuse or harassment—whether criminal or administrative in nature—is promptly and thoroughly investigated. Investigations are conducted internally by the GDC without reliance on external agencies, and the agency policy governing referrals for criminal investigations is publicly available on the GDC website. All such referrals are formally documented.

Investigative Staff

Investigative staff interviewed reported that all allegations are subject to investigation. Administrative matters are handled internally by trained agency staff, while criminal allegations are referred to the Jefferson County Sheriff's Department, as outlined in agency agreements and standard operating procedures.

PROVISIONS

Provision (a)

The PAQ affirms that GDC ensures every allegation of sexual abuse and sexual harassment undergoes either an administrative or criminal investigation. This was corroborated by the Agency Head Designee during the interview process. At the time of the audit, the facility reported no allegations of sexual abuse or sexual harassment in the twelve months preceding the on-site review.

RELEVANT POLICY

GDC SOP 208.06 (p. 30, Section G.1) explicitly states that all reports of sexual abuse or sexual harassment shall be considered allegations and investigated accordingly.

Provision (b)

According to the PAQ and supporting documentation, GDC maintains both a policy and consistent practice of referring allegations involving potentially criminal behavior to a qualified agency with investigative authority. These referral procedures are made transparent through publication on the GDC's official website: <http://www.gdc.ga.gov/content/101-208-policy-compliance-unit>. Interviews with leadership confirmed that all referrals for criminal investigation are properly documented and retained.

RELEVANT POLICIES

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

- Requires facility administrators to report certain allegations (e.g., those involving penetration or clear physical evidence) to regional leadership and the agency PREA Coordinator immediately.
- Details investigative responsibilities including evidence collection, witness interviews, and prior complaint reviews.
- Ensures assessments of credibility are based on individual facts, not staff or offender status, and prohibits the use of polygraph tests as a prerequisite to investigation.

GDC SOP 103.06 (p. 1, Section I):

- Establishes a commitment to investigating all allegations of sexual abuse, sexual contact, or sexual harassment lodged by sentenced offenders against staff, contractors, volunteers, or other inmates.
- Reaffirms that such investigations are handled with professionalism, impartiality, and without subjecting the complainant to threats or retaliation.

Provision (c)

As previously outlined in Provision (a), all allegations—whether administrative or criminal—are subject to thorough investigation either by internal facility staff or external law enforcement. This practice reflects a robust and consistent adherence to investigative protocols.

Provisions (d) and (e)

These provisions are not subject to audit requirements and were therefore not evaluated during this assessment.

CONCLUSION

Based on the comprehensive review of documentation, agency policies, and interviews with both facility leadership and investigative personnel, the Auditor concludes that the agency and facility fully comply with all applicable provisions of this standard. The Georgia Department of Corrections has demonstrated a clear and

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| | systematic approach to ensuring that every allegation of sexual abuse or harassment is addressed through timely and thorough investigation, whether administrative or criminal in nature. The policies in place support transparency, accountability, and the protection of offender rights, aligning with the core objectives of PREA. |
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| 115.31 | Employee training |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p><u>DOCUMENTS REVIEW</u></p> <p>The Auditor conducted a comprehensive review of the following documents to assess compliance with the staff training requirements of the PREA standard:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire (PAQ) and all supporting documentation submitted by the facility. 2. Georgia Department of Corrections (GDC) Standard Operating Procedures (SOP), Policy No. 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective June 23, 2022. 3. Staff PREA Training Curriculum and Training Modules. 4. PREA Training Rosters, Attendance Records, and Acknowledgment Forms. 5. Sampled PREA training records from a cross-section of staff. <p>These documents were analyzed to determine if the training content and delivery align with the requirements outlined in the PREA standard and the associated GDC policy.</p> <p><u>INTERVIEWS</u></p> <p>Random Staff</p> <p>Interviews were conducted with a random sample of facility staff, including both custody and non-custody personnel. Every staff member interviewed recalled receiving PREA training as part of their orientation before having any contact with inmates. They also confirmed annual refresher training and noted that PREA topics are regularly reinforced during shift briefings, staff meetings, and supplemental in-service sessions. All respondents demonstrated a clear understanding of their responsibilities related to sexual abuse prevention, detection, reporting, and response. Each staff member interviewed accurately identified the ten core training elements outlined in the standard and affirmed their receipt of this training.</p> <p><u>PROVISIONS</u></p> <p>Provision (a)</p> |

The facility affirmed in its PAQ that all staff who may have contact with inmates receive training that includes, at a minimum, the following ten elements:

1. The Department's zero-tolerance policy for sexual abuse and harassment.
2. How to fulfill responsibilities under agency policies for preventing, detecting, reporting, and responding to sexual abuse and harassment.
3. Inmates' right to be free from sexual abuse and harassment.
4. The right of both inmates and staff to be free from retaliation for reporting such incidents.
5. The dynamics of sexual abuse and harassment in confinement settings.
6. Common reactions of victims of sexual abuse and harassment.
7. How to detect and respond to signs of threatened or actual sexual abuse.
8. How to avoid inappropriate relationships with inmates.
9. Effective, professional communication with inmates, including those who identify as LGBTI or gender nonconforming.
10. Legal requirements regarding mandatory reporting to outside authorities.

The Auditor verified the presence and accuracy of these elements through review of the PREA training curriculum and materials, which include clear alignment with the policy and standard. The curriculum was structured with numbered elements for each topic area to reinforce learning and retention. Training content is adjusted according to staff classification, with additional specialized modules assigned based on job duties.

Thirty-two randomly selected staff training records were reviewed. All records included current documentation verifying completion of PREA training and acknowledgement forms signed by each staff member. This evidence confirmed full compliance with the training requirements outlined in Provision (a).

Relevant Policy:

GDC SOP 208.06, p. 19, 1(a)(i-x), mandates annual training for all employees, covering the same ten elements described above.

Provision (b)

According to the PAQ and interviews, PREA training provided at the facility is tailored to the gender-specific needs of the inmate population. The training incorporates gender-responsive content designed for staff working in a male facility.

In cases where staff are reassigned from a facility housing a different gender population, GDC policy requires that the staff receive additional training prior to assuming duties involving inmate contact. All staff interviewed confirmed they had received gender-specific training and were aware of the policy regarding retraining upon reassignment.

The Auditor reviewed training materials, confirming they are adapted for the male population at the facility. Additionally, the training includes guidance on working with transgender and intersex individuals.

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| | <p><u>Relevant Policy:</u></p> <p>GDC SOP 208.06, p. 20, 1(b-d), requires gender-specific training for staff, as well as retraining upon reassignment to a different gender facility. It also outlines the requirement for specialized training for staff involved with the Sexual Abuse Response Team (SART) and those working directly with victims or perpetrators.</p> <p>Provision (c)</p> <p>The Auditor reviewed PREA training documentation for 32 of the 45 current staff members. Each file contained verification that the employee completed PREA training within the past twelve months. GDC requires formal refresher training at least every two years, with annual supplemental instruction provided through shift briefings, staff meetings, educational resources, and visual reminders such as PREA posters displayed throughout the facility.</p> <p>All interviewed staff (100%) confirmed they had received PREA training and demonstrated familiarity with its contents, indicating effective dissemination and reinforcement of key concepts.</p> <p>Provision (d)</p> <p>Documentation of staff participation in PREA training is systematically maintained by the facility. Attendance at training sessions is verified through staff signatures on official sign-in sheets and/or completion of electronic verification forms. Each staff member must also complete an acknowledgment form confirming receipt and understanding of the training content.</p> <p>The Auditor reviewed signed training acknowledgment forms for all sampled staff and found this process to be consistent and reliable across all reviewed files. This practice ensures accountability and allows for accurate tracking of training compliance.</p> <p><u>CONCLUSION</u></p> <p>Based on a thorough review of training documents, interviews with facility staff, and analysis of relevant policies, the Auditor concludes that the facility fully complies with the provisions of PREA Standard §115.31 – Employee Training. The agency’s approach to staff training reflects a strong institutional commitment to the prevention of sexual abuse and harassment, with appropriate procedures in place to ensure all staff are knowledgeable, prepared, and responsive to the needs of the inmate population.</p> |
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| 115.32 | Volunteer and contractor training |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <u>DOCUMENT REVIEW</u> |

The Auditor examined a comprehensive set of documents to determine the facility's compliance with the PREA standard related to volunteer and contractor training. The following materials were reviewed:

1. Pre-Audit Questionnaire (PAQ) and supporting documentation.
2. Georgia Department of Corrections (GDC) Standard Operating Procedures (SOP), Policy No. 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective June 23, 2022.
3. Volunteer and Contractor PREA Training Curriculum, including materials tailored to the level of inmate contact and the nature of their services.
4. Signed Acknowledgment Forms verifying receipt and understanding of PREA training content.

Training documentation for 20 contractors and volunteers was reviewed. Each file contained a completed and signed acknowledgment of PREA training, verifying both receipt and comprehension of the required material.

INTERVIEWS

Volunteer

The Auditor interviewed a volunteer who confirmed receiving PREA training prior to engaging in any activity involving inmate contact. The volunteer reported that the training was relevant and tailored to the volunteer's specific duties within the facility. When questioned about PREA, the volunteer was able to articulate its purpose and clearly identify their responsibilities, particularly regarding how to respond if they witness or become aware of an incident involving sexual abuse or sexual harassment.

Contractor

Similarly, the contractor interviewed also recalled receiving PREA training before being allowed to work in the facility. The contractor described the training as role-specific and stated it adequately addressed their responsibilities in preventing and reporting incidents of sexual misconduct. When asked by the Auditor, the contractor was able to clearly define PREA and accurately describe the appropriate steps to take if faced with a potential or actual incident of sexual abuse or harassment.

PROVISIONS

Provision (a): Training Requirement for Volunteers and Contractors

According to the PAQ, the facility reported that all contractors and volunteers with inmate contact are trained on their responsibilities under GDC policies and procedures concerning the prevention, detection, reporting, and response to sexual abuse and harassment. The facility identified 20 such individuals who had received PREA training, a fact corroborated during interviews and through the Auditor's review of documentation.

Each of the 20 training files reviewed contained signed acknowledgments verifying

completion of the required annual PREA training. These forms confirmed that the volunteers and contractors had been provided with the appropriate training content and understood their obligations under PREA.

Relevant Policy:

GDC SOP 208.06, p. 20, Section 2(a), stipulates that the Department must ensure all volunteers and contractors with offender contact are provided with a copy of the PREA policy and are trained in their responsibilities under GDC's PREA policies and procedures. The policy references Attachment 19, the Staff PREA Brochure, as a tool that may be used to assist with this training.

Provision (b): Training Content Based on Role and Contact Level

As stated in the PAQ, the level and specificity of PREA training provided to volunteers and contractors is determined by the nature of services they perform and the degree of contact they have with inmates. The training ensures that all volunteers and contractors are aware of the Department's zero-tolerance policy for sexual abuse and harassment and know how to properly report incidents.

This claim was validated during interviews, as both the volunteer and contractor demonstrated clear understanding of the zero-tolerance policy and the required reporting procedures.

Relevant Policy

GDC SOP 208.06, p. 20, Section 2(b), provides that the depth and type of training for volunteers and contractors shall correspond to their service roles and inmate contact level. Regardless of their specific duties, all volunteers and contractors must be notified of the zero-tolerance policy and instructed on how to report allegations of sexual abuse and sexual harassment.

Provision (c): Documentation of Understanding

The facility reported via the PAQ that documentation is maintained to confirm that all volunteers and contractors understand the training they have received. Each file reviewed included a signed acknowledgment form confirming participation in the PREA training and recognition of their responsibilities.

The form used for this purpose is Attachment 1, titled Sexual Abuse/Sexual Harassment PREA Education Acknowledgment Statement. Volunteers and contractors are required to sign this form upon completion of the training. Additionally, they are encouraged to seek clarification from Department staff if they have any questions to ensure full comprehension of the material.

Relevant Policy:

GDC SOP 208.06, p. 21, Section 2(c), mandates that documentation of PREA training must be retained and verified either through signature or electronic means. The acknowledgment must affirm that the volunteer or contractor understood the training content. Staff are also instructed to provide further guidance as necessary to reinforce understanding.

CONCLUSION

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| | <p>After a detailed review of training documentation, policy provisions, and interviews with facility volunteers and contractors, the Auditor concludes that the facility meets all requirements of the PREA standard concerning volunteer and contractor training. The facility has established a clear and consistent process for ensuring that all non-employee personnel with inmate contact are appropriately trained, aware of their responsibilities, and equipped to respond effectively to incidents of sexual abuse or harassment. All elements of this standard have been fully implemented and are in compliance with GDC policy and PREA standards.</p> |
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| 115.33 | Inmate education |
| | <p>Auditor Overall Determination: Meets Standard</p> |
| | <p>Auditor Discussion</p> |
| | <p><u>DOCUMENT REVIEW</u></p> <p>The auditor conducted a comprehensive review of documents relevant to PREA Standard §115.33 – Inmate Education. The following materials were examined to determine the facility’s compliance:</p> <ul style="list-style-type: none"> • Pre-Audit Questionnaire (PAQ) and associated documentation. • Georgia Department of Corrections (GDC), Standard Operating Procedure (SOP) 208.06: “Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program,” effective June 23, 2022. • GDC-produced educational video, “Discussing Prison Rape Elimination Act,” dated February 23, 2023. • LanguageLine Insight Video Interpreting User Guide. • GDC PREA Inmate Information Guide Brochure (undated). • GDC Offender Handbook (undated). • “Reporting is the First Step” informational poster. • Outside Confidential Support Agency poster. • Memorandum of Understanding (MOU) between the facility and Jefferson County Correctional. • Inmate PREA Intake Information Documentation. • Inmate signed PREA Education Acknowledgment Forms. • Inmate PREA Education Spreadsheet detailing dates of receipt. <p><u>ON-SITE OBSERVATIONS</u></p> <p>During the facility tour, the auditor confirmed that PREA-related materials were prominently displayed throughout the institution. Posters detailing the agency’s zero-tolerance policy for sexual abuse and harassment, as well as multiple reporting options, were clearly visible in housing units, near telephones, and other common areas. These included contact information for both internal (GDC PREA Unit) and external (Jefferson County Hospital) reporting entities.</p> |

The auditor also noted the availability of PREA education materials in English and Spanish. Additionally, the facility offers resources for those who are hearing, vision, or cognitively impaired, including closed captioning, American Sign Language interpretation in the educational video, and Braille upon request. The video "Discussing the Prison Rape Elimination Act" was available in both English and Spanish and was observed during the tour.

INTERVIEWS

Intake Staff

Intake staff interviews confirmed that each inmate receives immediate education on the facility's zero-tolerance policy and how to report incidents of sexual abuse or harassment. Staff explained that this information is provided during the intake process via written brochures, video presentations, and verbal instructions.

Staff stated that all inmates receive a comprehensive PREA education within 15 days of arrival, consistent with policy. This includes detailed instruction on:

- The right to be free from sexual abuse and harassment.
- The right to be free from retaliation.
- Reporting options, including verbal, written, anonymous, and third-party reports.
- An overview of GDC's procedures for responding to allegations.

The intake staff further confirmed that PREA education is accessible to inmates with limited English proficiency, disabilities, or literacy challenges. Education is also provided again if the inmate is transferred to a facility with different PREA policies or procedures.

Signed acknowledgments of receipt of PREA materials are maintained in each inmate's file. According to staff, inmates receive this information prior to housing unit assignment and are continually reminded of PREA protocols through posters and other institutional messaging.

Random Inmates

Interviews with 23 randomly selected inmates further validated the facility's compliance. All interviewees reported receiving PREA-related materials upon arrival, including brochures and handbooks. Every inmate confirmed they had viewed the PREA orientation video as part of the intake process. They clearly understood their rights, how to report incidents, and the agency's zero-tolerance policy.

PROVISIONS

Provision (a)

The PAQ indicated that all 252 inmates admitted within the past 12 months received PREA education during intake. This figure was corroborated by intake staff and

verified by the auditor through documentation and interviews.

Intake staff described the initial PREA education as a brief but informative session designed to make inmates aware of reporting mechanisms and safety protocols until they can participate in more thorough training.

Interviews and education records for 50 inmates revealed 100% compliance with the requirement to provide PREA information within 24 hours of arrival.

RELEVANT POLICY

GDC SOP 208.06 (p. 21, Section 3) mandates that all inmates receive verbal and written information—including brochures in English or Spanish—about the agency’s zero-tolerance policy and reporting procedures upon arrival. This information must be acknowledged by the inmate in writing and placed in their institutional file.

Provision (b)

The PAQ reported that of 252 inmates admitted during the previous 12 months who remained for more than 30 days, 100% received comprehensive PREA education within the required timeframe. This was supported by staff interviews and documentation reviewed by the auditor.

This 30-day education includes:

- In-depth discussion of zero tolerance.
- Definitions and examples of sexual abuse and harassment.
- Strategies to reduce risk.
- Multiple ways to report, including third-party reports.
- The investigative process.
- Treatment services are available to victims.
- Assurance of protection from retaliation.
- Notification that male and female staff work in all housing areas.

RELEVANT POLICIES:

GDC SOP 208.06 (pp. 21-22, Section 3.a.i-ix) requires that designated staff provide comprehensive education within 15 days of arrival, including the “Discussing PREA” video. Education must be documented via inmate signature and retained in institutional files.

The “Discussing Prison Rape Elimination Act” video (produced by Arks Media, LLC) is approximately 15 minutes long and includes voice narration, closed captions, and American Sign Language. It covers all essential topics in a trauma-informed manner.

The intake process also includes information about exigent circumstances, wherein education may be delayed but must occur within 30 days and be documented with justification.

ADDITIONAL RESOURCES

The “Reporting is the First Step” poster outlines four primary reporting methods:

Telephone: Includes *7732 (internal PREA hotline).

Mail: Includes addresses for the PREA Coordinator and Victim Services.

Email: Includes official PREA reporting emails.

Third-Party Reports: Family members can use any of the above methods.

The GDC PREA hotline accepts anonymous reports and allows for unlimited calls.

The PREA Unit confirmed no inmate has reported difficulties with the one-minute time limit for voicemail.

The GDC Offender Handbook (pp. 45–47) also emphasizes the inmate’s right to be free from sexual abuse and provides hotline and email addresses for confidential reporting.

The GDC PREA Inmate Information Guide Brochure outlines agency policies, reporting options, and victim services available. It reinforces zero tolerance and encourages prompt and honest reporting.

RECORD REVIEW

The auditor reviewed comprehensive education records for a sample of 50 inmates. All records demonstrated timely receipt of intake materials and completion of comprehensive PREA education within 30 days. The materials reviewed—brochures, videos, postings, handbooks—collectively meet all federal requirements and reinforce the agency’s commitment to sexual safety.

Provision (c)

As discussed in Provision (a), intake staff consistently provide inmates with PREA-related information immediately upon arrival at the facility. Interviews with intake personnel confirmed that all inmates—regardless of whether they are new commitments or transfers from other institutions—receive intake materials that include PREA education prior to being assigned to a housing unit.

This process ensures that all individuals are informed of the agency’s zero-tolerance policy toward sexual abuse and harassment, as well as their right to be free from such behaviors, before entering the general population. Staff emphasized that PREA information is reviewed with inmates during the intake process, and that providing this education is a mandatory step before any housing assignments are made.

According to the Pre-Audit Questionnaire (PAQ), all inmates received PREA orientation education within 72 hours of admission. This information was confirmed through staff interviews and corroborated by documentation reviewed by the auditor.

Provision (d)

The facility reported, as noted in the PAQ, that PREA education is made accessible to all inmates, including those with disabilities, limited English proficiency, or limited literacy. The institution has developed and implemented multiple strategies to ensure that every inmate receives the information in a format that is meaningful and

understandable, consistent with the requirements of the standard.

The auditor verified that the following accommodations are in place:

1. **Limited English Proficiency (LEP):** PREA educational materials are available in Spanish, and all English-language brochures, posters, and handbooks are translated and distributed in Spanish as well. For speakers of other languages, the facility utilizes LanguageLine, which provides interpretation services in hundreds of languages, including **American Sign Language (ASL)**.
2. **Hearing Impairments:** PREA information is provided through visual formats such as captioned videos, written materials, and Video Remote Interpreting (VRI) in American Sign Language. The “Discussing Prison Rape Elimination Act” video includes both captioning and ASL interpretation to ensure full access for hearing-impaired individuals.
3. **Visual Impairments:** For visually impaired inmates, information is delivered verbally by staff or via audio recordings. Additionally, printed materials can be provided in Braille upon request.
4. **Cognitive Disabilities:** Inmates with cognitive impairments receive PREA education through staff-assisted reading of materials or through simple, clearly narrated audio-visual content. Staff are trained to communicate effectively and check for understanding when working with cognitively impaired individuals.
5. **Limited Literacy:** For inmates with low reading proficiency, PREA information is also read aloud by staff or provided via recorded video messages to ensure comprehension.

These accommodations ensure that PREA education is inclusive and accessible to all members of the inmate population, regardless of ability or language proficiency.

Provision (e)

The PAQ confirmed, and the Prison Rape Elimination Act Compliance Manager (PCM) verified, that the facility maintains documentation of inmate participation in PREA education sessions. This documentation is retained in each inmate’s institutional file as required.

The auditor reviewed signed PREA Education Acknowledgement Forms for 88 inmates admitted within the past 12 months. Each form indicated the inmate had received both initial and comprehensive PREA education within the appropriate timeframes.

Additionally, a sample of 50 inmate records was reviewed in detail. All 50 records included documentation showing that each inmate received the full comprehensive PREA education within 30 days of arrival, confirming the agency’s adherence to the time requirements of the standard.

As documented in Provision (b), the facility achieved 100% compliance in delivering both intake and orientation PREA training to inmates who entered the institution

during the previous 12-month period.

RELEVANT POLICY

Georgia Department of Corrections SOP 208.06 (page 22, section 3.b) mandates that the facility must maintain documentation of each inmate's participation in PREA education sessions. These records must be placed in the inmate's institutional file, providing a verifiable record of compliance with the standard.

Provision (f)

The PAQ stated, and the auditor confirmed through direct observation during the facility tour, that key information about the agency's PREA policies is readily and continuously accessible to all inmates.

This information is made available through a variety of formats, including:

- Prominently displayed posters throughout housing units and common areas.
- Inclusion of PREA content in the GDC Offender Handbook and PREA Inmate Information Guide.
- Educational brochures provided during intake and orientation.
- PREA information cards and signage near telephones and visiting areas.

These materials include instructions on how to report sexual abuse or harassment, contact information for internal and external reporting agencies, and reinforce the agency's zero-tolerance policy.

(For additional detail on specific publications, languages, and delivery formats, refer to Provisions (a) through (d).)

CONCLUSION

Based on an in-depth review of the Pre-Audit Questionnaire, facility policies, educational materials, signed documentation, and interviews with both staff and inmates, the auditor has determined that the facility fully complies with all elements of PREA Standard §115.33 – Inmate Education.

The agency has implemented a robust system to ensure all inmates, regardless of their language, literacy, or disability status, are informed of their right to be free from sexual abuse and harassment and understand how to report incidents safely and confidentially. The facility's documentation practices are thorough and well-maintained, and educational materials are accessible and consistently provided within the required timeframes.

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| 115.34 | Specialized training: Investigations |
| | Auditor Overall Determination: Meets Standard |

Auditor Discussion

DOCUMENTS

To evaluate the facility's compliance with the PREA standard related to specialized training for investigators, the Auditor reviewed a comprehensive set of documents. These included:

1. Pre-Audit Questionnaire (PAQ) and its accompanying 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, with an effective date of June 23, 2022.
3. Curriculum materials outlining the content of the specialized PREA investigator training.
4. Certificates of completion verifying successful completion of specialized training requirements.

The documentation collectively supports the agency's compliance with PREA standards for ensuring investigators receive targeted training to properly handle sexual abuse and harassment allegations within confinement settings.

INTERVIEWS

Investigative Staff

During interviews with members of the investigative team, the staff clearly articulated that they had completed specialized training in investigating allegations of sexual abuse and harassment within correctional environments. The training curriculum covered critical components such as administering Miranda and Garrity warnings, conducting trauma-informed interviews with victims of sexual abuse, proper procedures for evidence collection in a confinement setting, and the standards of proof required to support administrative findings or pursue criminal prosecution. The staff expressed confidence in applying the skills gained through this training in actual investigations.

PROVISIONS

Provision (a)

According to information provided in the PAQ, the agency mandates that all investigators receive specialized instruction on how to conduct investigations of sexual abuse in confinement settings. This requirement was confirmed by investigative staff during interviews, who attested to having completed the training and applied it in practice.

RELEVANT POLICY

GDC SOP 208.06 (page 23, Section 4, subsections a-c) establishes the following requirements:

- (a) Investigators tasked with handling allegations of sexual abuse and sexual harassment must undergo specialized training tailored to conducting investigations in confinement environments.
- (b) This training must include instruction in interviewing techniques for sexual abuse victims, appropriate use of Miranda and Garrity warnings, proper methods of evidence collection in secure settings, and guidance on the evidentiary thresholds needed to support administrative or criminal outcomes.
- (c) The Department is responsible for maintaining documentation confirming that all individuals, whether internal or external to the agency, who investigate sexual abuse allegations have completed this required training.

Provision (b)

The PAQ also reported, and investigative staff confirmed, that the content of their specialized training aligns with the standards outlined in the SOP. The training addresses all the essential components identified by the standard, including victim interview strategies, legal advisement procedures, evidence gathering in confinement environments, and determining when a case is suitable for administrative discipline or criminal referral.

The investigators interviewed spoke knowledgeably about the training and explained how they apply it in the investigative process.

Provision (c)

The facility reported, through the PAQ, that documentation is maintained to demonstrate that all agency investigators have completed the required specialized training. This assertion was validated through the Auditor's review of the training rosters, individual certificates of completion, and investigator files. Additionally, interviews with investigative staff corroborated that they had successfully completed the required courses and obtained formal certification.

Provision (d)

This provision falls outside the scope of what is required for audit review and was therefore not evaluated during this assessment.

CONCLUSION

Based on a thorough review of documentation, including policy, training materials, and certification records, along with interviews with investigative personnel, the Auditor finds that the agency and facility meet all requirements of this PREA standard. The Georgia Department of Corrections has implemented a robust and well-documented process to ensure that all investigators receive specialized training in line with national best practices for addressing sexual abuse in confinement settings. The existence of well-trained investigative staff, combined with documented proof of compliance, confirms that the agency has institutionalized the appropriate measures

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| | to fulfill this standard effectively. |
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| 115.35 | Specialized training: Medical and mental health care |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p><u>DOCUMENTS</u></p> <p>To assess the facility’s compliance with PREA standards related to specialized training for medical and mental health care practitioners, the Auditor conducted a thorough review of the following materials:</p> <ol style="list-style-type: none"> 1. The Pre-Audit Questionnaire (PAQ) and accompanying 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. Training materials and lesson plans specific to health services personnel. 4. Training attendance records and documentation for the facility’s medical staff. <p>The documentation reviewed outlines the agency’s expectations and requirements for medical staff training in areas related to detecting, responding to, and reporting sexual abuse and sexual harassment, in accordance with the PREA standards.</p> <p><u>INTERVIEWS</u></p> <p>Facility Head</p> <p>During the interview, the Facility Head confirmed that the agency requires all medical practitioners assigned to the facility to complete both general PREA training and specialized instruction tailored for medical personnel. The Facility Head expressed confidence that the training requirements had been met by the medical staff currently assigned.</p> <p>Medical Staff</p> <p>The facility employs one nurse, who serves as the sole on-site medical provider. In the interview, the nurse affirmed receiving both general PREA training during new employee orientation and refresher training, as well as specialized training covering the responsibilities of medical staff in detecting signs of sexual abuse, responding appropriately, and ensuring that all relevant procedures are followed. The nurse was knowledgeable about the facility’s PREA protocols and clearly described how to handle reports or indicators of sexual abuse.</p> <p>Mental Health Staff</p> |

The facility does not employ mental health staff on-site, and as such, there were no interviews conducted with mental health practitioners for this standard. Mental health services, if needed, are arranged externally through GDC resources.

PREA Compliance Manager (PCM)

The PREA Compliance Manager confirmed that all medical practitioners are expected to complete the full range of employee PREA training as outlined in §115.31, in addition to any specialized instruction for medical roles. The PCM indicated that documentation of training is maintained and reviewed periodically.

PROVISIONS

Provision (a)

According to the PAQ and interviews with facility leadership and medical staff, the agency has policies in place requiring that medical and mental health practitioners who regularly work in its facilities receive specialized training in compliance with PREA. The one medical practitioner assigned to this facility is reported to have completed this training. While training materials were provided and reviewed and the medical staff confirmed their participation in the required training, the facility did not supply all of the supporting documentation initially requested by the Auditor, such as detailed certificates or full rosters confirming compliance.

RELEVANT POLICY

GDC SOP 208.06 (p. 23, section 5) states that both GDC-employed and contracted medical and mental health staff must receive annual specialized PREA training. This training is to be documented and maintained in the staff member's training file. Additionally, these practitioners are required to attend GDC's annual PREA in-service training to reinforce their understanding and skills.

Provision (b)

This provision does not apply to the facility, as policy prohibits on-site medical personnel from conducting forensic examinations. Such procedures are referred to external qualified providers.

Provision (c)

The PAQ indicates, and interviews confirmed, that documentation of training is maintained for all medical practitioners. While the nurse confirmed attending the required sessions and demonstrated knowledge of the subject matter, only partial documentation was available for review at the time of the audit.

Provision (d)

The PAQ further reflects that medical staff are included in the agency's broader training requirements applicable to employees, contractors, and volunteers. The nurse affirmed participation in this training during interviews, and the PREA Compliance Manager verified that these sessions are consistently provided and

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| | <p>tracked.</p> <p><u>CONCLUSION</u></p> <p>Based on interviews, training record review, and policy analysis, the Auditor concludes that the facility complies with the requirements of the PREA standard concerning specialized training for medical personnel. Although not all requested documentation was available during the audit, the available evidence—including staff interviews, policy verification, and reviewed materials—supports that the single medical practitioner assigned to the facility has received both general and role-specific PREA training. The agency’s established procedures and policies demonstrate a clear commitment to ensuring medical staff are appropriately prepared to identify, respond to, and report sexual abuse in accordance with PREA standards.</p> |
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| 115.41 | Screening for risk of victimization and abusiveness |
| | <p>Auditor Overall Determination: Meets Standard</p> |
| | <p>Auditor Discussion</p> |
| | <p><u>DOCUMENTS</u></p> <p>In evaluating the facility’s compliance with PREA Standard §115.41, the Auditor examined the following materials:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire (PAQ) and all supporting documentation submitted by the facility. 2. Georgia Department of Corrections (GDC) Standard Operating Procedures (SOP), Policy 208.06, titled Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, with an effective date of June 23, 2022. 3. GDC SOP 208.06, Attachment 2 - PREA Sexual Victim/Sexual Aggressor Classification Screening Instrument, revised June 23, 2022. 4. Records of inmates’ initial risk assessments conducted at intake. 5. Documentation of 30-day follow-up reassessments. <p>These documents collectively detail the procedures, timelines, and tools used to identify inmates at increased risk of sexual victimization or who may present a risk to others.</p> <p><u>INTERVIEWS</u></p> <p>PREA Coordinator (PC)</p> <p>The PREA Coordinator confirmed that multiple departments—including medical, mental health, classification, and the PREA Compliance Manager (PCM) are granted access to screening data on a strict need-to-know basis. This information is used</p> |

solely for ensuring inmate safety and supporting informed decisions about housing, bed, work, education, and program assignments. The PC also affirmed that the GDC does not house individuals in confinement settings solely due to civil immigration status.

PREA Compliance Manager (PCM)

The PCM emphasized that the risk screening tool serves a protective function, allowing staff to make evidence-informed decisions aimed at enhancing inmate safety. The PCM explained that data collected from both the initial and follow-up assessments are used to identify inmates who may be at elevated risk of sexual victimization or pose a risk of perpetrating abuse. This screening facilitates strategic placement decisions to prevent incidents and promote safety within the institution.

Risk Screening Staff

Risk assessment personnel reported that initial screenings are completed within the first 24 hours following an inmate's arrival. These screenings include an evaluation of prior incidents of sexual abuse, past convictions for violent crimes, and any institutional history of violence or sexual aggression. A follow-up screening is conducted within 30 days. Additional screenings are triggered by noteworthy events such as a PREA-related allegation, the inmate's departure and return to the facility, or the emergence of new information relevant to the inmate's safety. Transgender inmates are assessed upon intake, again within 30 days, and at least every six months thereafter.

Staff stated that refusal to answer screening questions does not result in disciplinary action. Staff attempt to understand the inmate's hesitation and re-engage them respectfully, but non-compliance with answering questions does not lead to punitive consequences.

Random Inmates

Inmate interviews revealed that the individuals clearly recalled undergoing the PREA risk screening process shortly after intake, typically within 24 hours, and receiving a follow-up reassessment a few weeks later. Inmates reported being asked personal but relevant questions regarding sexual orientation, gender identity, history of sexual victimization, and whether this was their first incarceration. Inmates understood the intent behind these questions and expressed no concerns about the process.

PROVISIONS

Provision (a)

The facility reported via the PAQ that GDC policy mandates all inmates be screened for their risk of being sexually abused or of being sexually abusive toward others upon admission and upon transfer. This was confirmed through policy review and staff/inmate interviews.

RELEVANT POLICY:

GDC SOP 208.06, page 23, Section D(1), states that every inmate must undergo an intake screening to assess their risk level for sexual victimization or abusiveness. This

screening also applies when an inmate is transferred to another facility.

All random inmates interviewed confirmed participation in this screening within 24 hours of arrival and remembered being asked about sensitive topics relevant to the assessment. They also confirmed a follow-up reassessment occurred within a few weeks of admission.

Provision (b)

According to the PAQ and supported by interviews and documentation, GDC policy requires that initial risk screenings be completed within 24 hours of the inmate's arrival at the facility.

RELEVANT POLICY:

SOP 208.06, pages 23–24, Section D(2), specifies that designated counseling staff conduct screenings using SCRIBE and Attachment 2. This must be completed within 24 hours of entry and again within 30 days. The information gathered is used to inform classification decisions and ensure separation of high-risk individuals to enhance safety. The policy clarifies that assessment results must not negatively impact classification opportunities.

All risk assessment staff affirmed the timely completion of initial and 30-day reassessments. Interviews with inmates confirmed that they were screened upon arrival and reassessed within the stated timeframe.

The PAQ notes that, in the past year, 100% of the 252 inmates admitted were screened within 72 hours of intake. However, staff interviews and documentation provided to the Auditor indicate the operational practice is to complete this screening within 24 hours. The Auditor reviewed the initial and 30-day reassessments for a sample of 56 inmates, all of which adhered to the required timelines.

Provision (c)

The PAQ confirms the use of an objective, standardized screening tool to assess risk. Staff members utilize the revised Attachment 2 of SOP 208.06 during the intake process. The Auditor reviewed the instrument and determined it included all the elements outlined in the standard.

RELEVANT TOOL:

SOP 208.06, Attachment 2 (Revised 06/23/2022), provides a structured and weighted assessment that captures the inmate's vulnerability (questions 1–8) and potential for abusiveness (questions 9–14). This form serves as a consistent, evidence-based instrument aligned with the criteria outlined in Provision (d).

Provision (d)

The facility indicated in the Pre-Audit Questionnaire (PAQ) that its risk screening instrument includes all elements required by this provision. Upon review, the Auditor confirmed that the instrument in use—GDC SOP 208.06, Attachment 2 (Revised 06-23-2022)—aligns with the criteria outlined in the standard. Although the

instrument does not specifically include a question related to civil immigration detention status, this omission does not impact compliance, as confirmed by the PREA Coordinator (PC), who verified that the Georgia Department of Corrections does not house individuals solely for civil immigration purposes.

The Auditor closely examined the screening tool, which collects data across multiple factors that indicate an inmate's potential risk as a sexual victim or aggressor. These include:

1. Whether the individual has previously been sexually victimized in an institutional setting.
2. Age-related risk indicators (under 25 or over 60 years of age).
3. Physical vulnerability based on body mass index (BMI <18.5).
4. Presence of developmental disabilities, mental health conditions, or physical disabilities.

Note: The form currently uses the phrase mental illness. The Auditor recommends revising this term to mental disability to better reflect inclusive and accurate terminology. While acknowledging that this form is embedded in official policy and not easily altered, the Auditor recommends that facility staff manually correct the wording on the master copy of the attachment before producing additional copies.

5. First-time incarceration status.
6. Actual or perceived identification as lesbian, gay, bisexual, transgender, intersex, or gender non-conforming.
7. Documented history of sexual victimization.
8. The inmate's own expressed concern or perception of vulnerability.
9. Non-violent criminal history.
10. History of sexual offenses against adults or minors.
11. Institutional history of sexually aggressive behavior.
12. Previous incidents of sexually abusive behavior.
13. Current offense involving sexual assault or abuse.
14. Prior convictions for violent offenses.

Scoring is cumulative, with one point assigned for each affirmative response. Multi-part questions may yield multiple points (e.g., if a person has both a physical and developmental disability, two points are assigned for question 4).

Provision (e)

The facility affirmed via the PAQ that the initial risk assessment process includes consideration of the inmate's prior sexually abusive behavior, violent criminal history, and institutional misconduct, including previous incidents of sexual abuse or aggression. Risk screening staff corroborated this during interviews and verified that these critical indicators are reviewed upon intake.

Furthermore, staff emphasized that ongoing population monitoring is in place, and inmates are reassessed if circumstances change—such as new allegations, return to the facility after a transfer, or newly obtained information suggesting a shift in

vulnerability or risk level.

Provision (f)

According to the PAQ and as confirmed through staff interviews, every inmate who remains in the facility longer than 30 days undergoes a reassessment of risk. This second evaluation considers any new or additional information that might have surfaced since the initial intake screening.

In the previous 12-month period, the facility reported that 230 inmates were held beyond the 30-day mark. Documentation showed that 100% of these individuals received a follow-up screening within the prescribed 30-day period. The Auditor examined 56 reassessment records and found all were completed within the required timeframe.

RELEVANT POLICY:

As detailed in SOP 208.06, under the PREA Sexually Abusive Behavior Prevention and Intervention Program (effective 6/23/2022), a reassessment must be conducted within 30 days of the inmate's arrival. This reassessment must incorporate any additional or newly discovered information that may influence the inmate's risk status.

Provision (g)

The facility reported, and staff interviews confirmed, that inmates may be reassessed for risk of sexual victimization or abusiveness outside the routine 30-day timeframe whenever specific triggers occur. These triggers include a referral by staff, a direct request from the inmate, an allegation or incident of sexual abuse, or when staff receive new details that suggest the need for reevaluation.

Risk screening personnel reiterated during interviews that such reassessments are integral to ensuring safety and are conducted promptly in response to these events.

RELEVANT POLICY:

As per SOP 208.06, Section D.2.c, inmates are subject to reassessment based on incident-driven factors or newly received information affecting their risk profile.

Provision (h)

The facility reported that inmates are never disciplined for refusing to answer questions or for choosing not to disclose sensitive information during the intake risk assessment process. Risk screening staff unanimously confirmed this policy during interviews.

Staff emphasized their efforts to encourage participation by explaining the purpose and benefits of the screening. If an inmate still chooses not to respond, the staff respect that choice and proceed without coercion or punitive consequences. Some staff also mentioned revisiting the question later when rapport has been further developed.

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| | <p><u>RELEVANT POLICY:</u></p> <p>Per SOP 208.06, p. 24, Section D.23, inmates are to be encouraged to share as much information as possible to facilitate appropriate protections. However, refusal to answer screening questions may not result in disciplinary action.</p> <p>Provision (i)</p> <p>The facility affirmed that access to screening information is carefully limited to staff with a clear operational need, such as those involved in classification, treatment, or security. During the interview, the PC stated that access is restricted to authorized personnel, including medical, mental health, intake, classification, and PREA compliance staff.</p> <p>This limited access policy is enforced to prevent misuse or exploitation of sensitive information. Risk screening staff confirmed that dissemination of data is handled with discretion and in line with need-to-know protocols, ensuring the inmate’s confidentiality and safety.</p> <p><u>RELEVANT POLICY:</u></p> <p>SOP 208.06 mandates the controlled dissemination of risk screening responses. Staff are instructed to ensure that sensitive information obtained during the assessment is not shared inappropriately or used to the detriment of the inmate.</p> <p><u>CONCLUSION</u></p> <p>Based on interviews, direct observation, document analysis, and review of applicable policies and procedures, the Auditor concludes that the facility has fully implemented the requirements of PREA Standard §115.41 concerning the screening of inmates for risk of sexual victimization and abusiveness.</p> <p><u>NOTE:</u></p> <p>As noted earlier, the use of the term mental illness in question 4 of Attachment 2 is outdated and may not adequately encompass all relevant conditions. The Auditor recommends initiating a formal revision process to replace this term with mental disability for clarity and inclusiveness. In the interim, facilities are advised to manually update the terminology on the master copy of the assessment tool before reproducing it for use.</p> |
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| 115.42 | Use of screening information |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |

DOCUMENTS

The following documents were reviewed to evaluate compliance with PREA Standard §115.42 – Use of Screening Information:

1. Pre-Audit Questionnaire (PAQ) and accompanying documentation submitted by the facility.
2. Georgia Department of Corrections (GDC), Standard Operating Procedures (SOP) 208.06, titled Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, with an effective date of June 23, 2022.
3. Georgia Department of Corrections (GDC), Standard Operating Procedures (SOP) 220.09, titled Classification and Management of Transgender and Intersex Offenders, effective July 26, 2019.
4. Georgia Department of Corrections (GDC), SOP – PREA Standard 115.13, titled Facility PREA Staffing Plan, effective July 1, 2023.

INTERVIEWS

PREA Coordinator (PC)

During the interview, the facility's PREA Coordinator confirmed that the initial classification of inmates is based on their legally assigned sex at birth. However, the Coordinator emphasized that after this initial designation, all inmates—including those who are transgender or intersex—are evaluated on an individualized basis to ensure their safety and appropriate placement within the facility.

The PC explained that the perspectives of transgender and intersex inmates regarding their own safety are afforded significant consideration during housing and program assignment decisions. These evaluations occur not only during the intake process but are also revisited through reassessments conducted at least every six months or whenever there is an incident related to sexual safety. The PC further stated that interviews are conducted to determine if the inmate has identified enemies or perceived threats, and these findings are used in classification decisions.

Staff Responsible for Risk Screening

Staff members tasked with risk screening reported that the process is individualized for each inmate. Beyond using the formal risk assessment instrument, staff also rely on direct conversations with the inmate to inform housing and program placement decisions. These staff confirmed that the information collected influences not only housing assignments but also work, education, and other program decisions, especially for inmates identified as vulnerable or at higher risk.

PREA Compliance Manager (PCM)

The PCM reported that neither the GDC nor the facility is currently under any legal requirement—such as a consent decree or settlement agreement—to establish a separate housing unit for LGBTI inmates. These individuals are integrated into the general population unless specific concerns warrant separate accommodations. The PCM emphasized that housing and program placements are determined based on

comprehensive assessments that consider risk factors, including sexual vulnerability or aggressiveness. Transgender and intersex inmates are never automatically placed into separate units but are instead assessed individually with regard to their needs, risks, and safety concerns.

Transgender Inmate

At the time of the onsite audit, there were no inmates currently housed at the facility who identified as transgender or intersex. As a result, no interviews were conducted with individuals in this category.

PROVISIONS

Provision (a)

According to information provided in the PAQ, the agency utilizes the information obtained from PREA risk screening to guide decisions on housing, bed, work, educational, and program assignments. The objective is to separate those at elevated risk of sexual victimization from those considered likely to be sexually abusive. The Auditor reviewed classification files and verified through documentation and staff interviews that this information is actively used to guide placement decisions. Assessments are incorporated into a multi-layered decision-making process that considers the inmate's vulnerability and safety needs.

RELEVANT POLICY

Per GDC SOP 208.06 (p. 24, section 4), the Warden or Superintendent is required to designate safe housing options for offenders identified as highly vulnerable to sexual abuse. These designations are outlined in Attachment 7 (PREA Local Procedure Directive and Coordinated Response Plan) and Attachment 11 (Staffing Plan Template).

Provision (b)

The PAQ confirms that the agency ensures that decisions regarding inmate placement and safety are made on an individualized basis.

RELEVANT POLICY

GDC SOP 208.06 (pp. 24-25, section 5) specifies that decisions concerning the housing and programming of transgender or intersex inmates—including male or female facility assignments—must be made on a case-by-case basis. These decisions are aimed at maximizing the health and safety of the inmate while minimizing management and security risks, in accordance with SOP 220.09.

Provision (c)

The facility further stated in the PAQ that housing and programming decisions for transgender and intersex inmates consider management and security concerns on a case-by-case basis.

RELEVANT POLICIES

SOP 220.09 (pp. 4–5, section IV.8) outlines that diagnostic staff play a crucial role in gathering information to support safe placement decisions. This includes conducting a classification interview addressing medical and mental health, institutional behavior, education, employment history, and PREA-related risk screening. The resulting data inform the offender’s classification profile and recommendation for placement.

SOP 220.09 (pp. 5–6, section IV.9) details responsibilities of the Classification Committee, including forwarding referrals to the PREA Unit, updating the Transgender and Intersex Offender List (TIOL), and making individualized assignment determinations. It also mandates that transgender offenders not be grouped into specialized housing solely on the basis of gender identity and stresses the importance of the inmate’s views on their own safety.

SOP 220.09 (p. 6, section IV.10) assigns the GDC PREA Unit responsibility for validating facility records in TIOL, arranging private interviews within 10 business days, and completing the Transgender Questionnaire section of the SCC Referral Form for committee review.

Provision (d)

The PAQ reports that placements and programming assignments for transgender and intersex inmates are reviewed and reassessed at least twice per year to account for any emerging safety concerns. Risk screening staff corroborated this practice.

RELEVANT POLICY

SOP 208.06 requires that the housing and program assignments for transgender and intersex inmates be reevaluated biannually to identify any threats to the inmate’s safety.

Provision (e)

The facility affirmed in the PAQ that transgender and intersex inmates are encouraged to express their safety concerns, which are taken seriously during housing and programming determinations. Interviews with risk screening staff reinforced this point. Although there were no transgender inmates available to interview at the time of the audit, staff cited examples of past practices where inmate input influenced final placements.

RELEVANT POLICY

SOP 220.09 clearly states that the personal safety views of transgender or intersex inmates are to be given careful and respectful consideration during the decision-making process.

Provision (f)

As indicated in the PAQ and confirmed through interviews with staff and the PCM, transgender and intersex inmates are afforded the opportunity to shower separately from other inmates. This is accomplished through either designated private shower

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| | <p>facilities or alternate shower schedules.</p> <p>According to staff, if an inmate expresses the need for privacy during showering, arrangements are promptly made to meet this need. Housing units throughout the facility contain shower stalls that provide visual privacy, and the facility's practices were reportedly satisfactory to previous transgender inmates, as relayed by staff.</p> <p><u>RELEVANT POLICY</u></p> <p>SOP 220.09 mandates that offenders identified as transgender or intersex be provided the opportunity to shower separately from the general population.</p> <p>Provision (g)</p> <p>As stated in the PAQ, the facility does not place lesbian, gay, bisexual, transgender, or intersex inmates in dedicated units solely based on sexual orientation or gender identity unless such placement is required as part of a legal order. The PC affirmed that no such consent decree or legal settlement currently applies to this facility.</p> <p><u>RELEVANT POLICY</u></p> <p>SOP 220.09 affirms that LGBTI inmates must not be segregated into separate housing units solely because of their identification, except under legal circumstances specifically designed to protect their safety.</p> <p><u>CONCLUSIONS</u></p> <p>Following a comprehensive review of the PAQ, facility documentation, interviews with key staff, and applicable GDC policies, the Auditor concludes that the agency is fully compliant with PREA Standard §115.42 – Use of Screening Information. The facility demonstrated a clear commitment to individualized assessments, case-by-case decision-making, and the prioritization of inmate safety—especially for those who are transgender, intersex, or otherwise vulnerable to sexual abuse. All required provisions of the standard are met.</p> |
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| 115.43 | Protective Custody |
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| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p><u>DOCUMENTS</u></p> <ul style="list-style-type: none"> • Pre-Audit Questionnaire (PAQ) • Georgia Department of Corrections (GDC) Standard Operating Procedures (SOP) Policy Number 208.06, titled Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, with an |

effective date of June 23, 2022.

INTERVIEWS

Facility Head or Designee

During a comprehensive interview, the Facility Head confirmed that all placements into segregated housing—regardless of the reason—are formally documented. The Facility Head also reported that these placements are subject to review at a minimum of once every thirty days to ensure ongoing appropriateness and compliance with agency standards.

Staff Who Supervise Inmates in Segregated Housing

Interviews with correctional staff assigned to supervise segregated housing units revealed that, during the past twelve months, they have not witnessed or been aware of any inmates being placed in segregation due to sexual victimization or as retaliation for reporting abuse. Staff also reported that housing assignments were based solely on administrative or disciplinary grounds and not in response to PREA-related concerns.

Inmates in Segregated Housing

At the time of the on-site audit, there were no inmates housed in segregation due to reasons associated with sexual abuse allegations or victimization. All inmates assigned to segregated housing were placed there for administrative or disciplinary purposes unrelated to PREA.

PREA Compliance Manager (PCM)

The PREA Compliance Manager confirmed that, in the preceding twelve months, no inmates had been placed in protective custody or segregated involuntarily due to being identified as sexually vulnerable or due to having experienced sexual abuse. The PCM indicated that, to date, no cases necessitating such placement have occurred.

PROVISIONS

Provision (a):

According to the PAQ, the facility adheres to a policy that restricts the placement of inmates at elevated risk of sexual victimization in involuntary segregated housing unless all alternative housing options have been thoroughly evaluated and found to be unavailable. The facility documented one case within the past year in which an inmate was placed in involuntary segregation in accordance with this standard. The PCM verified that this placement occurred for protective purposes. However, the inmate involved was no longer in the facility at the time of the audit, and therefore no interview could be conducted. The Facility Head corroborated this information.

RELEVANT POLICIES:

GDC SOP 208.06 mandates that inmates identified as being at high risk of sexual victimization should not be placed in protective custody unless there are no

alternative housing options available. If the assessment of alternatives is not immediately completed, the policy allows for a temporary placement of no more than 24 hours in segregated housing pending evaluation.

Section D.8 of SOP 208.06 (p. 25) further specifies:

- Inmates in this category must not be housed in involuntary segregation based solely on their risk status unless absolutely necessary for their safety.
- All such placements must be thoroughly documented in the SCRIBE case management system, including the rationale for the decision and the lack of viable alternatives.
- Offenders placed in segregation will continue to receive services in accordance with SOP 209.06.
- Segregated housing for these inmates should not typically exceed 30 days.
- If the placement restricts access to programs, privileges, or work, the facility must document the specific restrictions, their duration, and the justification.
- Every 30 days, a formal review must be conducted and recorded to assess continued need for separation.

Provision (b):

The facility reported that, should the need arise for involuntary placement in segregated housing for an at-risk inmate, every effort would be made to ensure continued access to programs, privileges, education, and employment opportunities. This commitment was confirmed during the interview with the Facility Head.

Additionally, the PAQ and interviews confirmed that during the last twelve months, there have been no instances of inmates being placed into involuntary administrative or punitive segregation due to sexual victimization concerns. Accordingly, no interviews were required for this provision.

RELEVANT POLICY:

SOP 208.06 states that offenders placed in protective custody due to PREA concerns shall, to the extent possible, be granted access to facility programs, services, and activities. If access is restricted, the following must be documented:

- The specific services or opportunities that are restricted,
- The length of the restriction, and
- The reasons for the restriction.

Provision (c):

Facility records and the PAQ confirmed that in the past twelve months, no inmates classified as being at risk of sexual victimization were held in involuntary segregated housing for longer than 30 days while awaiting alternative placement. This information was confirmed by the PREA Compliance Manager.

RELEVANT POLICIES:

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| | <p>SOP 208.06 (p. 25, D, 8) requires that such placements must not exceed 30 days. The facility must document the justification for such a placement in SCRIBE and provide evidence that no other options were available. The policy also mandates the pursuit of alternative housing options as quickly as possible.</p> <p>Provision (d):</p> <p>The PAQ and facility staff confirmed that there were no cases in the past twelve months in which an inmate was held in involuntary segregation for a period exceeding 30 days while awaiting an alternative housing arrangement. Segregated housing staff confirmed that such circumstances did not occur during this review period.</p> <p><u>RELEVANT POLICY:</u></p> <p>SOP 208.06 specifies that inmates who are high-risk for sexual victimization may only be assigned to the Restrictive Housing Unit (RHU) after a determination has been made that no other housing alternative exists. Furthermore, all such placements must be reviewed weekly and reassessed every seven days to determine the ongoing need for segregation.</p> <p>Provision (e):</p> <p>The PAQ indicated, and the PREA Compliance Manager confirmed, that no inmates were placed in protective custody related to PREA concerns in the past year. As a result, no interviews were conducted under this provision.</p> <p><u>RELEVANT POLICY:</u></p> <p>In accordance with SOP 208.06 (p. 25, D, 8, d), the facility is required to conduct and document a review at least every 30 days for any inmate housed separately for protective purposes, to evaluate whether continued separation is necessary.</p> <p><u>CONCLUSION</u></p> <p>After an extensive review of the facility's policies, procedures, supporting documentation, and staff interviews, the Auditor concludes that the facility is in full compliance with all aspects of this PREA standard related to the use of segregated housing for protective purposes. The facility has demonstrated a consistent commitment to minimizing the use of involuntary segregation, and when it has occurred, it was handled appropriately, with proper assessments, documentation, and oversight in accordance with GDC policy and federal PREA requirements.</p> |
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| 115.51 | Inmate reporting |
| | Auditor Overall Determination: Meets Standard |

Auditor Discussion

DOCUMENTS

The Auditor conducted a thorough review of the Pre-Audit Questionnaire (PAQ) along with accompanying documentation provided by the facility. Key documents examined included:

1. Georgia Department of Corrections (GDC), Standard Operating Procedures (SOP) 208.06 titled Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, with an effective date of June 23, 2022.
2. The Offender Handbook, most recently revised in 2024, which outlines inmate rights and reporting procedures related to sexual abuse and harassment.
3. Offender PREA Brochures, available in both English and Spanish, providing accessible information on how to report incidents and understand available support services.
4. The Staff Guide on Prevention and Reporting of Sexual Misconduct with Offenders, a key training and reference resource that informs staff about recognizing, preventing, and appropriately responding to sexual misconduct.

OBSERVATIONS

During the on-site portion of the audit, the Auditor noted that PREA informational posters were prominently displayed throughout various parts of the facility. These included housing units, dayrooms, intake areas, corridors, and the dining facility. Posters were in both English and Spanish to ensure accessibility to a diverse inmate population. The Auditor also observed PREA messaging embedded in wall murals and typography, reinforcing a culture of awareness.

Multiple inmate telephones were inspected across several housing areas. All telephones were operational and easily accessible, ensuring inmates had the necessary means to confidentially report incidents or seek assistance as needed.

INTERVIEWS

PREA Compliance Manager (PCM)

The PCM confirmed during interviews that inmates are provided with several avenues to report sexual abuse or harassment, including both internal and external methods. Inmates can reach out to public and private entities that are independent of the facility, such as the State Board of Pardons and Paroles and the Office of Victim Services. These options ensure inmates have access to safe and confidential reporting avenues beyond facility staff.

Random Staff

Staff members interviewed reported being trained and fully aware of their responsibilities in responding to inmate reports of sexual abuse or harassment. They affirmed they would forward any such reports immediately to their supervisors or

designated staff. Staff described the various reporting methods available to inmates, including face-to-face communication with any staff member, calling the PREA hotline, writing a statement, or asking a third party (such as family) to report on their behalf. They also acknowledged the existence of confidential ways to report to facility leadership or the PREA Compliance Manager.

Random Inmates

Inmates interviewed during the audit demonstrated awareness of the multiple ways they could report sexual misconduct. They identified calling the hotline, speaking with staff directly, submitting written reports, or having a family member contact the institution as valid options. They also indicated they could speak with the PREA Compliance Manager directly if needed.

PROVISIONS

Provision (a): Internal Reporting Methods

According to the PAQ, the facility offers several confidential methods for inmates to report allegations of sexual abuse, sexual harassment, staff negligence, or retaliation. This was confirmed through interviews with the PCM and by reviewing inmate-facing materials.

The 2024 Offender Handbook (p. 2) states that inmates can privately report incidents by:

1. Dialing *7732 (PREA) on the inmate phone system;
2. Report directly to any staff member;
3. Submit written allegations to the Statewide PREA Coordinator.

The PREA Brochure advises inmates they can privately report incidents by::

- Contact the Ombudsman at P.O. Box 1529, Forsyth, GA 31029 or call 478-992-5358;
- Write to the Director of Victim Services, 2 MLK Jr. Drive SE, Suite 458 East Tower, Atlanta, GA 30334.

RELEVANT POLICY

GDC SOP 208.06, p. 26, E, 1, a-b outlines:

- Offenders may report allegations verbally or in writing through internal or external means.
- Anonymous reports are permitted and encouraged.
- The Department may maintain a Sexual Abuse hotline (PREA hotline), which does not require a PIN to access. The hotline is monitored by the Office of Professional Standards under the oversight of the PREA Coordinator or designee.

Provision (b): External Reporting Mechanisms

The PAQ and PCM interviews confirm that inmates have access to at least one external reporting method that is unaffiliated with the agency, fulfilling the requirement to provide independent avenues for reporting.

It was also confirmed that the facility does not house detainees for civil immigration violations.

RELEVANT POLICY

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

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

While the Ombudsman's Office and the PREA Coordinator are internal to the GDC, the State Board of Pardons and Paroles operates as an external, independent body.

Provision (c): Staff Reporting Protocols

Staff are trained to receive and respond to reports of sexual abuse or harassment submitted verbally, in writing, anonymously, or via third-party. Interviews with staff validated that reports are promptly documented and forwarded for further action, regardless of how the report is received.

RELEVANT POLICY

GDC SOP 208.06, p. 27, E, 2, b confirms:

- Staff must accept all reports of sexual abuse or harassment regardless of format or origin.
- Verbal reports must be documented immediately.

Provision (d): Staff Reporting Options

According to the PAQ and confirmed through interviews, the agency offers confidential channels for staff to report knowledge or suspicions of sexual misconduct involving inmates.

The Staff Guide on Prevention and Reporting of Sexual Misconduct with Offenders offers clear guidelines on identifying misconduct, maintaining professionalism, and properly reporting incidents. It outlines preventative strategies, reinforces staff accountability, and provides step-by-step guidance on how and when to escalate reports, ensuring the protection of both staff and inmates.

RELEVANT POLICY

GDC SOP 208.06, p. 27, E, 2, c requires:

Staff to promptly report all known or suspected sexual abuse or harassment to their

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| | <p>supervisor or designated Sexual Abuse Response Team (SART) member.</p> <p><u>CONCLUSIONS</u></p> <p>Based on the comprehensive document review, facility observations, and interviews with staff and inmates, the Auditor concludes that the facility fully complies with the requirements of PREA Standard §115.51 – Inmate Reporting. Each provision is met through clearly established policy, thorough staff training, accessible inmate communication, and a robust reporting infrastructure that includes both internal and external mechanisms for reporting sexual abuse, harassment, and retaliation.</p> |
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| 115.52 | Exhaustion of administrative remedies |
| | <p>Auditor Overall Determination: Meets Standard</p> |
| | <p>Auditor Discussion</p> |
| | <p><u>DOCUMENTS</u></p> <ol style="list-style-type: none"> 1. The Pre-Audit Questionnaire (PAQ) and accompanying supporting documentation were reviewed. 2. Georgia Department of Correction (GDOC) Standard Operating Procedures (SOP), Policy Number: 208.06, titled Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective as of June 23, 2022, was examined. <p><u>INTERVIEWS</u></p> <p>Random Staff</p> <p>During staff interviews, it was consistently reported that allegations of sexual abuse and sexual harassment are not considered grievable matters.</p> <p>Random Inmates</p> <p>In both formal interviews and informal conversations, inmates similarly reported that allegations of sexual abuse and sexual harassment are not addressed through the grievance process.</p> <p><u>PROVISIONS</u></p> <p>Provision (a):</p> <p>According to the PAQ, the facility reported that allegations of sexual abuse and sexual harassment are not subject to the grievance process. This information was confirmed during staff interviews. When a grievance form includes a PREA-related allegation, it</p> |

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| | <p>is treated as a formal report and is promptly referred for investigation. However, it does not proceed through the standard grievance channels.</p> <p><u>RELEVANT POLICY:</u></p> <p>GDOC SOP 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, dated June 23, 2022, page 27, section E, item 3, states that sexual abuse and sexual harassment allegations are not grievable. Such allegations must be reported through the appropriate channels outlined in the policy.</p> <p>Provision (b):</p> <p>Not applicable – As noted in Provision (a), allegations of sexual abuse and sexual harassment are not grievable.</p> <p>Provision (c):</p> <p>Not applicable – As noted in Provision (a), allegations of sexual abuse and sexual harassment are not grievable.</p> <p>Provision (d):</p> <p>Not applicable – As noted in Provision (a), allegations of sexual abuse and sexual harassment are not grievable.</p> <p>Provision (e):</p> <p>Not applicable – As noted in Provision (a), allegations of sexual abuse and sexual harassment are not grievable.</p> <p>Provision (f):</p> <p>Not applicable – As noted in Provision (a), allegations of sexual abuse and sexual harassment are not grievable.</p> <p>Provision (g):</p> <p>Not applicable – As noted in Provision (a), allegations of sexual abuse and sexual harassment are not grievable.</p> <p><u>CONCLUSION:</u></p> <p>Based on a comprehensive review and assessment of the documentation and interviews, the Auditor concludes that the agency/facility is in full compliance with all provisions of the standard concerning the exhaustion of administrative remedies.</p> |
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| 115.53 | Inmate access to outside confidential support services |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <u>DOCUMENTS</u> |

1. Pre-Audit Questionnaire (PAQ) and associated supporting documentation
2. Georgia Department of Corrections (GDC) Standard Operating Procedures (SOP) 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective June 23, 2022
3. Memorandum of Understanding (MOU) between the facility and Jefferson County Hospital
4. Inmate PREA Information Brochure (undated)
5. "Reporting is the First Step" informational poster
6. Posters detailing contact information for Outside Confidential Support Services Agencies
7. Inmate Intake Orientation Packet

OBSERVATIONS

During the on-site facility inspection, the Auditor observed that PREA-related educational materials were clearly and widely displayed in areas accessible to inmates. These included posters, brochures, and contact information for both internal and external support resources. Telephone numbers for two internal GDC PREA hotlines and an external, confidential victim support agency were posted near inmate telephones for immediate access.

Functionality checks were conducted on multiple inmate phones during the tour. All phones were in working order. The Auditor successfully placed a call to the outside support agency and spoke with a live advocate. The call was free of charge, required no identifying information, and the advocate did not request any personal details, confirming the confidentiality of the service.

INTERVIEWS

Random Inmate

All inmates interviewed confirmed they had been given both the telephone number and mailing address for Jefferson County Hospital, which serves as the external, confidential support provider for individuals affected by sexual abuse or harassment. Each inmate demonstrated awareness of the hospital's role and affirmed that calls made to Jefferson County Hospital are both free and confidential. Additionally, every inmate interviewed acknowledged understanding the limitations of confidentiality. These limits were explained as applying in situations involving self-harm, threats to others, risk to vulnerable persons, or if a crime had occurred or was imminent.

PREA Compliance Manager (PCM)

The PCM stated that during intake, inmates are provided with detailed information on how to access external support services, including the facility's mailing address, a 24-hour crisis hotline, and services for survivors of past or current sexual victimization.

Intermediate or Higher-Level Staff

During both structured interviews and informal discussions, staff indicated that they are responsible for checking inmate telephones daily to ensure they are functional. This routine maintenance helps ensure inmates have uninterrupted access to both family and outside victim advocacy resources.

PROVISIONS

Provision (a)

According to the PAQ, the facility ensures inmates have access to external victim advocacy and emotional support services related to incidents of sexual abuse. Jefferson County Hospital provides these services under a formal MOU, which was reviewed by the Auditor. Additionally, the Sexual Assault Response Center offers 24-hour support via a crisis line, though no MOU is required for this service due to its informal nature. Inmate interviews corroborated the availability and accessibility of these support options.

Highlights from the MOU with Jefferson County Hospital include:

1. A 24-hour toll-free hotline and mailing address for support
2. Victim advocate accompaniment for medical and forensic procedures
3. Emotional support, crisis response, and referral services
4. Sexual Assault Nurse Examiner (SANE) services for forensic exams
5. Assistance for victims and their families in navigating services
6. Language- and disability-accessible services, including those for LEP individuals
7. Distribution of support materials

PAQ Confirmation:

The facility ensures inmates have access to support by:

1. Providing contact details (mailing address and phone numbers) for advocacy organizations
2. Facilitating confidential communication with advocates
3. Listing Jefferson County Hospital and the Sexual Assault Response Center as service providers
4. Ensuring access to these services is anonymous and free of charge

RELEVANT POLICY:

GDC SOP 208.06 (p. 17, Section B, e) directs the PREA Compliance Manager to attempt to secure an MOU with a rape crisis center to provide victim advocate services. If unable to obtain an MOU, the facility must document these efforts and designate trained staff to provide support. Information on support services must be prominently posted, including details on confidentiality limits and monitoring practices.

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| | <p>Provision (b)</p> <p>The facility confirmed on the PAQ that all inmates are informed, before using these services, about the extent to which their communication will be monitored and when reports will be shared with outside authorities in accordance with mandatory reporting laws. Limits to confidentiality—such as mandatory reporting in cases of suspected child abuse, elder abuse, or self-harm—are explained in detail in materials from Jefferson County Hospital.</p> <p>Inmate interviews affirmed this understanding. Every participant reported being made aware that disclosures involving harm to self or others, criminal behavior, or abuse of vulnerable individuals would be reported to authorities as required by law.</p> <p>RELEVANT POLICY:</p> <p>Per GDC SOP 208.06 (p. 18, Section B, f), all external victim advocates working with the facility must be vetted through the required screening process and treated as contractors or volunteers. Advocates assist with emotional support and navigating the process of reporting, investigation, and treatment. They are not permitted to interfere with institutional operations or security procedures.</p> <p>Provision (c)</p> <p>The PAQ indicated, and facility staff confirmed, that a current and active MOU exists with Jefferson County Hospital for the provision of advocacy and support services related to sexual abuse. The Auditor reviewed the MOU, which outlines Jefferson County Hospital’s responsibility to provide a trained victim advocate to accompany inmates during forensic examinations and throughout the investigative process. These services include emotional support and crisis intervention but do not extend to direct involvement in decision-making or institutional procedures.</p> <p>Inmate interviews further verified that inmates were informed of the limits of confidentiality in interactions with advocates, in alignment with Provisions (a) and (b).</p> <p><u>CONCLUSION</u></p> <p>After a thorough review of policies, documentation, facility conditions, and interviews with inmates and staff, the Auditor concludes that the facility is fully compliant with all aspects of the PREA standard concerning inmate access to outside confidential support services. The facility has demonstrated not only a commitment to providing these essential services but also to ensuring inmates understand their rights and the limitations of confidentiality under the law.</p> |
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| 115.54 | Third-party reporting |
| | Auditor Overall Determination: Meets Standard |

Auditor Discussion

DOCUMENT REVIEW

The following materials were examined to evaluate the facility's compliance with PREA Standard §115.54, which pertains to third-party reporting of sexual abuse and sexual harassment:

1. Pre-Audit Questionnaire (PAQ) and accompanying documentation provided by the facility.
2. Georgia Department of Corrections (GDC) Standard Operating Procedure (SOP) 208.06, titled Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective June 23, 2022.
3. Georgia Department of Corrections PREA Offender Brochure (undated).
Official Georgia Department of Corrections website: <https://gdc.georgia.gov/organization/about-gdc/research-and-reports-0/prison-rape-elimination-act-prea>

These documents collectively demonstrate the agency's commitment to transparency and accessibility in providing multiple avenues for third-party individuals to report allegations of sexual abuse and harassment involving inmates under the agency's jurisdiction.

INTERVIEWS

Random Inmates

During interviews conducted with a random sample of incarcerated individuals, inmates expressed awareness of their right to report sexual abuse or harassment through third-party channels. Interviewees consistently affirmed that they had been informed of these options and would utilize them if the need arose. Inmates were able to identify family members, attorneys, and outside advocacy organizations as potential third-party reporters. Additionally, inmates confirmed seeing posted materials and brochures that provided instructions for external parties to submit such reports on their behalf.

PROVISIONS

Provision (a)

According to information documented in the PAQ, the facility and the GDC provide established mechanisms for third-party individuals—including family members, friends, attorneys, and external advocates—to report allegations of resident sexual abuse or sexual harassment. These methods are clearly outlined in the GDC PREA Offender Brochure and published on the agency's website, reinforcing the accessibility of the reporting process.

In addition to these resources, third-party reports may also be submitted directly to the State Board of Pardons and Paroles, Office of Victim Services, using the following

contact information: <http://www.gdc.ga.gov/Divisions/ExecutiveOperations/PREA/How-to-report>

These multiple options ensure that individuals outside of the facility have the ability to communicate concerns related to inmate safety and sexual misconduct in a manner that is confidential, secure, and taken seriously by the agency.

RELEVANT POLICY

Georgia Department of Corrections Standard Operating Procedure (SOP) 208.06, PREA Sexually Abusive Behavior Prevention and Intervention Program, effective June 23, 2022, pages 26-27, Section E.2.a.i-iii, outlines the official channels through which third-party reports may be submitted. These include:

The Ombudsman's Office:

P.O. Box 1529, Forsyth, GA 31029

Phone: 478-992-5358

Email Communication:

PREA Coordinator

Email: PREA.report@gdc.ga.gov

Office of Victim Services - State Board of Pardons and Paroles:

2 Martin Luther King Jr. Drive, S.E.

Balcony Level, East Tower

Atlanta, GA 30334

These methods are consistently promoted through a variety of mediums including the GDC website, PREA brochures distributed to residents, and posters displayed throughout the facility. These tools collectively ensure that third-party reporting is both encouraged and facilitated in accordance with PREA requirements.

During the interview process, every inmate who was questioned (100%) confirmed knowledge of these third-party reporting methods, demonstrating a clear awareness of the multiple avenues available for outside individuals to assist in reporting incidents of sexual abuse or harassment.

CONCLUSION

Based on the comprehensive review of documentation, policy, website content, and staff and inmate interviews, the Auditor concludes that the facility and the Georgia Department of Corrections fully comply with the provisions of PREA Standard §115.54. The agency has effectively implemented procedures and communication strategies to ensure third-party reporting is accessible, understood, and actively utilized as part of its overall effort to prevent, detect, and respond to sexual abuse and sexual harassment within its correctional facilities.

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| 115.61 | Staff and agency reporting duties |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p><u>DOCUMENT REVIEW</u></p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire (PAQ) 2. Georgia Department of Corrections (GDC) Standard Operating Procedures (SOP) No. 208.06, titled Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, with an effective date of June 23, 2022. <p><u>INTERVIEWS</u></p> <p>PREA Compliance Manager (PCM) During the interview, the PREA Compliance Manager confirmed that all allegations of sexual abuse and sexual harassment—including those received anonymously or from third parties—are reported without delay to the facility’s designated investigator. The PCM demonstrated familiarity with agency policy and affirmed the facility’s commitment to responding to all reports in accordance with PREA standards and internal protocol.</p> <p>Medical Staff Interviews with medical staff revealed a comprehensive understanding of their obligations under PREA and state-mandated reporting laws. Medical professionals were able to clearly explain the steps they would take if an inmate disclosed an incident of sexual abuse, including how they would immediately notify the appropriate personnel. They were also aware of their duty to inform inmates—at the start of services—about the limits of confidentiality, ensuring that victims are aware that certain information must be shared in compliance with legal reporting requirements.</p> <p>Facility Administrator or Designee The Facility Head affirmed during the interview that they are well-informed of their responsibility to ensure the prompt reporting of any sexual abuse or harassment allegations. This includes ensuring staff report any known or suspected incidents, as well as concerns of retaliation or staff negligence related to such cases. The Facility Head outlined that reports are directed to agency officials, the PCM, and investigative units as required under applicable law and policy.</p> <p>Random Staff Interviews with randomly selected staff members confirmed consistent knowledge across the workforce regarding their reporting duties under PREA. All interviewed staff members understood the importance of maintaining the confidentiality of information disclosed by inmates and recognized that disclosure should be limited only to those</p> |

with a legitimate need to know, such as supervisory, medical, or investigative personnel. Staff clearly articulated that reports of sexual abuse must be forwarded to the PCM, who is responsible for alerting investigative personnel.

PROVISIONS

Provision (a): Immediate Reporting Requirements

According to information provided in the PAQ, the facility follows the agency's directive that all staff must immediately report any known, suspected, or alleged incident of sexual abuse or sexual harassment that occurs within a correctional facility. This obligation also includes reporting any retaliation against individuals who report such incidents, as well as any staff negligence that may have enabled or contributed to the incident. The Facility Head confirmed during the interview that this reporting requirement is enforced across all levels of staff.

RELEVANT POLICY:

GDC SOP 208.06, p. 27, E, 2, c, stipulates that staff must promptly forward all reports or suspicions of sexual abuse or harassment to their direct supervisor or a designated member of the Sexual Assault Response Team (SART). Staff are further required to immediately report any information concerning sexual abuse, sexual harassment, retaliation, or staff misconduct related to such incidents.

Provision (b): Confidentiality of Reports

The PAQ states that staff are instructed not to disclose information regarding allegations of sexual abuse or harassment except when it is necessary to facilitate medical treatment, an investigation, or operational decisions related to security or management. Interviews with staff validated this practice, with all personnel demonstrating an understanding of the confidentiality requirements outlined in policy.

RELEVANT POLICY:

GDC SOP 208.06, p. 24, Section 3, NOTE, provides that staff shall not disclose any information related to a sexual abuse allegation except to designated supervisors or officials, and solely to the extent required for medical, investigative, security, or administrative purposes.

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

Medical practitioners are mandated to inform inmates, at the outset of care, about their duty to report sexual abuse and the limitations of confidentiality. This was confirmed through interviews with healthcare staff, who described the process of advising inmates before beginning clinical services.

RELEVANT POLICY:

Unless otherwise restricted by law, medical staff are required to disclose their obligation to report sexual abuse and to explain confidentiality limits to inmates at the beginning of services, in accordance with SOP 208.06.

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| | <p>Provision (d): Reporting to State or Local Services for Vulnerable Populations</p> <p>As stated in the PAQ, when the alleged victim is a minor (under the age of 18) or meets criteria for vulnerability under local or state definitions, the agency ensures the report is forwarded to the appropriate protective services agency in accordance with mandatory reporting statutes. The Facility Head confirmed that this procedure is followed when applicable.</p> <p>RELEVANT POLICY:</p> <p>GDC SOP 208.06 directs that allegations involving minors or vulnerable adults must be reported to the relevant state or local service agencies in compliance with mandatory reporting laws. It also notes that informed consent must be obtained before reporting incidents of non-institutional sexual abuse, unless the victim is under 18.</p> <p>Provision (e): Reporting All Allegations</p> <p>The PAQ confirms that the facility ensures all reports of sexual abuse or harassment—regardless of the source—are referred to the designated investigator. This includes anonymous tips and third-party reports. The PREA Compliance Manager confirmed adherence to this policy during the interview.</p> <p>RELEVANT POLICY:</p> <p>GDC SOP 208.06 requires staff to immediately report all knowledge, suspicion, or information regarding incidents of sexual abuse or harassment, retaliation, or staff negligence. This requirement applies regardless of the reporting method or source.</p> <p><u>CONCLUSION</u></p> <p>After a comprehensive review of documentation and interviews with key staff members, the Auditor concludes that the agency/facility fully complies with each element of the standard governing staff and agency reporting responsibilities related to sexual abuse and harassment. The facility has established clear procedures to ensure timely, confidential, and accurate reporting, and staff demonstrate a strong understanding of their duties under PREA and state law.</p> |
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| 115.62 | Agency protection duties |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <u>DOCUMENTS</u> |

1. Pre-Audit Questionnaire (PAQ)
2. Georgia Department of Corrections (GDC) Standard Operating Procedures (SOP) No. 208.06, titled Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective June 23, 2022.
3. GDC SOP 208.06, Attachment 7, titled PREA Local Procedure Directive and Coordinated Response Plan, which outlines the facility's multi-disciplinary response protocol to allegations of sexual abuse, including coordination among security, medical, mental health, investigative, and administrative staff.

INTERVIEWS

Facility Head or Designee

During the interview process, the Facility Head confirmed that immediate protective measures would be taken if the facility received an allegation or learned that an inmate was at substantial risk of imminent sexual abuse. Depending on the specific circumstances, these actions could include relocating the alleged victim to another area within the facility, transferring the individual to a different facility, or increasing supervision and monitoring. The Facility Head further stated that if the alleged perpetrator is identified, that individual would be removed from the general population and placed in segregated housing to eliminate further contact with the victim.

Random Staff

Interviews conducted with randomly selected staff members demonstrated a clear understanding of their responsibilities when confronted with an allegation of sexual abuse. Staff articulated that their first priority is to ensure the victim's immediate safety by separating the victim from the alleged perpetrator. Staff reported they would promptly notify their supervisor, protect and secure the area to preserve any potential evidence, and follow protocol to ensure that the victim receives necessary medical and mental health support. Each staff member emphasized that swift action is required to prevent any further harm to the victim.

PROVISIONS

Provision (a): Immediate Protective Action

According to information provided in the Pre-Audit Questionnaire, the facility has procedures in place to ensure that when it becomes aware an inmate is at substantial risk of imminent sexual abuse, immediate steps are taken to ensure the inmate's safety. These protective actions are initiated without delay and are based on a determination of the most appropriate response to prevent harm. The facility reported no such instances during the previous twelve-month period where it determined an inmate was at imminent risk of sexual abuse.

This information was corroborated through formal interviews with the Facility Head and informal conversations with various staff members, all of whom described

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| | <p>procedures consistent with policy and PREA standards.</p> <p>RELEVANT POLICY:</p> <p>According to GDC SOP 208.06, including Attachment 7: PREA Local Procedure Directive and Coordinated Response Plan, the agency has established a written institutional plan designed to coordinate the facility’s response to incidents of sexual abuse. The policy outlines the roles and responsibilities of first responders, medical and mental health personnel, investigators, and facility administration. The document explicitly states that when the agency or facility identifies an inmate as being at substantial risk of imminent sexual abuse, staff are required to take immediate and appropriate action to protect the individual from harm.</p> <p>CONCLUSION</p> <p>After a comprehensive review of agency policy, facility-specific procedures, and staff interviews, the Auditor has determined that the facility fully complies with the requirements of the standard concerning agency protective duties. The facility has demonstrated both a policy framework and staff-level awareness that support swift and effective action in situations involving imminent risk of sexual abuse. No deficiencies were noted, and the facility meets all aspects of the standard.</p> |
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| 115.63 | Reporting to other confinement facilities |
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| | <p>Auditor Overall Determination: Meets Standard</p> |
| | <p>Auditor Discussion</p> |
| | <p>DOCUMENT REVIEW</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire (PAQ) 2. Georgia Department of Corrections (GDC) Standard Operating Procedures (SOP) 208.06, titled Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective June 23, 2022. <p>This SOP outlines the agency’s expectations for the reporting, coordination, and investigation of sexual abuse and harassment allegations, including those involving individuals housed at or transferred from other facilities.</p> <p>INTERVIEWS</p> <p>Agency Head Designee</p> <p>During the interview, the Agency Head’s Designee confirmed that any notification regarding a PREA-related incident—whether involving sexual abuse, sexual harassment, or staff sexual misconduct—is taken seriously and thoroughly investigated in compliance with GDC policy. This includes incidents that are reported</p> |

to have occurred at other facilities under the agency's jurisdiction.

Facility Head

The Facility Head stated that when an allegation of sexual abuse or harassment is received concerning an incident that occurred at another facility, it is assigned for investigation immediately upon receipt. Additionally, the Facility Head confirmed that if an inmate reports an incident that took place at a different location, the facility where the alleged abuse occurred is notified as soon as possible, and always within the required 72-hour timeframe.

PROVISIONS

Provision (a): Inter-facility Notification Requirements

As reported in the PAQ, the facility follows a defined protocol when it receives an allegation from an inmate that they were sexually abused while confined at another correctional facility. In such instances, the head of the facility receiving the report is responsible for notifying the warden or administrator of the facility where the abuse allegedly occurred. This also includes notifying the GDC PREA Coordinator.

The facility reported receiving no such allegations in the past twelve months. This information was confirmed during the interview with the Facility Head.

RELEVANT POLICY:

According to GDC SOP 208.06, p. 27, section 2(a), when an allegation of sexual abuse occurring at another GDC facility is received, the Warden or Superintendent of the victim's current facility must notify the Warden or Superintendent of the facility where the incident allegedly occurred, along with the Department's PREA Coordinator. If the allegation involves staff sexual misconduct, the matter is referred directly to the Regional Special Agent in Charge (SAC) and the PREA Coordinator. For allegations involving non-GDC facilities, appropriate notification must be made to the applicable external agency and the Department's PREA Coordinator.

Provision (b): Timeliness of Notification

Per the PAQ, the facility adheres to agency policy requiring the Facility Head to provide inter-facility notification of such allegations as promptly as possible, and no later than 72 hours after the report is received. This standard was verified through the interview with the Facility Head, who affirmed that the facility complies with this timeframe when applicable.

RELEVANT POLICY:

As outlined in GDC SOP 208.06, p. 28, section 2(b), notification to the appropriate facility or agency must occur as soon as possible, but no later than 72 hours following receipt of the allegation.

Provision (c): Documentation of Notification

The PAQ further states that the facility maintains documentation confirming that any required notifications were made within the mandated 72-hour window. The Facility

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| | <p>Head affirmed that although there were no incidents requiring such notification in the past year, documentation protocols are in place and would be followed if necessary.</p> <p>RELEVANT POLICY:</p> <p>As referenced in GDC SOP 208.06, p. 28, sections 2(b) and (c), facilities must not only notify the appropriate parties within 72 hours but also create and retain written documentation verifying that notification was completed in accordance with policy.</p> <p>Provision (d): Investigative Responsibility</p> <p>According to the PAQ, the agency requires that any allegations of sexual abuse received from other facilities or agencies be investigated in full compliance with PREA standards. The facility reported that no such allegations were received in the past twelve months. This was confirmed by the Facility Head during the interview process.</p> <p>RELEVANT POLICY:</p> <p>GDC SOP 208.06, p. 28, section 2(d), specifies that any GDC office or facility receiving an allegation from another facility must ensure that the incident is investigated, unless a prior investigation has already been conducted. This ensures that all credible allegations are addressed appropriately, regardless of where the incident originally occurred.</p> <p><u>CONCLUSION</u></p> <p>Based on a thorough review of applicable policies, documentation, and staff interviews, the Auditor concludes that the facility is in full compliance with all provisions of this standard related to reporting allegations to other confinement agencies. The facility has appropriate systems in place to ensure timely notification, proper documentation, and investigative follow-through when allegations arise involving incidents at other locations.</p> |
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| 115.64 | Staff first responder duties |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p><u>DOCUMENT REVIEW</u></p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire (PAQ) and supporting documentation. 2. Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number: 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective date 6/23/2022 |

INTERVIEWS

Security Staff - First Responders

Through the interview process, security staff first responders acknowledged training in the PREA process through annual in-service training, on the job training, and staff meetings.

Non-Security First Responders

Through the interview process, non-security staff indicated they would notify security staff, separate the victim and the perpetrator, direct the victim and the perpetrator not to do anything to destroy evidence and keep the scene secure until security staff arrived. They verbalized the importance of, as well as their understanding of the need for confidentiality in all cases.

Facility Staff

Through the interview process staff were consistently able to articulate to the Auditor, step-by-step, how to respond to a PREA incident. All staff were aware of the mandate to separate the perpetrator from the victim, preserve physical evidence, as well as the area where the incident occurred, seek medical aid, as needed, and report the incident.

Inmates Who Reported Sexual Abuse

In the past 12 months, the facility had zero allegations that an inmate was sexually abused. Therefore, no one in this category was interviewed.

PROVISIONS

Provision (a)

The facility reported on the PAQ that the agency has a designated first responder policy for allegations of sexual abuse. Both security and non-security first responders have confirmed the existence and implementation of this policy

According to the PAQ in the past twelve months, there were zero allegations that an inmate was sexually abused.

RELEVANT POLICY:

Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number: 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective date 6/23/2022, p. 28, 3, indicates each facility shall develop a written institutional plan to coordinate actions taken in response to an incident of Sexual Abuse among staff first responders, medical and mental health practitioners, investigators, and facility leadership. This plan will be kept current and include names and telephone numbers of coordinating parties and be a part of Attachment 7, PREA Local Procedure Directive and Coordinated Response Plan.

Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number: 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective date 6/23/2022, p. 27, F, 1, indicates First Responder, and Department reporting duties are as follows:

- a. Response protocols shall follow the guidelines outlined in Attachment 7, Local Procedure Directive and Coordinated Response Plan.
- b. The PREA Unit will be notified of all allegations within two (2) working days after receiving the allegations via PREA.report@gdc.ga.gov using Attachment 10, PREA Initial Notification Form.

After learning of an allegation that an offender was sexually abused, the first correctional officers responding to the report shall:

1. Identify, separate and secure inmates involved, if necessary.
2. Identify the crime scene and maintain the integrity of the scene for evidence gathering.
3. Notify a shift supervisor of the incident as soon as practical.
4. Do not allow any inmates involved to shower, wash, drink, brush teeth, eat, defecate, urinate, or change clothes until examined if doing so could be expected to destroy biological, forensic, or physical evidence related to such sexual abuse.
5. Promptly document incident on CN 6601, Incident Report and forward to a shift supervisor in accordance with Administrative Directive 6.6, Reporting of Incidents.
6. Apart from reporting to designated supervisors or officials, staff shall not reveal any information related to a sexual abuse report to anyone other than to the extent necessary to make treatment, investigation, and other security and management decisions.

Provision (b)

The facility reported on the PAQ that the first staff responder is not a security staff member, that responder shall be required to request that the alleged victim not take any actions that could destroy physical evidence.

The Auditor's review of the PREA training curriculum that all staff, volunteers, and contractors received, identifies whoever received the information first, as a First Responder, including staff, volunteers, and contractors. As a first responder these individuals are trained to take steps to isolate and contain the situation, secure the scene, separate the alleged victim from the alleged perpetrator, remove all uninvolved parties, and relay any observations to the Shift Supervisor or PCM.

CONCLUSION:

Based upon the review and analysis of all the available evidence, the Auditor has determined the agency/facility does meet every provision of the standard regarding staff first responder duties.

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| 115.65 | Coordinated response |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p data-bbox="258 338 574 371"><u>DOCUMENT REVIEW</u></p> <ol data-bbox="319 443 1455 728" style="list-style-type: none"><li data-bbox="319 443 790 477">1. Pre-Audit Questionnaire (PAQ)<li data-bbox="319 483 1455 645">2. Georgia Department of Corrections (GDC) Standard Operating Procedures (SOP) 208.06, titled Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, with an effective date of June 23, 2022.<li data-bbox="319 651 1340 728">3. GDC SOP 208.06, Attachment 7 –PREA Local Procedure Directive and Coordinated Response Plan, revised January 21, 2025. <p data-bbox="258 768 1460 884">These documents provide detailed guidance on the responsibilities of facility staff in responding to incidents of sexual abuse and establish the framework for coordinated institutional response.</p> <p data-bbox="258 965 456 999"><u>INTERVIEWS</u></p> <p data-bbox="258 1037 665 1070">Facility Head or Designee</p> <p data-bbox="258 1077 1473 1406">During the interview, the Facility Head confirmed that the Coordinated Response Plan clearly delineates the specific roles and responsibilities of staff, including first responders, medical and mental health personnel, investigators, and facility leadership. The Facility Head emphasized that staff are well-trained on these procedures through multiple avenues: annual in-service training, monthly staff meetings, and continuous on-the-job instruction. These training efforts ensure that all involved personnel are prepared to respond appropriately and consistently to incidents of sexual abuse in accordance with the institutional plan.</p> <p data-bbox="258 1487 456 1520"><u>PROVISIONS</u></p> <p data-bbox="258 1559 1123 1592">Provision (a): Institutional Coordinated Response Plan</p> <p data-bbox="258 1599 1457 1843">The facility reported through the PAQ that it has implemented a comprehensive written institutional plan designed to coordinate the actions of all relevant personnel in the event of a sexual abuse incident. This includes staff first responders, medical and mental health professionals, investigators, and supervisory leadership. The Facility Head verified the implementation and use of this plan during the on-site interview.</p> <p data-bbox="258 1881 1453 2083">The Auditor reviewed the PREA Local Procedure Directive and Coordinated Response Plan, and found the document to be well-structured and effective in guiding staff responses. The plan provides the necessary operational detail for personnel responding to allegations, ensuring timely and appropriate action is taken at every stage.</p> |

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| | <p>RELEVANT POLICY</p> <p>According to GDC SOP 208.06, p. 28, section 3, each facility is required to establish and maintain a written institutional plan that coordinates the response to incidents of sexual abuse among staff first responders, health care and mental health providers, investigative staff, and facility leadership. The policy requires the plan to be regularly updated and to include the names and contact information of all key personnel involved in the response process. This coordinated response protocol is incorporated into Attachment 7 – PREA Local Procedure Directive and Coordinated Response Plan.</p> <p>GDC SOP 208.06, Attachment 7 –PREA Local Procedure Directive and Coordinated Response Plan, revised January 21, 2025, is a two-page document that fulfills the requirements of the standard. The purpose of this directive is to ensure a consistent and timely response to any incident of sexual abuse. The plan provides detailed contact information for each party responsible for notification, response, and follow-up, and clearly outlines their roles. It includes 15 clearly defined and measurable steps to guide staff through the reporting and investigative process. Additionally, the plan addresses essential elements such as victim screening, housing considerations for safety, and identifying inmates who may be at elevated risk of victimization.</p> <p><u>CONCLUSION</u></p> <p>After a thorough review of facility documentation, applicable policies, and interviews with key personnel, the Auditor concludes that the agency/facility is in full compliance with all elements of the standard related to coordinated response. The written institutional plan is up to date, and provides clear guidance to staff, ensuring a unified and effective response to allegations of sexual abuse.</p> |
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| 115.66 | Preservation of ability to protect inmates from contact with abusers |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p><u>DOCUMENT REVIEW</u></p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire (PAQ) 2. Georgia Department of Corrections (GDC) Standard Operating Procedures (SOP) 208.06, titled Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, with an effective date of June 23, 2022. |

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| | <p>This policy outlines the agency’s responsibilities and protocols in addressing incidents of sexual abuse and harassment, including provisions related to staffing, accountability, and the preservation of the agency’s ability to protect inmates from abusers.</p> <p><u>INTERVIEW</u></p> <p>Agency Head or Designee</p> <p>During the interview, the Agency Head’s designee clearly stated that the State of Georgia does not engage in collective bargaining agreements. As such, there are no union or labor contracts in place that could limit or restrict the agency’s ability to take necessary protective actions—such as removing or reassigning staff—in response to substantiated allegations or credible threats of sexual abuse. This information was consistent with the information reported in the PAQ.</p> <p><u>PROVISIONS</u></p> <p>Provision (a):</p> <p>According to the PAQ, and as confirmed through the interview with the Agency Head’s designee, the State of Georgia does not participate in collective bargaining. Therefore, there are no union contracts that impact or interfere with the Department’s ability to protect incarcerated individuals from staff members or others who have engaged in sexual abuse or misconduct. The absence of collective bargaining agreements ensures the Department maintains full discretion and authority to take immediate protective action when necessary.</p> <p>Provision (b):</p> <p>This provision of the standard is not applicable to the facility or the agency, and PREA auditors are not required to assess compliance with this portion.</p> <p><u>CONCLUSION</u></p> <p>Following a comprehensive review of agency documentation and interviews with key leadership, the Auditor concludes that the Georgia Department of Corrections fully complies with the PREA standard related to preserving its ability to protect inmates from contact with known or suspected abusers. The lack of collective bargaining agreements in the state ensures that the agency retains full authority to implement personnel actions in the interest of inmate safety without contractual limitations.</p> |
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| 115.67 | Agency protection against retaliation |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <u>DOCUMENTS</u> |

1. Pre-Audit Questionnaire (PAQ)
2. Georgia Department of Corrections (GDC) Standard Operating Procedures (SOP) 208.06, titled Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, with an effective date of June 23, 2022
3. SOP 208.06, Attachment 8 – Retaliation Monitoring Checklist, also effective June 23, 2022.

These documents outline the agency's responsibilities and expectations for preventing, detecting, and responding to acts of retaliation following reports or cooperation in sexual abuse or harassment investigations.

INTERVIEWS

Agency Head or Designee

The Agency Head's designee explained that retaliation monitoring begins immediately upon receipt of a sexual abuse allegation and continues for a period of 90 days. If the allegation is determined to be unfounded during the investigation, the monitoring may cease. However, if the allegation is substantiated or remains under investigation, monitoring persists for at least the 90-day minimum and is extended if necessary. Any individual—victim, witness, or staff member—who expresses a fear of retaliation is also subject to monitoring and supportive measures.

Facility Head or Designee

The Facility Head affirmed that the facility uses several methods to safeguard both inmates and staff from retaliation. For inmates, staff monitor any shifts in housing or work assignments, as well as increases in disciplinary infractions. For staff, signs of retaliation include poor performance evaluations or adverse changes to work assignments. These indicators are regularly reviewed as part of the retaliation monitoring process, and designated staff members are tasked with implementing the required oversight.

Retaliation Monitor

The facility's designated Retaliation Monitor emphasized during the interview that retaliation is treated as a critical concern and is actively addressed. The monitor ensures that all inmates and staff are made aware they can report PREA-related concerns without fear of retaliation. Monitoring primarily focuses on victims of alleged sexual abuse; however, it extends to any individual who has cooperated with an investigation and expresses concerns about retaliation. Monitoring includes in-person monthly check-ins and is formally documented using the Retaliation Monitoring Checklist (Attachment 8). According to the Retaliation Monitor, there were zero incidents of retaliation at the facility in the past 12 months.

Inmates in Segregated Housing for Risk of Sexual Abuse

At the time of the onsite audit, there were no inmates housed in segregation due to risk of sexual victimization or following reports of sexual abuse. As a result, no interviews could be conducted within this category.

Inmates Who Reported Sexual Abuse

Likewise, the facility reported that no inmates had disclosed sexual abuse in the reporting period. Consequently, no interviews could be completed with victims of reported sexual abuse.

PROVISIONS**Provision (a)**

The facility affirmed through the PAQ that a formal policy is in place to protect inmates and staff who report incidents of sexual abuse or harassment, or who participate in related investigations, from acts of retaliation. Interviews confirmed that the facility assigns designated personnel—specifically a Lieutenant—to monitor retaliation cases. A memorandum dated November 19, 2024, formally documents this assignment and also designates a backup monitor. Monitoring typically continues for 90 days from the date of the allegation unless circumstances warrant an extension. This practice was confirmed by the Retaliation Monitor.

RELEVANT POLICY:

GDC SOP 208.06 (p. 28, section 4.a) clearly states that individuals found to have retaliated against a person reporting or participating in a sexual abuse or harassment investigation will face disciplinary action. Section 4.b mandates the appointment of a Retaliation Monitor by the Warden/Superintendent, whose role is further detailed in Attachment 7 of the SOP. Retaliation protections may include housing transfers, reassignments of alleged perpetrators, and emotional support services.

Provision (b)

The PAQ and interviews confirmed that the facility uses a variety of protective strategies to prevent retaliation. These include adjusting housing or work assignments for victims or alleged abusers, temporarily or permanently removing implicated staff from contact with victims, and providing emotional support services. The Facility Head confirmed that these protective measures are actively used when retaliation risk is identified.

RELEVANT POLICY:

GDC SOP 208.06 (p. 28–29, section 4.b) outlines multiple proactive strategies to protect staff and inmates from retaliation, including reassignment of personnel and providing emotional support.

Provision (c)

The PAQ reported, and the Retaliation Monitor confirmed, that conduct and treatment of individuals involved in PREA-related reports are actively monitored to detect signs of retaliation. This includes monitoring victims as well as witnesses and staff. Monitoring lasts a minimum of 90 days, but can be extended if necessary. During the previous 12-month period, the facility reported no incidents of retaliation.

RELEVANT POLICY:

SOP 208.06 (p. 28–29, section 4.c) directs the Retaliation Monitor to assess behavior changes and promptly address any indicators of retaliation. Monitoring is expected to continue beyond 90 days if needed.

Provision (d)

The facility reported, and the Retaliation Monitor confirmed, that retaliation monitoring for inmates includes regularly scheduled status checks. These check-ins are performed at least monthly and documented on the Retaliation Monitoring Checklist (Attachment 8). Indicators such as disciplinary reports, housing changes, or program assignments are reviewed for signs of retaliatory behavior. For staff, similar monitoring includes review of evaluations and assignment changes.

RELEVANT POLICY:

SOP 208.06 (p. 28–29, section 4.c, subsections i–iii) specifies the requirements for monitoring offenders and staff, including use of Attachment 8, retention of records, and conditions under which monitoring may cease or be extended.

Provision (e)

The facility reported that any individual who cooperates with an investigation and expresses fear of retaliation is also entitled to protective monitoring. This includes staff, inmates, and third-party reporters. The Retaliation Monitor confirmed that the facility is committed to safeguarding these individuals and responds proactively when concerns are expressed.

RELEVANT POLICY:

GDC SOP 208.06 includes language mandating protective actions for anyone involved in an investigation who may be at risk of retaliation.

Provision (f)

Auditors are not required to assess this provision; therefore, it was not included in the compliance determination.

CONCLUSION

Based on a thorough review of policies, interviews with key personnel, and facility documentation, the Auditor finds the facility fully compliant with all elements of the PREA standard related to agency protection against retaliation. The facility demonstrates a strong commitment to identifying, monitoring, and addressing retaliation concerns through clearly defined procedures, trained personnel, and appropriate documentation. No incidents of retaliation were reported in the past twelve months, and all monitoring practices align with the expectations of the standard.

Auditor Overall Determination: Meets Standard

Auditor Discussion

DOCUMENTS

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

This SOP outlines the agency's policy regarding protective custody and housing of inmates following an allegation of sexual abuse.

INTERVIEWS

Facility Head or Designee

During the interview, the Facility Head confirmed that when circumstances warrant, either the alleged victim or the alleged perpetrator can be transferred to another facility to ensure safety. The facility utilizes alternative housing options to avoid placing victims in segregated housing whenever possible. Only after evaluating and exhausting all less-restrictive alternatives would a victim of sexual abuse be placed in involuntary segregated housing. If such a placement occurs, the facility conducts a review every 30 days to assess the ongoing necessity of the separation from the general population. Furthermore, victims placed in segregation for protective reasons are still permitted to access programming, education, and work opportunities, provided it does not compromise safety or facility security.

Staff Who Supervise Inmates in Segregated Housing

Staff assigned to supervise segregated housing units stated during interviews that multiple housing options are available to support the needs of vulnerable inmates. They emphasized that protective segregation is not the default placement for victims of sexual abuse. Instead, the facility actively seeks alternative placements to protect individuals at risk, using segregation only as a measure of last resort.

Inmates in Segregated Housing for Risk of Sexual Abuse

At the time of the on-site audit, there were no inmates in the facility who were housed in segregation due to a risk of sexual victimization or as a result of having reported sexual abuse. As such, there were no interviews conducted with inmates in this category.

PROVISIONS

Provision (a)

According to the PAQ, the facility adheres to GDC policy that prohibits the involuntary placement of inmates who allege sexual abuse into segregated housing unless a thorough assessment of all viable alternatives concludes that no other means of safe separation exists. The agency reported that, within the previous 12 months, no

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| | <p>inmates were held involuntarily for a period of 1 to 24 hours for assessment purposes, nor were any held longer than 30 days due to unavailability of alternative placements. Staff assigned to segregated housing confirmed these reports during interviews.</p> <p>Additionally, if involuntary segregated housing is employed, the policy requires the facility to review each inmate's placement status every 30 days to determine whether continued separation is warranted. This was verified by the Facility Head.</p> <p>RELEVANT POLICY</p> <p>As outlined in GDC SOP 208.06, PREA Sexually Abusive Behavior Prevention and Intervention Program, pages 25, section 8, subsections a-d, the following directives apply:</p> <ul style="list-style-type: none"> • Inmates identified as being at risk of sexual victimization or aggression are not to be automatically placed in involuntary segregation unless no other alternatives are available for separation from potential abusers. This decision must be clearly documented in the SCRIBE case management system, including justification for the lack of alternative placements. • Offenders placed in segregation under these circumstances are to receive the same services outlined in SOP 209.06, Administrative Segregation. • Involuntary segregation is considered a temporary measure and is not to exceed 30 days unless no other options are feasible. • If an inmate in segregated housing faces restrictions in access to programs, privileges, education, or employment, the facility must document: <ul style="list-style-type: none"> ◦ The specific services or activities that have been limited ◦ The duration of these restrictions ◦ The reasons why such limitations were necessary • Reviews of segregation placements must be conducted and documented every 30 days to evaluate whether the inmate still requires separation from the general population. <p>CONCLUSION</p> <p>After careful evaluation of all available documentation and interviews with facility staff, the Auditor finds the agency/facility to be fully compliant with each requirement under the PREA standard regarding post-allegation protective custody. The facility demonstrates a commitment to avoiding unnecessary segregation and ensures protective measures are implemented thoughtfully and in accordance with policy.</p> |
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| 115.71 | Criminal and administrative agency investigations |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |

DOCUMENTS

1. Pre-Audit Questionnaire (PAQ)
2. Georgia Department of Correction (GDC) Standard Operating Procedures (SOP), Policy Number: 208.06, titled Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, with an effective date of June 23, 2022.

This policy outlines the agency's framework for responding to, investigating, and documenting allegations of sexual abuse and sexual harassment within its institutions.

INTERVIEWS

Investigative Staff

During interviews with the facility's designated investigator, the following information was provided:

1. Investigative procedures are initiated promptly upon receiving any report of sexual abuse or sexual harassment, regardless of how the allegation is communicated (e.g., face-to-face, phone, written communication, anonymous, or third-party reports).
2. The investigator confirmed successful completion of all required PREA-related training courses. The Auditor examined training documentation which validated attendance and compliance with training mandates.
3. A standardized investigative protocol is followed consistently. Typically, investigators begin by interviewing the alleged victim, followed by witnesses, with the alleged perpetrator being interviewed last. Procedures vary slightly when addressing sexual harassment compared to sexual assault or abuse.
4. When allegations involve sexual assault or abuse, victims are met at designated SAFE/SANE sites, if applicable. If the SAFE/SANE team does not handle evidence collection, the investigator is responsible for collecting and properly securing all evidentiary materials.
5. Investigators have received specialized instruction in evidence collection techniques. This was corroborated through a review of their training files.
6. If the gathered evidence indicates potential criminal activity, compelled interviews are only conducted after consultation with the prosecuting authority to avoid interfering with potential criminal proceedings. The Jefferson County Sheriff's Department confirmed that criminal suspects are read their Miranda rights when applicable.
7. Credibility assessments for victims, suspects, or witnesses are conducted individually based on investigative findings, not on an individual's status (e.g., inmate or staff). The investigator emphasized that polygraph examinations are not utilized in any PREA-related investigation.
8. In administrative investigations, the investigator follows all available evidence

to determine if staff actions or omissions may have contributed to the incident. Investigative findings and conclusions are compiled into a comprehensive written report.

9. The facility also reported that when sufficient evidence suggests a crime may have occurred, the case is transferred to the Jefferson County Sheriff's Department for criminal investigation.
10. Investigators confirmed that if a victim or abuser is released from custody or employment, the investigative process continues to its natural conclusion and is not halted due to a change in status. Furthermore, facility personnel collaborate fully with the OPS-Criminal Division and strive to remain informed about the progress of any criminal investigation.

PREA Coordinator (PC)

The PREA Coordinator stated that the agency maintains all written documentation from both administrative and criminal investigations for the entire duration of the alleged abuser's incarceration or employment, plus an additional five years. Additionally, much of the investigative data is preserved indefinitely within the agency's SCRIBE electronic database.

PREA Compliance Manager (PCM)

The PCM affirmed that investigations are not discontinued if an alleged abuser or victim leaves the custody or employment of the agency. All investigations are pursued to completion regardless of such changes.

Facility Head or Designee

The Facility Head or designee reported that in the 12 months prior to the audit, there were no substantiated allegations of criminal sexual abuse referred for prosecution.

Inmates Who Reported Sexual Abuse

At the time of the on-site visit, there were no inmates assigned to the facility who had reported incidents of sexual abuse. Therefore, no interviews were conducted within this category.

PROVISIONS

Provision (a)

According to the PAQ and supported by interviews with investigative staff, the agency maintains a policy that mandates all allegations of sexual abuse or harassment, including those from third parties or anonymous sources, be investigated thoroughly,

promptly, and objectively.

RELEVANT POLICY:

GDC SOP 208.06 (effective 6/23/2022) mandates that all sexual abuse and harassment allegations be treated seriously and investigated in accordance with established protocols, regardless of the source of the complaint.

Provision (b)

The facility reported that sexual abuse investigations are conducted by trained personnel who have completed specialized training. This was corroborated during interviews with investigative staff and supported by documentation reviewed by the Auditor.

RELEVANT POLICY:

GDC SOP 208.06 requires that investigators conducting PREA-related investigations receive specialized training specific to the investigation of sexual abuse incidents in confinement settings.

Provision (c)

The PAQ stated and the investigator confirmed that evidence collection includes physical, testimonial, and circumstantial evidence, including review of camera footage, DNA evidence, prior complaints involving the accused, and interviews with all involved parties.

RELEVANT POLICY:

Per GDC SOP 208.06, p. 32, Section 9, all allegations must follow a standardized evidence collection protocol aimed at maximizing the potential for obtaining admissible evidence for administrative or criminal proceedings.

Provision (d)

When there is reasonable evidence to pursue a criminal prosecution, compelled interviews are only undertaken after consultation with prosecuting attorneys to ensure legal processes are not compromised.

RELEVANT POLICY:

GDC SOP 208.06, p. 32, Sections 10 and 11, indicates all criminal conduct substantiated through investigation shall be referred for prosecution, with due consideration to legal constraints.

Provision (e)

The facility confirmed that all individuals involved in an investigation are assessed individually for credibility, with no assumptions based on institutional role.

Additionally, inmates are never required to submit to polygraph tests as a prerequisite for an investigation.

RELEVANT POLICY:

GDC SOP 208.06, p. 31, Section 8(c), explicitly prohibits basing credibility solely on status and forbids requiring polygraph testing for proceeding with allegations.

Provision (f)

The facility confirmed that all administrative investigations include an evaluation of whether any staff behavior—either through action or inaction—may have contributed to the incident. Final reports include detailed documentation of all physical and testimonial evidence, rationale behind credibility determinations, and investigative findings.

RELEVANT POLICY:

GDC SOP 208.06 requires that all investigative reports clearly describe the evidence, include a rationale for any assessments of credibility, and address any staff involvement or negligence.

Provision (g)

Criminal investigations are completed by the Jefferson County Sheriff's Department. Investigative staff at the facility stated that once an incident is deemed criminal, all documentation and responsibility is transferred to the Sheriff's Department. However, the facility ensures that all preliminary findings and relevant materials are thoroughly documented prior to referral.

Provision (h)

According to the Facility Head's interview and the PAQ, there were zero substantiated allegations of criminal conduct referred for prosecution in the previous 12 months.

Provision (i)

The PREA Coordinator confirmed that all investigation records are retained for at least five years following the end of the alleged abuser's incarceration or employment, or longer if required by state retention laws or litigation holds.

RELEVANT POLICY:

GDC SOP 208.06 outlines retention periods for investigative records, including a minimum of five years or longer in accordance with legal or policy mandates.

Provision (j)

The PREA Compliance Manager affirmed that the agency's investigative obligations

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| | <p>remain in force regardless of whether the alleged victim or perpetrator remains under the agency's jurisdiction. Investigations continue until resolution.</p> <p>RELEVANT POLICY: SOP 208.06 specifies that departure from GDC employment or custody does not constitute grounds for terminating an ongoing investigation.</p> <p>Provision (k)</p> <p>This provision is not subject to audit as part of the current PREA standards.</p> <p>Provision (l)</p> <p>While the PAQ notes that the facility would cooperate with external investigative agencies if applicable, all PREA-related investigations are conducted internally by the agency's trained investigative personnel. The SART (Sexual Assault Response Team) is responsible for managing all investigations. This was confirmed through interviews with facility investigators.</p> <p>RELEVANT POLICY: SOP 208.06 explicitly states that the GDC does not rely on outside investigators for PREA matters. All such investigations are managed within the agency framework.</p> <p><u>CONCLUSION</u></p> <p>Following a comprehensive review of all documentation, interview responses, and agency policy, the Auditor finds the facility to be in full compliance with each applicable section of the standard related to criminal and administrative investigations of sexual abuse and sexual harassment under PREA.</p> |
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| 115.72 | Evidentiary standard for administrative investigations |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p><u>DOCUMENTS</u></p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire (PAQ) 2. Georgia Department of Corrections (GDC) Standard Operating Procedures (SOP), Policy Number 208.06, titled Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective as |

of June 23, 2022.

INTERVIEW

Investigative Staff

During the interview process, members of the investigative team explained their approach to handling sexual abuse and sexual harassment allegations. They confirmed that a comprehensive collection of all available evidence is standard practice during the course of any investigation. This includes gathering physical evidence from the alleged victim, the accused, and the incident location, as well as conducting thorough interviews with all involved parties and potential witnesses.

Investigative personnel also emphasized that the Georgia Department of Corrections adheres to the federally established evidentiary threshold of "preponderance of the evidence" when determining whether an allegation of sexual abuse or harassment is substantiated. This means that the determination is based on whether the evidence shows that the allegation is more likely true than not, and no higher evidentiary standard is imposed.

PROVISIONS

Provision (a)

According to the facility's response on the PAQ, the agency/facility does not apply a higher standard than the preponderance of the evidence when making determinations in administrative investigations of sexual abuse or sexual harassment. This practice was further corroborated during interviews with the investigative staff, who confirmed that this evidentiary threshold is consistently upheld throughout all administrative investigations.

RELEVANT POLICY

The Georgia Department of Correction's SOP 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective date June 23, 2022, explicitly outlines the agency's evidentiary standard. On page 30, Section G, item 5, the policy states:

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

This policy aligns with the PREA standards outlined in 28 C.F.R. § 115.72 and ensures consistency across all administrative investigations within the agency.

CONCLUSION

Following a thorough review of the PAQ, policy documentation, and interview responses from investigative staff, the Auditor concludes that the agency and facility fully comply with the standard governing evidentiary thresholds in administrative investigations. The Georgia Department of Corrections has institutionalized the correct standard of "preponderance of the evidence" in its practices, policies, and training, and applies this standard consistently in evaluating the credibility and

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| | substantiation of allegations related to sexual abuse and sexual harassment. |
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| 115.73 | Reporting to inmates |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p><u>DOCUMENTS</u></p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire (PAQ) 2. Georgia Department of Corrections (GDC), Standard Operating Procedures (SOP), Policy Number 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective June 23, 2022. 3. SOP 208.06, Attachment 3: GDC PREA Disposition Offender Notification Form, which details how inmates are notified of investigation outcomes. 4. Facility-generated PREA tracking chart, summarizing allegations, investigations, and notifications for the previous 12-month period. <p><u>INTERVIEWS</u></p> <p>Investigative Staff</p> <p>Investigative personnel explained that the final step in the investigation process occurs after all findings have been reviewed and a determination has been made. At that point, the investigator prepares a detailed investigative report, outlining the facts of the case and the rationale behind the final determination (substantiated, unsubstantiated, or unfounded). This report is submitted to the facility, which is then responsible for notifying the involved inmate of the outcome.</p> <p>If the case is classified as a criminal matter and transferred to the Office of Professional Standards (OPS) for further investigation, it becomes the responsibility of the OPS division—alongside the facility head—to provide the final notification to the inmate.</p> <p>Facility Head or Designee</p> <p>The Facility Head confirmed that when an inmate accuses a staff member of sexual abuse and the allegation is substantiated, the facility must inform the inmate of the following developments:</p> <ol style="list-style-type: none"> 1. The staff member is no longer assigned to the inmate’s housing unit; 2. The staff member has separated from employment at the facility; 3. The agency has received information that the staff member has been arrested for a related charge; or |

4. The agency has been notified that the staff member has been convicted of a charge related to sexual abuse at the facility.
5. It was reported that within the past 12 months, there were no staff-related allegations.

Inmates Who Reported Sexual Abuse

At the time of the onsite audit, there were no inmates assigned to the facility who had reported an incident of sexual abuse. As a result, no interviews were conducted with individuals from this group.

PROVISIONS

Provision (a): Notification of Investigation Outcomes

The PAQ confirmed, and the Facility Head affirmed during interviews, that the agency has implemented policy and procedures requiring that inmates who report an incident of sexual abuse are notified—either verbally or in writing—regarding the outcome of the investigation. These notifications specify whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded.

According to the PAQ, there were no administrative or criminal investigations of sexual abuse completed in the 12 months preceding the audit. However, two investigations into allegations of sexual harassment were finalized during that time. Documentation and interviews confirmed that both involved inmates were properly notified of the results using SOP 208.06, Attachment 3.

RELEVANT POLICY

Per SOP 208.06, page 33, section G, item 17, once an investigation is completed, the Warden or Superintendent must ensure that the inmate is notified of the outcome. Designations include:

1. Substantiated
2. Unsubstantiated
3. Unfounded
4. Substantiated/Unsubstantiated and forwarded to OPS
5. Not PREA

The assigned SART member, or a designee appointed by the facility head, is responsible for delivering this notification. In cases escalated to OPS, the facility is required to provide follow-up notification with the OPS determination. All attempts and completions of notification must be documented using Attachment 3. If an inmate is released from GDC custody, the obligation to notify is terminated.

Provision (b): Investigative Authority

The PAQ indicates that no sexual abuse investigations were completed by an outside agency within the past 12 months. Therefore, this provision was not applicable during the audit period.

Provision (c): Notification Regarding Staff Misconduct

The PAQ and interviews with the Facility Head confirmed that when an allegation is made against a staff member and is substantiated, the facility must inform the inmate when:

1. The staff member has been removed from their housing unit;
2. The staff member is no longer employed at the facility;
3. The Department learns the staff member has been arrested for sexual abuse;
or
4. The Department learns the staff member has been convicted for such conduct.

There were no substantiated or unsubstantiated staff-on-inmate sexual abuse allegations in the past 12 months. The Facility Head corroborated this information. As noted earlier, if any investigation had been completed and substantiated, the facility would be required to notify the involved inmate using the Attachment 3 notification form.

The Auditor also confirmed during document review that there were no recorded incidents of sexual abuse or harassment within the 12-month audit period.

Provision (d): Inmate-on-Inmate Allegations

Similar to provision (c), when an allegation involves inmate-on-inmate sexual abuse, and the alleged perpetrator is formally charged or convicted, the victim is to be notified accordingly. The Facility Head's designee affirmed that such notifications are made and documented in accordance with policy.

Provision (e): Written Notification Requirements

As reported in the PAQ, no written notifications were issued to inmates regarding outcomes of sexual abuse investigations in the past 12 months, as no such cases occurred. However, two inmates were formally notified in writing of the outcomes of sexual harassment investigations. These notifications were completed using the GDC PREA Disposition Offender Notification Form (Attachment 3).

RELEVANT POLICY

SOP 208.06 explicitly states that the requirement to notify an inmate of an investigation's outcome ceases if the inmate is no longer in the custody of the Department.

Provision (f): Auditor Exemption

Auditors are not mandated to evaluate compliance with Provision (f), and it is therefore excluded from the findings.

CONCLUSION

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| | After an extensive review of policies, documentation, and interviews with key personnel, the Auditor concludes that the facility is in full compliance with the standard related to offender notification following sexual abuse or harassment allegations. All necessary policies and practices are in place to ensure inmates are informed of investigation outcomes in a timely and appropriate manner, as required under the PREA standards. |
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| 115.76 | Disciplinary sanctions for staff |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p><u>DOCUMENTS</u></p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire (PAQ) 2. Georgia Department of Corrections (GDC), Standard Operating Procedures (SOP), Policy Number 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective June 23, 2022. <p>This policy outlines the Department's expectations, procedures, and disciplinary measures concerning incidents of sexual abuse, sexual harassment, and staff sexual misconduct within correctional facilities.</p> <p><u>INTERVIEWS</u></p> <p>Facility Head or Designee</p> <p>During interviews with the Facility Head Designee, the following key points were reported:</p> <ol style="list-style-type: none"> 1. All staff employed at the facility are subject to disciplinary actions, including termination, for violations of the agency's policies related to sexual abuse, sexual harassment, or sexual misconduct. 2. In the preceding 12-month period, there were no staff members at the facility who were found to have violated policies relating to sexual abuse, harassment, or misconduct. 3. Likewise, within that same time frame, there were no staff terminations or resignations stemming from violations of these policies. 4. The presumptive disciplinary response to any verified incident of staff sexual abuse is immediate termination of employment. <p><u>PROVISIONS</u></p> |

Provision (a): Disciplinary Sanctions for Policy Violations

According to the information provided in the PAQ and confirmed during the interview process, the facility enforces disciplinary sanctions for staff who violate the agency's sexual abuse or sexual harassment policies. These sanctions can include, and typically culminate in, termination of employment. The Facility Head verified that termination is the expected disciplinary outcome in substantiated cases of sexual abuse.

RELEVANT POLICY

GDC SOP 208.06, page 33, Section H.1.a, explicitly states that staff members who engage in sexual abuse of an offender shall be banned from all correctional institutions. Termination is the presumptive disciplinary sanction, and cases may be referred for criminal prosecution when warranted.

Provision (b): Disciplinary Action and Staffing History

As reported on the PAQ and corroborated through the Facility Head interview, there were no incidents in the past 12 months involving staff violations of agency sexual abuse or sexual harassment policies. Additionally, no staff members were terminated or resigned in lieu of termination for such violations during the same reporting period.

RELEVANT POLICY

SOP 208.06, page 33, Section H.1.a, reiterates that termination is the presumptive sanction when staff members are found to have engaged in acts of sexual abuse.

Provision (c): Sanctions Commensurate with Misconduct

The facility reported that disciplinary actions for violations of sexual abuse or sexual harassment policies—excluding actual acts of sexual abuse—are imposed based on several factors: the severity and context of the misconduct, the employee's disciplinary history, and disciplinary consistency with comparable cases among similarly situated staff. In the 12 months preceding the audit, there were no instances where staff were disciplined, short of termination, for such policy violations. This was supported during interviews with facility leadership.

RELEVANT POLICY

SOP 208.06, page 33, Section H.1.b, outlines that any disciplinary sanctions issued for sexual harassment or related policy violations must be proportional to the nature of the misconduct and take into account both the individual's prior conduct record and comparable cases.

Provision (d): Reporting to Law Enforcement and Licensing Boards

The facility confirmed via the PAQ that any staff member terminated—or who resigns in lieu of termination—for engaging in conduct that violates the agency's sexual abuse or sexual harassment policies is reported to law enforcement authorities, unless the conduct is clearly non-criminal. Additionally, such cases are also reported to applicable licensing or certification bodies, such as the Georgia Peace Officer Standards and Training Council (POST), when appropriate. However, during the prior

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| | <p>12-month period, there were no such cases requiring reports to external agencies. This was confirmed during the interview with the Facility Head.</p> <p>RELEVANT POLICY</p> <p>According to SOP 208.06, page 34, Section H.1.c, all employee terminations or resignations linked to policy violations regarding sexual abuse or harassment must be reported to the appropriate law enforcement authorities, except when the behavior is clearly not criminal. Additionally, reports must be made to licensing entities, such as POST, as mandated.</p> <p>CONCLUSION</p> <p>Following an in-depth review of documentation, agency policies, and interviews with key staff members, the Auditor concludes that the facility fully complies with the PREA standard governing disciplinary sanctions for staff. The facility has clear policies in place to address staff misconduct related to sexual abuse and harassment, and the reported data indicates zero incidents within the audit period. Moreover, disciplinary responses—should violations occur—are consistent with policy expectations and aligned with PREA requirements.</p> |
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| 115.77 | Corrective action for contractors and volunteers |
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| | <p>Auditor Overall Determination: Meets Standard</p> |
| | <p>Auditor Discussion</p> |
| | <p>DOCUMENTS</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire (PAQ) 2. Georgia Department of Corrections (GDC), Standard Operating Procedures (SOP), Policy Number: 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective June 23, 2022. <p>This policy outlines the expectations, procedures, and mandatory actions the agency must take in response to allegations or findings of sexual abuse or sexual harassment involving contractors and volunteers.</p> <p>INTERVIEWS</p> <p>Facility Head or Designee</p> <p>During the interview, the Facility Head confirmed that in the twelve months preceding the audit, there were no instances involving contractors or volunteers who were reported to law enforcement or relevant licensing bodies for engaging in sexual abuse of incarcerated individuals. Furthermore, the Facility Head reiterated that there were</p> |

zero cases during this period where contractors or volunteers were involved in substantiated incidents of sexual abuse.

PROVISIONS

Provision (a): Mandatory Reporting and Restriction of Contact

As documented in the PAQ and verified during the interview process, the facility adheres to agency policy which mandates that any contractor or volunteer found to have engaged in sexual abuse must be:

1. Prohibited from any further contact with incarcerated individuals; and
2. Reported to the appropriate law enforcement authorities unless the conduct is clearly not criminal in nature, and
3. Referred to relevant licensing or credentialing bodies when applicable.

In the reporting period of the past twelve months, there were no contractors or volunteers reported to law enforcement or licensing agencies for engaging in sexual abuse. This information was confirmed through both documentation and the Facility Head interview.

RELEVANT POLICY

According to GDC SOP 208.06, p. 34, Section 2, any contractor or volunteer who engages in sexual abuse is to be immediately prohibited from offender contact and reported to law enforcement unless the conduct is clearly non-criminal. Additionally, such cases must be reported to any applicable licensing entities. The policy also requires the facility to take appropriate remedial action and consider further restrictions in response to other violations of agency policies on sexual abuse or harassment.

Provision (b): Corrective Action for Other Violations

The PAQ states, and the Facility Head confirmed, that the facility enforces appropriate remedial measures in cases where contractors or volunteers violate agency policies regarding sexual abuse or harassment, even when such actions do not meet the threshold of criminal conduct. In such instances, the facility assesses whether continued access to the inmate population is appropriate.

During the review period, however, the facility reported zero incidents where corrective or remedial action was necessary against a contractor or volunteer for violating PREA-related policies. This was also confirmed through the Facility Head interview.

CONCLUSION

Based on a detailed analysis of agency documentation, relevant policies, and

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| | interviews with facility leadership, the Auditor concludes that the facility is in full compliance with all provisions of the PREA standard pertaining to corrective action for contractors and volunteers. The facility has clear procedures in place to respond to violations and has had no incidents requiring enforcement action during the audit period. |
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| 115.78 | Disciplinary sanctions for inmates |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p><u>DOCUMENTS</u></p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire (PAQ) 2. Georgia Department of Corrections (GDC), Standard Operating Procedures (SOP), Policy Number 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective June 23, 2022. <p>This policy outlines the agency’s directives concerning disciplinary measures for inmates found responsible for engaging in sexual abuse or related conduct.</p> <p><u>INTERVIEWS</u></p> <p>Facility Head or Designee During the interview, the Facility Head confirmed the following:</p> <ol style="list-style-type: none"> 1. All sexual activity between inmates is strictly prohibited. 2. In the past twelve months, there have been no administrative findings of inmate-on-inmate sexual abuse occurring within the facility. 3. there have been no criminal convictions related to inmate-on-inmate sexual abuse during the same timeframe. Inmates are only subject to disciplinary action for sexual conduct with staff if it is determined that the staff member did not consent to the contact. 4. Inmates who report sexual abuse in good faith, based on a reasonable belief that an incident occurred, are not subject to disciplinary action—even if the allegation is later unsubstantiated. <p>Medical and Mental Health Staff Interviews with medical personnel revealed that while the facility does not employ on-site mental health professionals, it contracts with community-based mental health providers to ensure access to needed services. Staff reported that therapy,</p> |

counseling, and other interventions are available to address underlying causes or motivations behind abusive behaviors. Additionally, the facility evaluates whether to require participation in such interventions as a condition for continued access to programs or privileges.

PROVISIONS

Provision (a): Disciplinary Process for Inmate-on-Inmate Sexual Abuse

The PAQ confirms, and the Facility Head validated, that:

- Inmates are subject to disciplinary sanctions only after a formal disciplinary process results in an administrative or criminal finding that the inmate committed inmate-on-inmate sexual abuse.
- During the past year, there were no administrative findings or criminal convictions for inmate-on-inmate sexual abuse at the facility.

RELEVANT POLICY

SOP 208.06 (p. 34, H.3.a & b) states that all consensual sexual activity between offenders is prohibited and may result in disciplinary action. Although consensual acts do not qualify as sexual abuse, they are treated as rule violations. Importantly, all sexual contact between inmates is presumed non-consensual unless an investigation proves otherwise. Disciplinary sanctions must follow a formal finding of administrative or criminal guilt, in accordance with SOP 209.01, Offender Discipline.

Provision (b): Sanction Proportionality

As indicated in the PAQ and verified during the interview with the Facility Head, any disciplinary sanctions imposed are proportionate to:

1. The nature and severity of the abusive conduct;
2. The inmate's prior disciplinary record; and
3. Sanctions imposed in comparable cases involving inmates with similar histories.

RELEVANT POLICY

SOP 208.06 (p. 35, H.3.c) mandates that disciplinary sanctions align with the severity of the offense, the inmate's history, and consistency with other comparable disciplinary decisions.

Provision (c): Consideration of Mental Disabilities or Illness

The PAQ notes, and the Facility Head confirmed, that the facility's disciplinary process accounts for whether an inmate's mental illness or developmental disability contributed to the behavior. This consideration may influence the type or severity of

sanctions imposed.

RELEVANT POLICY

SOP 208.06 (p. 35, H.3.d) requires disciplinary staff to assess the role of mental health factors when determining appropriate sanctions. Related procedures are outlined in SOP 508.18, Mental Health Discipline Procedures.

Provision (d): Therapeutic and Corrective Interventions

According to the PAQ and interviews with medical and contracted mental health staff:

- The facility offers therapeutic services, including counseling and behavior-based interventions, to address underlying causes of sexual abuse. When such services are available, the facility considers requiring participation as a condition for accessing programs or privileges.

RELEVANT POLICY

SOP 208.06 (p. 35, H.3.e) states that if rehabilitative interventions are available, facilities should consider offering or requiring them for inmates found to have engaged in abusive conduct.

Provision (e): Consent in Inmate-Staff Sexual Contact

As reported in the PAQ and confirmed by the Facility Head:

- Inmates are only disciplined for sexual contact with staff if an investigation determines that the staff member did not provide consent.

RELEVANT POLICY

SOP 208.06 (p. 35, H.3.f) specifies that disciplinary action for sexual contact with staff is only applicable if it is established that the staff member did not consent to the interaction.

Provision (f): Good Faith Reporting Protections

The PAQ confirms, and the Facility Head verified, that:

- Inmates who make reports of sexual abuse in good faith—based on a reasonable belief that abuse occurred—are not penalized, even if the investigation later concludes there is insufficient evidence to substantiate the allegation.

RELEVANT POLICY

SOP 208.06 (p. 35, H.3.g) ensures that good faith reports will not be classified as false reporting or lying, thus protecting inmates from disciplinary measures in such

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| | <p>circumstances.</p> <p>Provision (g): Prohibition of Inmate Sexual Activity</p> <p>As indicated in the PAQ and validated through interviews:</p> <ul style="list-style-type: none"> • All sexual activity between inmates is prohibited. • Such conduct is classified as sexual abuse only when determined to be coerced or non-consensual. <p>RELEVANT POLICY</p> <p>SOP 208.06 (p. 34, H.3.a) reinforces the prohibition of consensual sexual activity among inmates. While consensual sexual contact does not constitute sexual abuse, it remains a disciplinary issue. All such instances are presumed non-consensual unless conclusively proven otherwise through investigation.</p> <p>CONCLUSION</p> <p>Following an in-depth review of relevant documentation, applicable policy, and interviews with facility leadership and staff, the Auditor concludes that the facility is in full compliance with all requirements outlined in the PREA standard regarding disciplinary sanctions for inmates. No deviations or exceptions were identified during the audit period.</p> |
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| 115.81 | Medical and mental health screenings; history of sexual abuse |
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| | <p>Auditor Overall Determination: Meets Standard</p> |
| | <p>Auditor Discussion</p> |
| | <p>DOCUMENTS</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire (PAQ) 2. Georgia Department of Corrections (GDC), Standard Operating Procedures (SOP) Policy Number 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, with an effective date of June 23, 2022. 3. Georgia Department of Corrections (GDC), Standard Operating Procedures (SOP) Reference Number VH82-0001, Informed Consent, effective April 1, 2002. <p>These policies govern the facility's processes for medical and mental health evaluations, the management of sensitive information, and procedures for securing</p> |

informed consent prior to disclosures of prior sexual victimization that occurred outside institutional settings.

INTERVIEWS

Risk Screening Staff

Staff members responsible for conducting intake screenings confirmed during interviews that all medical and mental health records are stored in a secure, confidential database. Access to this system is strictly limited to qualified medical and mental health professionals. Classification and upper-level staff are only provided information from these records on a need-to-know basis, in alignment with applicable privacy laws and institutional policies.

Medical Staff

Medical staff reported that when an inmate discloses a history of sexual victimization that occurred in a community (non-institutional) setting, informed consent is obtained before any information is shared, unless the individual is under the age of 18. Staff further confirmed that inmates who disclose prior victimization, demonstrate signs of vulnerability, or exhibit sexually aggressive behavior are offered a follow-up appointment with a mental health provider within 14 days of the initial intake screening. All medical and mental health encounters are documented accordingly.

Mental Health Services

The facility does not employ in-house mental health professionals. Instead, all mental health services are provided through contracted community-based providers. These services are initiated as needed, based on screening outcomes or referrals.

Inmates Who Disclosed Prior Victimization

At the time of the on-site audit, there were no inmates currently assigned to the facility who had disclosed prior sexual victimization. Therefore, no interviews were conducted with individuals in this category.

PROVISIONS

Provision (a)

The PAQ indicated that all inmates who disclose prior sexual victimization during risk screening are offered a follow-up evaluation with a medical or mental health professional. This follow-up is scheduled to occur within 14 days of the intake screening. Interviews with risk screening and medical staff confirmed this practice. All interactions with inmates are appropriately documented in the medical or mental health record.

RELEVANT POLICY:

GDC SOP 208.06, page 25, Section D(7), mandates that any inmate identified as a prior victim of sexual abuse, as well as any individual with a history of sexually abusive behavior or involvement in a PREA allegation (either as a victim or perpetrator), must be offered a counseling session with medical or mental health staff

within 14 days of the screening. Staff are required to complete Attachment 14, the PREA Counseling Referral Form, to ensure timely referral and documentation.

Provision (b)

The PAQ also reflects that inmates identified as having previously engaged in sexually abusive behavior are to be offered a mental health follow-up within 14 days of the discovery of that behavior. This timeline applies regardless of when the abuse occurred. Although no inmates fell into this category at the time of the audit, the mental health staff interviewed confirmed that they maintain logs of all services provided and follow this protocol as outlined in agency policy.

RELEVANT POLICY:

GDC SOP 208.06, page 25, Section D(7), mirrors the guidance provided under Provision (a), requiring follow-up care for both victims and perpetrators of sexual abuse within the 14-day timeframe and documentation via the required referral form.

Provision (c)

This provision is not applicable, as the facility is a state prison and not a local jail. Therefore, the requirement concerning inmates who have experienced sexual victimization in jails does not apply.

Provision (d)

The PAQ indicated—and risk screening staff confirmed during interviews—that any information about an inmate's history of sexual victimization or sexually abusive behavior occurring in an institutional setting is shared only to support critical security and management decisions. These decisions may relate to housing placement, job or education assignments, program eligibility, or treatment planning. Disclosure is also permitted when required by applicable laws.

Provision (e)

According to the PAQ and as confirmed in interviews with medical and mental health staff, informed consent is obtained before any disclosure of sexual victimization that occurred in a non-institutional setting, unless the inmate is under 18 years old. This ensures compliance with both GDC policy and ethical standards concerning patient privacy and autonomy.

RELEVANT POLICY:

GDC SOP VH82-0001, Informed Consent, effective April 1, 2002, outlines procedures for obtaining consent from inmates prior to medical examinations or treatments:

1. Section VI, A(1-4) explains that inmates are required to sign a general informed consent form upon entry into GDC custody. This form authorizes routine, non-invasive medical care (e.g., lab work and physicals).
2. Inmates who are visually or hearing impaired, or who speak languages other than English or Spanish, are provided assistance to ensure understanding.
3. Signed consent forms are stored in the inmate's medical file.
4. Following this initial consent, agreement to specific procedures after explanation constitutes implied consent.

CONCLUSION

After reviewing all supporting documents, applicable GDC policies, and conducting comprehensive staff interviews, the Auditor concludes that the facility fully complies with the PREA standard regarding medical and mental health screenings related to sexual abuse history. The facility ensures appropriate safeguards for confidentiality, timely mental health follow-up, and adherence to informed consent protocols. All applicable provisions of this standard are met.

115.82 Access to emergency medical and mental health services

Auditor Overall Determination: Meets Standard

Auditor Discussion

DOCUMENTS

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

This policy outlines the agency's requirements for providing immediate and appropriate medical and mental health services to inmates who report sexual abuse, in compliance with PREA standards.

INTERVIEWS

Medical Staff

Interviews with medical personnel revealed that emergency medical care is initiated immediately upon an inmate's disclosure of sexual abuse, and services are delivered in accordance with the staff's professional clinical judgment. Medical staff confirmed that inmates are provided appropriate treatment without unnecessary delay.

Additionally, medical personnel stated that inmates are offered timely information about and access to emergency contraception and sexually transmitted infection (STI) prophylaxis when medically appropriate, in alignment with professionally accepted standards of care.

Medical staff described the response protocol following a report of sexual assault. Upon arrival at the medical unit, the inmate is first given a brief assessment by a facility physician to determine whether a Sexual Assault Response Team (SART) activation is appropriate or if the inmate should be immediately transferred to a

hospital for more advanced care, depending on the severity of injuries. If the SART process is followed, nursing staff provide initial care recommendations prior to the inmate's departure, and the facility physician subsequently issues medical orders based on those recommendations. The inmate also receives detailed information regarding STI prevention and additional necessary medical care.

Mental Health Staff

There are no mental health professionals employed directly at the facility. All mental health services are contracted through community-based agencies. As a result, there were no mental health practitioners available for interview under this standard.

First Responders (Security and Non-Security Staff)

Security first responders interviewed during the audit reported that their top priorities are to secure the safety of the alleged victim, promptly notify medical staff, and preserve any potential evidence related to the incident.

Non-security staff who may act as first responders stated that their primary responsibilities include protecting the alleged victim, immediately notifying security personnel, and remaining with the individual until security first responders arrive on the scene.

Inmates Who Reported Sexual Abuse

At the time of the on-site audit, no inmates currently housed at the facility had reported sexual abuse. Therefore, there were no inmates from this category available for interview.

PROVISIONS

Provision (a)

The PAQ states that inmates who are victims of sexual abuse receive immediate and unobstructed access to emergency medical treatment and crisis intervention services. This was corroborated during interviews with medical staff, who emphasized that care is rendered without delay and guided by clinical expertise.

Because no inmates at the time of the audit had reported sexual abuse, there were no medical records or logs of treatment available for review under this provision. Nonetheless, the facility confirmed that all relevant medical encounters are documented, including the timeliness of care, the response of non-health staff when medical personnel are not immediately available, and the provision of medical services including emergency contraception and STI prophylaxis.

RELEVANT POLICY:

GDC SOP 208.06 (p. 36, Section I) requires that the Department provide timely and appropriate medical and mental health services in accordance with 28 CFR § 115. It also references compliance with SOP 507.04.85 (Informed Consent) and SOP 507.04.91 (Medical Management of Suspected Sexual Assault).

Provision (b)

The facility reported in the PAQ that if a qualified medical professional is not on-site at the time of a report of recent sexual abuse, security staff serving as first responders are trained to take initial steps to protect the victim and immediately alert the medical team. This practice was confirmed during interviews with security staff who serve as first responders.

RELEVANT POLICY:

GDC SOP 208.06 (p. 36, Section I) confirms that in the absence of on-site medical staff, security staff are responsible for initiating protective measures and ensuring medical staff are contacted without delay. The SOP reiterates compliance with SOP 507.04.85 and SOP 507.04.91.

Provision (c)

According to the PAQ and interviews with medical personnel, inmates who are victims of sexual abuse while incarcerated are offered timely information about and access to emergency contraception and STI prophylaxis, when medically indicated. Medical staff stated that such treatment is administered based on their clinical judgment and follows professional standards of care.

Medical staff further emphasized that the provision of these services is prioritized and implemented without delay, ensuring that the inmate receives both the appropriate medical care and comprehensive information about treatment options.

RELEVANT POLICY:

GDC SOP 208.06 (p. 36) affirms that offenders who are sexually abused while incarcerated must be offered timely access to emergency contraception and prophylaxis for sexually transmitted infections, when medically appropriate and in line with accepted clinical practices.

Provision (d)

The facility reported in the PAQ that all treatment services provided in response to sexual abuse are offered at no cost to the inmate. These services are available regardless of whether the victim identifies the perpetrator or cooperates with any resulting investigation. Medical staff confirmed this practice during interviews. Although there were no victims available for interview at the time of the audit, inmate education materials and policy language support this standard.

RELEVANT POLICY:

GDC SOP 208.06 (p. 16, Section B[c]) states that all medical and mental health treatment related to sexual abuse shall be provided free of charge to the victim, and shall not be contingent upon the inmate's participation in an investigation or willingness to identify the perpetrator.

CONCLUSION

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| | <p>After reviewing the PAQ, applicable GDC policies, and conducting thorough interviews with relevant facility staff, the Auditor concludes that the facility is in full compliance with the PREA standard regarding access to emergency medical and mental health care for inmate victims of sexual abuse. All applicable provisions are being met, and the facility has demonstrated its capacity to respond appropriately, promptly, and compassionately in cases involving allegations of sexual abuse.</p> |
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| 115.83 | <p>Ongoing medical and mental health care for sexual abuse victims and abusers</p> |
| | <p>Auditor Overall Determination: Meets Standard</p> |
| | <p>Auditor Discussion</p> |
| | <p><u>DOCUMENTS</u></p> <p>The following documents were reviewed to assess compliance with the PREA standard related to ongoing medical and mental health care for sexual abuse victims:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire (PAQ) along with all relevant supporting documentation. 2. Georgia Department of Corrections (GDC) Standard Operating Procedures (SOP) 208.06, titled Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective June 23, 2022. 3. Georgia Department of Corrections (GDC) Standard Operating Procedures (SOP) 508.22, Mental Health Management of Suspected Sexual Abuse or Sexual Harassment, effective May 3, 2018. <p><u>INTERVIEWS</u></p> <p>Medical Staff</p> <p>Medical personnel reported that inmate victims of sexual abuse are provided with immediate and appropriate care based on clinical judgment. Key points from interviews with medical staff included:</p> <p><i>Timely Medical Response:</i> Inmates who report being sexually assaulted receive immediate medical attention to address both physical injuries and emotional needs.</p> <p><i>Clinically Appropriate Treatment:</i> All care decisions are grounded in the professional judgment of the attending medical personnel.</p> <p><i>Cost-Free Services:</i> There is no financial burden placed on inmate victims for medical or mental health services related to sexual abuse incidents.</p> <p><i>Community-Equivalent Standards:</i> Services provided to inmates mirror those available in the community. Mental health services are delivered by outside providers,</p> |

further ensuring alignment with community standards of care.

Confidentiality Protections: Medical staff emphasized that victim privacy is respected, and personal information is safeguarded in accordance with policy and ethical guidelines.

Access to Emergency Contraception and STI Prophylaxis: Victims are informed about, and given access to, emergency contraception and prophylactic treatment for sexually transmitted infections when clinically indicated.

Ongoing Care and Referrals: Follow-up care, referral services, and individualized treatment planning are offered as part of comprehensive, ongoing support.

Evaluation and Treatment of Abusers: The facility ensures that known inmate-on-inmate abusers are referred for mental health evaluations within 60 days of learning of such behavior. Treatment is offered if the mental health provider determines it is beneficial.

Diagnostic Testing: Victims are offered STI testing as deemed medically appropriate.

These interview responses demonstrate that the facility emphasizes a trauma-informed, victim-centered approach in accordance with PREA standards.

Inmates Reporting Abuse

At the time of the onsite audit, there were no inmates currently housed at the facility who had reported experiencing sexual abuse. Therefore, interviews under this category were not applicable.

PROVISIONS

Provision (a)

According to the PAQ, the facility ensures that all inmates who report sexual abuse are offered appropriate medical and mental health evaluations and treatment. This information was confirmed during interviews with medical staff.

A review of documentation showed that the following services are routinely made available:

1. Testing for sexually transmitted infections (STIs)
2. Administration of prophylactic treatments
3. Access to psychiatric and psychological services
4. Crisis intervention measures

Importantly, these services are provided at no cost to the victim, regardless of whether they identify their abuser or participate in an investigation.

RELEVANT POLICY:

GDC SOP 508.22 (Mental Health Management of Suspected Sexual Abuse or Sexual Harassment), pages 3-4, outlines that victims are to be treated with sensitivity and respect, and that mental health evaluations are to occur within one business day—or sooner in emergencies. Staff conducting evaluations are prohibited from participating in investigative processes or forming judgments regarding the incident's validity.

Provision (b)

The PAQ indicates that victims continue to receive necessary care following any transfer, facility reassignment, or release from custody. Medical staff interviews supported that treatment plans are developed to ensure continuity of care, including post-transfer follow-up and referrals for additional services if needed.

RELEVANT POLICY:

GDC SOP 208.06 affirms that follow-up medical and mental health care, including appropriate referrals, must be provided to victims upon transfer or release. Review of inmate healthcare records verified compliance through documentation of scheduled check-ins, referrals, and treatment continuation plans.

Provision (c)

The facility confirmed that all medical and mental health care provided to victims of sexual abuse meets standards equivalent to those found in the broader community. Since mental health services are provided externally by community professionals, they inherently meet these expectations. This was validated through staff interviews.

RELEVANT POLICY:

GDC SOP 208.06 specifies that offender victims must receive medical and mental health care equivalent to that available in the community.

Provisions (d) & (e)

These provisions pertain to care specific to female anatomy and therefore do not apply, as the facility exclusively houses male inmates.

Provision (f)

Facility records and medical staff interviews confirmed that victims of sexual abuse are routinely offered STI testing as clinically appropriate.

RELEVANT POLICY:

GDC SOP 208.06 mandates offering such testing to inmate victims in accordance with appropriate clinical guidelines.

Provision (g)

As stated in the PAQ and verified through interviews, all medical and mental health services related to sexual abuse are offered at no cost to the inmate. This policy holds regardless of the victim's decision to identify their abuser or participate in any formal investigation.

RELEVANT POLICY:

GDC SOP 208.06, page 16, states that treatment services for victims are provided free of charge, irrespective of the victim's involvement in investigative proceedings.

Provision (h)

According to the PAQ, and confirmed by medical staff, the facility attempts to complete mental health assessments of known inmate-on-inmate abusers within 60 days of discovery. When clinically indicated, these inmates are offered treatment options to address abusive behaviors.

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| | <p>RELEVANT POLICY:</p> <p>GDC SOP 208.06, page 25, outlines the requirement that such inmates be referred for mental health follow-up within 14 days of screening. The PREA Counseling Referral Form (Attachment 14) is used to initiate this process.</p> <p>CONCLUSION</p> <p>After thorough examination of relevant policies, supporting documentation, and interviews with facility staff, the Auditor finds that the agency/facility is fully compliant with all aspects of the PREA standard related to ongoing medical and mental health care for inmates who have been victimized by sexual abuse. The institution demonstrates a proactive and comprehensive approach that prioritizes inmate health, dignity, and safety.</p> |
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| 115.86 | Sexual abuse incident reviews |
| | <p>Auditor Overall Determination: Meets Standard</p> |
| | <p>Auditor Discussion</p> |
| | <p>DOCUMENT REVIEW</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire (PAQ) 2. Georgia Department of Corrections (GDC) Standard Operating Procedures (SOP) Policy Number 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective June 23, 2022. 3. Attachment 9 of SOP 208.06, titled Sexual Abuse Incident Review (SAIR) Checklist, which outlines the procedure and criteria for conducting reviews following sexual abuse investigations. <p>These documents form the basis for the facility's protocol in conducting post-investigation reviews of sexual abuse allegations, consistent with PREA requirements.</p> <p>INTERVIEWS</p> <p>Facility Head or Designee</p> <p>During the interview, the Facility Head affirmed that the Sexual Abuse Incident Review Team (SAIRT) is composed of senior-level personnel from multiple departments, ensuring a multidisciplinary approach. The Facility Head also emphasized the institution's commitment to seriously considering and, where feasible, implementing the recommendations generated by the review process.</p> <p>PREA Compliance Manager (PCM)</p> <p>The PCM confirmed that all findings and recommendations from the SAIRT are submitted to both the PCM and the Facility Head. The PCM also indicated that the</p> |

review team convenes within thirty days of the conclusion of each investigation into substantiated or unsubstantiated allegations of sexual abuse, in compliance with agency policy.

Incident Review Team (IRT)

Members of the IRT stated during interviews that their reviews are thorough and address all criteria established in the PREA standards and the GDC policy. Their conclusions and suggestions are formally documented and provided to facility leadership. The team is composed of upper management personnel, with contributions from security supervisors, investigators, and healthcare and mental health practitioners.

PROVISIONS

Provision (a)

As indicated in the PAQ and verified during the interviews, the facility conducts a formal review following every completed criminal or administrative investigation of sexual abuse—excluding allegations found to be unfounded. In the twelve months prior to the audit, no investigations into sexual abuse were conducted that required such reviews. This is supported by documentation and the Facility Head’s confirmation.

RELEVANT POLICY:

GDC SOP 208.06, Section J.1 (p. 36), mandates that the SAIRT must perform a review within 30 days of the conclusion of every substantiated or unsubstantiated investigation. The purpose is to evaluate the adequacy of the facility’s efforts to prevent, detect, and respond to sexual abuse incidents. The process is guided by the Sexual Abuse Incident Review Checklist (Attachment 9). No review is required for sexual harassment allegations or cases determined to be unfounded or not PREA-related.

Provision (b)

The facility confirmed through the PAQ that it complies with the requirement to hold a Sexual Abuse Incident Review within 30 days following the conclusion of an investigation. Although no such reviews were necessary in the past twelve months due to the absence of applicable cases, the Auditor verified that the process is in place. The IRT uses Attachment 9 from SOP 208.06 to document its findings.

Provision (c)

According to the PAQ and confirmed through interviews, the IRT includes members of upper-level management along with representatives from front-line supervision, investigative units, and medical or mental health staff. This interdisciplinary makeup ensures diverse input and comprehensive analysis of each incident.

RELEVANT POLICY:

GDC SOP 208.06 outlines the requirement for an administrative review of all alleged sexual abuse and staff sexual harassment incidents, unless determined to be

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| | <p>unfounded. The policy further requires that the Warden engage with relevant facility professionals—including investigators, supervisory staff, and healthcare personnel—when conducting these reviews.</p> <p>Provision (d)</p> <p>The facility stated in the PAQ that the findings from each SAIR are compiled into a written report. This report includes relevant determinations, identifies areas for improvement, and is submitted to both the Facility Head and the PCM. This was confirmed in interviews with the PCM.</p> <p>RELEVANT POLICY:</p> <p>As specified in SOP 208.06, Section J, a formal review must be completed within 30 days of the end of any substantiated or unsubstantiated investigation of sexual abuse. The report generated from the review process is intended to assess the effectiveness of current prevention and response protocols. Attachment 9 provides the framework for this process. Reviews are not conducted for allegations of harassment or cases deemed unfounded.</p> <p>Provision (e)</p> <p>The facility reported, and the Facility Head confirmed during interviews, that the institution acts on the recommendations developed by the IRT whenever feasible. In instances where recommendations are not implemented, the rationale is documented.</p> <p>RELEVANT POLICY:</p> <p>SOP 208.06 states that all administrative reviews must include input from senior staff across security, investigative, and health services units. Furthermore, it directs that all actionable recommendations resulting from the review process be either implemented or clearly justified in writing if not acted upon. Any significant changes or improvements must receive prior approval from the Georgia Department of Corrections.</p> <p><u>CONCLUSION</u></p> <p>After a comprehensive evaluation of all documents, interviews, and facility procedures, the Auditor concludes that the agency and facility are in full compliance with the standard concerning Sexual Abuse Incident Reviews. All required protocols, team structures, timelines, and documentation processes are either actively in place or would be implemented in accordance with policy should the need arise.</p> |
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| 115.87 | Data collection |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |

DOCUMENTS

Pre-Audit Questionnaire (PAQ)

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, with an effective date of June 23, 2022.

The 2023 Survey of Sexual Victimization (SSV2) was reviewed as part of the documentation assessment.

INTERVIEWS

PREA Coordinator (PC)

During the interview, the PREA Coordinator confirmed that the agency complies with its obligation to submit all relevant PREA-related data from the prior calendar year to the U.S. Department of Justice upon request, no later than June 30. The Coordinator described the process of collecting, compiling, and retaining data derived from incident-specific documents, including investigative reports, final case reviews, and Sexual Abuse Incident Review Team (SAIRT) summaries. Furthermore, the agency also secures both individual incident-level and aggregated data from contracted private facilities used for inmate housing.

PREA Compliance Manager (PCM)

The PREA Compliance Manager emphasized that the agency systematically gathers, analyzes, and maintains data from a wide range of incident-based records. These include initial incident reports, case investigation files, and sexual abuse review outcomes. This data management process ensures that the agency has comprehensive and accurate information readily available for both internal review and external reporting requirements.

PROVISIONS

Provision (a)

According to the PAQ, the agency utilizes a uniform and standardized data collection tool and consistent definitions to compile data on all allegations of sexual abuse within facilities it directly oversees. The PREA Coordinator confirmed this practice during the interview.

RELEVANT POLICY:

As outlined in GDC SOP 208.06, p. 36, section 2.a, each facility is required to submit a monthly report to the Department's PREA Analyst using a designated electronic spreadsheet issued by the PREA Coordinator's Office. The completed report must be submitted via email by the third calendar day of the following month and must include all sexual abuse allegations investigated during the reporting period along with their final dispositions. The monthly reporting process must comply with the guidelines outlined in the Facility PREA Log User Guide.

Additionally, GDC SOP 208.06, p. 36, section 2.b, mandates that facilities also submit a copy of Attachment 9 (Sexual Abuse Incident Review Checklists) for each SAIRT meeting held during the month. These forms must be submitted by the same deadline as the monthly spreadsheet.

Provision (b)

The facility reported, and the PC confirmed during interviews, that the agency compiles aggregated data related to sexual abuse incidents on at least an annual basis. The auditor also reviewed the most recent Annual PREA Report, which substantiates this practice.

RELEVANT POLICY:

Per GDC SOP 208.06, p. 37, section 2.c, the Department systematically reviews both collected and aggregated data on sexual abuse allegations to identify trends, improve staff training and performance, enhance facility operations, and strengthen offender safety. The data is compiled into an annual report that includes year-over-year comparisons and an evaluation of progress made in addressing sexual abuse. This report is published and made available to the public via the Department's official website.

Provision (c)

According to the PAQ and confirmed by the PC, the agency's standardized data collection tool incorporates, at minimum, all information necessary to respond to the most current version of the Department of Justice's Survey of Sexual Violence (SSV).

RELEVANT POLICY:

As stated in GDC SOP 208.06, pp. 36-37, section J, the Department's annual PREA report is submitted to the U.S. Department of Justice (Bureau of Justice Statistics). Furthermore, upon request, the Department must provide any data collected from the previous calendar year.

Provision (d)

The PAQ indicates, and the PC confirmed, that the agency retains, examines, and compiles information from all available incident-based documents, including initial reports, investigation records, and sexual abuse incident reviews, as needed to fulfill its data collection responsibilities.

RELEVANT POLICY:

Referencing GDC SOP 208.06, p. 36, section 2.a, the requirement for monthly submission of incident data, including investigative findings and outcomes, ensures that comprehensive and up-to-date information is consistently maintained and reviewed.

Provision (e)

The facility reported through the PAQ that the agency ensures the collection of both

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| | <p>incident-specific and aggregated sexual abuse data from every private facility with which it contracts for inmate housing. This information was affirmed by the PC during the interview.</p> <p>RELEVANT POLICY:</p> <p>According to GDC SOP 208.06, pp. 36–37, section J, the annual PREA report must include comparative data and analysis from previous years, as well as a description of corrective actions and progress toward reducing sexual abuse. The final report is subject to the Commissioner’s approval and is posted publicly on the Department’s website. However, any information that could jeopardize safety or security may be redacted prior to publication, with an accompanying explanation.</p> <p>Provision (f)</p> <p>As reported on the PAQ and confirmed through interviews with the PC, the agency complies with federal requirements by submitting all requested PREA-related data from the previous calendar year to the Department of Justice.</p> <p>The auditor reviewed the most recent Survey of Sexual Victimization (SSV2) that was submitted by the agency to verify compliance with this requirement.</p> <p>CONCLUSION</p> <p>After a comprehensive review of documentation and interviews with key personnel, the auditor finds that the facility and the agency are in full compliance with all provisions of the standard concerning the collection of data related to sexual abuse. The agency demonstrates a structured, consistent, and transparent process for collecting, maintaining, analyzing, and reporting data in accordance with PREA standards.</p> |
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| 115.88 | Data review for corrective action |
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| | <p>Auditor Overall Determination: Meets Standard</p> |
| | <p>Auditor Discussion</p> |
| | <p><u>DOCUMENTS</u></p> <ol style="list-style-type: none">1. Pre-Audit Questionnaire (PAQ)2. Georgia Department of Corrections (GDC) Standard Operating Procedures (SOP), Policy Number 208.06, titled Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, with an effective date of June 23, 2022.3. 2023 Survey of Sexual Victimization (SSV-2),4. 2024 GDC PREA Annual Data Report, and public access to the agency's PREA resources via its official website: http://www.gdc.ga.gov/Divisions/Executiv- |

eOperations/PREA.

INTERVIEWS

Agency Head or Designee

The Agency Head Designee explained that the agency's annual PREA report includes comparative data showing trends between the current reporting year and prior years. It also outlines the corrective actions taken to address identified issues. The report is published on the GDC website and is accessible to the public.

The Designee emphasized that the primary objective of the annual report is to evaluate and document the steps taken by the agency and each facility to ensure the protection of inmates and staff from sexual abuse and harassment. The report functions as an evaluative tool to highlight areas needing improvement and supports the implementation of timely corrective action. It also serves as an accountability and performance monitoring instrument to reinforce the agency's commitment to continuous safety enhancements.

Facility Head or Designee

During the interview, the Facility Head confirmed that the facility's PREA committee reviews each sexual abuse allegation and that the outcomes and relevant data from these reviews are submitted to the PREA Coordinator (PC) for inclusion in the agency-wide annual assessment.

PREA Coordinator (PC)

The PC confirmed that the agency thoroughly analyzes the data collected pursuant to PREA Standard §115.87. This analysis is aimed at evaluating the effectiveness of its prevention, detection, and response systems—including policies, operational practices, and staff training programs. The PC noted that the agency prepares and publishes an annual report that is made available on the GDC website. The PC further clarified that the only information redacted from the report pertains to personally identifiable information; all other data is presented without omission to maintain transparency.

PREA Compliance Manager (PCM)

The PCM indicated that the majority of the agency's PREA-related information, including annual reports, procedures, and training resources, can be readily accessed by the public through the GDC's official website.

PROVISIONS

Provision (a)

The PAQ indicates that the agency routinely reviews data collected under §115.87 as part of a broader effort to evaluate and strengthen its policies, practices, and staff training related to the prevention, detection, and response to sexual abuse. This ongoing review process allows the agency to identify systemic or facility-specific

issues, implement corrective measures, and compile an annual report reflecting these efforts. This practice was confirmed during the interview with the PREA Coordinator.

RELEVANT POLICY:

As stated in GDC SOP 208.06, effective June 23, 2022, the PREA Coordinator is responsible for reviewing collected data to assess and improve the efficacy of applicable policies and procedures. The Coordinator must also prepare a facility-specific report for the Commissioner, highlighting any problem areas, recommending corrective actions, and providing data comparisons to the previous reporting period.

Provision (b)

According to the PAQ and supported by the interview with the Agency Head Designee, the agency's annual PREA report contains comparative data that analyzes current-year incidents and corrective actions alongside previous years' findings. The auditor reviewed the most recent PREA Annual Report and confirmed that it adheres to PREA standards, includes trend analyses, and demonstrates the agency's progress in addressing sexual abuse.

The report is publicly accessible via the GDC website: <http://www.gdc.ga.gov/Divisions/ExecutiveOperations/PREA>.

Provision (c)

The PAQ notes that the agency makes its annual PREA report publicly available through its website at least once every year. This was confirmed during the interview with the Agency Head Designee.

In accordance with PREA requirements, the Georgia Department of Corrections ensures that its annual reports are published and available for public access at: <http://www.gdc.ga.gov/Divisions/ExecutiveOperations/PREA>, where all previously published reports can also be viewed.

Provision (d)

As reported in the PAQ and confirmed by the PC, the agency limits redactions in its publicly released annual PREA reports to specific information that, if disclosed, could pose a serious threat to institutional safety and security. The PC elaborated that redactions are narrowly tailored and limited to personally identifiable information; all other data collected and reviewed under §115.87 is included in the final report without modification. This practice demonstrates the agency's commitment to both transparency and safety.

CONCLUSION

After careful examination of the Pre-Audit Questionnaire, supporting documentation, and interviews with agency and facility staff, the auditor concludes that the agency/facility is fully compliant with all provisions of the PREA standard concerning data review for corrective action. The agency demonstrates a systematic, transparent, and

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| | policy-driven approach to analyzing sexual abuse data, identifying areas of concern, taking appropriate corrective measures, and publishing annual reports to promote accountability and public trust. |
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| 115.89 | Data storage, publication, and destruction |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <ol style="list-style-type: none"> <u>DOCUMENT REVIEW</u> Pre-Audit Questionnaire (PAQ) 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, with an effective date of June 23, 2022. Most recent GDC Annual PREA Report <p><u>INTERVIEWS</u></p> <p>PREA Coordinator (PC)</p> <p>In the interview, the PREA Coordinator explained that data related to sexual abuse incidents is stored securely using the agency’s Risk Management System. Access to this system is restricted to staff members who have a legitimate need to view the information as part of their official duties. In addition, data is maintained at the agency level to support the completion of the Survey of Sexual Victimization (SSV-2), as required by the Bureau of Justice Statistics, and is also made available to the public on the GDC PREA website.</p> <p>The PC confirmed that all data collected under PREA Standard §115.87 is reviewed regularly by the agency to identify trends, assess risks, and evaluate the effectiveness of sexual abuse prevention, detection, and response strategies. The only information redacted from publicly available reports is personally identifying information to ensure compliance with privacy and safety standards. The PC also indicated that most inmate-related data is stored permanently in the SCRIBE database, which serves as GDC’s centralized offender management system.</p> <p><u>PROVISIONS</u></p> <p>Provision (a)</p> <p>According to the information provided in the PAQ, the facility reported that the agency ensures secure storage of both incident-specific and aggregate data concerning sexual abuse. The PC affirmed during the interview that the agency’s system</p> |

safeguards sensitive information and restricts access based on job responsibilities.

Agency policy mandates that aggregated sexual abuse data from facilities under its jurisdiction—both publicly operated and privately contracted—is made available to the public on at least an annual basis via the agency’s website. The public may access this data at: <http://www.gdc.ga.gov/Divisions/ExecutiveOperations/PREA>.

Provision (b)

The PAQ reflects that agency policy requires the publication of aggregated sexual abuse data annually, encompassing both state-operated and contracted private facilities. The PREA Coordinator verified that this policy is followed and confirmed the data is regularly posted to the GDC website. The Auditor confirmed this during the document review. The PREA webpage includes various agency-wide and facility-specific reports that meet the transparency and accountability expectations outlined by the PREA standards.

The data can be found at: <http://www.gdc.ga.gov/Divisions/ExecutiveOperations/PREA>.

Provision (c)

As reported in the PAQ and confirmed during the interview with the PREA Coordinator, all personal identifiers are removed from aggregated sexual abuse data before it is published for public access. The agency ensures that redactions are limited strictly to personal identifying details to maintain the confidentiality and safety of individuals while still providing comprehensive and meaningful data for public review.

Provision (d)

The PAQ indicates that the agency retains all sexual abuse-related data for a minimum of ten (10) years following its initial collection, unless otherwise directed by applicable federal, state, or local regulations. The PREA Coordinator confirmed this during the interview and added that the majority of inmate data is permanently housed in the SCRIBE database, which preserves critical historical data related to offender records, including those involving PREA incidents.

RELEVANT POLICY

The Georgia Department of Corrections' Standard Operating Procedures (SOP) 208.06, effective June 23, 2022, outlines the following retention requirements:

Page 39, Section B: Criminal investigation data, associated case files, and related documentation must be retained for as long as the alleged abuser remains incarcerated or employed by the agency, plus an additional five (5) years, or for a minimum of ten (10) years from the date the report was first filed—whichever period is longer.

Page 39, Section C: Administrative investigation records are also subject to the same retention guidelines—retained for the duration of the alleged abuser’s incarceration or employment plus five years, or for ten years from the date of the original report,

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| | <p>whichever is greater.</p> <p>The Auditor reviewed the agency's historical PREA reports from previous years and confirmed that the data has been retained and published in accordance with the required standard.</p> <p><u>CONCLUSION</u></p> <p>Based on the thorough review of documentation, the Pre-Audit Questionnaire, agency policies, and interviews with key staff, the Auditor finds that the agency and facility fully comply with the requirements set forth in the PREA standard regarding data collection, storage, public dissemination, and retention. The agency demonstrates a robust commitment to safeguarding sensitive information while promoting transparency through annual public reporting.</p> |
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| 115.401 | Frequency and scope of audits |
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| | <p>Auditor Overall Determination: Meets Standard</p> |
| | <p>Auditor Discussion</p> |
| | <p><u>DOCUMENT REVIEW</u></p> <p>The Auditor reviewed publicly available information posted on the Georgia Department of Corrections (GDC) official website at: https://gdc.georgia.gov/organization/about-gdc/research-and-reports-0/prison-rape-elimination-act-prea.</p> <p>This site contains various reports and data related to PREA compliance, sexual abuse statistics, and facility audit documentation in accordance with PREA requirements.</p> <p><u>INTERVIEWS</u></p> <p>PREA Coordinator (PC)</p> <p>During the interview, the PREA Coordinator confirmed that this audit falls within the second year of the current three-year PREA audit cycle. The Coordinator also explained that the GDC's dedicated PREA webpage includes annual reports and statistical summaries of allegations and substantiated incidents of sexual abuse across all state facilities. According to the PC, every GDC facility underwent a PREA audit during the previous audit cycle covering the years 2019 to 2022, ensuring that each site was evaluated within the mandated timeframe.</p> <p>Random Inmate</p> <p>All inmates interviewed during the on-site portion of the audit affirmed they had</p> |

been informed of their right to send confidential communications to the Auditor. They confirmed that they were able to send letters to the Auditor using the same secure process available for legal correspondence, thereby preserving the confidentiality of their communication.

PROVISIONS

Provision (a)

The GDC is currently operating within the 2022–2025 audit cycle. In compliance with PREA standards, audit reports for each facility are made publicly accessible through the agency’s website. The GDC PREA page includes comprehensive information and data summaries on sexual abuse incidents reported at its correctional facilities.

These documents are available at the following link:

<https://gdc.georgia.gov/organization/about-gdc/research-and-reports-0/prison-rape-elimination-act-prea>

Provision (b)

The Auditor verified through discussion with the PREA Coordinator that this audit is taking place in the third year of the fourth full PREA audit cycle. GDC continues to publish annual reports and data on its website to demonstrate transparency and compliance with federal PREA standards.

Provision (c)

Not Applicable

Provision (d)

Not Applicable

Provision (e)

Not Applicable

Provision (f)

Not Applicable

Provision (g)

Not Applicable

Provision (h)

During the on-site audit visit, the Auditor was granted full and unrestricted access to all areas of the facility. Agency and facility staff remained available throughout the visit to accompany the Auditor and promptly facilitated entry into any housing unit, program space, or administrative area the Auditor requested to inspect.

Provision (i)

Throughout the audit process, the facility provided all requested documents, files, and information in a prompt and thorough manner. No delays or barriers were encountered in obtaining records or materials needed for review.

Provision (j)

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| | <p>Not Applicable</p> <p>Provision (k) Not Applicable</p> <p>Provision (l) Not Applicable</p> <p>Provision (m) A designated private area was made available for the Auditor to conduct all required interviews. This space allowed for confidential communication with staff and inmates without interruptions or observation by others.</p> <p>Provision (n) All inmates interviewed confirmed that they were permitted to correspond confidentially with the Auditor. They reported that the procedure for mailing such communication was identical to the process used for sending legal correspondence, ensuring privacy and protection from staff interference.</p> <p>Provision (o) Not Applicable</p> <p>CONCLUSION After a comprehensive review of facility records, policies, and the information obtained through interviews and documentation, the Auditor concludes that the Georgia Department of Corrections and this facility are in full compliance with the PREA standard addressing the frequency and scope of audits. The agency has implemented all necessary measures to ensure transparency, accessibility, and adherence to federal guidelines</p> |
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| 115.403 | Audit contents and findings |
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| | <p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>DOCUMENTS The Auditor reviewed the Georgia Department of Corrections (GDC) publicly accessible website, which contains a range of documents and data related to PREA compliance: https://gdc.georgia.gov/organization/about-gdc/research-and-reports-0/-prison-rape-elimination-act-prea</p> <p>PROVISION Provision (f)</p> |

The GDC's online PREA page offers a collection of reports detailing sexual abuse statistics from facilities across the state. These reports are published in alignment with PREA standards and are available to the public for review at:
<https://gdc.georgia.gov/organization/about-gdc/research-and-reports-0/prison-rape-elimination-act-prea>

CONCLUSION

After reviewing and assessing the documentation and information provided, the Auditor finds that the agency and facility are fully compliant with all aspects of the standard related to the content and availability of audit findings.

| Appendix: Provision Findings | | |
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| 115.11 (a) | Zero tolerance of sexual abuse and sexual harassment; PREA coordinator | |
| | Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment? | yes |
| | Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment? | yes |
| 115.11 (b) | Zero tolerance of sexual abuse and sexual harassment; PREA coordinator | |
| | Has the agency employed or designated an agency-wide PREA Coordinator? | yes |
| | Is the PREA Coordinator position in the upper-level of the agency hierarchy? | yes |
| | Does the PREA Coordinator have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities? | yes |
| 115.11 (c) | Zero tolerance of sexual abuse and sexual harassment; PREA coordinator | |
| | If this agency operates more than one facility, has each facility designated a PREA compliance manager? (N/A if agency operates only one facility.) | yes |
| | Does the PREA compliance manager have sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards? (N/A if agency operates only one facility.) | yes |
| 115.12 (a) | Contracting with other entities for the confinement of inmates | |
| | If this agency is public and it contracts for the confinement of its inmates with private agencies or other entities including other government agencies, has the agency included the entity's obligation to comply with the PREA standards in any new contract or contract renewal signed on or after August 20, 2012? (N/A if the agency does not contract with private agencies or other entities for the confinement of inmates.) | na |
| 115.12 (b) | Contracting with other entities for the confinement of inmates | |
| | Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure | 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.) | |
| 115.13 (a) | Supervision and monitoring | |
| | Does the facility have a documented staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse? | yes |
| | In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Generally accepted detention and correctional practices? | yes |
| | In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any judicial findings of inadequacy? | yes |
| | In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from Federal investigative agencies? | yes |
| | In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from internal or external oversight bodies? | yes |
| | In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: All components of the facility's physical plant (including "blind-spots" or areas where staff or inmates may be isolated)? | yes |
| | In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The composition of the inmate population? | yes |
| | In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The number and placement of supervisory staff? | yes |
| | In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The institution programs occurring on a particular shift? | yes |
| | In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into | yes |

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| | consideration: Any applicable State or local laws, regulations, or standards? | |
| | In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The prevalence of substantiated and unsubstantiated incidents of sexual abuse? | yes |
| | In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any other relevant factors? | yes |
| 115.13 (b) | Supervision and monitoring | |
| | In circumstances where the staffing plan is not complied with, does the facility document and justify all deviations from the plan? (N/A if no deviations from staffing plan.) | yes |
| 115.13 (c) | Supervision and monitoring | |
| | In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The staffing plan established pursuant to paragraph (a) of this section? | yes |
| | In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The facility's deployment of video monitoring systems and other monitoring technologies? | yes |
| | In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The resources the facility has available to commit to ensure adherence to the staffing plan? | yes |
| 115.13 (d) | Supervision and monitoring | |
| | Has the facility/agency implemented a policy and practice of having intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment? | yes |
| | Is this policy and practice implemented for night shifts as well as day shifts? | yes |
| | Does the facility/agency have a policy prohibiting staff from alerting other staff members that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational functions of the facility? | yes |

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| 115.14 (a) | Youthful inmates | |
| | Does the facility place all youthful inmates in housing units that separate them from sight, sound, and physical contact with any adult inmates through use of a shared dayroom or other common space, shower area, or sleeping quarters? (N/A if facility does not have youthful inmates (inmates <18 years old).) | yes |
| 115.14 (b) | Youthful inmates | |
| | In areas outside of housing units does the agency maintain sight and sound separation between youthful inmates and adult inmates? (N/A if facility does not have youthful inmates (inmates <18 years old).) | yes |
| | 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).) | yes |
| 115.14 (c) | Youthful inmates | |
| | Does the agency make its best efforts to avoid placing youthful inmates in isolation to comply with this provision? (N/A if facility does not have youthful inmates (inmates <18 years old).) | yes |
| | 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).) | yes |
| | 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).) | yes |
| 115.15 (a) | Limits to cross-gender viewing and searches | |
| | Does the facility always refrain from conducting any cross-gender strip or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners? | yes |
| 115.15 (b) | Limits to cross-gender viewing and searches | |
| | Does the facility always refrain from conducting cross-gender pat-down searches of female inmates, except in exigent circumstances? (N/A if the facility does not have female inmates.) | na |
| | Does the facility always refrain from restricting female inmates' access to regularly available programming or other out-of-cell opportunities in order to comply with this provision? (N/A if the | na |

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| | facility does not have female inmates.) | |
| 115.15 (c) | Limits to cross-gender viewing and searches | |
| | Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches? | yes |
| | Does the facility document all cross-gender pat-down searches of female inmates (N/A if the facility does not have female inmates)? | na |
| 115.15 (d) | Limits to cross-gender viewing and searches | |
| | Does the facility have policies that enables inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks? | yes |
| | Does the facility have procedures that enables inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks? | yes |
| | Does the facility require staff of the opposite gender to announce their presence when entering an inmate housing unit? | yes |
| 115.15 (e) | Limits to cross-gender viewing and searches | |
| | Does the facility always refrain from searching or physically examining transgender or intersex inmates for the sole purpose of determining the inmate's genital status? | yes |
| | If an inmate's genital status is unknown, does the facility determine genital status during conversations with the inmate, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner? | yes |
| 115.15 (f) | Limits to cross-gender viewing and searches | |
| | Does the facility/agency train security staff in how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs? | yes |
| | Does the facility/agency train security staff in how to conduct searches of transgender and intersex inmates in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs? | yes |

| 115.16 (a) | Inmates with disabilities and inmates who are limited English proficient | |
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| | 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 |

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| | with inmates with disabilities including inmates who: Have intellectual disabilities? | |
| | Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Have limited reading skills? | yes |
| | Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: are blind or have low vision? | yes |
| 115.16 (b) | Inmates with disabilities and inmates who are limited English proficient | |
| | Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to inmates who are limited English proficient? | yes |
| | Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary? | yes |
| 115.16 (c) | Inmates with disabilities and inmates who are limited English proficient | |
| | Does the agency always refrain from relying on inmate interpreters, inmate readers, or other types of inmate assistance except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the inmate's safety, the performance of first-response duties under §115.64, or the investigation of the inmate's allegations? | yes |
| 115.17 (a) | Hiring and promotion decisions | |
| | Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)? | yes |
| | Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse? | yes |
| | Does the agency prohibit the hiring or promotion of anyone who | yes |

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| | may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the two bullets immediately above? | |
| | Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)? | yes |
| | Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse? | yes |
| | Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the two bullets immediately above? | yes |
| 115.17 (b) | Hiring and promotion decisions | |
| | Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone who may have contact with inmates? | yes |
| | Does the agency consider any incidents of sexual harassment in determining whether to enlist the services of any contractor who may have contact with inmates? | yes |
| 115.17 (c) | Hiring and promotion decisions | |
| | Before hiring new employees who may have contact with inmates, does the agency perform a criminal background records check? | yes |
| | Before hiring new employees who may have contact with inmates, does the agency, consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse? | yes |
| 115.17 (d) | Hiring and promotion decisions | |
| | Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with inmates? | yes |

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| 115.17 (e) | Hiring and promotion decisions | |
| | Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with inmates or have in place a system for otherwise capturing such information for current employees? | yes |
| 115.17 (f) | Hiring and promotion decisions | |
| | Does the agency ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions? | yes |
| | Does the agency ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees? | yes |
| | Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct? | yes |
| 115.17 (g) | Hiring and promotion decisions | |
| | Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination? | yes |
| 115.17 (h) | Hiring and promotion decisions | |
| | Does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.) | yes |
| 115.18 (a) | Upgrades to facilities and technologies | |
| | If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect inmates from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later.) | na |
| 115.18 (b) | Upgrades to facilities and technologies | |

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| | If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect inmates from sexual abuse? (N/A if agency/facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.) | na |
| 115.21 (a) | Evidence protocol and forensic medical examinations | |
| | If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.) | yes |
| 115.21 (b) | Evidence protocol and forensic medical examinations | |
| | Is this protocol developmentally appropriate for youth where applicable? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.) | yes |
| | Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.) | yes |
| 115.21 (c) | Evidence protocol and forensic medical examinations | |
| | Does the agency offer all victims of sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate? | yes |
| | Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible? | yes |
| | If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)? | yes |

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| | Has the agency documented its efforts to provide SAFEs or SANEs? | yes |
| 115.21 (d) | Evidence protocol and forensic medical examinations | |
| | Does the agency attempt to make available to the victim a victim advocate from a rape crisis center? | yes |
| | If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member? (N/A if the agency always makes a victim advocate from a rape crisis center available to victims.) | yes |
| | Has the agency documented its efforts to secure services from rape crisis centers? | yes |
| 115.21 (e) | Evidence protocol and forensic medical examinations | |
| | As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews? | yes |
| | As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals? | yes |
| 115.21 (f) | Evidence protocol and forensic medical examinations | |
| | If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating agency follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency/facility is responsible for conducting criminal AND administrative sexual abuse investigations.) | yes |
| 115.21 (h) | Evidence protocol and forensic medical examinations | |
| | If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? (N/A if agency always makes a victim advocate from a rape crisis center available to victims.) | yes |
| 115.22 (a) | Policies to ensure referrals of allegations for investigations | |

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| | Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse? | yes |
| | Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment? | yes |
| 115.22 (b) Policies to ensure referrals of allegations for investigations | | |
| | Does the agency have a policy and practice in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior? | yes |
| | Has the agency published such policy on its website or, if it does not have one, made the policy available through other means? | yes |
| | Does the agency document all such referrals? | yes |
| 115.22 (c) Policies to ensure referrals of allegations for investigations | | |
| | If a separate entity is responsible for conducting criminal investigations, does the policy describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for criminal investigations. See 115.21(a).) | yes |
| 115.31 (a) Employee training | | |
| | Does the agency train all employees who may have contact with inmates on its zero-tolerance policy for sexual abuse and sexual harassment? | yes |
| | Does the agency train all employees who may have contact with inmates on how to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures? | yes |
| | Does the agency train all employees who may have contact with inmates on inmates' right to be free from sexual abuse and sexual harassment? | yes |
| | Does the agency train all employees who may have contact with inmates on the right of inmates and employees to be free from retaliation for reporting sexual abuse and sexual harassment? | yes |
| | Does the agency train all employees who may have contact with inmates on the dynamics of sexual abuse and sexual harassment in confinement? | yes |

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| | Does the agency train all employees who may have contact with inmates on the common reactions of sexual abuse and sexual harassment victims? | yes |
| | Does the agency train all employees who may have contact with inmates on how to detect and respond to signs of threatened and actual sexual abuse? | yes |
| | Does the agency train all employees who may have contact with inmates on how to avoid inappropriate relationships with inmates? | yes |
| | Does the agency train all employees who may have contact with inmates on how to communicate effectively and professionally with inmates, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming inmates? | yes |
| | Does the agency train all employees who may have contact with inmates on how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities? | yes |
| 115.31 (b) | Employee training | |
| | Is such training tailored to the gender of the inmates at the employee's facility? | yes |
| | Have employees received additional training if reassigned from a facility that houses only male inmates to a facility that houses only female inmates, or vice versa? | yes |
| 115.31 (c) | Employee training | |
| | Have all current employees who may have contact with inmates received such training? | yes |
| | Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures? | yes |
| | In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies? | yes |
| 115.31 (d) | Employee training | |
| | Does the agency document, through employee signature or electronic verification, that employees understand the training they have received? | yes |
| 115.32 (a) | Volunteer and contractor training | |

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| | Has the agency ensured that all volunteers and contractors who have contact with inmates have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures? | yes |
| 115.32 (b) | Volunteer and contractor training | |
| | Have all volunteers and contractors who have contact with inmates been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with inmates)? | yes |
| 115.32 (c) | Volunteer and contractor training | |
| | Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received? | yes |
| 115.33 (a) | Inmate education | |
| | During intake, do inmates receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment? | yes |
| | During intake, do inmates receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment? | yes |
| 115.33 (b) | Inmate education | |
| | Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from sexual abuse and sexual harassment? | yes |
| | Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from retaliation for reporting such incidents? | yes |
| | Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Agency policies and procedures for responding to such incidents? | yes |
| 115.33 (c) | Inmate education | |
| | Have all inmates received the comprehensive education referenced in 115.33(b)? | yes |

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| | Do inmates receive education upon transfer to a different facility to the extent that the policies and procedures of the inmate's new facility differ from those of the previous facility? | yes |
| 115.33 (d) | Inmate education | |
| | Does the agency provide inmate education in formats accessible to all inmates including those who are limited English proficient? | yes |
| | Does the agency provide inmate education in formats accessible to all inmates including those who are deaf? | yes |
| | Does the agency provide inmate education in formats accessible to all inmates including those who are visually impaired? | yes |
| | Does the agency provide inmate education in formats accessible to all inmates including those who are otherwise disabled? | yes |
| | Does the agency provide inmate education in formats accessible to all inmates including those who have limited reading skills? | yes |
| 115.33 (e) | Inmate education | |
| | Does the agency maintain documentation of inmate participation in these education sessions? | yes |
| 115.33 (f) | Inmate education | |
| | In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to inmates through posters, inmate handbooks, or other written formats? | yes |
| 115.34 (a) | Specialized training: Investigations | |
| | In addition to the general training provided to all employees pursuant to §115.31, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators receive training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).) | yes |
| 115.34 (b) | Specialized training: Investigations | |
| | Does this specialized training include techniques for interviewing sexual abuse victims? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).) | yes |
| | Does this specialized training include proper use of Miranda and | yes |

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| | 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 |
| 115.34 (c) | Specialized training: Investigations | |
| | Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).) | yes |
| 115.35 (a) | Specialized training: Medical and mental health care | |
| | Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to detect and assess signs of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) | yes |
| | Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to preserve physical evidence of sexual abuse? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) | yes |
| | Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to respond effectively and professionally to victims of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) | yes |
| | Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how and to whom to report allegations or | yes |

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| | suspicious of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) | |
| 115.35 (b) | Specialized training: Medical and mental health care | |
| | If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency medical staff at the facility do not conduct forensic exams or the agency does not employ medical staff.) | yes |
| 115.35 (c) | Specialized training: Medical and mental health care | |
| | Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) | yes |
| 115.35 (d) | Specialized training: Medical and mental health care | |
| | Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.31? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners employed by the agency.) | yes |
| | Do medical and mental health care practitioners contracted by or volunteering for the agency also receive training mandated for contractors and volunteers by §115.32? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners contracted by or volunteering for the agency.) | yes |
| 115.41 (a) | Screening for risk of victimization and abusiveness | |
| | Are all inmates assessed during an intake screening for their risk of being sexually abused by other inmates or sexually abusive toward other inmates? | yes |
| | Are all inmates assessed upon transfer to another facility for their risk of being sexually abused by other inmates or sexually abusive toward other inmates? | yes |
| 115.41 (b) | Screening for risk of victimization and abusiveness | |
| | Do intake screenings ordinarily take place within 72 hours of arrival at the facility? | yes |
| 115.41 (c) | Screening for risk of victimization and abusiveness | |
| | Are all PREA screening assessments conducted using an objective | yes |

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| | screening instrument? | |
| 115.41 (d) | Screening for risk of victimization and abusiveness | |
| | Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (1) Whether the inmate has a mental, physical, or developmental disability? | yes |
| | Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (2) The age of the inmate? | yes |
| | Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (3) The physical build of the inmate? | yes |
| | Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (4) Whether the inmate has previously been incarcerated? | yes |
| | Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (5) Whether the inmate's criminal history is exclusively nonviolent? | yes |
| | Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (6) Whether the inmate has prior convictions for sex offenses against an adult or child? | yes |
| | Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (7) Whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming (the facility affirmatively asks the inmate about his/her sexual orientation and gender identity AND makes a subjective determination based on the screener's perception whether the inmate is gender non-conforming or otherwise may be perceived to be LGBTI)? | yes |
| | Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (8) Whether the inmate has previously experienced sexual victimization? | yes |
| | Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (9) The inmate's own perception of vulnerability? | yes |
| | Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (10) | yes |

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| | Whether the inmate is detained solely for civil immigration purposes? | |
| 115.41 (e) | Screening for risk of victimization and abusiveness | |
| | In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency: prior acts of sexual abuse? | yes |
| | In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency: prior convictions for violent offenses? | yes |
| | In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency: history of prior institutional violence or sexual abuse? | yes |
| 115.41 (f) | Screening for risk of victimization and abusiveness | |
| | Within a set time period not more than 30 days from the inmate's arrival at the facility, does the facility reassess the inmate's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening? | yes |
| 115.41 (g) | Screening for risk of victimization and abusiveness | |
| | Does the facility reassess an inmate's risk level when warranted due to a referral? | yes |
| | Does the facility reassess an inmate's risk level when warranted due to a request? | yes |
| | Does the facility reassess an inmate's risk level when warranted due to an incident of sexual abuse? | yes |
| | Does the facility reassess an inmate's risk level when warranted due to receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness? | yes |
| 115.41 (h) | Screening for risk of victimization and abusiveness | |
| | Is it the case that inmates are not ever disciplined for refusing to answer, or for not disclosing complete information in response to, questions asked pursuant to paragraphs (d)(1), (d)(7), (d)(8), or (d)(9) of this section? | yes |
| 115.41 (i) | Screening for risk of victimization and abusiveness | |
| | Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive | yes |

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| | information is not exploited to the inmate's detriment by staff or other inmates? | |
| 115.42 (a) Use of screening information | | |
| | Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Housing Assignments? | yes |
| | Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Bed assignments? | yes |
| | Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Work Assignments? | yes |
| | Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Education Assignments? | yes |
| | Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Program Assignments? | yes |
| 115.42 (b) Use of screening information | | |
| | Does the agency make individualized determinations about how to ensure the safety of each inmate? | yes |
| 115.42 (c) Use of screening information | | |
| | When deciding whether to assign a transgender or intersex inmate to a facility for male or female inmates, does the agency consider, on a case-by-case basis, whether a placement would ensure the inmate's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns inmates to a male or female facility on the basis of anatomy alone, that agency is not in compliance with this standard)? | yes |
| | When making housing or other program assignments for transgender or intersex inmates, does the agency consider, on a case-by-case basis, whether a placement would ensure the inmate's health and safety, and whether a placement would | yes |

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| | present management or security problems? | |
| 115.42 (d) | Use of screening information | |
| | Are placement and programming assignments for each transgender or intersex inmate reassessed at least twice each year to review any threats to safety experienced by the inmate? | yes |
| 115.42 (e) | Use of screening information | |
| | Are each transgender or intersex inmate's own views with respect to his or her own safety given serious consideration when making facility and housing placement decisions and programming assignments? | yes |
| 115.42 (f) | Use of screening information | |
| | Are transgender and intersex inmates given the opportunity to shower separately from other inmates? | yes |
| 115.42 (g) | Use of screening information | |
| | Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: lesbian, gay, and bisexual inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I inmates pursuant to a consent decree, legal settlement, or legal judgement.) | yes |
| | Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: transgender inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I inmates pursuant to a consent decree, legal settlement, or legal judgement.) | yes |
| | Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: intersex inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing | yes |

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| | solely for the placement of LGBT or I inmates pursuant to a consent degree, legal settlement, or legal judgement.) | |
| 115.43 (a) | Protective Custody | |
| | Does the facility always refrain from placing inmates at high risk for sexual victimization in involuntary segregated housing unless an assessment of all available alternatives has been made, and a determination has been made that there is no available alternative means of separation from likely abusers? | yes |
| | If a facility cannot conduct such an assessment immediately, does the facility hold the inmate in involuntary segregated housing for less than 24 hours while completing the assessment? | yes |
| 115.43 (b) | Protective Custody | |
| | Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Programs to the extent possible? | yes |
| | Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Privileges to the extent possible? | yes |
| | Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Education to the extent possible? | yes |
| | Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Work opportunities to the extent possible? | yes |
| | If the facility restricts any access to programs, privileges, education, or work opportunities, does the facility document the opportunities that have been limited? (N/A if the facility never restricts access to programs, privileges, education, or work opportunities.) | yes |
| | If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document the duration of the limitation? (N/A if the facility never restricts access to programs, privileges, education, or work opportunities.) | yes |
| | If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document the reasons for such limitations? (N/A if the facility never restricts access to programs, privileges, education, or work opportunities.) | yes |
| 115.43 (c) | Protective Custody | |

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| | Does the facility assign inmates at high risk of sexual victimization to involuntary segregated housing only until an alternative means of separation from likely abusers can be arranged? | yes |
| | Does such an assignment not ordinarily exceed a period of 30 days? | yes |
| 115.43 (d) Protective Custody | | |
| | If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document: The basis for the facility's concern for the inmate's safety? | yes |
| | If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document: The reason why no alternative means of separation can be arranged? | yes |
| 115.43 (e) Protective Custody | | |
| | In the case of each inmate who is placed in involuntary segregation because he/she is at high risk of sexual victimization, does the facility afford a review to determine whether there is a continuing need for separation from the general population EVERY 30 DAYS? | yes |
| 115.51 (a) Inmate reporting | | |
| | Does the agency provide multiple internal ways for inmates to privately report: Sexual abuse and sexual harassment? | yes |
| | Does the agency provide multiple internal ways for inmates to privately report: Retaliation by other inmates or staff for reporting sexual abuse and sexual harassment? | yes |
| | Does the agency provide multiple internal ways for inmates to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents? | yes |
| 115.51 (b) Inmate reporting | | |
| | Does the agency also provide at least one way for inmates to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency? | yes |
| | Is that private entity or office able to receive and immediately forward inmate reports of sexual abuse and sexual harassment to agency officials? | yes |
| | Does that private entity or office allow the inmate to remain | yes |

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| | anonymous upon request? | |
| | Are inmates detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security? (N/A if the facility never houses inmates detained solely for civil immigration purposes.) | na |
| 115.51 (c) | Inmate reporting | |
| | Does staff accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties? | yes |
| | Does staff promptly document any verbal reports of sexual abuse and sexual harassment? | yes |
| 115.51 (d) | Inmate reporting | |
| | Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of inmates? | yes |
| 115.52 (a) | Exhaustion of administrative remedies | |
| | Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address inmate grievances regarding sexual abuse. This does not mean the agency is exempt simply because an inmate does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse. | yes |
| 115.52 (b) | Exhaustion of administrative remedies | |
| | Does the agency permit inmates to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.) | na |
| | Does the agency always refrain from requiring an inmate to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.) | na |
| 115.52 (c) | Exhaustion of administrative remedies | |
| | Does the agency ensure that: An inmate who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from | na |

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| | 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 |
| 115.52 (d) | Exhaustion of administrative remedies | |
| | Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by inmates in preparing any administrative appeal.) (N/A if agency is exempt from this standard.) | na |
| | If the agency claims the maximum allowable extension of time to respond of up to 70 days per 115.52(d)(3) when the normal time period for response is insufficient to make an appropriate decision, does the agency notify the inmate in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.) | na |
| | At any level of the administrative process, including the final level, if the inmate does not receive a response within the time allotted for reply, including any properly noticed extension, may an inmate consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.) | na |
| 115.52 (e) | Exhaustion of administrative remedies | |
| | Are third parties, including fellow inmates, staff members, family members, attorneys, and outside advocates, permitted to assist inmates in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.) | na |
| | Are those third parties also permitted to file such requests on behalf of inmates? (If a third party files such a request on behalf of an inmate, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.) | na |
| | If the inmate declines to have the request processed on his or her behalf, does the agency document the inmate's decision? (N/A if agency is exempt from this standard.) | na |
| 115.52 (f) | Exhaustion of administrative remedies | |

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| | Has the agency established procedures for the filing of an emergency grievance alleging that an inmate is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) | na |
| | After receiving an emergency grievance alleging an inmate is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.). | na |
| | After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.) | na |
| | After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.) | na |
| | Does the initial response and final agency decision document the agency's determination whether the inmate is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) | na |
| | Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.) | na |
| | Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.) | na |
| 115.52 (g) | Exhaustion of administrative remedies | |
| | If the agency disciplines an inmate for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the inmate filed the grievance in bad faith? (N/A if agency is exempt from this standard.) | na |
| 115.53 (a) | Inmate access to outside confidential support services | |
| | Does the facility provide inmates with access to outside victim advocates for emotional support services related to sexual abuse by giving inmates mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations? | yes |
| | Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers, | na |

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| | including toll-free hotline numbers where available of local, State, or national immigrant services agencies? (N/A if the facility never has persons detained solely for civil immigration purposes.) | |
| | Does the facility enable reasonable communication between inmates and these organizations and agencies, in as confidential a manner as possible? | yes |
| 115.53 (b) | Inmate access to outside confidential support services | |
| | Does the facility inform inmates, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws? | yes |
| 115.53 (c) | Inmate access to outside confidential support services | |
| | Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide inmates with confidential emotional support services related to sexual abuse? | yes |
| | Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements? | yes |
| 115.54 (a) | Third-party reporting | |
| | Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment? | yes |
| | Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of an inmate? | yes |
| 115.61 (a) | Staff and agency reporting duties | |
| | Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency? | yes |
| | Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding retaliation against inmates or staff who reported an incident of sexual abuse or sexual harassment? | yes |
| | Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual | yes |

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| | abuse or sexual harassment or retaliation? | |
| 115.61 (b) | Staff and agency reporting duties | |
| | Apart from reporting to designated supervisors or officials, does staff always refrain from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions? | yes |
| 115.61 (c) | Staff and agency reporting duties | |
| | Unless otherwise precluded by Federal, State, or local law, are medical and mental health practitioners required to report sexual abuse pursuant to paragraph (a) of this section? | yes |
| | Are medical and mental health practitioners required to inform inmates of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services? | yes |
| 115.61 (d) | Staff and agency reporting duties | |
| | If the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable persons statute, does the agency report the allegation to the designated State or local services agency under applicable mandatory reporting laws? | yes |
| 115.61 (e) | Staff and agency reporting duties | |
| | Does the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators? | yes |
| 115.62 (a) | Agency protection duties | |
| | When the agency learns that an inmate is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the inmate? | yes |
| 115.63 (a) | Reporting to other confinement facilities | |
| | Upon receiving an allegation that an inmate was sexually abused while confined at another facility, does the head of the facility that received the allegation notify the head of the facility or appropriate office of the agency where the alleged abuse occurred? | yes |
| 115.63 (b) | Reporting to other confinement facilities | |
| | Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation? | yes |

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| 115.63 (c) | Reporting to other confinement facilities | |
| | Does the agency document that it has provided such notification? | yes |
| 115.63 (d) | Reporting to other confinement facilities | |
| | Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards? | yes |
| 115.64 (a) | Staff first responder duties | |
| | Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser? | yes |
| | Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence? | yes |
| | Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence? | yes |
| | Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence? | yes |
| 115.64 (b) | Staff first responder duties | |
| | If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff? | yes |
| 115.65 (a) | Coordinated response | |
| | Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in | yes |

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| | response to an incident of sexual abuse? | |
| 115.66 (a) | Preservation of ability to protect inmates from contact with abusers | |
| | Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limit the agency's ability to remove alleged staff sexual abusers from contact with any inmates pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted? | yes |
| 115.67 (a) | Agency protection against retaliation | |
| | Has the agency established a policy to protect all inmates and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other inmates or staff? | yes |
| | Has the agency designated which staff members or departments are charged with monitoring retaliation? | yes |
| 115.67 (b) | Agency protection against retaliation | |
| | Does the agency employ multiple protection measures, such as housing changes or transfers for inmate victims or abusers, removal of alleged staff or inmate abusers from contact with victims, and emotional support services for inmates or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations? | yes |
| 115.67 (c) | Agency protection against retaliation | |
| | Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of inmates or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff? | yes |
| | Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of inmates who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff? | yes |
| | Except in instances where the agency determines that a report of | yes |

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| | sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation? | |
| | Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor any inmate disciplinary reports? | yes |
| | Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate housing changes? | yes |
| | Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate program changes? | yes |
| | Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor negative performance reviews of staff? | yes |
| | Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor reassignments of staff? | yes |
| | Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need? | yes |
| 115.67 (d) | Agency protection against retaliation | |
| | In the case of inmates, does such monitoring also include periodic status checks? | yes |
| 115.67 (e) | Agency protection against retaliation | |
| | If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation? | yes |
| 115.68 (a) | Post-allegation protective custody | |
| | Is any and all use of segregated housing to protect an inmate who is alleged to have suffered sexual abuse subject to the requirements of § 115.43? | yes |
| 115.71 (a) | Criminal and administrative agency investigations | |
| | When the agency conducts its own investigations into allegations | yes |

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| | of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).) | |
| | Does the agency conduct such investigations for all allegations, including third party and anonymous reports? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).) | yes |
| 115.71 (b) | Criminal and administrative agency investigations | |
| | Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations as required by 115.34? | yes |
| 115.71 (c) | Criminal and administrative agency investigations | |
| | Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data? | yes |
| | Do investigators interview alleged victims, suspected perpetrators, and witnesses? | yes |
| | Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator? | yes |
| 115.71 (d) | Criminal and administrative agency investigations | |
| | When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution? | yes |
| 115.71 (e) | Criminal and administrative agency investigations | |
| | Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as inmate or staff? | yes |
| | Does the agency investigate allegations of sexual abuse without requiring an inmate who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding? | yes |
| 115.71 (f) | Criminal and administrative agency investigations | |
| | Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse? | yes |

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| | Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings? | yes |
| 115.71 (g) | Criminal and administrative agency investigations | |
| | Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible? | yes |
| 115.71 (h) | Criminal and administrative agency investigations | |
| | Are all substantiated allegations of conduct that appears to be criminal referred for prosecution? | yes |
| 115.71 (i) | Criminal and administrative agency investigations | |
| | Does the agency retain all written reports referenced in 115.71(f) and (g) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years? | yes |
| 115.71 (j) | Criminal and administrative agency investigations | |
| | Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the agency does not provide a basis for terminating an investigation? | yes |
| 115.71 (l) | Criminal and administrative agency investigations | |
| | When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct administrative or criminal sexual abuse investigations. See 115.21(a).) | yes |
| 115.72 (a) | Evidentiary standard for administrative investigations | |
| | Is it true that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated? | yes |
| 115.73 (a) | Reporting to inmates | |
| | Following an investigation into an inmate's allegation that he or she suffered sexual abuse in an agency facility, does the agency inform the inmate as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded? | yes |

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| 115.73 (b) | Reporting to inmates | |
| | If the agency did not conduct the investigation into an inmate's allegation of sexual abuse in an agency facility, does the agency request the relevant information from the investigative agency in order to inform the inmate? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.) | yes |
| 115.73 (c) | Reporting to inmates | |
| | Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the inmate has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer posted within the inmate's unit? | yes |
| | Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer employed at the facility? | yes |
| | Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility? | yes |
| | Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility? | yes |
| 115.73 (d) | Reporting to inmates | |
| | Following an inmate's allegation that he or she has been sexually abused by another inmate, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility? | yes |
| | Following an inmate's allegation that he or she has been sexually | yes |

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| | abused by another inmate, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility? | |
| 115.73 (e) | Reporting to inmates | |
| | Does the agency document all such notifications or attempted notifications? | yes |
| 115.76 (a) | Disciplinary sanctions for staff | |
| | Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies? | yes |
| 115.76 (b) | Disciplinary sanctions for staff | |
| | Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse? | yes |
| 115.76 (c) | Disciplinary sanctions for staff | |
| | Are disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories? | yes |
| 115.76 (d) | Disciplinary sanctions for staff | |
| | Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Law enforcement agencies(unless the activity was clearly not criminal)? | yes |
| | Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies? | yes |
| 115.77 (a) | Corrective action for contractors and volunteers | |
| | Is any contractor or volunteer who engages in sexual abuse prohibited from contact with inmates? | yes |
| | Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)? | yes |

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| | Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies? | yes |
| 115.77 (b) | Corrective action for contractors and volunteers | |
| | In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with inmates? | yes |
| 115.78 (a) | Disciplinary sanctions for inmates | |
| | Following an administrative finding that an inmate engaged in inmate-on-inmate sexual abuse, or following a criminal finding of guilt for inmate-on-inmate sexual abuse, are inmates subject to disciplinary sanctions pursuant to a formal disciplinary process? | yes |
| 115.78 (b) | Disciplinary sanctions for inmates | |
| | Are sanctions commensurate with the nature and circumstances of the abuse committed, the inmate's disciplinary history, and the sanctions imposed for comparable offenses by other inmates with similar histories? | yes |
| 115.78 (c) | Disciplinary sanctions for inmates | |
| | When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether an inmate's mental disabilities or mental illness contributed to his or her behavior? | yes |
| 115.78 (d) | Disciplinary sanctions for inmates | |
| | If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to require the offending inmate to participate in such interventions as a condition of access to programming and other benefits? | yes |
| 115.78 (e) | Disciplinary sanctions for inmates | |
| | Does the agency discipline an inmate for sexual contact with staff only upon a finding that the staff member did not consent to such contact? | yes |
| 115.78 (f) | Disciplinary sanctions for inmates | |
| | For the purpose of disciplinary action does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish | yes |

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| | evidence sufficient to substantiate the allegation? | |
| 115.78 (g) | Disciplinary sanctions for inmates | |
| | If the agency prohibits all sexual activity between inmates, does the agency always refrain from considering non-coercive sexual activity between inmates to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between inmates.) | yes |
| 115.81 (a) | Medical and mental health screenings; history of sexual abuse | |
| | If the screening pursuant to § 115.41 indicates that a prison inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison). | yes |
| 115.81 (b) | Medical and mental health screenings; history of sexual abuse | |
| | If the screening pursuant to § 115.41 indicates that a prison inmate has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison.) | yes |
| 115.81 (c) | Medical and mental health screenings; history of sexual abuse | |
| | If the screening pursuant to § 115.41 indicates that a jail inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a jail). | na |
| 115.81 (d) | Medical and mental health screenings; history of sexual abuse | |
| | Is any information related to sexual victimization or abusiveness that occurred in an institutional setting strictly limited to medical and mental health practitioners and other staff as necessary to inform treatment plans and security management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law? | yes |
| 115.81 (e) | Medical and mental health screenings; history of sexual abuse | |
| | Do medical and mental health practitioners obtain informed consent from inmates before reporting information about prior | yes |

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| | sexual victimization that did not occur in an institutional setting, unless the inmate is under the age of 18? | |
| 115.82 (a) | Access to emergency medical and mental health services | |
| | Do inmate victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment? | yes |
| 115.82 (b) | Access to emergency medical and mental health services | |
| | If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do security staff first responders take preliminary steps to protect the victim pursuant to § 115.62? | yes |
| | Do security staff first responders immediately notify the appropriate medical and mental health practitioners? | yes |
| 115.82 (c) | Access to emergency medical and mental health services | |
| | Are inmate victims of sexual abuse offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate? | yes |
| 115.82 (d) | Access to emergency medical and mental health services | |
| | Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident? | yes |
| 115.83 (a) | Ongoing medical and mental health care for sexual abuse victims and abusers | |
| | Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all inmates who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility? | yes |
| 115.83 (b) | Ongoing medical and mental health care for sexual abuse victims and abusers | |
| | Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody? | yes |
| 115.83 (c) | Ongoing medical and mental health care for sexual abuse | |

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| | victims and abusers | |
| | Does the facility provide such victims with medical and mental health services consistent with the community level of care? | yes |
| 115.83 (d) | Ongoing medical and mental health care for sexual abuse victims and abusers | |
| | Are inmate victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if "all male" facility. Note: in "all male" facilities there may be inmates who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.) | na |
| 115.83 (e) | Ongoing medical and mental health care for sexual abuse victims and abusers | |
| | If pregnancy results from the conduct described in paragraph § 115.83(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if "all male" facility. Note: in "all male" facilities there may be inmates who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.) | na |
| 115.83 (f) | Ongoing medical and mental health care for sexual abuse victims and abusers | |
| | Are inmate victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate? | yes |
| 115.83 (g) | Ongoing medical and mental health care for sexual abuse victims and abusers | |
| | Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident? | yes |
| 115.83 (h) | Ongoing medical and mental health care for sexual abuse victims and abusers | |
| | If the facility is a prison, does it attempt to conduct a mental health evaluation of all known inmate-on-inmate abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners? (NA if the facility is a jail.) | yes |

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| 115.86 (a) | Sexual abuse incident reviews | |
| | Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded? | yes |
| 115.86 (b) | Sexual abuse incident reviews | |
| | Does such review ordinarily occur within 30 days of the conclusion of the investigation? | yes |
| 115.86 (c) | Sexual abuse incident reviews | |
| | Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners? | yes |
| 115.86 (d) | Sexual abuse incident reviews | |
| | Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse? | yes |
| | Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility? | yes |
| | Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse? | yes |
| | Does the review team: Assess the adequacy of staffing levels in that area during different shifts? | yes |
| | Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff? | yes |
| | Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.86(d)(1)-(d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager? | yes |
| 115.86 (e) | Sexual abuse incident reviews | |
| | Does the facility implement the recommendations for improvement, or document its reasons for not doing so? | yes |

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| 115.87 (a) | Data collection | |
| | Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions? | yes |
| 115.87 (b) | Data collection | |
| | Does the agency aggregate the incident-based sexual abuse data at least annually? | yes |
| 115.87 (c) | Data collection | |
| | Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice? | yes |
| 115.87 (d) | Data collection | |
| | Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews? | yes |
| 115.87 (e) | Data collection | |
| | Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its inmates? (N/A if agency does not contract for the confinement of its inmates.) | yes |
| 115.87 (f) | Data collection | |
| | Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.) | yes |
| 115.88 (a) | Data review for corrective action | |
| | Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas? | yes |
| | Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis? | yes |
| | Does the agency review data collected and aggregated pursuant | yes |

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| | to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole? | |
| 115.88 (b) | Data review for corrective action | |
| | Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse? | yes |
| 115.88 (c) | Data review for corrective action | |
| | Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means? | yes |
| 115.88 (d) | Data review for corrective action | |
| | Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility? | yes |
| 115.89 (a) | Data storage, publication, and destruction | |
| | Does the agency ensure that data collected pursuant to § 115.87 are securely retained? | yes |
| 115.89 (b) | Data storage, publication, and destruction | |
| | Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means? | yes |
| 115.89 (c) | Data storage, publication, and destruction | |
| | Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available? | yes |
| 115.89 (d) | Data storage, publication, and destruction | |
| | Does the agency maintain sexual abuse data collected pursuant to § 115.87 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise? | yes |
| 115.401 (a) | Frequency and scope of audits | |

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| | During the prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.) | yes |
| 115.401 (b) | Frequency and scope of audits | |
| | Is this the first year of the current audit cycle? (Note: a "no" response does not impact overall compliance with this standard.) | no |
| | If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is not the second year of the current audit cycle.) | na |
| | If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is not the third year of the current audit cycle.) | yes |
| 115.401 (h) | Frequency and scope of audits | |
| | Did the auditor have access to, and the ability to observe, all areas of the audited facility? | yes |
| 115.401 (i) | Frequency and scope of audits | |
| | Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)? | yes |
| 115.401 (m) | Frequency and scope of audits | |
| | Was the auditor permitted to conduct private interviews with inmates, residents, and detainees? | yes |
| 115.401 (n) | Frequency and scope of audits | |
| | Were inmates permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel? | yes |
| 115.403 | Audit contents and findings | |

| (f) | |
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| | <div data-bbox="322 188 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="1305 188 1353 219">yes</div> |